

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

REQUIREMENTS CONTRACT: EYEGLASSES: LABORATORY SERVICE FOR MEDICAID RECIPIENTS

CONTRACT No.: OT907409

EFFECTIVE DATES: 04/01/09 to 06/30/11

The Department of Administrative Services has accepted bids submitted in response to Invitation to Bid No. OT907409 that opened on 02/06/09. The evaluation of the bid response(s) has been completed. The bidder(s) listed herein have been determined to be the lowest responsive and responsible bidder(s) and have been awarded a contract for the items(s) listed. The respective bid response, including the [Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions](#), special contract terms & conditions, any bid addenda, specifications, pricing schedules 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 & Family Services, Bureau of Health Plan Policy, 50 West Town Street, 4<sup>th</sup> Floor, Columbus, OH 43218-2709, 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 advertised in the Invitation to Bid.

**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 and/or the Requirements Contract may be directed to:

Terry Spiropoulos  
terry.spiropoulos@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>

Signed: \_\_\_\_\_  
Hugh Quill, Director Date

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### SPECIAL INSTRUCTIONS TO BIDDERS

**STANDARD CONTRACT TERMS AND CONDITIONS:** The Instructions, Terms, and Conditions for Bidding, and Standard Contract Terms and Conditions, Rev. 10-01-07, may be downloaded from our web site by clicking the link found on page 1 of this document or by using the following URL: <http://www.procure.ohio.gov/pdf/iandt13.pdf>

**SPECIFICATION QUESTIONS:** Bidders may visit the State Procurement website to post bid related questions at the bottom of the page where the bid documents were downloaded. Answers to all bidder questions will be posted on the State Procurement website and linked to the bid number. The state will make every effort to respond to website inquires within forty-eight (48) hours of receipt. The state will not respond to any verbal or written questions received through any other medium. No prospective bidder shall respond to any verbal instructions or changes to this bid. Only communications issued by the Ohio Department of Administrative Services, Office of Procurement Services in the form of an addendum, will be considered valid.

### SPECIAL CONTRACT TERMS AND CONDITIONS

**AMENDMENTS TO CONTRACT TERMS AND CONDITIONS:** The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

**MULTIPLE AWARD CONTRACT:** This bid is issued to establish a Multiple Award Contract (MAC). A MAC is a contract made with more than one supplier of the same or similar types of supplies or services at varying prices for delivery within the same geographic area. The state's obligations under a MAC are subject to the Ohio Controlling Board's continuing authorization to use the MAC program authorizing the use of Multiple Award Contracts. By the signature affixed to Page 1, of this Bid, the Bidder certifies that it is currently in compliance and will continue to adhere to the requirements of the Ohio Ethics Law, Ohio Revised Code Section 102.04. The Bidder affirms that, as applicable to the Bidder, no party listed in Ohio Revised Code Section 3517.13 (I) or (J) or spouse of such party has made, as an individual, within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the Governor or to his campaign committees.

**FACILITY VISIT:** The state reserves the right to inspect the contractor's facility prior to awarding the contract or any time during the contract period. Any cost associated with such visitation shall be borne by the State.

**REQUIRED DOCUMENTATION:** The Bidder shall submit documentation as outlined in specification Section II, Contractor Requirements as part of their bid submission. The contractor must thoroughly investigate this document in order to provide sufficient information in the response for total evaluation. The response must include sufficient data to allow the verification of the experience, capability, and qualifications of the Contractor and will be used in the evaluation process to determine the responsive and responsible bidders. Failure of the bidder to furnish required documentation as part of their bid response may deem the bidder not responsive.

**DESCRIPTIVE LITERATURE:** The Bidder may be required to submit descriptive literature of the supplies or services being offered. If requested, the literature will be used in the evaluation process to determine the lowest responsive and responsible bidder. The Bidder should submit the descriptive literature of the supplies or services being offered as part of their bid submission. If not provided as part of the bid response, the Bidder must provide said literature within ten (10) calendar days after request/notification by the Office of Procurement Services to do so. Any references, that may appear in the descriptive literature, that may alter the terms and conditions and specifications of the bid (e.g. F.O.B. Shipping Point or Prices Subject to Change), will not be part of any contract and will be disregarded by the state of Ohio. Failure of the bidder to furnish descriptive literature either as part of their bid response or within the time specified herein will deem the bidder not responsive.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd.)

PRODUCT SAMPLES: The bidder(s) may be required to submit samples of the supplies being offered. The samples will be used in the evaluation process to determine the lowest responsive and responsible bidder. The bidder should submit samples of the supplies being offered as part of the bid response. If not included as part of their bid response, the bidder will be required to provide the samples within ten (10) calendar days after notification. Failure to provide the samples within the stated time period will result in the bidder being deemed not responsive. After award of the contract, the samples will be used as a basis of comparison with actual product delivered under contract. Any variation between the samples and product being delivered will be considered as an event of default. Any variations between the samples and actual product being delivered that are due to manufacturer changes may be acceptable and shall require prior written approval from the Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Administrative Services (DAS).

The contractor shall be responsible for providing sample frames to dispensing providers. Sample frames shall be representative of the styles and colors of frames available under the contract. The contractor may charge the dispensing provider for said sample frames. Charges for samples shall not exceed the contract price for identical materials.

ATTACHMENTS A-1 and A-2 of the bid provides four (4) sample prescriptions representative of the goods and services to be provided under any contract pursuant to this bid. Contractors should submit all four (4) sample prescriptions, per Attachments A-1 and A-2, as part of the bid response as specified or shall offer sample prescriptions made of materials that are equal or surpass the minimum quality level specified herein. If not provided as part of the bid response, the Bidder must provide said sample prescriptions within ten (10) calendar days after request/notification by the Office of Procurement Services to do so. At least one (1) sample frame case, of the type to be provided under the contract, shall be included with the sample prescriptions submission. Failure to provide the sample prescriptions with the bid response or within the time specified herein may result in the bidder being deemed not responsive.

Note: Bidders who previously submitted the above said sample prescriptions under Bid Number OT904309 may request in writing, on signed official company letterhead, to have said samples used again for this bid opportunity. Failure to provide either the said written request or the sample prescriptions above, with the bid response or within the time specified herein, may result in the bidder being deemed not responsive.

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, to determine the low lot total price of the bid, the state will multiply the estimated annual usage of each item for year 2007 by its corresponding unit price and then add these totals together. Where the usage factor is shown as either unknown or zero, the cost of one (1) unit will be included in the computations. Failure to bid all items may result in the bidder being deemed as not responsive. Further, failure of the bidder to possess or provide sufficient data and clearly substantiate how their company meets all requirements of specification Section II, Contractor Requirements, will result in the bidder being deemed as not responsive.

CONTRACT AWARD: This is a Multiple Award Bid. Contracts will be awarded to the two (2) lowest bidders who have been determined to be responsive and responsible, based on low lot total award and meeting all bid specifications and requirements listed herein.

FIRM FIXED-PRICE CONTRACT: The contract is a Firm Fixed-Price Contract. The Contractor(s) is required to provide to the using agency supplies or services at the listed price(s) for the duration of the contract, and any extensions thereto.

PRIOR AUTHORIZATION FORM: For services requiring prior authorization by ODJFS, the Prior Authorization Approval Number is required for a claim to be considered complete and in compliance with contract requirements.

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), PUBLIC LAW 104-191 COMPLIANCE NOTICE: Health care payers, providers, and contractors are required to follow the national standards for privacy and security of health care information and all provisions of the HIPAA law. Optical laboratory contractors must demonstrate compliance with HIPAA law and industry coding changes required by HIPAA.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd.)

**837 ELECTRONIC CLAIMS SUBMISSION:** ODJFS will only accept 837 electronic submission formats during the time period covered by the contract unless other submission formats become necessary and are approved by ODJFS prior to submission. Contractors must demonstrate the ability to submit 837 electronic claims through the ODJFS claims adjudication system for proper payment, including all coordination of benefit submissions with other insurance payers including the Medicare program. Contractors must have a National Provider Identifier (NPI) to submit 837 electronic claims to ODJFS for payment of services. Claims submitted for payment for which the contractor fails to establish Medicaid Eligibility prior to filling a prescription from a dispensing provider will not be paid by the state of Ohio. Information on the Interactive Voice Response System (IVR) and Electronic Verification System (EVS) programs to determine Medicaid eligibility can be found at the following website: <http://jfs.ohio.gov/ohp/bpo/pnms/index.stm>.

