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Offeror's Checklist.....N/A  
Completion of all items in Section G of the RFP .....N/A

**Offeror's  
Signature Page**

	<b>Notice of Request for Proposal</b>		<b>AHCCCS</b> Arizona Health Care Cost Containment System 701 East Jefferson, MD 5700 Phoenix, Arizona 85034
	SOLICITATION NO.: <b>YH12-0001</b>		

**OFFER**

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and best-and-final offers (if any). Signature also acknowledges receipt of all pages indicated in the Table of Contents.

Arizona Transaction (Sales) Privilege Tax License No.:  
02-015998-C

Federal Employer Identification No.:  
86-6000398

E-Mail Address: mgomez@cochise.az.gov  
Cochise Health Systems

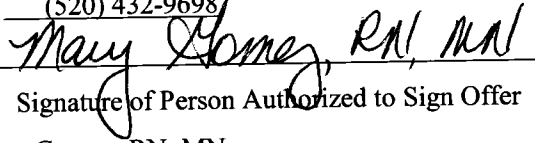
Company Name

1415 Melody Lane, Bldg A  
 Address

Bisbee, AZ 85603  
 City State Zip

For clarification of this offer, contact:  
 Name: Mary Gomez, RN, MN

Phone: (520) 432-9609

Fax: (520) 432-9698  


Signature of Person Authorized to Sign Offer

Mary Gomez, RN, MN  
 Printed Name

Director  
 Title

**CERTIFICATION**

By signature in the Offer section above, the bidder certifies:

The submission of the offer did not involve collusion or other anti-competitive practices.  
 The bidder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 99-4 or A.R.S. §§ 41-1461 through 1465.  
 The bidder has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.



**ACCEPTANCE OF OFFER (to be completed by AHCCCS)**


Your offer, including all exhibits, amendments and best-and-final offer (if any), contained herein, is accepted.

The Contractor is now bound to provide all services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by AHCCCS.

This contract shall henceforth be referred to as Contract No. YH12-0001-

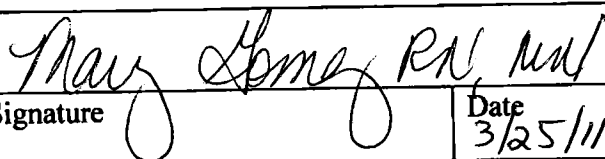
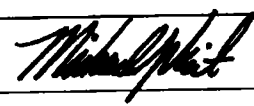
Awarded this \_\_\_\_\_ day of \_\_\_\_\_, 2011


Michael Veit, as AHCCCS Contracting Officer and not personally

	<b>SOLICITATION AMENDMENT</b>	Arizona Health Care Cost Containment System (AHCCCS) 701 East Jefferson, MD 5700 Phoenix, Arizona 85034
	Solicitation Number: <u>RFP YH12-0001</u>  Amendment Number 1 (One)  Solicitation Due Date: April 1, 2011 3:00 PM (MST)	Contract Management Specialist: Jamey Schultz, CMS E-mail: <a href="mailto:Jamey.Schultz@azahcccs.gov">Jamey.Schultz@azahcccs.gov</a>

A signed copy of this amendment shall be included with the proposal, which must be received by AHCCCSA no later than the Solicitation due date and time. This solicitation is amended as follows:

1. The attached Answers to Questions are incorporated as part of this solicitation amendment.

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this the 24 <sup>th</sup> day of February, 2011, in Phoenix, Arizona.	
			
