



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: UTILIZATION MANAGEMENT FOR SPECIFIED COMMUNITY MENTAL HEALTH
MEDICAID SERVICES

CONTRACT NUMBER: CSP902212-1

EFFECTIVE DATES: 07/25/11 TO 06/30/12

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP902212 that opened on June 17, 2011. 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 (ODMH) 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

COST SUMMARY

RFP: UTILIZATION MANAGEMENT FOR SPECIFIED COMMUNITY MENTAL HEALTH MEDICAID SERVICES

CSP902212

UNSPSC CATEGORY CODE: 85101700

OAKS ITEM NUMBER: 19494

Contractor's Not-to-Exceed Fixed Cost:

Eleven (11) monthly payments: \$118,887.00

Prior authorization and Utilization Review Program Yearly Cost,
prorated to 11 months remaining in fiscal year: \$ 1,307,757.00
(Based on prior authorizations for an estimated 6700 individuals)

The Contractor is certified as "PRO" or "PRO-like". As such the prorated 11 monthly cost shall be multiplied by 0.25 to obtain the final cost to the State.

Cost x .25 = Total 11 month cost to the State. \$ 1,307,757.00 x 0.25 = \$ 326,939.25
(Total Cost) (Total Cost to the State after federal reimbursement)

The State holds the right to renegotiate the yearly contract cost if the number of prior authorizations performed deviates +/- 15% from the previous year.

All costs must be in U.S. Dollars.

The State will not be responsible for any costs not identified.

There will be no additional reimbursement for travel or other related expenses.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

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

CONTRACT NO: CSP902212-1 (06/30/12)

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
Email: acarter@hce.org

Secondary (Contract Office):

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

Telephone: (317) 347-4500
FAX: (317) 347-4567
Email: mkapur@hce.org

PAYMENT ADDRESS:

Health Care Excel, Inc.
P.O. Box 3713
Terre Haute, IN 47803-0713