

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000308858
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 01/24/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5070 - Harlingen: 1401 S Rangerville DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States

Vendor: 1463328307 3
OPTUM360 LLC
DBA OPTUMINSIGHT
PO BOX 88050
CHICAGO IL 606801050
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Wherry, Valerie F 940/720-8479

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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PLEASE REPLY TO CONFIRM RECEIPT OF THIS PURCHASE ORDER TO FAX NUMBER (940)720-8446 OR TO valerie.wherry@hhs.texas.gov

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 7-14 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays

AGENCY CONTACT:
Geneva Guerra
(956)364-8412
geneva.guerra@dshs.texas.gov

Ship to Attn: Geneva Guerra
Building: 503

HHSC BUYER:
Valerie Wherry, CTCD
(940)720-8479
valerie.wherry@hhs.texas.gov

VENDOR:
customerassistance@optum.com
(800)464-3649

QUOTE:Q162413.V1
Version #V1, R3

PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000216549

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1-1	Item #: GITHS23, ICD-10-CM Exp Hospital Spiral with 2023 Guidelines	715-48	10.00	EA	114.95000	\$1,149.50	01/25/2023
Schedule Total						\$1,149.50	
Item Total for Line 1						\$1,149.50	
2-1	Item: 7199, DSM-5 (Paperback)	715-48	1.00	EA	170.00000	\$170.00	01/25/2023
Schedule Total						\$170.00	
Item Total for Line 2						\$170.00	
3-1	Item #: CE23, Current Procedural Coding Exp 2023	715-48	6.00	EA	108.95000	\$653.70	01/25/2023
Schedule Total						\$653.70	
Item Total for Line 3						\$653.70	
4-1	Item #: HS23, HCPCS Expert Spiral 2023	715-48	4.00	EA	104.95000	\$419.80	01/25/2023
Schedule Total						\$419.80	
Item Total for Line 4						\$419.80	
5-1	Item #: 0053, Standard Shipping - Total Order Chrg	962-86	1.00	EA	50.85000	\$50.85	01/25/2023
Schedule Total						\$50.85	
Item Total for Line 5						\$50.85	
Total PO Amount						\$2,443.85	

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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.

Authorized By

Valerie Wherry, CTCD

01/24/2023