Signature	Date 3/25/11		
Mary Gomez, R.N., M.N.		Michael Veit	
Typed Name and Title		Contracts and Purchasing Administrator	
Cochise Health Systems, Inc.			
Name of Company			

	<b>SOLICITATION AMENDMENT</b>		Arizona Health Care Cost Containment System (AHCCCS) 701 East Jefferson, MD 5700 Phoenix, Arizona 85034
	Solicitation Number:	<u>RFP YH12-0001</u>	Contract Management Specialist: Jamey Schultz, CMS
	Amendment Number 2 (Two)		E-mail: <u>Jamey.Schultz@azahcccs.gov</u>
	Solicitation Due Date:	April 1, 2011 3:00 PM (MST)	

A signed copy of this amendment shall be included with the proposal, which must be received by AHCCCSA no later than the Solicitation due date and time. This solicitation is amended as follows:

1. The attached Answers to Questions are incorporated as part of this solicitation amendment.

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this the 11 <sup>th</sup> day of March, 2011, in Phoenix, Arizona.	
<i>Mary Gomez, RN, MN</i>		<i>Michael Veit</i>	
Signature	Date 3/25/11		
Mary Gomez, R.N., M.N.		Michael Veit	
Typed Name and Title		Contracts and Purchasing Administrator	
Cochise Health Systems, Inc.			
Name of Company			



**Offeror's  
Checklist**

**OFFEROR'S CHECKLIST**

Offerors must submit all items below, unless otherwise noted. In the column titled "Offeror's Page #," the Offeror must enter the appropriate page number(s) from its proposal where the AHCCCS Evaluation Panel may find the Offeror's response to the specified requirement. AHCCCS will only consider the information provided within the allotted page limit and permitted attachments, if any, in response to a specific submission requirement when evaluating the Offeror's proposal. At no time will AHCCCS consider information outside the allotted page limit and permitted attachments, or any other information provided elsewhere in the proposal when reviewing a specific response to an individual submission requirement.

**A. GENERAL MATTERS**

<i>Subject</i>	<i>Reference</i>	<i>Offeror's Page #</i>
Offeror's signature page	(Front Page)	N/A
Offeror's Checklist (this attachment)	N/A	N/A
Completion of all items in Section G of the RFP	Section G	N/A

**B. CAPITATION**

<i>Subject</i>	<i>Reqmt. #</i>	<i>Offeror's Page #</i>
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**C. ORGANIZATION**

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	31-A	109-111
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Oral Presentation	35	The Offeror shall submit the names and resumes of the participating individuals via the EFT/SFTP server by 3 p.m. on April 8.

**E. PROVIDER NETWORK**

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Network Summary via EFT/SFTP	45	N/A

**Completion of all items  
in Section G  
of the RFP**

SECTION G. REPRESENTATIONS AND CERTIFICATIONS OF OFFEROR

The Offeror must complete all information requested below.

1. CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED

By signing this offer the Offeror certifies, under penalty of law, that the information provided herein is true, correct and complete to the best of Offeror's knowledge and belief. Offeror also acknowledges that should investigation at any time disclose any misrepresentation or falsification, any subsequent contract may be terminated by AHCCCS without penalty to or further obligation by AHCCCS.

2. CERTIFICATION OF NON-COERCION

By signing this offer the Offeror certifies, under penalty of law, that it has not made to any provider any requests or inducements not to contract with another potential Contractor in relation to this solicitation.

3. CERTIFICATION OF COMPLIANCE - ANTI-KICKBACK / LABORATORY TESTING

By signing this offer, the Offeror certifies that it has not engaged and will not engage in any violation of the Medicare Anti-Kickback or the "Stark I" and "Stark II" laws governing related-entity and compensation therefrom. If the Offeror provides laboratory testing, it certifies that it has complied with and has sent to AHCCCS simultaneous copies of the information required to be sent to the Centers for Medicare and Medicaid Services. (See 42 USC §1320a-7b, PL 101-239, PL 101-432, and 42 CFR §411.361.)

4. AUTHORIZED SIGNATORY

Authorized Signatory for Cochise Health Systems
[OFFEROR'S Name]

Mary Gomez, RN, MN Director, Cochise Health Systems
[INDIVIDUAL'S Name] [Title]

is the person authorized to sign this contract on behalf of Offeror.

5. OFFEROR'S MAILING ADDRESS

AHCCCS should address all notices relative to this offer to the attention of:

Table with 2 columns: Offeror Information and Contact Information. Rows include Name, Title, Address, Telephone Number, City, and State/ZIP.

