



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: STATEWIDE UTILIZATION MANAGEMENT/UTILIZATION REVIEW PROGRAM FOR SPECIFIED BEHAVIORAL HEALTH CARE SERVICES FOR MEDICAID RECIPIENTS

CONTRACT NUMBER: CSP901114

EFFECTIVE DATES: 07/01/13 TO 06/30/15

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP901114 that opened on April 12, 2013. 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 and Addiction Services (ODMHAS) 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

COST SUMMARY

RFP for STATEWIDE UTILIZATION MANAGEMENT/UTILIZATION REVIEW PROGRAM FOR SPECIFIED BEHAVIORAL HEALTHCARE SERVICES FOR MEDICAID RECIPIENTS

RFP NO.: CSP901114

UNSPSC CODE: 85101700

OAKS ITEM NO. 00000000000024840

DESCRIPTION	COST		
Work and deliverables for Ohio's Statewide Utilization Management/Utilization Review Program for Specified Behavioral Health Care Services for Medicaid Recipients as outlined in the RFP and Scope of Work, Attachment One, Part One.			
a) Utilization Review for Psychiatric Inpatient program	\$ 2,167,651 Annual Cost		
b) Utilization Control for CPST services program			
c) Post payment review of 6,000 claims per year for community behavioral health Medicaid services.			
<p>Since the Contractor is certified as "QIO" or "QIO-like" the yearly cost shall be multiplied by .25 to obtain the final cost to the State. The total cost to the State after federal reimbursement will be \$2,167,651.00 x .25 = \$541,912.75. Costs for optional work will be subject to the same federal reimbursement methodology.</p>			
Optional Categories of Work			
Focused reviews for the CPST program	Additional claim reviews above 525 per year	\$	118 each
Expansion of utilization control for additional community behavioral health services. Costs associated with implementation of prior authorization for additional community behavioral services.	60 Provider Audits	\$	750,000
	5000 Additional Prior Authorizations	\$	240,000
Additional Post payment review of community behavioral health Medicaid services – scaled for review of multiples of an additional 500 claims per month/6000 claims per year or proposed alternative scale. Annual cost for each multiple in addition to what is mandatory for this RFP or indicate incremental increase for each multiple where x = annual claims to be reviewed each year.	3,000 Add. Claims per Year	\$ 357,546	Claims per Year
	6,000 Add. Claims per year	\$ 715,092	Claims per year
Consultation, data analyses and monitoring in support of health home implementation.	Consultants:		
	Physician Specialist	\$	154 per Hour
	Nurse Specialist	\$	52 per Hour
	LISW	\$	45 per Hour
	Case Manager	\$	57 per Hour
	Health Data Analyst	\$	66 per Hour

Given the upcoming client shift to Medicaid managed care, the State holds the right to renegotiate the yearly contract cost if the Scope of Work deviates +/- 10% from the previous year.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

OAKS Vendor ID No.: 0000144812

Permedion
350 Worthington Road, Suite H
Westerville, OH 43082

CONTRACTOR'S CONTACT:

Dennis Gramlich

CONTRACT NO.: CSP901114-1 (06/30/15)

TERMS:

Net 30 Days

Telephone: 614-895-9900
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Email: DGramlich@hms.com