To further clarify the requirements of 837 Electronic Claims Submission, contained within Attachment B of this Invitation to Bid document are two rules regarding Electronic Data Interchange (EDI) transactions and what contractors must be able to do in order to send EDI transactions to the Ohio Department of Job and Family Services (ODJFS).

These rules are: "5101:3-1-20.1 Electronic Data Interchange (EDI) Trading Partner Definitions and Criteria to Enroll as an EDI Trading Partner," and, "5101:3-1-20.2 Responsibilities Related to the Submission of Claims via Electronic Data Interchange (EDI) (Except for Services Provided through a Medicaid Managed Care Program)."

(Source: <http://emanuals.odjfs.state.oh.us>)

In addition, below is the web site that contains the different types of transactions mentioned in the rules:

[http://jfs.ohio.gov/OHP/tradingpartners/companion\\_guides.stm](http://jfs.ohio.gov/OHP/tradingpartners/companion_guides.stm)

**MEDICAID INFORMATION TECHNOLOGY SYSTEM (MITS):** ODJFS is procuring a new claims adjudication system. The new MITS is scheduled to begin processing Ohio Medicaid claims in October 2009. If necessary, winning bidders must demonstrate the ability to make any changes needed in claim submissions format, that are HIPAA compliant Electronic Data Interchange (EDI) transactions, and pass testing the new format in the new Ohio MITS.

**PLACEMENT OF ORDERS:** Purchase orders for any item(s) listed in a contract awarded pursuant to this bid will be placed directly with the successful contractor(s) by the dispensing providers. No order shall specify delivery to exceed thirty (30) days beyond the expiration and/or cancellation date of the contract.

**DELIVERY AND ACCEPTANCE:** Supplies will be delivered to the participating dispensing providers within nine (9) days after receipt of order and, in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The delivery location will be noted on the purchase order issued by the participating dispensing providers. Acceptance (transfer of title) will occur upon the inspection and written confirmation by the ordering dispensing providers that the supplies delivered conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, acceptance shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

**TRANSPORTATION CHARGES:** Any item(s) ordered from a contract awarded pursuant to this bid shall be shipped F.O.B. destination, freight prepaid. Shipment shall be made to authorized Medicaid eligible recipients through dispensing providers in the Ohio Medicaid Vision Volume Purchase Program.

**USAGE REPORTS:** Every calendar month the contractor shall submit an electronic report (on disk or by e-mail) indicating sales generated by this contract. The report shall list usage by line item, showing the quantities/dollars generated by this contract, including the quantities and dollars generated for each type of frame in the contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Road, Columbus, Ohio 43228-1395, Attn: Terry Spiropoulos.

## SPECIFICATIONS

### I. SCOPE AND CLASSIFICATION

#### A. Scope

The Department of Administrative Services (DAS), Office of Procurement Services, is soliciting bids for the Ohio Medicaid Vision Volume Purchase Program, as administered by the Ohio Department of Job and Family Services (ODJFS). The purpose of this contract is to obtain two (2) contractors to provide full service prescription ophthalmic laboratory services and delivery to participating Medicaid providers throughout Ohio for dispensing to Ohio Medicaid consumers.

The term of any contract pursuant to this bid shall be for approximately twenty eight (28) months, from March 1, 2009 through June 30, 2011, unless terminated or funding expires, in accordance with Section I, Contract Terms and Conditions, Revised 10/01/07.

#### B. Classification

1. Single vision plastic or resin lenses
2. Multifocal plastic or resin lenses
3. Ophthalmic zyl or metal frames
4. Safety frames
5. Single vision polycarbonate lenses
6. Multifocal polycarbonate lenses
7. Single and multifocal glass lenses (only if medically necessary)

#### C. Applicable Documents

1. American National Standards Institute (ANSI): Z80.1 1999 - Prescription Ophthalmic Lenses
2. ANSI: Z80.5 1997 - Dress Ophthalmic Frames
3. ANSI: Z87.1 1989 - Safety Eyewear
4. FDA Rules and Regulations for Impact Resistant Lenses

### II. CONTRACTOR REQUIREMENTS

#### A. General Requirements

1. The contractor must be a full service prescription ophthalmic laboratory with the capability to grind and finish polycarbonate and plastic single vision and multifocal lenses to prescribed powers, maintain an adequate supply of contract frames (see Exhibit A), and insert finished lenses into frames. Contractors must have the capability for on-site surfacing and finishing/edging of the polycarbonate lenses. Complete fabricated prescriptions are to be delivered in accordance with the contract requirements to participating Medicaid providers (ophthalmologists, optometrists, and opticians) for dispensing.
2. The above provisions apply for glass lenses. ODJFS will cover glass lenses instead of polycarbonate or plastic lenses only if a Medicaid provider establishes medical necessity for supply of glass lenses.

SPECIFICATIONS (Cont'd.)

B. Business Associate Requirements under HIPAA

1. Definitions: The definitions contained in this section are derived from federal law. Should there be a conflict between the meanings assigned in this bid/contract and the meanings defined in applicable federal law (even in the event of future amendments to law that create such conflict), the definitions found in federal law shall prevail.
  - a. HIPAA means the Health Insurance Portability and Accountability Act of 1996.
  - b. Covered Entity means a health plan, a health care clearinghouse, or health care provider. (45 C. F. R. 160.103).
  - c. Business Associate means a person or entity that, on behalf of the Covered Entity, performs or assists in the performance of a function or activity that involves the use or disclosure of Protected Health Information (45 C.F.R. 160.103).
  - d. Protected Health Information (hereinafter "PHI") means information received from or on behalf of a Covered Entity that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health and Human Services, specifically 45 C.F.R. 164.501 and any amendments thereto (45 C.F.R. 164.501).
2. Contractor acknowledges that ODJFS through its Office of Ohio Health Plans is a Covered Entity under HIPAA. Contractor further acknowledges that contractor is a Business Associate of ODJFS, and, in carrying out the work described in this contract, the contractor agrees to comply with all of the following provisions:
  - a. Permitted Uses and Disclosures: The contractor shall not use or disclose PHI except as provided in this contract or as otherwise required under HIPAA regulations or other applicable law.
  - b. Safeguards: Contractor shall use appropriate safeguards to protect against use and disclosure not provided for by this contract.
  - c. Reporting of Disclosures: The contractor shall promptly report to ODJFS any knowledge of uses or disclosures of PHI that are not in accordance with this contract or applicable law. In addition, the contractor shall mitigate any adverse effects of such a breach of confidentiality to the greatest extent possible.
  - d. Agents and Subcontractors: Contractor shall ensure that all its agents and subcontractors that receive PHI from or on behalf of the contractor and/or ODJFS agree to the same restrictions and conditions that apply to contractor with respect to the use or disclosure of PHI.
  - e. Accessibility of Information: The contractor shall make available to ODJFS such information as ODJFS may require to fulfill its obligations to provide access to, provide a copy of, and account for disclosures with respect to PHI pursuant to HIPAA and regulations promulgated by the United States Department of Health and Human Services, including, but not limited to, 45 C.F.R. 164.524 and 164.528 and any amendments thereto.
  - f. Amendment of Information: The contractor shall make PHI available to ODJFS so that ODJFS may fulfill its obligations pursuant to HIPAA to amend the information. As directed by ODJFS, contractor shall also incorporate any amendments into the information held by the contractor and shall ensure incorporation of any such amendments into information held by contractor's agents or subcontractors.
  - g. Disclosure: The contractor shall make available to ODJFS and to the Secretary of the U.S. Department of Health and Human Services any and all internal practices, documentation, books, and records related to the use and disclosure of PHI received from ODJFS, or created and received by the contractor on behalf of ODJFS. Such access is for the purpose of determining ODJFS's compliance with HIPAA, regulations promulgated by the United States Department of Health and Human Services, and any amendment thereto.

SPECIFICATIONS (Cont'd.)

- h. **Material Breach:** In the event of material breach of contractor obligations under this article, DAS on behalf of ODJFS may immediately terminate this contract pursuant to termination provisions in this contract. Termination of this contract shall not affect any provision of this contract which, by its wording or its nature, is intended to remain effective and to continue operation until termination.
- i. **Return or Destruction of Information:** Upon termination of this contract and at the request of ODJFS, the contractor shall return to ODJFS or destroy all PHI in contractor's possession stemming from this contract, and shall not keep copies of the PHI except as requested by ODJFS or required by law. If the contractor, its agent(s), or subcontractor(s) destroy any PHI, then the contractor will provide ODJFS documentation evidencing such destruction. Any PHI retained by the contractor shall continue to be extended the same protections set forth in this section and HIPAA regulations for as long as it is maintained.