6. OFFEROR GENERAL INFORMATION

a. If other than a government agency, when was your organization formed? N/A

b. License/Certification: Attach a list of all licenses and certification (e.g. federal HMO status or State certifications) your organization maintains. Use a separate sheet of paper listing the license requirements and the renewal dates. N/A

Have any licenses been denied, revoked or suspended within the past 10 years? Yes [ ] No [X]

**SECTION G. REPRESENTATIONS**

**Contract/RFP No. YH12-0001**

If yes, please explain.

N/A

**c. Civil Rights Compliance Data:** Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to your program? Yes  No  If yes, please explain.

N/A

**d. Accessibility Assurance:** Does your organization provide assurance that no qualified person with a disability will be denied benefits of or excluded from participation in a program or activity because the Offeror's facilities (including subcontractors) are inaccessible to or unusable by persons with disabilities? (Note: Check local zoning ordinances for accessibility requirements). Yes  No  If yes, describe how such assurance is provided or how your organization is taking affirmative steps to provide assurance.

Accessibility Assurance is a contractual requirement for all CHS subcontractors and is verified at site surveys conducted by CHS staff. All CHS facilities are required by law to be accessible and are routinely inspected by the County's Facilities staff and Fire Marshall to verify compliance.

**e. Prior Convictions:** List all felony convictions within the past 15 years of any key personnel (i.e., Administrator, Medical Director, financial officers, major stockholders or those with controlling interest, etc.). Failure to make full and complete disclosure shall result in the rejection of your proposal.

None.

**f. Federal Government Suspension/Exclusion:** Has Offeror been suspended or excluded from any federal government programs for any reason? Yes  No  If yes, please explain.

N/A

**g.** Provide the name(s) of the in-house or independent actuary, or actuarial firm used to assist in developing capitation rates and / or reviewing published capitation rate information.

Thomas D. Snook, FSA, MAAA and Jon Hendrickson, FSA, MAAA, Milliman

Name	City	State
15333 N. Pima Road, Suite 375	Scottsdale	AZ 85260

**h.** Did any other firm or organization provide the Offeror with any assistance in making this offer (to include developing capitation rates or providing any other technical assistance and/or reviewing published capitation rates)? Yes  No  If yes, what is the name of this firm or organization?

N/A

Name	City	State

**i.** Has the Offeror contracted or arranged for Management Information Systems, software or hardware, for the term of the contract? Yes  No  If yes, is the Management Information System being obtained from a vendor? Yes  No  If yes, please provide the vendor's name, the vendor's background with AHCCCS, the vendor's background with other HMOs or managed care entities, and the vendor's background with other Medicaid programs.

N/A

**7. FINANCIAL DISCLOSURE STATEMENT**

The Offeror must provide the following information as required by 42 CFR 455.103. This Financial Disclosure Statement shall be prepared as of December 31, 2010. However, continuing Offerors who have filed the required Financial Disclosure Statement to AHCCCS within the last 12 months need not complete this section if no significant changes have occurred since the last filing. N/A

**a. Ownership:** List the name and address of each person with an ownership or controlling interest, as defined by 42 CFR 455.101, in the entity submitting this offer:

Name	Address	Percent of Ownership or Control
N/A – County Government		

**b. Subcontractor Ownership:** List the name and address of each person with an ownership or control interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more:

Name	Address	Percent of Ownership or Control
N/A – County Government		

Names of above persons who are related to one another as spouse, parent, child or sibling:  
N/A

**c. Ownership in Other Entities:** List the name of any other entity in which a person with an ownership or control interest in the Offeror entity also has an ownership or control interest:

None

**d. Long-Term Business Transactions:** List any significant business transactions, as defined in 42 CFR 455.101, between the Offeror and any wholly-owned supplier or between the Offeror and any subcontractor during the five-year period ending on the Contractor's most recent fiscal year end:

Describe Ownership of Subcontractors	Type of Business Transaction with Provider	Dollar Amount of Transaction
None		

**SECTION G. REPRESENTATIONS**

**Contract/RFP No. YH12-0001**

**e. Criminal Offenses:** List the name of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs:

Name	Address	Title
None		

**f. Creditors:** List name and address of each creditor whose loans or mortgages exceed 5% of total Offeror equity and are secured by assets of the Offeror's company.

