



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

MANDATORY USE CONTRACT FOR: STATEWIDE UTILIZATION REVIEW PROGRAM FOR INPATIENT PSYCHIATRIC (URIP) CARE FOR MEDICAID RECIPIENTS

CONTRACT NUMBER: CSP906106-1

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

\* Renewal through 06/30/13

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP906106 that opened on April 21, 2006. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

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

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

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

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

Carol Clingman  
carol.clingman@das.state.oh.us

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

[www.ohio.gov/procure](http://www.ohio.gov/procure)

\* To advise of the renewal of the contract for six (6) one (1) month periods effective 01/01/13 through 06/30/13.

Contract Requirement Synopsis: This section gives only a summary of the Project Requirements.

- Implement Medical Necessity Criteria for Inpatient Psychiatric Admissions.
- Implement the Ohio QUEST Program.
- Pre-Admission Certification of Psychiatric Admissions.
- Post-Payment Review of Psychiatric Admissions.
- On-Site Retrospective Payment Review.
- Provider Appeals.
- Recipient Hearings.
- Management Reporting Capabilities.
- Regular Provider Training Process.
- Project Management Requirements.
- Cost Control, Payment, and Record Keeping Procedures.
- Transition Plans.

RFP Response Clarifications – URIP Care for Medicaid Recipients

Given the upcoming client shift to Medicaid managed care, the State holds the right to renegotiate the yearly contract cost if the number of pre-certification reviews performed deviates +/- 15% from the previous year. The number of post-payment reviews will remain the same over the entire contract period.

The performance bond, as required by ODMH is included in the total contract amount that will be used to draw down FFP.

Health Care Excel, Inc. shall implement and provide provider training for the new Ohio QUEST program in order to meet program requirements and project start date of July 1, 2006.

HCE shall receive electronic text files of hospital and physician providers from the ODMH during the implementation period. These files shall contain as many of the data elements below as possible.

HOSPITAL DATA

Name  
Address Line 1  
Address Line 2  
City  
State  
Zip  
County  
Provider Number  
IMD indicator

PHYSICIAN DATA

Name, First  
Name, Middle  
Name, Last  
Name, Suffix  
Address Line 1  
Address Line 2  
City  
State  
Zip  
County  
Telephone Number  
Facsimile Number  
Email Address  
Provider Number

Data will be used to pre-populate the QUEST system resulting in reduced entry effort for Ohio providers.

Work Plan Timelines as presented in the Contractor Proposal revision dated May 8, 2006 shall be utilized and adhered to during program implementation.

\* Contract payments shall be made to Health Care Excel, Inc. by the ODMH in 11 equal monthly payments of \$87,919.42 and one (1) final payment of \$87,919.40 for a total of 12 payments made over the contract term.

\* To indicate a mutually agreed price reduction effective July 1, 2009.

Oaks Item ID: 9771 *Statewide Utilization Review Program for Inpatient Psychiatric (URIP) Care for Medicaid Recipients*

Contractor's Not-to-Exceed Fixed Cost

Pre-Certification and Utilization Review Program Yearly Cost: \$1,134,933.00  
(Based on an estimated 18,100 – 21,100 pre-certification reviews and 130 - 140 on-site post payment reviews)

Note: The Contractor is certified as "PRO" or "PRO-like". As such the yearly cost shall be multiplied by .25 to obtain the evaluation cost to the State. Cost x .25 = Total cost to the State, as such: \$1,134,933.00 x .25 = \$283,733.25  
(Total Cost to the State after federal reimbursement)

TOTAL YEARLY CONTRACT VALUE: \$1,134,933.00

Performance Bond required based on the yearly rate of \$1,134,933.00.

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CONTRACTOR INDEX

\* CONTRACTOR AND TERMS: CONTRACT NO: CSP906106-1 (06/30/13)

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

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Joy Casterton

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

PAYMENT ADDRESS:

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

\* To advise of the renewal of the contract for six (6) one (1) month periods effective 01/01/13 through 06/30/13.

SUMMARY OF AMENDMENTS

<b>Amendment Number</b>	<b>Revision Date</b>	<b>Description</b>
9	11/01/12	To advise of the renewal of the contract for six (6) one (1) month periods effective 01/01/13 through 06/30/13.
8	05/31/12	To advise of a change in the Contractor's contact information and the renewal of the contract for six (6) one (1) month periods effective 07/01/12 through 12/31/12.
7	11/03/11	To indicate an increased number of pre-certification and post payment reviews as a result of ODJFS claims processing changes.
6	06/13/11	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2011 through June 30, 2012.
5	06/10/10	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2010 through June 30, 2011.
4	06/24/09	To indicate mutual agreement to renew July 1, 2009 through June 30, 2010; and to indicate a reduction in the cost and the required performance bond effective July 1, 2009.
3	12/15/08	Change in primary contact information.
2	5/01/08	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2008 through June 30, 2009.
1	4/30/07	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2007 through June 30, 2008.