C. Medicaid Confidentiality Requirements

Contractor agrees that it shall not use any information, systems, or records made available to it for any purpose other than to fulfill the obligations specified in this contract. The contractor specifically agrees to comply with all state and federal confidentiality and information disclosure laws, rules, and regulations applicable to the Medicaid program, including, but not limited to:

- 1. 42 U.S.C. 1320d through 1220d-8 (HIPAA).
- 2. 42 C.F.R. 431.300, 431.302, 431.305, 431.306, 435.945, and 45 C.F.R. 164.502(e) and 164.504(e).
- 3. Ohio Revised Code 173.20, 173.22, 2305.24, 2305.251, 3701.243, 3701.028, 4123.27, 5101.26, 5101.27, 5101.572, 5112.21, and 5111.61.
- 4. Corresponding Ohio Administrative Code Rules

D. Personnel

The overall experience and expertise represented by the organization must currently be as follows:

- 1. A minimum of three (3) staff persons with five (5) years administrative experience each.
- 2. One (1) of the administrative staff persons must have at least five (5) years accounting/financial experience.
- 3. A minimum of four (4) persons with five (5) years technical experience in making prescription eyewear.

E. Capacity to Meet Requirements

The bidder must document their ability to undertake this volume purchase contract on March 1, 2009, and the ability to carry out effectively the specifications and requirements of this contract for the entire time it remains in effect. Bidders must include the following information and documentation:

- 1. Resumes of the current technical and administrative staff. Resumes must include job title, job description/responsibilities, and number of years of experience.
- 2. Size of facility or facilities where the work will be performed and approximate number of eyeglasses currently assembled annually at the site(s).

SPECIFICATIONS (Cont'd.)

3. Bidder's actual current length of time to complete and ship orders for:
  - a. Single vision prescription lenses
  - b. Multifocal prescription lenses
  - c. Frames
  - d. Complete eyewear (frames and lenses)
4. Order Forms. Bidder shall submit a sample copy of its Paper Order Form and a sample printout of its Online Order Internet Form, as outlined in Specification Section IV.
  - a. Paper Order Form: Bidder shall submit the original or a copy of the Paper Order Form it intends to use under an awarded contract, subject to ODJFS approval. The said document shall contain all, but not limited to, the information outlined in Section IV.A.2. a through o. The final revision of the Paper Order Form shall be reviewed and approved by ODJFS, in place, and ready to use by providers within ten (10) business days after notification of awarded contract by DAS. Contract award shall also be posted on the following State Procurement Web Site, entered through the following internet address:  
<http://www.procure.ohio.gov/proc/index.asp> .
  - b. Online Internet Order Form: Bidder shall submit a proposed printout of the Online Internet Order Form it intends to utilize under an awarded contract, subject to ODJFS approval. The said document shall contain all, but not limited to, the information outlined in Section IV.A.2. a through o. The Online Internet Order Form shall be fully functional (able to collect and process orders) and reviewed and approved by ODJFS within ten (10) business days after notification of awarded contract by DAS. Contract award shall also be posted on the following State Procurement Web Site, entered through the following internet address:  
<http://www.procure.ohio.gov/proc/index.asp> .

Note: Upon initial notification of an awarded contract being issued by DAS, awarded contractor shall immediately contact ODJFS for the review and approval of the final Paper Order Form and the Online Order Internet Form, as outlined in Specification Section IV. Contractor(s) shall make every reasonable effort to ensure the forms are approved by ODJFS, fully functional, and ready for use by providers on the contract start date.
5. Required Routine Reports. On Page 5 of this Invitation to Bid, under the heading of Special Contract Terms and Conditions, there are requirements for Usage Reports. Bidder shall provide a sample of the report format, as outlined.
6. To help assure readiness by the contract start date if awarded, Bidders who are not enrolled with Ohio Medicaid as active and eligible Ohio Medicaid Providers should begin the enrollment process. Bidder may find information on enrolling its laboratory as an Individual Practitioner with Ohio Medicaid on the ODJFS website:  
<http://jfs.ohio.gov/OHP/bpo/pnms/provenroll.stm>  
and click on Documents: "Individual Practitioners."

F. References

Bidders shall list three (3) large volume contract references, in excess of two thousand (2,000) orders per month, in which they have participated during the past five (5) years (healthcare provider, Medicaid programs in other states, etc.). Bidder shall include order volumes produced, length of contract term, contract stipulated days for order fulfillment, and reference name and phone number.



SPECIFICATIONS (Cont'd.)

C. Frames and Component Parts

Frames to be included under the Ohio Medicaid Vision Volume Purchase Program are identified in the bid under "Exhibit A, Ohio Medicaid Frames Covered Under the Volume Purchase Contract." The frames must meet the latest revisions of ANSI (including ANSI Z80.5-2004) requirements for Ophthalmic Frames.

1. Each frame selected from the bid must be made available in industry standard colors, eye sizes, bridge sizes, and temple lengths, as available from manufacturers.
2. Frame material must contain no scratches, fissures, bubbles, discoloration, or other defects in workmanship.
3. The frame cost specified in the bid shall include: overhead, mailing and handling charges, hinges and screws, and case. Case must be industry standard quality consisting of at least a vinyl covering and lining.

D. Workmanship

All products shall conform to the quality and grade of products established by the industry. All products shall be free from defects which may affect their durability, serviceability, and appearance. Any evidence of such defects which detract from the appearance or may impair serviceability shall be cause for rejection.

E. Guarantee

All products shall be covered by product liability coverage and must be guaranteed against defective workmanship and/or materials.

1. If within sixty (60) calendar days after delivery, an article furnished under this contract is found by the dispensing provider to be unsatisfactory due to contractor's error, defective workmanship and/or materials, the same shall be corrected, adjusted, or replaced by the contractor, as necessary, at the contractor's expense to include postage and handling costs.
  - a. Such articles will be returned by the provider to the contractor, at contractor's expense.
  - b. Corrected and/or replacement articles shall be mailed to the provider, at contractor's expense, within thirteen (13) calendar days of receipt by the contractor of the unsatisfactory materials.
2. Prescription errors made by prescribing and/or dispensing providers are not the responsibility of either the contractor or the state.

F. Frame Substitution

1. If, during the contract period, any frame(s) being supplied under the contract is discontinued by the manufacturer, the contractor shall be required to supply another frame(s) which shall be of equal or better quality and selected and approved by ODJFS and/or DAS. The replacement frame(s) shall have a manufacture price no greater than the current frame(s) and shall be at no greater cost to the state of Ohio than the current price.
2. Substitution of frames, except as provided for in the paragraph above, may be made solely at the discretion of ODJFS in order to meet the needs of the Medicaid population. The replacement frame(s) shall be of similar quality and have a manufacture price no greater than the original frame(s) and shall be at no greater cost to the state of Ohio than the original bid price.
3. If, during the contact period, the contractor is unable to acquire supplies from the manufacturer for reasons of force majeure, the contractor may request, from ODJFS and DAS, use of another manufacturer to obtain supplies. Supplies must be of equal or better quality used by the other manufacturer.

SPECIFICATIONS (Cont'd.)

G. Sample Frames for Providers

1. The contractor shall be responsible for providing sample frames to providers. Sample frames shall be representative of the styles and colors of frames available under the contract.
2. The contractor may charge, and the providers shall be responsible for payment, for the cost of sample frames.
  - a. Charges assessed, if any, shall not exceed the contract price for the frames.
  - b. Neither the provider nor the contractor may charge the state of Ohio for materials requested or provided.
  - c. Providers may purchase sample frames and replacements at the contract price.

H. Communication with Providers and/or State Officials

1. The contractor shall have a toll free telephone number or accept collect telephone calls from dispensing providers. This number shall be printed on the contractor's Medicaid order form or on the contractor's internet website. The contractor shall have adequate personnel to accept calls during normal business hours, at minimum, 8:00 a.m through 4:30 p.m. Monday through Friday, Eastern Time, except holidays, as approved by ODJFS and DAS.
  - a. This telephone number is to be used in assisting the providers' order expediting, requesting blank order forms, help navigating the internet website, and for informational purposes.
  - b. No orders for materials provided under this contract shall be accepted by telephone or e-mail. Only properly submitted order forms, either in standard paper format or through use of a HIPAA compliant online internet order form, shall be honored by the contractor and recognized by ODJFS for reimbursement.
2. The ODJFS must review and approve all communication materials that the laboratory contractor(s) plan to send to Ohio Medicaid providers, or provide on the laboratory contractor(s) website, regarding Medicaid policies and procedures, including any materials which affect Medicaid consumers, prior to distribution or posting on the internet.

