



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

REQUIREMENTS CONTRACT FOR: Forms Processing: Data Entry and Imaging Services of Medicaid Forms for the Ohio Department of Job and Family Services, Office of Children and Family Services, 50 West Town Street, Columbus,

CONTRACT NUMBER: CRP07312

EFFECTIVE DATES: 07/01/11 - 06/30/12

The Department of Administrative Services (DAS), Office of Procurement from Community Rehabilitation Programs (OPCRP) has accepted the proposal submitted in response to proposal CRP07312 by the certified Community Rehabilitation Program (CRP) and/or the certified Agent of a Community Rehabilitation Program (Agent). The CRP and/or Agent listed herein has been awarded a contract for the services or supplies listed. The respective ordering office contract approval form, [contract terms and conditions, supplemental terms and conditions](#), pricing schedules, specifications, and any attachments incorporated by reference and accepted by DAS become a part of this Requirements 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 Job and Family Services, Office of Children and Family Services, 50 West Town Street, Columbus,, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as initially advertised or described.

SPECIAL NOTE: State agencies may make purchases under this Requirements Contract up to \$2500.00 using the State of Ohio Payment Card. Any purchase that exceeds \$2500.00 will be made using the official state of Ohio purchase order (ADM-0523). Any non-state agency, institution of higher education or Cooperative Purchasing member will use forms applicable to their respective agency.

Questions regarding this Requirements Contract may be directed to:

Kay DeVault  
kay.devault@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>

Office of Procurement from Community Rehabilitation Program Contract Award in accordance with Sections 125.60 to 125.6012 of the Revised Code.

Signed: \_\_\_\_\_  
Robert Blair, Director Date

PRICE SCHEDULE

ITEM NUMBER	ITEM	PRICE PER UNIT
00000000000013483	Medicaid Forms: Cost for mail opening, document preparation, storage, shredding, and transportation. This item not to exceed an estimated quantity of 2,487,500 X \$0.083 per document = \$206,462.50.	\$0.083 Per Document
00000000000013484	Medicaid Forms: Forms processing – Imaging for JFS Form 6780. This item not to exceed an estimated quantity of 773,115 X \$0.537 per document = \$415,162.76.	\$0.537 Per Document
00000000000013485	Medicaid Forms: Forms processing - Imaging JFS CMS1500 Form. This item not to exceed an estimated quantity of 839,531 X \$0.606 per document = \$508,755.79.	\$0.606 Per Document
00000000000013486	Medicaid Forms: Forms processing - Imaging UB92 / UB04 single page forms. This item not to exceed an estimated quantity of 123,629 X \$1.859 per document = \$229,826.31.	\$1.859 Per Document
00000000000013487	Medicaid Forms: Forms processing - Imaging UB92 / UB04 multi-page forms. This item not to exceed an estimated quantity of 52,984 X \$1.958 = \$ 103,742.67.	\$1.958 Per Document
00000000000013491	Medicaid Forms: Forms processing data entry, keyed and verified, JFS HCFA CMS1500 forms. This item not to exceed an estimated quantity of 261,188 X per document \$2.026 = \$529,166.89.	\$2.026 Per Document
00000000000013492	Medicaid Forms: Forms processing data entry, keyed and verified, JFS Form 6780. This item not to exceed an estimated quantity of 271,635 X \$0.881 per document = \$239,310.44.	\$0.881 Per Document
00000000000013493	Medicaid Forms: Forms processing – Imaging for JFS Form ADA2000 / ADA2006. This item not to exceed an estimated quantity of 146,680 X \$0.641 per document = \$94,021.88.	\$0.641 Per Document
00000000000013494	Medicaid Forms: Rejected Mail Processing. This item not to exceed an estimated quantity of 50,142 X \$1.943 per unit = \$97,425.91.	\$1.943 Per Unit
00000000000013495	Medicaid Forms: JFS Exam Entry Forms: Imaging and indexing only. This item not to exceed an estimated quantity of 700,000 X \$0.097 per unit = \$67,900.00.	\$0.097 Per Unit
	Total contract not to exceed \$2,491,775.15	

CONTRACTOR INDEX



CONTRACTOR AND TERMS:

#0000047301  
 Possitivity  
 4860 Blazer Parkway  
 Dublin, OH 43017

CONTRACTOR'S CONTACT: Connie T. Chwan

CONTRACT NO: CRP07312-1 (06/30/12)

TERMS: Net 30 Days

DELIVERY: As Specified

Telephone: (614) 846-4877

Fax: (614) 846-9523

E-Mail: contracts@possitivity.com

\* The complete Contract Specifications and Scope-of-Work descriptions are on file and available at DAS-GSD, the Office of Procurement from Community Rehabilitation Programs.