

# Schaller Anderson RFP Team FOIA Requisition Request

**URGENT! Expedited Turnaround Time Requested!**

REGIONAL VP HAS BEEN ADVISED OF THIS REQUEST

## Requestor:

RFP Team Member Making Request: Laurie Munn Date of Request: 3/26/13

Required State Requisition Method:  E-mail  USPS  Fax  In Person

Special Form Required by the State?  Yes  No  
(If yes, see attached form)

Should this request remain anonymous?  Yes  No

## State Information:

Name of Public Body Receiving Request: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Contact Person: Michael Veit

Street Address: 701 E. Jefferson, MD 5700

City / County / State / ZIP: Phoenix, AZ 85034

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: Michael.Veit@azahcccs.gov

## Records Requested:

Requested information should include:  All Competitor Plans  
(check all that apply)  Single Plan only – Plan: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Details:** (Provide as much specific detail as possible so the public body can identify the information you are seeking. Attach additional pages, if necessary.)

Please provide a detailed description of all scoring, including any scoring algorithms, of how the capitation rates component of the bids were scored. Please include any weighting that applied to either part of the capitation bid. This is for RFP #YH14-0001, Acute/CRS.

## Format:

In what format should records be requested?  Electronic  Paper  
If requesting electronic copies, which format?  PDF  MS-Word / Excel  
 Other: \_\_\_\_\_