SPECIFICATIONS (Cont'd.)

IV. ORDER FULFILLMENT, SUBMISSION OF INVOICES AND REPORTING

A. Paper Order Forms

1. The contractor shall be responsible to provide a sufficient supply of ODJFS approved multipart order forms, at no charge, to all requesting dispensing providers.
2. The contractor shall develop, prepare, print, and distribute to Medicaid vision care providers, in requested quantities, multipart order forms, as needed, for vision care materials that must include at least the following information:
  - a. Date of order
  - b. Name of prescribing provider
  - c. Prescribing Provider's Medicaid Provider Number (seven digits)
  - d. Prescribing Provider's National Provider Identifier (ten digit NPI)
  - e. Name and address of dispensing provider (including county name)
  - f. Dispensing provider's National Provider Identifier (ten digit NPI)
  - g. Dispensing provider's Medicaid Provider Number (seven digits)
  - h. Medicaid Recipient's names and addresses
  - i. Medicaid Recipient's billing number
  - j. Medicaid Recipient's date of birth
  - k. All pertinent prescription details
  - l. Prior Authorization Approval Number
  - m. Date order form received by contractor
  - n. Date filled order is shipped from contractor to provider
  - o. Unique medical record number
3. The order form must consist of at least three (3) parts; one part to be retained by the vision care provider at the time an order is submitted; one part to be returned to the provider with the filled order; and one part to be retained by the contractor.
4. The contractor is required to keep the consumer name and billing number in its electronic database system for the duration of the contract.
5. The contractor shall bear all costs associated with the development, printing, and distribution of the order forms. ODJFS must approve the form prior to its use under the contract.
6. The contractor must file the completed orders consecutively by the recipient's Medicaid billing number or maintain a log by recipient's Medicaid billing number identifying the file location of the order.

SPECIFICATIONS (Cont'd.)

B. Online Internet Order Form

1. The contractor shall be responsible to provide an ODJFS approved internet website with an operational online Medicaid order form that providers may use in lieu of paper order forms at no charge to all dispensing providers. The contractor must demonstrate the online order form complies with all HIPAA privacy and security regulations. The contractor shall bear all costs associated with the development, implementation, operation, updating, and maintenance of the Online Internet Order Form. ODJFS must approve the form prior to its use under the contract.
2. The online order form must consist of those items required for the paper form listed in Section IV.A.2. a through o of this contract.
3. The online order form must have the capability to be filled out and submitted to the contractor online.
4. The online order form must have features which reduce the chance of user error and allows for only Medicaid frames, lenses and other services outlined in this contract to be submitted through the online order form.
5. The contractor must demonstrate that a correctly completed online order form has a print function for the prescribing provider to retain a paper copy for their records and a method for the provider to save a copy of the order form electronically. All information included in the Online Internet Order Form must be included in both the printed-out and electronically saved versions.
6. The contractor must demonstrate how online order forms are retained by the contractor.
7. The contractor is responsible for sending a printed copy of the order form back to the provider with the filled order.

C. Order Review and Processing

1. All order forms received by the contractor must be date stamped by the contractor upon receipt. Both the part to be retained and the part to be returned to the provider must be date stamped.
2. All orders must be in writing or submitted online. No verbal telephone orders or e-mail submitted orders shall be accepted. All paper orders shall be mailed and/or faxed directly from Medicaid providers to the contractor on the approved forms.
3. Eligibility Verification. Prior to filling an order, the contractor must verify through the Interactive Voice Response System (IVR), that the recipient is eligible for Medicaid on the "Date of Order" as noted on the Medicaid order form. Further information about IVR can also be found at the following website: <http://jfs.ohio.gov/ohp/provider.stm> . The contractor shall not fill an order or submit a claim for payment to the state of Ohio for any order for which the recipient is not eligible for services on the "Date of Order" as noted on the Medicaid order form.
4. Upon receipt of each order, the contractor shall review the order for completeness and conformity with Medicaid program policies.
  - a. The completeness review shall include the determination that all data elements required under the bid are specified on the order form.
  - b. The policy conformity review shall include the determination that the requested prescription is covered under the Medicaid program and whether or not the prescription requires prior authorization. If prior authorization is required, then a check must be made to assure that the six-digit prior authorization approval number appears on the order form. The contractor may request that the provider attach a copy of the original Prior Authorization to the eyewear order. If the prescription requires prior authorization, but no prior authorization approval number is listed on the order form, the order will be considered incomplete.

SPECIFICATIONS (Cont'd.)

- c. The dispensing provider must enter the six digit prior authorization number on the Medicaid paper or online order form submitted to the contract optical laboratory when:
  1. Ordering a lens addition that must be prior authorized by the ODJFS (the contractor will bill the ODJFS for the lens addition, frame and lenses). Tints, U-V, and photochromatic lens additions require prior authorization.
  2. Ordering a complete frame and pair of lenses when prior authorization is required (i.e., second complete pair of eyeglasses within a one or two year period, depending on the age of the recipient). The contract laboratory will bill the ODJFS for the frame and lenses.
  3. Purchase of a non-contract frame has been approved by the ODJFS and the said frame is sent to the contract laboratory for the insertion of lenses covered under the Medicaid contract (the provider bills the ODJFS for the non-contract frame and includes the six digit prior authorization number; the contract laboratory will bill the ODJFS for the lenses).
  4. Purchase of non-contract lenses has been approved by the ODJFS and said lenses are sent to the contract laboratory for insertion into a frame covered under the Medicaid contract (the provider bills the ODJFS for the non-contract lenses and includes the six digit prior authorization number; the contract laboratory will bill the ODJFS for the frame). Tints, U-V, and photochromatic lens additions require prior authorization.
- d. Only those orders that are complete and in compliance with Medicaid program shall qualify for reimbursement by the state of Ohio.
5. Upon receipt of an incomplete order form, the contractor must promptly contact the provider to obtain the appropriate information before processing the order. If the contractor fails to obtain a telephone response from the provider:
  - a. The contractor shall return the provider's incomplete or illegible order form within five (5) days of receipt of order.
  - b. The contractor shall provide a written notice to accompany the incomplete or illegible form, explaining the reasons for the order being returned.
  - c. Failure of the contractor to resolve incomplete order issues could result in being non compliant for failure to ship within required time frames. Liquidated damages may be imposed as specified in Section V.B.3.
6. In cases where contracted lenses alone are ordered for mounting into the patient's frame, the contractor shall mount the lenses into the patient's frame on provider request at no additional cost to the state or the provider, if the patient's frame is covered under the contract or under previous Ohio Medicaid Vision Volume Purchase Program contracts.
7. The contractor shall not be responsible for supplying component parts of frames not covered under the contract, however, the contractor shall be responsible for repairs of covered frames as specified in Section III.E., Guarantee, and in Section IV.C.8. below.
8. A lens(es) that is ordered to replace a scratched or broken lens(es) of a complete set of eyeglasses previously dispensed under a current or prior Ohio Medicaid Vision Volume Purchase Contract may be replaced without having to prior authorize the replacement. The contractor will only supply a replacement lens(es) that is ordered by the dispensing provider and covered by this contract. If one lens is ordered, only one lens shall be supplied by the contractor.
9. Prior authorization is required for the replacement of a complete frame with lenses. Once the prior authorization is approved by ODJFS, the contractor must supply the replacement to vision care professionals within contract timeframes as specified in IV. D., below.

SPECIFICATIONS (Cont'd.)

D. Shipping Schedule

Materials (completed orders) shall be shipped by the contractor to the provider within nine (9) calendar days of receipt of a properly and legibly completed order form. The order form (both the copy to be returned to the provider and the copy to be retained by the contractor) must be date stamped the day the order was received by the contractor and the day it was shipped back to the provider.

1. All filled orders shall be sent to the provider by either first class US mail, a package delivery service, or a courier service.
2. The provider must be promptly notified when an order will require more than nine (9) calendar days for order and shipping completion.
3. The contractor shall extend the same professional service and courtesy to the Medicaid providers that is comparable to the service and courtesy extended to its other customers.

