



Kevin Ruane  
*District One*

January 3, 2024

(239) 533-8871

Cecil L. Pendergrass  
*District Two*

Ray Sandelli  
*District Three*

Brian Hamman  
*District Four*

Mike Greenwell  
*District Five*

Dave Harner  
*County Manager*

Richard Wesch  
*County Attorney*

Donna Marie Collins  
*County Hearing Examiner*

Ms. Ina Moses  
Change Healthcare Technology Enables Services, LLC  
5995 Windward Parkway  
Alpharetta, GA 30005

Dear Ms. Moses:

Enclosed is your executed copy of Change Order No. 3 for the contract PB200090ANB, RMS159578.

The new expiration date is 12/31/24.

If you should have any questions, please give me a call.

Sincerely,

*Kimberly Urban*

Kimberly Urban  
Contracts Analyst  
Procurement Management Division

c: [FinanceOnBase@leeclerk.org](mailto:FinanceOnBase@leeclerk.org)  
Project File



# Lee County Professional Service Change Order/Supplemental Task Authorization

Date 10/18/23

[Print Form](#)

Change Order Agreement #: CO3       Supplemental Task Authorization #: \_\_\_\_\_

A Change Order or Supplemental Task Authorization requires approval by the Department Director for expenditures under \$50,000 or approval by the County Manager for expenditures between \$50,000.01 and \$100,000 or approval by the Board of County Commissioners for expenditures over \$100,000

Primary Contact: Matthew Michaels

Contract Name: Billing of Patient Accounts for Emergency Medical Services

Project Name: \_\_\_\_\_

CONSULTANT: Change Healthcare Technology Enabled Services, LLC      Project #: \_\_\_\_\_

Solicitation #: PB200090ANB      Contract #: RMS159578

Lee County Project Manager: \_\_\_\_\_      Request Date: 10/18/23

Fiscal Staff: \_\_\_\_\_      Account #: \_\_\_\_\_

Upon the completion and execution of this Change Order or Supplemental task Authorization by both parties the CONSULTANT is authorized to and shall proceed with the following exhibits as applicable:

- CO-STA Exhibit A - SCOPE OF PROFESSIONAL SERVICE
- CO-STA Exhibit B - COMPENSATION & METHOD OF PAYMENT
- CO-STA Exhibit C - TIME & SCHEDULE OF PERFORMANCE
- CO-STA Exhibit D - CONSULTANTS ASSOCIATED SUB-CONSULTANTS/SUB-CONTRACTORS

It is understood and agreed that the acceptance of this modification by the CONSULTANT constitutes an accord and satisfaction.

Charles Morgenstern  
Consultant Signature (Print & Sign Name)

12/22/23  
Date Signed

Charles.morgenstern@optum.com  
Contact E-mail Address

\_\_\_\_\_  
Contact Phone Number

**Lee County Board of County Commissioners - Procurement Management**  
2115 Second Street - 1st Floor - Fort Myers, FL 33901  
PO Box 398 - Fort Myers, FL 33902-0398  
Phone: (239) 533-8881



[Print Form](#)

Change Order Agreement #: CO3  Supplemental Task Authorization #: \_\_\_\_\_

**Scope of Professional Services for:**

Billing of Patient Accounts for Emergency Medical Services

**Section 1.00 Changes to Professional Services**

The 'Scope of Professional Services' as set forth in Exhibit 'A' of the Professional Services Agreement referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT shall provide and perform the following professional services, tasks, or work as a supplement to, change to, the scope of services previously agreed to and authorized.

No changes in scope, this is for renewal of term 1/1/2024 - 12/31/2024.

**Lee County Board of County Commissioners - Procurement Management**  
2115 Second Street - 1st Floor - Fort Myers, FL 33901  
PO Box 398 - Fort Myers, FL 33902-0398  
Phone: (239) 533-8881



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Change Order Agreement #: CO3       Supplemental Task Authorization #: \_\_\_\_\_

**Time & Schedule of Performance for:**

Billing of Patient Accounts for Emergency Medical Services

**Section 1.00 Changes for this Change Order or Supplemental Task Authorization Agreement**

The time and schedule of completion for the various phases or tasks required to provide and perform the services, tasks or work set forth in this Change Order of Supplemental Task Authorization Agreement, Exhibit 'CO/STA-A', entitled 'Scope of Professional Services' attached hereto is as follows:

Task Number as Indicated in Exhibit A	Name/Title of Task	Previously Approved Number of Days per Task (CO Only)	Increase in Number of Calendar Days per Task (CO Only)	Cumulative Number of Calendar Days for Completion from Date of Notice to Proceed per Task (CO & STA)
	<b>Renewal of Annual Contract</b>			
	Original Term: 3/28/2020 - 12/31/21			
	Renewal No. 1 Term: 1/1/22 - 12/31/22			
	Renewal No. 2 Term: 1/1/23 - 12/31/23			
	Renewal No. 3 Term: 1/1/24 - 12/31/24			

Total Number of Calendar Days for Completion of Project from Notice to Proceed: \_\_\_\_\_