

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. 3

TO: Limited Distribution - Department of Mental Health (ODMH)
FROM: HUGH QUILL, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES
SUBJECT: TERM CONTRACT - 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 change the primary contact information.

All other prices, terms and conditions remain unchanged.

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

Dana L. King
dana.king@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):

Ann Carter, RN
Health Care Excel, Inc.
30 East Broad Street, 7th Floor
Columbus, OH 43215
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: **\$1,194,148.00**
(Based on an estimated 15,000 – 18,000 pre-certification reviews
and 40-50 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: \$1,194,148.00 x .25 = \$298,537.00 (Total Cost to the State after federal reimbursement)

TOTAL YEARLY CONTRACT VALUE: **\$1,194,148.00**

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., 7th Floor
Columbus, OH 43215

Telephone: (614) 387-3088
FAX: (614) 728-4374
e-mail: 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

PAYMENT ADDRESS:

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

* Indicates change in the Contractor's primary contact information.

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SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
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.

* Indicates the addition of the Summary of Amendments page effective May 1, 2008.