E. Packing

The subject filled orders shall be packed in substantial commercial containers of the type, size and kind commonly used for the purposes so constructed as to insure acceptance and safe delivery by common or other carriers, to point of delivery called for in contract or order form.

F. Submission of Invoices:

Claims for payment shall be submitted to the Medicaid Information System in accordance with claims submission standards and formats designated by ODJFS. The contractor may bill the state on a weekly basis; however, in no case shall billings occur less often than monthly. Claims for materials must be submitted within ninety (90) calendar days of the date the materials were furnished by the contractor. Claims submitted beyond ninety (90) calendar days may not be paid by the state of Ohio. See HIPPA and 837 Electronic Claims Submission paragraphs in the Special Contract Terms and Conditions.

G. Required Routine Reports

1. The contractor is required to generate utilization reports to ODJFS on a monthly basis providing data as follows:
  - a. reporting period dates
  - b. date report generated
  - c. materials (by the State assigned codes) provided, reporting period and year to date
  - d. dollars billed to date
  - e. dollars paid to date
  - f. number of lenses provided by assigned code
  - g. number of frames and parts provided by manufacturer's code, frame name, and style (including men's, women's, girl's, and boy's)
  - h. total number of frames with lenses
  - i. total number of frames without lenses

SPECIFICATIONS (Cont'd.)

- j. total number of orders filled
  - k. number of orders filled as a result of Provider error
  - l. number of orders filled as a result of contractor error
  - m. number of orders shipped on or after the tenth (10th) working day within receipt of the order
2. The reporting format must be prior approved by ODJFS, and may need further modification as required by ODJFS.
  3. Reports are to be received by ODJFS by the fifteenth of the month immediately following the end of month to which the report applies. Reports should be submitted to:  
  
Ohio Department of Job and Family Services  
Attn: Vision Volume Purchasing Contract Manager  
Bureau of Health Plan Policy  
50 West Town Street, 4<sup>th</sup> Floor  
Columbus, Ohio 43218-2709
  4. Submit in electronic spreadsheet format compatible with the latest version of Microsoft Excel approved by ODJFS (ODJFS may request hardcopy format be submitted).

V. CONTRACT NON-COMPLIANCE

One of the Ohio Medicaid program's goals is to assure that Medicaid consumers receive high quality services and products from Medicaid providers and contractors within reasonable timeframes. To this end ODJFS will work in partnership with the awarded laboratory contractors to meet this goal. The partnership is defined by the awarded contract and it is important that communication between the contractor and ODJFS be open and supportive. ODJFS will offer the contractor whatever assistance is necessary to help the contractor in meeting contract specifications. Should contract non-compliance be at issue ODJFS will make every effort to resolve the problem in the least invasive manner.

A. Contract non-Compliance Issues

Contractor non-compliance with the specifications and terms and conditions outlined in this contract may result in the imposition of remedies as explained in Section V.B. below.

1. Meeting contract time frames

The contractor shall be required to process all properly completed orders within the time period specified in Section IV. D. of the contract. ODJFS will monitor compliance using a reporting mechanism which tracks order processing and shipping through contractor claims submissions. In addition, ODJFS may request that the contractor supply a list of providers with which they are currently doing business in order to survey such providers regarding order processing and shipping within the 9 day contract timeframes.

2. Prompt notification regarding eyewear order requiring more than 9 days for completion

The provider must be promptly notified when an eyewear order will require more than nine (9) days for completion as specified in Section IV.D. 2. of the contract. ODJFS may request that the contractor supply a list of providers with which they are currently doing business in order to survey such providers concerning the prompt notification of a delay in order completion.

SPECIFICATIONS (Cont'd.)

3. General survey regarding product quality

At any time during the contract period ODJFS may survey vision care providers regarding the quality of contractor workmanship (to the extent that the contractor has control over workmanship) and the timeliness of order processing and shipping.

4. Any other contract specifications or terms and conditions contained in the bid/contract.

B. Resolution for Contract Non-Compliance

In addition to the remedies contained in the Instructions to Bidders and Contract Terms and Conditions, Revised 10/01/07, as part of this Invitation to Bid (see link on Page 1), the state may impose upon the awarded contractor the following remedies for non-compliance regarding contract specifications and terms and conditions. Remedies imposed will be in proportion with the severity of the non-compliance and may be progressive in nature. If the state determines that the systemic problem responsible for contract non-compliance is of a severe nature (i.e., a delay in or a failure to deliver services to Medicaid consumers) the state may impose a combined remedy (i.e., additional reporting requirements, and liquidated damages) which will address the severe nature of the non-compliance.

1. DAS, in conjunction with ODJFS, will call a meeting with the contractor to discuss and define the nature of the contract non-compliance. The contractor and DAS, in conjunction with ODJFS will determine and agree upon a plan of action to remedy the problem. Depending upon the severity of the non-compliance the contractor may be required to submit a written Corrective Action Plan detailing steps the contractor will take to bring their operation into compliance. The contractor must reach compliance within a period of time negotiated between the contractor and the state.
2. ODJFS may require the awarded contractor to produce ad hoc and routine reporting, in addition to the reporting required in the contract. An example of such reporting is a Client-Level Status Report indicating the status of all orders regardless of completion.

This report may include the following information:

- a. Client's name in alphabetical order
- b. Medicaid number
- c. The date order received in laboratory as defined in Section IV. D.1 of the contract
- d. Provider's name
- e. The vision care National Provider identifier
- f. The vision care Medicaid provider number
- g. The date the completed order was shipped to provider as defined in Section IV.D., Shipping Schedule of the contract.
- h. The orders remaining incomplete beyond the nine (9) day time frame. This portion of the report shall include items a through e above. Contractors must provide client's name, Medicaid number, the date the order was received in laboratory and the vision care National Provider Identifier and Medicaid provider number.

SPECIFICATIONS (Cont'd.)

3. The ODJFS may impose liquidated damages in the following circumstances:

When two percent (2%) or more of contractor orders for a stipulated period of time one (1) month are shipped after the nine (9) day timeframe, as required in Section IV.D. of the contract specifications, the ODJFS may assess liquidated damages not to exceed five dollars (\$5) per order. The assessed damages may be reduced or nullified by the contractors timely notice of the delay to the vision care professional. Any order older than thirty (30) days may be assessed liquidated damages regardless of notification to the vision care professional.

4. Continued failure to comply with remedies imposed may result in contract termination.
5. In the event that a contractor is unable to comply with contract requirements for an unforeseeable period of time and such noncompliance results in an unreasonable delay in eyewear order processing, completion, and shipping (for example, due to financial insolvency), DAS in conjunction with ODJFS may determine that it is in the best interest of the state to terminate the contract.

DISCLOSURE OF SUBCONTRACTORS / JOINT VENTURES

(See Standard Contract Terms and Conditions, Section (roman numeral) V. General Provisions:, Paragraph Q.) :

List names of subcontractors who will be performing work under the Contract.

_____	_____
_____	_____
_____	_____

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors or locations where work will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

-----  
AUTOMOBILE INSURANCE  
TO BE COMPLETED WITH THE BID RESPONSE

Automobile Insurance is required for anyone coming onto state property to deliver goods or to perform services using a vehicle, which is owned, leased or rented by the Contractor. Any Bidder, Broker or Sub Contractor who will be on state property, but not delivering goods or performing services, is required to carry Automobile Liability insurance that complies with the state and federal laws regarding financial responsibility.

Bid Automobile Liability Checklist:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

- Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of \$500,000.00.
- Goods/Services will be delivered via common carrier.
- No employee or representative of the contractor will have cause to be on state property to make deliveries or to perform services.

BID SUBMISSION CHECKLIST

Submittals required with Bid response

<u>Submitted</u>	<u>Submittal Description</u>	<u>Page Reference</u>
<input type="checkbox"/>	Bid cover page, signed in blue ink	Page 1
<input type="checkbox"/>	Buy Ohio & Domestic Preferences	Page 2
<input type="checkbox"/>	Contractor Requirements	Page 6
<input type="checkbox"/>	Bid price pages	Page 20 - 28
<input type="checkbox"/>	Disclosure of Subcontractors	Page 29

Submittals required during the evaluation process \*

<u>Submitted</u>	<u>Submittal Description</u>	<u>Page Reference</u>
<input type="checkbox"/>	Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Form	Page 2 (D)
<input type="checkbox"/>	Descriptive Literature	Page 3
<input type="checkbox"/>	Product Samples	Pages 3 - 4
<input type="checkbox"/>	Sample Prescriptions	Pages 4, 34 - 35
<input type="checkbox"/>	Automobile Liability Checklist	Page 29
<input type="checkbox"/>	Affirmative Action Program Verification Letter of Approval	Page 32

\* Required documentation/materials should be submitted with the bid. If not submitted with the bid, the bidder must provide the said documentation/materials within five (5) business days, after notification, to the Office of Procurement Services.

