



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

REQUIREMENTS CONTRACT: CONSULTANT TO ENGAGE HEALTH PLANS IN REIMBURSEMENT FOR TOBACCO CESSATION SERVICES

CONTRACT NUMBER: CSP901411 (originally advertised as CSP905710) EFFECTIVE DATES: 09/01/10 TO 06/30/11
Renewal through 6/30/13

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP901411 that opened on 06/09/10. 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.

The agency listed herein 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.

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 Health as applicable.

Questions regarding this and/or the Services Contract may be directed to:

Ross Leider, CPPB
ross.leider@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>

ATTACHMENT ONE: WORK REQUIREMENTS AND SPECIAL PROVISIONS
PART TWO: SPECIAL PROVISIONS

THE OFFEROR'S FEE STRUCTURE. The Contractor will be paid as proposed on the Cost Summary Form after the Agency approves the receipt of product(s) and continued completion of all deliverables.

REIMBURSABLE EXPENSES. None.

BILL TO ADDRESS.

Ohio Department of Health
 Tobacco Prevention and Cessation Program
 246 North High Street P.O. Box 118
 Columbus, Ohio 43216-0118

| *Method of Payment: | | |
|-------------------------|---------------------|---|
| 1 st Payment | 25% of award amount | <p>Upon receipt and approval of initial Implementation Plan.</p> <p>This document will be revised as necessary (with ODH approval) on an on-going basis throughout the life of the project.</p> <p>Acceptable reports for each Cessation Benefits Team meeting providing the name of the Offeror's meeting facilitator, meeting agendas, handouts, meeting notes, and roster of members (This task will be completed throughout the life of the project).</p> |
| 2 nd Payment | 30% of award amount | <p>Upon receipt of acceptable Data Analysis and report of findings.</p> <p>Data analysis to include background to support Cessation Benefits Team, analysis of 2009 eValue8 data, baseline with 2008 and 2007 data, analysis of the HEDIS and CAHSP data and Return on Investment calculators and how to use the tools to communicate to employers, health plans, and agents/brokers and creation and provision of resources such as health plan and employer fact sheet, talking points for community partners, presentation, employers ROI guides, etc. for outreach and marketing to Ohio health plans, and insurers.</p> <p>Upon receipt of an acceptable report to include creation and provision of resources such as health plan and employer fact sheet, talking points for community partners, presentation, employers ROI guides, etc. for outreach and marketing to Ohio health plans, and insurers.</p> <p>Acceptable reports for each Cessation Benefits Team meeting providing the name of the Offeror's meeting facilitator, meeting agendas, handouts, meeting notes, and roster of members (This task will be completed throughout the life of the project).</p> |
| 3 rd Payment | 20% of award amount | <p>Upon receipt of an acceptable log and report of outreach efforts. The content of the report will include:</p> <ol style="list-style-type: none"> a. Three meeting with employer organizations; b. Three meetings with employers; c. Three meetings with brokers and agents or their organizations (e.g. Ohio Association of Health Plans); d. Three other organizations to be determined. <p>Acceptable reports for each Cessation Benefits Team meeting providing the name of the Offeror's meeting facilitator, meeting agendas, handouts, meeting notes, and roster of members (This task will be completed throughout the life of the project).</p> |
| 4 th Payment | 25% of award amount | <p>Acceptable reports for each Cessation Benefits Team meeting providing the name of the Offeror's meeting facilitator, meeting agendas, handouts, meeting notes, and roster of members (This task will be completed throughout the life of the project).</p> <p>Final report</p> |

Please Note: The actual amount of payment will be determined by the cost summary submission (Attachment Four).

*The Method of Payment table has been revised to align with the Cost Summary table on page 54 of RFP.

Company: Segue Consulting

UNSPSC CATEGORY CODE: 80100000

OAKS ITEM: 18115

| Description | Cost | | |
|--|--------------|--------------|---------------|
| | FY2011 | FY2012 | FY2013 |
| 1. Implementation plan (work plan/timeline) with specific outcomes and time lines -Initial plan for contract period, revised as necessary on an on-going basis with ODH approval. (Update plan to reflect new work and extended timeframe). | \$30,000.00 | \$ 5,000.00 | \$ 5,000.00 |
| 2. Data Analysis including a report and presentation on findings- Includes developing background to support the work of the Cessation Benefits Team, work analyzing the 2009 eValue8 data, establishing a baseline with the 2008 and 2007 data, analysis of the HEDIS and CAHSP data, and Return on Investment calculators to illustrate affordability and short term payoff of tobacco cessation and how to use these tools to communicate this to employers, health plans, and agents/brokers. Creation and provision of resources such as health plan and employer fact sheets, talking points for community partners, presentations, employer ROI guides, etc. for outreach and marketing to Ohio health plans and insurers. Develop fact sheets for legislators. Update fact sheets as necessary. | \$40,000.00 | \$ 10,500.00 | \$ 10,000.00 |
| 3. Report and log of outreach efforts –Offeror should plan to meet with the following types of stakeholders (meetings will be in Columbus, OH or by teleconferencing): a. Three meeting with employer organizations. (Add additional meetings as necessary). b. Three meetings with employers. (Add additional meetings as necessary). c. Three meetings with brokers and agents or their organizations (e.g. Ohio Association of Health Plans). (Add additional meetings as necessary). d. Three other organizations to be determined. (Add additional organizations as necessary). Because of the expense in face-to-face meetings, Offeror should utilize web cast or conference calls where possible. The Offeror will provide meeting facilitation – meeting agendas, handouts, meeting notes, and roster of members (maintained) throughout the life of the project. | \$37,000.00 | \$ 30,861.00 | \$ 30,000.00 |
| 4. Final report | \$25,000.00 | \$ 25,000.00 | \$ 25,000.00 |
| 5. Develop strategic plan following statewide summit. | | \$ 15,000.00 | \$ 15,000.00 |
| 6. Provide analysis of Federal Health care reform bill as it impacts tobacco cessation. | \$ 5,000.00 | \$ 11,000.00 | \$ 21,000.00 |
| TOTAL NOT TO EXCEED: | \$137,000.00 | \$ 97,361.00 | \$ 106,000.00 |

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:

CONTRACT NO.: CSP901411-1 (06/30/13)

184549
Segue Consulting
665 S. Newport Street
Denver, CO 80224

TERMS: Net 30 Days

Remit To Address:
Segue Consulting
665 S. Newport Street
Denver, CO 80224

CONTRACTOR'S CONTACT: Ms. Claire Brockbank

Telephone: (303)316-2655
Fax: (360)365-7441
E-Mail: brockbank@segueconsulting.com

SUMMARY OF AMENDMENTS

| Amendment Number | Revision Date | Description |
|-------------------------|----------------------|---|
| 6 | 5/15/13 | This amendment is to acknowledge this Contract expires 6/30/13. |
| 5 | 3/11/13 | Increase line item 6 \$10,000 and increase the Total Not to Exceed for FY2013 to \$106,000 |
| 4 | 1/31/12 | Contract renewal for the period of July 1, 2012 through June 30, 2013 and add additional funds for FY2012in the amount of \$1,361.00. |
| 3 | 6/23/11 | Contract renewal for the period of July 1, 2011 through June 30, 2012 and increase cost for FY2012 to \$96,000.00 from \$71,000.00. |
| 2 | 02/28/11 | Increase work and resulting cost amounts. |
| 1 | 09/09/10 | Revise the Vendor ID for Segue Consulting from 182179 to the correct Vendor ID 184549 |