

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. 9

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

Attached are pages 1, 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 renew the subject contract an additional six (6) one (1) month periods, effective 01/01/13 through 06/30/13. as a result of mutual agreement between the state of Ohio and the contractor.

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 150
Indianapolis, IN 46214
jcasterton@hce.org



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MANDATORY USE CONTRACT FOR: STATEWIDE UTILIZATION REVIEW PROGRAM FOR INPATIENT PSYCHIATRIC (URIP) CARE FOR MEDICAID RECIPIENTS

CONTRACT NUMBER: CSP906106-1

EFFECTIVE DATES: 07/01/06 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. CSP906106 that opened on April 21, 2006. 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:

www.ohio.gov/procure

To advise of the renewal of the contract for six (6) one (1) month periods effective 01/01/13 through 06/30/13.

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: CONTRACT NO: CSP906106-1 (06/30/13)

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

TERMS: Net 30 Days

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

* To advise of the renewal of the contract for six (6) one (1) month periods effective 01/01/13 through 06/30/13.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
9	11/01/12	To advise of a change in the Contractor's contact information and the renewal of the contract for six (6) one (1) month periods effective 01/01/13 through 06/30/13.
8	05/31/12	To advise of a change in the Contractor's contact information and the renewal of the contract for six (6) one (1) month periods effective 07/01/12 through 12/31/12.
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.