BID SUBMISSION CHECKLIST (Cont'd.)

Insurance Requirements \*\*

Submitted

Submittal Description

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Workers' Compensation Certificate and Employer's Liability Insurance, as applicable: Terms and Conditions Article S-12  |
| <input type="checkbox"/> | Commercial General Liability and Endorsements (Ohio designated as additional insured, blanket waiver of subrogation, insurance shall be primary): Terms and Conditions Article S-13 |
| <input type="checkbox"/> | Automobile Liability, as applicable: Terms and Conditions Article S-13  |

\*\* Submit an Acord 25, Marsh MM1, or similar type of certificate from your insurance agent/carrier showing compliance with the required coverage amounts and the proper endorsements, per Articles S-12 and S-13 of the Instructions, Terms and Conditions for Bidding, and Standard Contract Terms and Conditions, Supplemental Contract Terms and Conditions, referenced on Page 1 of this Invitation to Bid.

For the General Liability coverage, the certificate must be endorsed to include: (1) Ohio designated as additional insured, (2) blanket waiver of subrogation, and (3) insurance shall be primary over any other coverage, as specified in Article S-13.

After notification by the state, failure to provide the certificate as required may cause your bid to be deemed not responsive, and no further consideration for award will be given.

This checklist is provided solely for the bidder's benefit. Submission of the mandatory/required materials does not guarantee that the bidder will be deemed compliant with all of the specifications and requirements as stated in this bid. Completing this checklist does not absolve the bidder's responsibility to thoroughly review and understand all of the specifications and requirements as stated in this bid.

Insurance: Bidders should familiarize themselves with the Workers' Compensation, Automobile and General Liability Requirements, Commercial General Liability and Automobile Liability Articles (Article S-12 through S-13) listed on page 10 of the Contract Terms and Conditions. Bidders will be required to meet these requirements when requested. Pages 1 through 11 are available through the link, "Instructions: Terms and conditions for bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions," listed on page 1 of the bid, or at the following Web site: <http://procure.ohio.gov/pdf/iandt13.pdf>

Affirmative Action Program Verification: In accordance with a requirement set forth in the Ohio Revised Code (ORC Section 125.111), bidders must complete filing of an Affirmative Action Plan to the Department of Administrative Services (DAS), Equal Opportunity Division (EOD) prior to award of a contract.

To file or renew an Affirmative Action Plan with EOD, go to their web site at:  
<http://www.das.ohio.gov/Eod/AAEEO.htm>

On the lower part of the screen will be several web links. Click on the appropriate link to either renew or file for the first time.

After registration and approval is complete, go to the same web site:  
<http://www.das.ohio.gov/Eod/AAPV.htm>

On the lower part of the screen will be a list of links. Click on the link, "view approved Affirmative Action Program Verifications." Search for the company name, click on the name, and a copy of the letter of approval should appear. This letter shows verification of filing of Affirmative Action Plan.

**EXHIBIT A**  
OHIO MEDICAID FRAMES COVERED UNDER THE VOLUME PURCHASE CONTRACT

FRAME NAME	MANUFACTURER	USAGE 2008 1st half	USAGE 2007	TYPE
Andy	Eye Q	76	243	Child/Male
Laurel	Eye Q	185	667	Child/Female
SW 501	Eye Q	806	2,610	Child/Male
Bld. 4154	Hart	2,907	7,878	Adult/Female
J5664	Hart	1,169	1,570	Adult/Female
J5666	Hart	957	2,846	Adult/Female
J5675	Hart	2,092	3,671	Adult/Female
Looking Glass 7146	Hart	2,402	7,247	Adult/Male (Unisex)
Bld. 1201	Hart	88	184	Adult/Male
Berry Flex	Kenmark	134	269	Adult/Male
488	Limited Edition	378	0	Adult/Female
2294CTRU	Limited Edition	1,248	0	Adult/Male
304CTRU	Limited Edition	400	0	Adult/Male
436CTRU	Limited Edition	972	0	Adult/Female
Angel	Limited Edition	1,650	0	Adult/Female
Blazer	Limited Edition	198	405	Adult/Male
Bobbi	Limited Edition	117	0	Child/Male
Brittany	Limited Edition	821	0	Adult/Female
Curly	Limited Edition	261	0	Child/Female
Diedre	Limited Edition	338	726	Adult/Female
LTD181	Limited Edition	2,129	6,355	unknown
Manhattan	Limited Edition	734	0	Adult/Female
Regina	Limited Edition	891	2,314	Adult/Female (Unisex)
Remington	Limited Edition	1,584	3,983	Adult/Male
Romper 123	Limited Edition	136	1,443	Child/Female
Spectra	Limited Edition	14	529	Adult/Female
Sunshine	Limited Edition	235	0	Child/Female
Taylor	Limited Edition	157	0	Child/Male
Tony	Limited Edition	465	0	Adult/Male
Walt	Limited Edition	154	269	Adult/Male
Buddy	Zimco	1,735	5,416	Child/Male
Cambridge	Zimco	685	1,919	Adult/Male
Hudson	Zimco	6,132	16,586	Adult/M (Unisex)
Liz	Zimco	1,979	4,422	Adult/Female
Minnow	Zimco	838	2,682	Child/F (Unisex)
Moscow	Zimco	1,289	2,668	Adult/Male
Pacific	Zimco	2,359	5,324	Adult/Male
	Subtotal	38,715	82,226	
	Discontinued from previous contract	6,738	16,136	
	Usage Totals	45,453	98,362	

Attachment A-1

Frame Name <b>REGINA</b>		Frame Color <b>Brown</b>	Eye Size <b>53</b>	Bridge Size <b>17</b>	Temple <b>135</b>		
FT. 25/27 <input type="checkbox"/>	Exec. Bif. <input type="checkbox"/>	FT. 7x25 <input type="checkbox"/>	Other _____		Plastic <input type="checkbox"/>		
Rd. Seg. <input type="checkbox"/>					Glass <input type="checkbox"/>		
DISTANT	SPH	CYL	AXIS	PRISM	BASE	DECENTER IN      OUT	Rose 1 <input type="checkbox"/>
	R	-2.50	-1.00	103			Rose 2 <input type="checkbox"/>
L	-3.50	-1.50	098				
ADD	SEGMENT HEIGHT	SEGMENT INSET	TOTAL INSET	PD	<b>65</b>		
	R	R	R	FAR			
L	L	L	L	NEAR			
Special Instructions <b>POLY CARBONATE</b>							
ENGRAVE NAME & MEDICAID							
Prior Authorization Number: _____							
Unique Medical Record # _____						Date Rec'd. _____	

OH-450-20

PLEASE TYPE OR PRINT

Rev. 8/90

Frame Name <b>BLAZER GREYTON</b>		Frame Color <b>Brown</b>	Eye Size <b>55</b>	Bridge Size <b>20</b>	Temple <b>145</b>		
FT. 25/27 <input checked="" type="checkbox"/>	Exec. Bif. <input type="checkbox"/>	FT. 7x25 <input type="checkbox"/>	Other _____		Plastic <input type="checkbox"/>		
Rd. Seg. <input type="checkbox"/>					Glass <input type="checkbox"/>		
DISTANT	SPH	CYL	AXIS	PRISM	BASE	DECENTER IN      OUT	Rose 1 <input type="checkbox"/>
	R	+2.00	-1.00	005			Rose 2 <input type="checkbox"/>
L	+2.00	-1.50	176				
ADD	SEGMENT HEIGHT	SEGMENT INSET	TOTAL INSET	PD	<b>66</b>		
	R	+1.50	R 1/2	R			
L	+1.50	20	L 1/2	L	NEAR	<b>63</b>	
Special Instructions <b>POLY CARBONATE</b>							
Prior Authorization Number: _____							
Unique Medical Record # _____						Date Rec'd. _____	

