



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

MANDATORY USE CONTRACT FOR: Critical Access Hospital Financial Assessment and ICD-10 Training Project

CONTRACT NUMBER: CSP904113

EFFECTIVE DATES: 1/3/13 TO 8/31/13

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP904113 that opened on November 28, 2012. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Health as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

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

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:

www.ohio.gov/procure

Title: Critical Access Hospitals Financial Assessment and ICD-10 Training
 Contract Number: CSP904113

UNSPSC CATEGORY CODE: 84110000

OAKS ID Number: 24105

Description	Cost
1. Correspond with the ODH Flex Program Coordinator at a minimum of once per month in regards to assignments and related progress.	\$ 1,000
2. Provide in-depth individual revenue cycle assessments and technical assistance for three (3) CAHs. In-depth assessment for each of the identified CAHs should include at minimum one on-site visit, cost report analysis, revenue recovery assessment, charge master analysis and coding education.	\$ 36,500
3. Provide each of the identified CAHs with a complete written revenue cycle assessment summarizing finding and providing recommendation for financial and operational improvements.	\$ 4,000
4. With guidance from the ODH Flex Program Coordinator plan, facilitate and evaluate three (3) six hour face-to-face ICD-10 educational and training sessions. Sessions will focus on ICD-10 implementation including but not limited to gap analysis between ICD-9 and ICD-10, examining workflow for coding and documentation gaps, as well as inventory of policies and procedures. Meetings are to be held in regional locations conducive for rural participants. The successful Offeror will be responsible for preparing and for delivering presentations and materials at each meeting.	\$ 72,000
5. Respond to phone and e-mail inquiries from CAHs regarding financial and operational performance as directed by the ODH Flex Program Coordinator. Inquiries from CAHs given to the Flex Program will be given to the successful Offeror on a weekly basis. The successful Offeror will be responsible for responding to the CAH inquiries within one week of receipt of inquiry.	\$ 3,500
6. Submit final report to ODH Flex Program Coordinator. Report shall include all contacts, summarized findings, details of the financial assessments, summary of CAHs overall performance and future recommendations for action and training. Report should be submitted to ODH not later than August 31, 2013.	\$ 5,000
Not to Exceed Amount	\$ 122,000

All costs are in U.S. Dollars.

The State is 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: CSP904113-1(08/31/13)

156789
Arnett Foster Toothman PLLC
155 East Broad Street
Suite 2100
Columbus, OH 43215

Remit to Address:

TERMS: Net 30 Days

156789
Arnett Foster Toothman PLLC
P.O. Box 2629
Charleston, WV 25329

CONTRACTOR'S CONTACT: Mr. Keith Hutcheson

Telephone (800) 642-3601
Fax (304) 346-8333
Email keith.hutcheson@afnetwork.com

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
2	8/31/13	Acknowledge Contract expiration date of 8/31/13.
1	05/20/13	Increase of \$16,666 for additional work.