

Purchase Change Request



Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Order #
MU20MEDHUB

FY 24	Buyer MD	Date 06/09/23	Account	P.O. Date	Contract MU20MEDHUB
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Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input type="checkbox"/> Agreement	Document Action <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Extension Error	<input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input type="checkbox"/> Change of Vendor Name/Address <input type="checkbox"/> Other
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Vendor Name, Address, Phone #, etc. Ascend Learning Holdings LLC Medhub LLC 11161 Overbrook Road, Leawood, KS 66211	Vendor Code 320222868	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
Ph# 612-877-4573	Fax	FEIN# 32-0222868

Item#	Quantity	Description of Change	Unit Price	Extended Price
		Change Order # 1 To renew and update the pricing of the original contact according to all terms, conditions, and specifications in the original contract including all authorized change orders. Renewal for three (3) years to include: - Year 1 FY24 7/1/23 - 6/30/24 \$64,169.00 - Year 2 FY25 7/1/24 - 6/30/25 \$61,169.00 - Year 3 FY26 7/1/25 - 6/30/26 \$61,169.00		

Reason for Change: Contract Renewal and approved price increase	Previous Total	\$ 162,250.00
	Increase	\$ 24,257.00
	Decrease	\$ -
	New Total	\$ 186,507.00

Approved: Michelle W. Keeler 06/09/2023
Authorized Signature Date

N/A
Attorney General if required Date



Office Address
510 Marquette Avenue S. 3rd Floor
Minneapolis, MN 55402
Voice: (734) 580-2000

Remittance Only Address
62562 Collection Center Drive
Chicago, IL 60693-0625

Software Order Form

Sales Rep Kelly Napolitano
Phone 651.796.3250
Email kelly.napolitano@medhub.com
Proposal Date 11/2/2022

Organization Name Marshall University Joan C. Edwards School of Medicine
Contact Michael McCarthy
Email mccarthy@marshall.edu
Billing Address 1600 Medical Center Drive
City, State, ZIP Huntington, WV 25701
Phone 304.691.1765
Tax ID #

Service Start Date July 1, 2023
Service End Date June 30, 2026
Service Term 3 Years
Billing Method Net 30
Billing Type Annually
PO required
PO Number

Up to Qty	Type of Program	Product	Type of User	Description	Additional Notes	Per Unit Fee	First Year Fees
363	UME	MedHub	Student	Annual Subscription Fee Per Authorized User	7/1/2023-6/30/2024	\$163.00	\$59,169.00
1	UME	Other (see notes)	Multi (see notes)	Training Services Bundle - Learning Portal & Q Training	Free Year One	\$8,000.00	\$0.00
1	UME	MedHub	Administrator	UME Consulting	Discounted \$2,000	\$9,800.00	\$5,000.00
						Subtotal	\$64,169.00
Up to Qty	Type of Program	Product	Type of User	Description	Additional Notes	Per Unit Fee	Second Year Fees
363	UME	MedHub	Student	Annual Subscription Fee Per Authorized User	7/1/2024-6/30/2025	\$163.00	\$59,169.00
1	UME	Other (see notes)	Multi (see notes)	Training Services Bundle - Learning Portal & Q Training	Discounted \$2,000	\$8,000.00	\$2,000.00
						Subtotal	\$61,169.00
Up to Qty	Type of Program	Product	Type of User	Description	Additional Notes	Per Unit Fee	Third Year Fees
363	UME	MedHub	Student	Annual Subscription Fee Per Authorized User	7/1/2025-6/30/2026	\$163.00	\$59,169.00
1	UME	Other (see notes)	Multi (see notes)	Training Services Bundle - Learning Portal & Q Training	Discounted \$2,000	\$8,000.00	\$2,000.00
						Subtotal	\$61,169.00
						Total First Year Fee	\$64,169.00
						Total Second Year Fee	\$61,169.00
						Total Third Year Fee	\$61,169.00
						Total Contract Value	\$186,507.00

Access for Faculty/Physician, Administrator and/or Preceptors are include unless otherwise noted.

MedHub Platform Only: Billable trainee counts for the term listed above are based upon a calculated census of trainees with an active appointment or enrollment record in the most recent full academic year completed. Any census increase in subsequent years of the term will be calculated using the same method.

Important Terms:

This Order is governed solely by the terms of the MedHub Software as a Service Agreement executed between the parties (the "Agreement") and this Order, once executed, will be incorporated into the Agreement. Until executed, this Order is an offer which expires 90 days from the proposal date noted above. This Order Form, once signed by you, below, and submitted to MedHub is non-cancellable.

Payment: All MedHub invoices are due and payable based on the billing method described above. The Per Unit Fee may be increased upon 30 days advance notice; provided, however, that such fees may not be increased by more than 5% per contract year. The annual Total Fee shall not fluctuate by more than 5% unless due to increased subscriptions, in which case the annual Total Fee will reflect the increased subscriptions in excess of five percent. MedHub reserves the right to suspend online access in the event that any payment is more than 90 days overdue. Any tax owed by you will be added to the purchase amount. If you are tax-exempt, please provide your tax-exempt certificate prior to invoicing to MedHub. Please refer to section 5.3 in the MedHub Software as a Service Agreement for reimbursable expenses.

Name: Michelle Wheeler, Interim Director of Purchasing
(Please print/type)

Signature: 
(Authorized Representative of Customer)

Date: 6/9/2023

Kelly Napolitano
MedHub CSM

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 000000175010	ASCEND LEARNING HOLDINGS LLC		Active	Inactive	

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General Info

Vendor/Customer : 000000175010	Restrict Use by Department : <input type="checkbox"/>
Legal Name : ASCEND LEARNING HOLDI	Miscellaneous Account : <input type="checkbox"/>
Alias/DBA :	Internal Account : <input type="checkbox"/>
Vendor Active Status : Active	Third Party Only : <input type="checkbox"/>
Vendor Approval Status : Complete	Third Party Vendor : <input type="checkbox"/>
Customer Active Status : Inactive	Third Party Customer : <input type="checkbox"/>
Customer Approval Status : Incomplete	Inventory Customer : <input type="checkbox"/>
Location Name :	Healthcare Provider : <input type="checkbox"/>
First Name :	Never Archive : <input type="checkbox"/>
Middle Name :	Restrict VSS Access : No
Last Name :	Discontinue - No New Business : <input type="checkbox"/>
Company Name : ASCEND LEARNING HOLDI	Prevent MA Reference : <input type="checkbox"/>
Previous Name :	PunchOut Enabled : <input type="checkbox"/>
Previous Street :	Re-PunchOut Enabled : <input type="checkbox"/>
Previous City :	Electronic Order Enabled : <input type="checkbox"/>
Previous State/Province :	W-9 Received : <input checked="" type="checkbox"/>
Previous Country :	W-9 Received Date : 12/02/2020
	W-8 Received : <input type="checkbox"/>
	W-8 Received Date :
	Accepts Credit Cards : <input type="checkbox"/>
	Active From : 01/01/1999
	Active To :
	Last Usage Date : 02/07/2023
	Department :
	Unit :

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Fee Exempt : <input type="checkbox"/>	Tax Clearance : <input type="checkbox"/>
Registration Application Date : 03/20/2017	Unemployment Insurance : <input type="checkbox"/>
Registration Effective Date : 03/28/2017	Worker's Compensation : <input type="checkbox"/>
Registration Expiration Date : 03/28/2018	Secretary of State Registration : <input type="checkbox"/>
Pre-Registration Code :	Federal Debarred : <input type="checkbox"/>

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