OH-450-20

PLEASE TYPE OR PRINT

Rev. 8/90

Attachment A-2

Frame Name <b>PACIFIC</b>		Frame Color <b>BROWN</b>	Eye Size <b>53</b>	Bridge Size <b>19</b>	Temple <b>145</b>	
FT. 25/27 <input type="checkbox"/>	Exec. Bil. <input type="checkbox"/>	Other _____		Plastic <input checked="" type="checkbox"/>		
Rd. Seg. <input type="checkbox"/>	FT. 7x25 <input type="checkbox"/>			Glass <input type="checkbox"/>	Rose 1 <input type="checkbox"/>	
D I S T A N T	SPH	CYL	AXIS	PRISM	BASE	DECENTER IN    OUT
	R	-3.00	-0.75	175		
L	-2.50	-1.25	180			
A D D	SEGMENT HEIGHT	SEGMENT INSET	TOTAL INSET	PD	66	
	R	R	R	FAR		
L	L	L	L	NEAR		
Special Instructions						
Prior Authorization Number: _____						
Unique Medical Record # _____				Date Rec'd. _____		

OH-290-92

PLEASE TYPE OR PRINT

Rev. 5/90

Frame Name <b>REMINGTON</b>		Frame Color <b>DEMI BROWN</b>	Eye Size <b>56</b>	Bridge Size <b>18</b>	Temple <b>145</b>	
FT. 25/27 <input checked="" type="checkbox"/>	Exec. Bil. <input type="checkbox"/>	Other _____		Plastic <input checked="" type="checkbox"/>		
Rd. Seg. <input type="checkbox"/>	FT. 7x25 <input type="checkbox"/>			Glass <input type="checkbox"/>	Rose 1 <input type="checkbox"/>	
D I S T A N T	SPH	CYL	AXIS	PRISM	BASE	DECENTER IN    OUT
	R	+0.50	-1.25	095		
L	+1.00	-0.75	085			
A D D	SEGMENT HEIGHT	SEGMENT INSET	TOTAL INSET	PD	68	
	R	R	R	FAR		
L	L	L	L	NEAR	65	
Special Instructions						
Prior Authorization Number: _____						
Unique Medical Record # _____				Date Rec'd. _____		

OH-290-92

PLEASE TYPE OR PRINT

Rev. 5/90

**ATTACHMENT B** (Page 1 of 5)

General Information For Medicaid Providers

Page 1 of 2

**5101:3-1-20.1 Electronic Data Interchange (EDI) Trading Partner Definitions and Criteria to Enroll as an EDI Trading Partner**

***Effective Date: May 23, 2007***

***Most Current Prior Effective Date: November 15, 2004***

(A) Definitions.

- (1) "Trading partner", ~~as defined by the department,~~ is defined as a covered entity (CE) that submits electronic transactions in its role as an eligible provider for purposes directly related to the administration or provision of medical assistance provided under a public assistance program.
- (2) "Covered entity" (CE), as defined by ~~45 CFR~~ 45 C.F.R. 160.103 (rev. 2/2006), is a health plan, a health care clearinghouse, or a health care provider that transmits health care information in an electronic format in connection with a transaction covered by this rule.
  - (a) "Health plan" is defined as an individual or group health plan that provides, or pays the cost of, medical care.
  - (b) "Health care clearinghouse" is defined as an entity that:
    - (i) Processes health information received from another CE in a non-standard format or a format containing non-standard data into standard data elements or transactions; or
    - (ii) Processes health information received in a standard format into a nonstandard format for another CE.
  - (c) "Health care provider" is defined as a provider of medical or health services, and any person or organization who furnishes, bills for, or is paid for health care services in the normal course of business.
- (3) "Eligible provider" is defined as a Medicaid provider that is eligible to render covered Medicaid services as defined in rules 5101:3-1-17, 5101:3-26-04, and 5101:3-3-02 of the Administrative Code.
- (4) "Electronic data interchange (EDI) transactions" are defined as transactions developed by standards development organizations (~~SDOs~~) recognized by the centers for medicare and Medicaid services (~~CMS~~) and adopted by ~~the department~~ the Ohio Department of Job and Family Services (ODJFS). The different EDI transactions are defined as follows:
  - (a) ANSI X12 820 premium payment is a transaction used to make a payment and/or send a remittance advice.
  - (b) ANSI X12 834 monthly member roster or enrollment/disenrollment in a health plan is a transaction used to establish communication between the sponsor of the insurance product and the payer.
  - (c) ANSI X12 835 health care claims payment/remittance advice is a transaction used to make a payment and/or send an explanation

**ATTACHMENT B** (Cont'd., Page 2 of 5)

General Information For Medicaid Providers

Page 2 of 2

of benefits ~~(EOB)~~ remittance advice.

- (d) ANSI X12 837 health care claim is a transaction used to submit health care claim billing/encounter information, or both, from providers (institutional, professional, or dental) of health care services to payers, either directly or via clearinghouses.
  - (e) ANSI X12 270 eligibility, coverage, or benefit inquiry is a transaction used to inquire about the eligibility, benefits or coverage under a subscriber's health care policy
  - (f) ANSI X12 271 eligibility, coverage, or benefit information response is a transaction used to communicate information about, or changes to, eligibility, benefits, and/or coverage.
  - (g) ANSI X12 276 health care claim status request is a transaction used to request the status of a health care claim.
  - (h) ANSI X12 277 health care claim status notification is a transaction used to respond to a request regarding the status of a health care claim.
  - (i) ANSI X12 278 health care services review information request and response is a transaction used to transmit health care service information for the purpose of referral, certification/authorization, notification, or, reporting the outcome of a health care services review.
- (B) Entities meeting the definition of a trading partner as defined in paragraph (A) (1) of this rule may enroll and submit EDI transactions recognized by the department ODJFS once they are issued a trading partner number, complete the trading partner profile form, and sign a trading partner agreement as stipulated in accordance with rule 5101:3-1-20.2 of the Administrative Code. Trading partners must pass the EDI testing process and be approved for EDI production processing prior to submitting Medicaid claims for payment.
- ~~(C) Only trading partners eligible to submit or receive the 837/835 and/or 834/820 transaction sets are eligible to submit and receive the 270/271 and 276/277 transaction sets.~~

Effective: 05/23/2007

R.C. 119.032 review dates: 03/06/2007 and 05/01/2012

Certification: CERTIFIED ELECTRONICALLY

Date: 05/11/2007

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02

Prior Effective Dates: 11/15/04

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General Information For Medicaid Providers

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**5101:3-1-20.2 Responsibilities Related to the Submission of Claims via Electronic Data Interchange (EDI) (Except for Services Provided through a Medicaid Managed Care Program)**

**Effective Date: May 23, 2007**

**Most Current Prior Effective Date: November 15, 2004**

- (A) Any covered entity (CE) in the business of performing EDI health care transactions with the Ohio Department of Job and Family Services (ODJFS) under the ~~health insurance portability and accountability act~~ Health Insurance Portability and Accountability Act (HIPAA) of 1996 and meeting the appropriate enrollment criteria in accordance with rule 5101:3-1-20.1 of the Administrative Code is eligible to be enrolled as a Medicaid EDI trading partner and to be issued a Medicaid trading partner number. An EDI trading partner who is in the business of submitting electronic claims for reimbursement is eligible to be issued a Medicaid trading partner number if the entity completes the following:
- (1) A ~~Medicaid trading partner profile form JFS01057 (rev. 09/2003)"JFS 01957 Trading Partner Profile"~~ form (rev. 5/2006).
  - (2) A ~~declaration of "835 Health Care Claim Payment/Advice" trading partner form JFS06306 (rev. 07/2003)"JFS 06306 Designation of an 835 or 834-820 Trading Partner"~~ form (rev. 12/2006), which is required only if the trading partner will be receiving the 835 remittance advice on behalf of their clients.
  - (3) Signs a trading partner agreement. Two originals must be signed by an authorized representative of the trading partner and submitted to ODJFS. A countersigned original will be returned to the trading partner and must be kept on file.
- (B) Once the Medicaid trading partner number is assigned, the trading partner is eligible to submit claims for the testing process in accordance with paragraphs (C) and (D) of this rule.
- (C) Phase I testing requirements:
- (1) Three files per transaction type (837 professional, institutional, and dental) must pass phase I testing.
  - (2) ~~Each file must contain a minimum of two hundred fifty to five hundred claims. When submitting claims for the testing, region trading partners may simulate claim scenarios in order to meet the minimum testing requirements as long as the claims contain valid Medicaid provider and recipient numbers. Each file must contain a minimum of fifty to five hundred claims. When submitting claims to the test region, trading partners must adequately test all business rules appropriate to each provider type and service for which it provides clearinghouse services. Claims must contain valid provider identifiers and consumer billing numbers.~~
  - (3) All EDI files must completely pass X12 integrity testing. This process checks basic X12 syntax. Trading partners must adopt any future HIPAA approved version upgrades in reference to the X12 syntax.

