



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

MANDATORY USE CONTRACT FOR: STATE OF OHIO EMPLOYEE POPULATION HEALTH MANAGEMENT (PHM) PROGRAM

CONTRACT NUMBER: CSP900016

EFFECTIVE DATES: 07/01/15 TO 06/30/18

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP900016 that opened on November 10, 2014. 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 Administrative Services (DAS), Benefits Administration Services (BAS) Office 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.ohio.gov

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

www.ohio.gov/procure

PRICE SCHEDULE

TITLE: STATE OF OHIO EMPLOYEE POPULATION HEALTH MANAGEMENT (PHM) PROGRAM

RFP NUMBER: CSP900016

UNSPSC CATEGORY CODES: 85000000 & 85101700

| POPULATION HEALTH MANAGEMENT (PHM) FEES | Year 1 | Year 2 | Year 3 |
|--|---------------------------|--------------|--------------|
| Annual Program Administration Fees consisting of Program Management Fee, Account Management, Communications, Incentive Program, Incentive Program Prizes, Custom Reporting, Data Feeds for all Programs. Total includes annual credit to provide ISO 27001 and SOC 1 certification in lieu of NIST 800-53. | \$970,000.00 | \$985,000.00 | \$985,000.00 |
| Optional Additional Unit Program Administration Fees - Custom Programming, Custom Reporting and Custom Data Feed Fees | \$150.00 / Hr. | | |
| Optional Additional Unit Program Administration Fees - Incentive Retailer Gift Cards | \$4.00 plus Value of Card | | |

| Program Area | Per Employee Per Month PEPM | Per Participant Per Year PPPY | Per Participant Per Month PPPM | Per Participant Fee | Optional Additional Fees |
|--|-----------------------------|-------------------------------|--------------------------------|-------------------------|---|
| Health Decision Support – Nurseline | \$0.28 | | | | |
| Health Risk Assessment (HRA) – (200 of each included / year) | | | | | \$16.00/Questionnaire Packet \$13.00/Results |
| Lifestyle Management High & Moderate Risk (Up to 16.44% of employees included in PEPM) | \$2.08 | \$163.77 (over the 16.44%) | | | |
| Online Web Programs & Customization Fees | \$0.48 | | | | \$150.00 / Hr. |
| Worksite Health Screenings for Participants (Up to 36% of employees included in PEPM) | \$1.75 | | | \$58.50 (over the 36%) | |
| Disease Management – High Risk Cost Avoidance | \$2.67 | | | | |
| Physician Screening Form | | | | \$5.75 / Form Processed | |

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

OAKS Vendor ID No.: 268

American Healthways Services, LLC
dba Healthways Inc.
701 Cool Springs Blvd.
Franklin, TN 37067

CONTRACT NO.: CSP900016-1

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Angela Brennan

Telephone: 571-271-6060
Fax: 202-330-5570
Email: Angela.Brennan@healthways.com