Name	Address	Description of Debt	Amount of Security
N/A			

**g. Outstanding Legal Actions:**

1. Are there any lawsuits, judgments, tax deficiencies or claims pending against your organization? Yes  No  If yes, provide details including the dollar amount.

2. Has your organization ever gone through bankruptcy? Yes  No  If yes, provide the year.

N/A

**8. RELATED PARTY TRANSACTIONS**

**a. Board of Directors:** List the names and addresses of the Board of Directors of the Offeror.

Name/Title	Address
Patrick Call, Chairman, County Board of Supervisors	1415 Melody Lane, Bldg G, Bisbee, AZ 85603
Ann English, Vice Chairman	1415 Melody Lane, Bldg G, Bisbee, AZ 85603
Richard Searle, Supervisor	1415 Melody Lane, Bldg G, Bisbee, AZ 85603

**b. Related Party Transactions:** Describe transactions between the Offeror and any related party in which a transaction or series of transactions during any one fiscal year exceeds 2% of the total operating expenses of the disclosing entity. List property, goods, services and facilities in detail noting the dollar amounts or other consideration for each transaction and the date thereof. Include a justification as to (1) the reasonableness of the transaction, (2) its potential adverse impact on the fiscal soundness of the disclosing entity, and (3) that the transaction is without conflict of interest:

**SECTION G. REPRESENTATIONS**

**Contract/RFP No. YH12-0001**

i) Describe all transactions between Offeror and any related party which includes the lending of money, extensions of credit or any investment in a related party. This type of transaction requires review and approval in advance by the Office of the Director:

Description of Transaction	Name of Related Party and Relationship	Dollar Amount for Reporting Period
N/A		

Justification:  
N/A

ii) List the name and address of any individual who owns or controls more than 10% of stock or that has a controlling interest (i.e. formulates, determines or vetoes business policy decisions):

Name	Address	Owner Or Controller	Has Controlling Interest? Yes / No
N/A			

**9. OFFEROR'S OFFSHORE PERFORMANCE OF WORK PROHIBITED**

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. **Offerors shall declare all anticipated offshore services in the proposal.**

Cochise Health Systems does not now have or anticipate having any offshore services in the proposal.

END OF SECTION

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**B. CAPITATION**

1 Capitation Rate Bid (via EFT/SFTP and hard copy) ..... 1



**Capitation  
Rate Bid**

<b>AHCCCS Capitation Calculation For Rates for CYE12 EPD RFP Bid Submission <sup>1</sup></b>			
<b>Service Category</b>	<b>Cochise Health Systems / GSA 46</b>		
	<b>Gross</b>	<b>MIX</b>	<b>Net</b>
Nursing Facility Share of Cost <b>Net Nursing Facility</b>	\$ 4,672.15		\$ (348.32)
HCBS Home and Community <b>Net HCBS</b>	\$ 1,061.44	60.95%	
Acute Care Prior to Reinsurance Reinsurance Offset <b>Net Acute Care</b>			\$ 493.02 \$ (120.27)
<b>Medical Component <sup>2</sup></b>			
<b>Case Management <sup>3</sup></b>			\$ 120.00
<b>Administration <sup>4</sup></b>		8.00%	
<b>Sub-Total of Scored Components</b>			
<b>Risk/Contingency at 1%</b>			
<b>Net Capitation</b>			
<b>Premium Tax (98% of Final Cap)</b>			
<b>Net Cap w/ Premium Tax</b>			

**Key**

user input

user input using AHCCCS provided numbers

**Notes**

- 1) Numbers are fictional for example purposes and are on a Per Member Per Month (PMPM) basis.
- 2) Scored component, must be within the range provided by AHCCCS or will not be accepted.
- 3) Scored component (no max, no range supplied).
- 4) Scored component. Bidder must enter admin as a %. Admin dollars will be a calculation. Max admin accepted for bid is 8%. If bidders bid admin % above the max will not be accepted. Admin % is calculated as: Admin / (Net NF + Net HCBS + Acute Care Prior to RI + Case Management)
- 5) The above template must be provided for each GSA bid.
- 6) With bid submission bidder must submit an actuarial certification signed by a qualified actuary.
- 7) Bidder must use AHCCCS provided numbers for SOC, HCBS Mix % and Reinsurance Offsets when submitting their bid.