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General Information For Medicaid Providers

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- (4) All EDI files must completely pass HIPAA syntactical requirement testing. This process checks for syntax specifically related to HIPAA implementation guides. Trading partners are required to modify their EDI files in accordance with any new federally mandated HIPAA standards.
- (5) All EDI files must completely pass HIPAA situation testing. This process checks to make sure all interdependent elements are present.
- (D) Phases II and III testing requirements:
  - (1) Trading partners will use the HIPAA transaction set implementation guides and the ODJFS companion guides (rev. 05/2007) ~~(available online)~~ as determined by ODJFS, the department.
  - (2) Test files must contain a representative sample of the trading partners' health care business claims (types of service such as ambulance, home health, laboratory, transportation, etc.).
  - (3) A trading partner must be able to successfully receive and translate the "Unsolicited 277," the "824 Application Advice," the "997 Functional Acknowledgement" transaction sets, the "TA1 segment," and the "835 Health Care Claim Payment/Advice."
  - (4) The date of service for each claim cannot be older than ~~six~~ ten months prior to the test submission date.
  - (5) Trading partners may submit up to a maximum of one file per day per transaction type (one professional, one institutional, and one dental) to be processed until those files pass the translator with an accepted "997 Functional Acknowledgement." Resubmissions are permitted until ninety per cent ~~percent~~ of the claims submitted pass the phase II preprocessor and are sent to phase III, the test adjudication process. A ninety per cent pass rate must be reached for each transaction type tested.
  - (6) Three files for each transaction type must be fully tested end to end through all three phases of testing, each file passing test adjudication with no more than a ten per cent denial rate. Data must contain claims that are independent of previously sent test files.
  - (7) Trading partners must limit testing to those claims for whom they are the designee to receive the 835 electronic remittance advice. The 835 remittance advice will be returned in test.
- (E) In order for trading partners to be notified that they are eligible to submit claims for production they must:
  - (1) Meet all testing requirements for phases I, II, and III; and
  - (2) Verify Medicaid provider relationships as determined by ODJFS; and
  - (3) Confirm their 835 remittance advice destinations with all of their clients.
- (F) Only authorized trading partners that are actively submitting and receiving 837 health care claim transaction sets may submit and receive the 270/271 and the 276/277 transaction sets.
- ~~(F)~~(G) The individual Medicaid provider is ultimately responsible for accurate and valid

**ATTACHMENT B** (Cont'd., Page 5 of 5)

General Information For Medicaid Providers

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reporting of all Medicaid claims submitted for payment. A provider using an EDI trading partner must insure through legal contract the responsibilities of the trading partner to report health care claims information as directed by the provider. A copy of all contracts between the provider and the trading partner must be available to ODJFS or its designee upon request. Both the provider and the trading partner must maintain a record of all Medicaid claims submitted for payment.

~~(G)~~(H) The trading partner is responsible for following general specifications as defined by ~~the department in the~~ ODJFS in accordance with paragraph (B) of rule 5101:3-1-19 of the Administrative Code ~~HIPAA companion guides~~, in addition to the standardized EDI data requirements as defined in the national EDI transaction set implementation guides established under HIPAA 1996.

Effective: 05/23/2007

R.C. 119.032 review dates: 03/06/2007 and 05/01/2012

Certification: CERTIFIED ELECTRONICALLY

Date: 05/11/2007

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Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02

Prior Effective Dates: 10/16/03 (Emer), 1/1/04, 11/15/04

PRICE SCHEDULE

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE / EACH	(TBD)
V2020	FRAMES, PURCHASES	\$ 7.90	STILL UNDER EVALUATION
V2020U1	FRAME + ENGRAVE FRAME	\$ 0.50	
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	\$ 5.00	
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$ 5.00	
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$ 5.00	
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	\$ 5.00	
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	\$ 5.00	
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	\$ 5.00	
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	\$ 5.00	

PRICE SCHEDULE (Cont'd.)

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE / EACH	(TBD)	
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS	\$ 5.00	STILL UNDER EVALUATION	
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	\$ 5.00		
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	\$ 5.00		
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	\$ 5.00		
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	\$ 5.00		
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS	\$ 5.00		
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	\$ 5.00		
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$ 5.00		

PRICE SCHEDULE (Cont'd.)

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE / EACH	(TBD)
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$ 15.00	STILL UNDER EVALUATION
V2118	ANISEIKONIC LENS, SINGLE VISION	\$ 10.00	
V2121	LENTICULAR LENS, PER LENS, SINGLE	\$ 20.00	
V2199U2	ONE SV LENS >20.00D	\$ 10.00	
V2199U3	SV HIGH INDEX PLASTIC	\$ 15.00	
V2199U4	SV CYLINDER 6.25 SV	\$ 1.00	
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$ 7.25	
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$ 7.25	
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$ 7.25	
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	\$ 7.25	
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	\$ 7.25	

PRICE SCHEDULE (Cont'd.)

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE / EACH	(TBD)
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D CYLINDER, PER LENS	\$ 7.25	STILL UNDER EVALUATION
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	\$ 9.25	
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	\$ 7.25	
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	\$ 7.25	
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	\$ 7.25	
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	\$ 9.25	
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	\$ 7.25	
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	\$ 7.25	

PRICE SCHEDULE (Cont'd.)

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE / EACH	(TBD)
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	\$ 7.25	STILL UNDER EVALUATION
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$ 7.25	
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$ 50.00	
V2218	ANISEIKONIC, PER LENS, BIFOCAL	\$ 10.00	
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$ 10.00	
V2220	BIFOCAL ADD OVER 3.25D	\$ 10.00	
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	\$ 50.00	
V2299U2	ONE BIF LENS>20.00D	\$ 10.00	
V2299U3	BIF HIGH INDEX PLASTIC	\$ 15.00	
V2299U4	BIF CYLINDER 6.25	\$ 1.00	
V2299U5	WELCH-4-DROP BIF RD	\$ 5.85	
V2299U6	WELCH-4-DROP BIF ST	\$ 5.85	

PRICE SCHEDULE (Cont'd.)

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE / EACH	(TBD)
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$ 9.10	STILL UNDER EVALUATION
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$ 9.10	
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	\$ 9.10	
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS	\$ 9.10	
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS	\$ 9.10	
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	\$ 9.10	
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	\$ 9.10	
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	\$ 9.10	
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	\$ 9.10	

PRICE SCHEDULE (Cont'd.)

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE / EACH	(TBD)
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	\$ 9.10	STILL UNDER EVALUATION
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	\$ 9.10	
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	\$ 9.10	
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	\$ 9.10	
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	\$ 9.10	
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	\$ 9.10	
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	\$ 5.85	
V2318	ANISEIKONIC LENS, TRIFOCAL	\$ 5.85	
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	\$ 10.00	
V2320	TRIFOCAL ADD OVER 3.25D	\$ 3.00	

PRICE SCHEDULE (Cont'd.)

HCPC	DESCRIPTION	CLASSIC OPTICAL PRICE / EACH	(TBD)
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	\$ 5.25	STILL UNDER EVALUATION
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$ 12.00	
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$ 12.00	
V2700	BALANCE LENS, PER LENS	\$ 0.00	
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	\$ 20.00	
V2715	PRISM, PER LENS	\$ 1.50	
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	\$ 15.00	
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	\$ 1.00	
V2744	TINT, PHOTOCHROMATIC, PLASTIC OR POLYCARBONATE ONLY, PER LENS	\$ 9.00	
V2745	ADDITION TO LENS, TINT, AND COLOR, PLASTIC OR POLYCARBONATE ONLY, PER LENS	\$ 30.00	



CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT907409-1 (06/30/11)



60173  
Classic Optical Laboratories, Inc.  
3710 Belmont Avenue  
P.O. Box 1341  
Youngstown, OH 44501

SHIPPED: 9 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Bob Sherman

Toll Free: (888) 522-2020  
Telephone: (330) 759-8245  
FAX: (888) 522-2022  
E-mail: bob@classicoptical.com

Contractor's preferred method of receiving purchase orders.: E-mail

CONTRACTOR AND TERMS:

BID CONTRACT NO.:

(TBD)

(TBD)

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