

STATE OF OHIO  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
GENERAL SERVICES DIVISION  
OFFICE OF PROCUREMENT SERVICES  
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE  
AMENDMENT NO. 2

TO: LIMITED DISTRIBUTION - OHIO DEPARTMENT OF MENTAL HEALTH  
FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES  
SUBJECT: CONTRACT FOR UTILIZATION MANAGEMENT FOR SPECIFIED COMMUNITY MENTAL HEALTH  
MEDICAID SERVICES

Attached are pages 1 through 3 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

As a result of mutual agreement between the state of Ohio and the contractor, this amendment is issued to renew the subject contract an additional twelve (12) months, effective July 1, 2012 through June 30, 2013.

This amendment also advises of a change in the Contractor's contact information.

All other prices, terms and conditions remain unchanged.

Questions regarding this Amendment and/or the Requirements Contract may be directed to:

Carol Clingman  
carol.clingman@das.state.oh.us

This Amendment, the Contract and any additional Amendments thereto are available from the DAS Web site at the following address:

<http://www.ohio.gov/procure>

Affected Contractor(s):

82200  
Health Care Excel, Inc.  
2629 Waterfront Parkway East Drive  
Suite 150  
Indianapolis, IN 46214  
jcasterton@hce.org



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MANDATORY USE CONTRACT FOR: UTILIZATION MANAGEMENT FOR SPECIFIED COMMUNITY MENTAL HEALTH  
MEDICAID SERVICES

CONTRACT NUMBER: CSP902212-1

EFFECTIVE DATES: 07/25/11 TO 06/30/12

\* Renewal through 06/30/13

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP902212 that opened on June 17, 2011. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Mental Health as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

Questions regarding this and/or the Services Contract may be directed to:

Carol Clingman  
carol.clingman @das.state.oh.us

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

<http://www.ohio.gov/procure>

\* To advise of the renewal of the contract for twelve (12) months effective 07/01/12 through 06/30/13.

COST SUMMARY

RFP: UTILIZATION MANAGEMENT FOR SPECIFIED COMMUNITY MENTAL HEALTH MEDICAID SERVICES

CSP902212

UNSPSC CATEGORY CODE: 85101700

OAKS ITEM NUMBER: 19494

Contractor's Not-to-Exceed Fixed Cost:

\*. Prior authorization and Utilization Review Program Contract Cost, with price reduction in exchange for use of office facilities at the agency (Based on prior authorizations for an estimated 6700 individuals) \$ 924,096.00

The Contractor is certified as "PRO" or "PRO-like". As such the contract cost shall be multiplied by 0.25 to obtain the final cost to the State.

Cost x .25 = Total contract cost to the State. \$ 924,096.00 x 0.25 = \$ 231,024.00  
(Total Cost) (Total Cost to the State after federal reimbursement)

\* To advise of a reduction in the annual FY13 contract renewal price due to suspension of the requirement for prior authorizations for partial hospitalizations thereby lowering HCE's staffing levels required to perform the remaining services of the contract.

The State holds the right to renegotiate the yearly contract cost if the number of prior authorizations performed deviates +/- 15% from the previous year.

All costs must be in U.S. Dollars.

The State will not be responsible for any costs not identified.

There will be no additional reimbursement for travel or other related expenses.

CONTRACTOR INDEX

\* CONTRACTOR AND TERMS: CONTRACT NO: CSP902212-1 (06/30/13)  
82200  
Health Care Excel, Inc. TERMS: Net 30 Days  
2629 Waterfront Parkway East Drive  
Suite 150  
Indianapolis, IN 46214

\* CONTRACTOR'S CONTACT: Joy Casterton Telephone: (317) 347-4500  
FAX: (317) 347-4567  
Email: jcasterton@hce.org

PAYMENT ADDRESS:

Health Care Excel, Inc.  
P.O. Box 3713  
Terre Haute, IN 47803-0713

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SUMMARY OF AMENDMENTS

| Amendment Number | Revision Date | Description   |
|------------------|---------------|---|
| 2                | 05/31/12      | To advise of a change in the Contractor's contact information and renewal of the contract for twelve (12) months effective 07/01/12 through 06/30/13. |
| 1                | 10/24/11      | To advise of a yearly price reduction in exchange for use of office facilities at the agency.   |

\* To advise of changes in the Contractor's contact information and the renewal of the contract for twelve (12) months effective 07/01/12 through 06/30/13.