15333 N. Pima Road  
Suite 375  
Scottsdale, AZ 85260  
USA

Tel +1 480 348 9020  
Fax +1 480 348 9021

milliman.com

March 22, 2011

**Actuarial Certification  
Cochise Health Systems  
ALTCS Elderly & Physically Disabled Capitation Bids: GSA 46  
October 1, 2011 – September 30, 2012**

I, Jonathan M. Hendrickson, am a Consulting Actuary with Milliman, Inc. I am a Fellow of the Society of Actuaries. I am also a Member of the American Academy of Actuaries and meet its Qualification Standards for Prescribed Statements of Actuarial Opinion. I have been retained by Cochise Health Systems to provide a certification of the actuarial soundness of its proposed capitation rate for Elderly & Physically Disabled Services in GSA 46 under the Arizona Long Term Care System (ALTCS).

The purpose of this certification is to comply with the Instructions to Offerors contained in the Request for Proposal (including amendments through the date of this certification) issued by Arizona Health Care Cost Containment System Administration (AHCCCS). This certification may not be appropriate for other purposes.

The capitation rate to which this certification applies is shown in the table below. The rate applies to the period October 1, 2011 through September 30, 2012. This rate is inclusive of Case Management, Administration, Risk/Contingency and Premium Tax, and net of Reinsurance and Share of Cost. The bid reflects the ALTCS-provided HCBS Mix, Share of Cost, and Reinsurance Offset values.

**Cochise Health Systems  
Proposed Capitation Rate for GSA 46**

**Net Capitation with Premium Tax  
\$2,928.31**

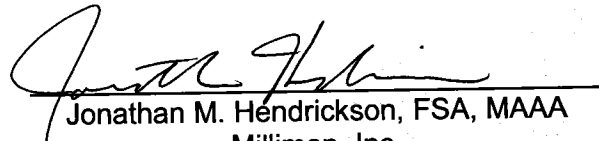
It is my opinion that the above rate is adequate to fund claims and administrative expenses for an average elderly & physically disabled population for GSA 46 during the time period for which it are intended.



My determination is based on a review of the claim experience and other information provided by ALTCS, experience data and descriptions of provider contracts provided by Cochise Health Systems, and my judgment. In performing my analysis, I relied on data and other information provided by ALTCS and by Cochise Health Systems. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

The costs which underlie the capitation bid are estimates only and include assumptions regarding future experience. In my opinion, the assumptions used are applicable for the purpose of this certification and are reasonably related to the experience of Cochise Health Systems and/or experience provided by ALTCS and to reasonable expectations. Actual results will differ from the figures indicated in the final offered rates to the extent that future plan experience differs from the assumptions used to develop the figures.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, whose standards form the basis of this statement of opinion.



Jonathan M. Hendrickson, FSA, MAAA  
Milliman, Inc.  
15333 N. Pima Road, Suite 375  
Scottsdale, AZ 85260

March 22, 2011

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**Moral and Religious  
Objection**



**COCHISE HEALTH SYSTEMS (CHS) MORAL AND RELIGIOUS OBJECTIONS # C2**

CHS has no moral or religious objections to providing any services covered under Section D, Program Requirements of the ALTCS RFP.



