#### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			
Net 30	No Shipment Involved	NO SHIP	Purchase Order	HHS	TX-3-0000293684
specifications, ter	nformal bid, Invitation for Offer, or Req ms, and conditions set forth in the adver	tisement and vendor's	<b>Date</b> 09/01/22	Revision	Page 1
	nses become a part of this numbered pu or services delivered meet or exceed nu		Ship To: 1947 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL)		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				PO Box 149347 Austin TX 78756 United States	
, 011401	1870578776 2		Bill To:	Invoice-HHSC MC2065	DVICES COMMISSION

APEX EDI INC 556 TECHNOLOGY AVE OREM UT 84097-6210

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/206-4854

Email: IT\_invoicing@hhs.texas.gov

Purchaser: Mckelvy, Michael

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date
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FY23 funding

DP/K Direct Publication Not available from any other source Requisition 0000190184 Pricing per Quote 2204B - 03-17-2022 PO Service Dates 09-01-2022 to 08-31-2023 with no renewals. Subscription period from 09-01-2022 to 08-31-2023

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Purchase order issued in accordance with Texas Government Code 2157.068 and Texas Administrative Code RULE 212.20, DIR Exemption granted through DIR Blanket Exemption: Software Maintenance Exemptions and Vendor Quote. All associated documents are included herein either by attachment or reference.

Procurement Rule Delegated Purchases: PCC DP/K

**Direct Publication Exemption** 

DIR Exempt by class and item: 920-45

Texas Administrative Code: 20.82

Direct Publication - Not available from any other source.

**DIR Blanket Exemption:** 

Software Maintenance Exemption through 08/31/23. State agencies are granted an exemption for the procurement of software maintenance, if the software maintenance is proprietary, and not available on DIR contract. State agencies are advised to check the website prior to the purchase, as DIR adds new software titles on a regular basis. This exemption is valid for the IT Commodity codes listed below:

- 920-45Software Maintenance/Support

Vendor contact 1870578776 Apex EDI Diseyi Diffa

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Payment Te	8	Ship V					<u>Біора</u> IHSTX-3-0(	100 203 68 4
	No Shipment Involved by informal bid, Invitation for Offer, or Req		al; all	Pur Dat	chase Order e	Revision	II 13 I A-3-00	Page
	s, terms, and conditions set forth in the adver- esponses become a part of this numbered pu				01/22	1047	W 404L Ct (DDCI	2
guarantees go requirements All shipmen	oods or services delivered meet or exceed nu	imbered purchas	se order	Shij	р То:	1947 - Austin:1100 DEPARTMENT OF 1100 W 49th St (DE PO Box 149347 Austin TX 78756 United States	STATE HEALTI	
Vendor:	1870578776 2 APEX EDI INC 556 TECHNOLOGY AVE OREM UT 84097-6210 United States			Bill	То:	Invoice-HHSC MC2 HEALTH & HUMA 4601 W Guadalupe Austin TX 78751 United States	AN SERVICES CO	OMMISSION
					Fax: Email:	512/206-4854 IT_invoicing@hhs.t	exas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Pur UOM	chaser:	Mckelvy,Michael PO Price	Extended Amt	Due Date
Agency con Leonardo M 512-776-669	tact oorer	-						
512-406-25	vy; CTCD, CTCM							
1-1	SERVICE TO PROCESS BILLING CLAIMS FOR AUSTIN LAB. FLAT RATE FOR UP TO 2500 CLAIMS/MONTH FROM SEPTEMBER 2022/AUGUST 2023. MUST BE EQUIVALENT TO APEX'S CLAIMS-FLATRATE"	920-45	12.00	MOS		700.00000	\$8,400.00	09/01/2022
					Sche	dule Total	\$8,400.00	
					Item Total f	Cor Line 1	\$8,400.00	
2-1	ADDITIONAL CLAIMS OVER PLAN FOR AUSTIN LAB (ESTIMATED). MUST BE EQUIVALENT TO APEX'S "CLAIMS-FLAT-RATE" AND WOULD BE ADDED TO THE MONTHLY FEE ABOVE OF \$700/MONTH.	920-45	1.00	LOT	3	128.64000	\$3,128.64	09/01/2022
					Sche	dule Total	\$3,128.64	
					Item Total f	For Line 2	\$3,128.64	
3-1	PAPER CLAIMS FOR AUSTIN LAB (ESTIMATED). MUST BE EQUIVALENT TO APEX'S "CLAIMS-	920-45	1.00	LOT		17.28000	\$17.28	09/01/2022

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Payment Te Net 30	rms Freight Terms No Shipment Involved	Ship Via NO SHIP	Purchase Order	HHSTX-3-0000293684	
specification	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adve	rtisement and vendor's	<b>Date</b> 09/01/22	Revision Page 3	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	1947 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	Dr: 1870578776 2 APEX EDI INC 556 TECHNOLOGY AVE OREM UT 84097-6210 United States		Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States	
			Fax: Email:	512/206-4854 IT_invoicing@hhs.texas.gov	
			Purchaser:	Mckelvy, Michael	

				Purc	chaser: Mckelvy, Michae		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	PAPER".						
					Schedule Total	\$17.28	
					Item Total for Line 3	\$17.28	
4-1	SERVICE TO PROCESS CLAIMS FOR HARLINGEN LAB FO 200 CLAIMS/MONTH FROM SEPTEMBER 2022 TO AUGUST 2023. MUST BE EQUIVALENT TO APEX'S"CLAIMS-FLATRATE".	920-45	12.00	MOS	189.00000	\$2,268.00	09/01/2022
					Schedule Total	\$2,268.00	
					Item Total for Line 4	\$2,268.00	
						+-,	
5-1	ADDITIONAL CLAIMS OVER PLAN FOR HALINGEN LAB (ESTIMATED) MUST BE EQUIVALENT TO APEX'S "CLAIMS-PAPER".	920-45	1.00	YR	103.68000	\$103.68	09/01/2022
					Schedule Total	\$103.68	
					Item Total for Line 5	\$103.68	
					Total PO Amount	\$13,917.60	

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

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			Fax: Email:	512/206-4854 IT_invoicing@hhs.texas.gov			

Purchaser: Mckelvy, Michael

Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date

**Authorized By** 

WANTED, CICM

07/07/2022