LONG TERM CARE RFP YH18-0001 IT SYSTEMS DEMONSTRATION Q&A TEMPLATE

OFFEROR'S NAME:

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DATE:

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Question #	Exchange	Date Exchange Rcvd or Due	Question
Example 1	Initial Daily 834	01/24/2017	Should the file contain my assigned AHCCCS Health Plan Id?
Example 2	Initial Daily 834 Summary Response	01/25/2017	Do I need to fill in all the blanks on the Response Documents ?