**Organizing  
and Staffing**





## COCHISE HEALTH SYSTEMS (CHS) ORGANIZATION AND STAFFING # C3

CHS has in place the organization, operational, managerial and administrative systems capable of fulfilling all ALTCS contract requirements. CHS does not employ or contract with any individual who has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity or from participating in non-procurement activities under Executive Order 12549 or the guidelines implementing that Order. CHS screens all its employees and contractors through the HHS-OIG website to determine whether any of them have been excluded from participation in Federal health care programs.

CHS employs sufficient staffing and utilizes appropriate resources to achieve contractual compliance. CHS' resource allocation adequately achieves outcomes in all functional areas within CHS. Adequacy of staff and resources is evaluated at least annually by the CEO based upon outcomes and timely compliance with all contractual and AHCCCS policy requirements, including the requirement for providing culturally competent services.

One of CHS' strong points is our local staff available 24 hours/day, seven days/week to work with AHCCCS and/or other State agencies on urgent issue resolutions. This local staff has access to the information necessary to identify members who may be at risk, their current health/service status, ability to initiate new placements/services, and are available to perform status checks at affected facilities and potentially ongoing monitoring, if necessary. CHS is in the process of creating electronic copies of all documentation so that any data can be remotely accessed by staff at any time through the County's Virtual Private Network (VPN). We began this project by scanning in the Case Management records for our members in the Graham/Greenlee county areas of our GSA and no obstacles have been encountered. Due to the labor intensive nature of scanning all of the documents, CHS is meeting with a firm who is in the business of creating digital copies of documentation. This firm brings in their own equipment and staff and in a relatively short period of time creates the electronic copies of any documents we request. One of our local physicians' groups employed this firm when they converted to Electronic Health Records as a way to get historic patient information from the paper charts into the new electronic files. These Providers were very satisfied with the results and CHS is hoping to have the same results and put the digitalization of our records on a fast-track toward completion. Once the paper records are all scanned, then staff will be required to complete all documentation electronically. Most staff are doing this already.

CHS supplied to AHCCCS DHCM in May 2010 specific phone numbers and email addresses of all Key Staff positions. CHS utilizes an answering service and an 800 telephone number for all stakeholders to reach CHS staff after regular working hours. The answering service then calls the M/UM RN on call to handle any urgent requests. The CHS Medical Director is also available 24 hrs, 7 days/week for the M/UM RN on call to consult if needed. The CHS COO, Paula Saroff, a member of the CHS Leadership Team, is the employee designated to work with AHCCCS and/or other state agencies on urgent issue resolutions and is available 24 hrs/day 7 days/week by cell phone. All CHS staff, except for the Medical Director, Dental Coordinator, and PBM Manager, live in the GSA we serve. This proximity to members, providers, and contracted facilities is invaluable as evidenced by CHS actions during a recent winter storm and hard freeze that covered our GSA. CHS staff members living in all major population centers throughout the GSA were experiencing issues with heating, plumbing, water, and broken or frozen pipes in their own homes. This intimate knowledge of the environment and special challenges in our rural GSA make CHS staff uniquely qualified to anticipate, understand, and deal with the issues affecting our members. Since all of our Administrative, CM, Provider Relations/Contracts, and M/UM staff reside in the GSA, CHS is able to respond very quickly to homes or facilities for onsite welfare checks when necessary. In addition, CHS has contracted providers that also assist our organization when there are urgent situations to conduct welfare checks to ensure the safety and health of our membership.

CHS has never and does not anticipate ever having functions located outside of Arizona. CHS understands that approval from AHCCCS DHCM would need to be obtained at least sixty days prior to moving any functions outside of Arizona. This notification would include a description of the processes in place that assure rapid responsiveness to effect changes for contract compliance in this event.

## **CHS Key Staff Positions – All Currently Filled**

Due to the relatively small size of our member population, there are some CHS staff who occupy more than two of the Key Staff positions listed. This listing was sent to AHCCCS DHCM in May 2010 and was approved. CHS will notify AHCCCS DHCM in writing within seven days if any of the Key Staff positions below become vacant. The name of the interim contact person would be included with this notification. If this occurs, CHS will notify AHCCCS DHCM as soon as the permanent replacement is hired and submit that individual's resume and a revised Organizational Chart with time allocation noted. In addition, on October 15<sup>th</sup> of each year, CHS submits the name, Social Security Number and date of birth of the CHS CEO, CFO, CMO, and COO to AHCCCS. The purpose of this submission is so that AHCCCS can verify the information previously screened by CHS against federal databases to confirm that those individuals are not banned from participating in Federal programs as described in 42 CFR 455.104. Key Staff resumes follow this document.

