

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. 7

TO: LIMITED DISTRIBUTION - OHIO DEPARTMENT OF MENTAL HEALTH (ODMH)  
FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES  
SUBJECT: COMPETITIVE SEALED PROPOSAL - STATEWIDE UTILIZATION REVIEW PROGRAM FOR INPATIENT PSYCHIATRIC (URIP) CARE FOR MEDICAID RECIPIENTS

Attached are pages 3 and 4 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to indicate an increased number of pre-certification and post payment reviews as a result of ODJFS claims processing changes.

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 main Requirements 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 200  
Indianapolis, IN 46214  
acarter@hce.org

Oaks Item ID: 9771 *Statewide Utilization Review Program for Inpatient Psychiatric (URIP) Care for Medicaid Recipients*

Contractor's Not-to-Exceed Fixed Cost

- \* Pre-Certification and Utilization Review Program Yearly Cost: \$1,134,933.00  
(Based on an estimated 18,100 – 21,100 pre-certification reviews and 130 - 140 on-site post payment reviews)

Note: The Contractor is certified as "PRO" or "PRO-like". As such the yearly cost shall be multiplied by .25 to obtain the evaluation cost to the State. Cost x .25 = Total cost to the State, as such: \$1,134,933.00 x .25 = \$283,733.25  
(Total Cost to the State after federal reimbursement)

- \* TOTAL YEARLY CONTRACT VALUE: \$1,134,933.00

- \* Performance Bond required based on the yearly rate of \$1,134,933.00.

**CONTRACTOR INDEX**

CONTRACTOR AND TERMS:

82200  
Health Care Excel, Inc.  
2629 Waterfront Parkway East Drive Suite 200  
Indianapolis, IN 46214

CONTRACT NO.: CSP906106-1 (06/30/07)

TERMS: Net 30 Days

CONTRACTOR'S CONTACT:

Primary:

Ann Carter, RN  
Health Care Excel, Inc.  
30 East Broad St., 7<sup>th</sup> Floor  
Columbus, OH 43215

Telephone: (614) 387-3088  
FAX: (614) 728-4374  
e-mail: [acarter@hce.org](mailto:acarter@hce.org)

Secondary (Contract Office):

Sharon Smith, CEO  
Health Care Excel, Inc.  
2629 Waterfront Parkway East Drive Suite 200  
Indianapolis, IN 46214

Telephone: (317) 347-4500  
FAX: (317) 347-4567  
e-mail: [SSmith@hce.org](mailto:SSmith@hce.org)

PAYMENT ADDRESS:

Health Care Excel, Inc.  
Accounting and Financial Operations  
P.O. Box 3713  
Terre Haute, IN 47803-2239

- \* To indicate an increased number of pre-certification and post payment reviews as a result of ODJFS claims processing changes.

SUMMARY OF AMENDMENTS

<b>Amendment Number</b>	<b>Revision Date</b>	<b>Description</b>
7	11/03/11	To indicate an increased number of pre-certification and post payment reviews as a result of ODJFS claims processing changes.
6	06/13/11	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2011 through June 30, 2012.
5	06/10/10	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2010 through June 30, 2011.
4	06/24/09	To indicate mutual agreement to renew July 1, 2009 through June 30, 2010; and to indicate a reduction in the cost and the required performance bond effective July 1, 2009.
3	12/15/08	Change in primary contact information.
2	5/01/08	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2008 through June 30, 2009.
1	4/30/07	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2007 through June 30, 2008.