**CEO:** Mary Gomez, RN, MN since 2005 - more than 33 years of LTC experience.

**Medical Director/CMO:** Rhema Sayers, MD since 1994 - more than 30 years of LTC experience.

**CFO:** Chuck Smith since 2007 - more than 27 years of LTC experience.

**Pharmacy Coordinator/Director:** Darla Bodnar, RPh., employed as clinical director of United Drugs, CHS' PBM since 1994. Mrs. Bodnar has 17+ years of LTC experience.

**Dental Director/Coordinator:** Mark Curtis, DDS since 2009. Dr. Curtis has 40+ years of LTC experience, including experience in consulting with other ALTCS program contractors.

**Compliance Officer:** this position is filled by two CHS staff members, Rebecca Laliberte, RN since January 2010 and Paula Saroff, COO employed since August 1998 to May 2003 then July 2006 to Present. CHS has designated two individuals to fill this position to ensure that all stakeholders have immediate access to our Compliance Officers to report issues when necessary. Mrs. Laliberte has 14 years of LTC experience and Ms. Saroff has almost 10 years of experience with the ALTCS program.

**Dispute and Appeal Manager/COO:** Paula Saroff, COO, employed since August 1998 to May 2003 then July 2006 to present with almost 10 years of experience with the ALTCS Program.

**Business Continuity Planning and Recovery Coordinator:** Mary Gomez, RN, MN since 2005 - more than 33 years of LTC experience.

**Contract Compliance Officer:** Paula Saroff, COO, employed since August 1998 to May 2003 then July 2006 to present. Ms. Saroff has almost 10 years of experience with the ALTCS Program.

**Quality Management Coordinator:** Rebecca Laliberte, RN since 2010 - 14 years of LTC experience.

**Performance/Quality Improvement Coordinator:** Rebecca Laliberte, RN since 2010 - 14 years of LTC experience.

**Maternal Health/EPSTD (child health) Coordinator:** Geri Bressinck, RN since 2007 - years of LTC experience.

**Medical Management Coordinator:** Rebecca Laliberte, RN since 2010 - 14 years of LTC experience.

**Behavioral Health Coordinator:** Cindy Sawinski, RN since 2007 - 17 years of LTC experience.

**Provider Services Manager/COO:** Paula Saroff, COO, employed since August 1998 to May 2003 then July 2006 to present with almost 10 years of experience with the ALTCS Program.

**Claims Administrator:** Chuck Smith since 2007 - more than 27 years of LTC experience.

**Provider Claims Educator:** Chuck Smith since 2007 - more than 27 years of LTC experience.

**Case Management Administrator/Manager:** Cindy Sawinski, RN since 2007 - 17 years of LTC experience.

CHS has been a Program Contractor for ALTCS since November 1993. In December 1999, CHS successfully transitioned the ALTCS members in Graham County when the previous AHCCCS PC there terminated its contract. In 2001, CHS further expanded its program and began providing services for Greenlee County as part of the GSA. CHS has developed and expanded an extensive health care network and contracted with most available medical providers within our GSA. Many CHS staff members have come to this organization after years of employment in our medical community with our contracted providers. This previous affiliation is invaluable to CHS in building and working with our provider network. Mutual respect and trust among our provider network and staff has been developed over many years and continues to strengthen as we continue to collaborate with these stakeholders.

Since Cochise County is a border county, CHS staff members are sensitive to diverse cultural needs. A number of staff, including senior management, speak Spanish and CHS strives to ensure cultural sensitivity throughout this organization and network. CHS has developed a staff of competent, caring individuals who continually strive to