

SOLICITATION AMENDMENT #1				
YH20-0102  QVL Specialty Contract for  Transplantation Services	Solicitation Due Date:  Amended to July 31, 2020 3:00  pm Arizona Time	Procurement Officer: Cynthia Smolens  Email: procurement@azahcccs.gov		

A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

Paragraph # or Title	Page #	Amendment	
Cover Page	1	First Round of Applications DUE DATE: Amended to July 31, 2020.	
Scope of Work Section 5.14	6	This section is amended to add the following statement: Unanticipated removal or replacement of staff shall be reported to AHCCCS as soon as the Contractor becomes aware of a situation requiring this action.	
Special Terms & Conditions, Section 8.8.2	26	This section is amended as follows: The Contractor shall establish and maintain procedures and controls that are acceptable to AHCCCS, governing access to, duplication of, and dissemination of all such information for the purpose of assuring that no information contained in its records or obtained from AHCCCS or others carrying out its functions under the contract, is used or disclosed by it, its agents, officers or employees, except as required to efficiently perform duties under the contract. Persons requesting such information shall be referred to AHCCCS. The Contractor's data safeguard program shall further conform to the data confidentiality and security requirements of AHCCCS policy and procedures, and all-relevant state and federal requirements, including HIPAA standards.	
Special Terms & Conditions, Section 8.8.4	26	The section is hereby removed in its entirety.	

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

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
AMENDMENT.	
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: SIGNATURE ON FILE
TYPED NAME:	TYPED NAME:  Meggan LaPorte, CPPO, MSW
TITLE:	TITLE: Chief Procurement Officer
DATE:	DATE:



Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
1.	Mayo Clinic Arizona	Offer and Acceptance	3	Whose email are you asking for under the line Federal Employee Identification number?	This is the email address of the contact person for your organization. The contact person is to be identified on the right side of the page.
2.	Mayo Clinic Arizona	Scope of Work section 5.16	6	We have already filed resumes and credentialed all of our providers. Are you asking for us to refile all provider resumes? As a group practice is will be close to 1,000 CVs and very time consuming.	No, this is only for new Transplant Facilities
3.	Mayo Clinic Arizona	Insurance Requirements	30-33	We are unable to comply with the insurance requirement in section as written. In the past AHCCCS has accepted our certificate of liability insurance as we are a self-insured provider.  Section 2.3.1 delete word Commercial. Delete Section 2.3 (a) and (b). Change (c) to read to add language to state or Certificate. Section 2.3.2 (b) delete. Section 2.3.4 (a) delete. Section 2.5 after 30 days prior notice; or pursuant to the policy provisions. Section 2.6 add language after "A.M Best" rating of not less than A, or can be a self-insured program. Section 2.8 delete. Section 2.9 add sentence so it is by mutual agreement. Will you accept that and will it meet your requirement for insurance?	AHCCCS will accept self-insured certificates.
4.	Mayo Clinic Arizona	Offer and Acceptance	3	Under Company name and address do you want the hospital address or the clinic address or both?	It is the Administrative office of your organization that is authorized to sign the contract.



Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
5.	Mayo Clinic Arizona	Scope of work 5.4	5	It says evaluation is completed within 60 days or sooner. 60 days from what?	60 days from the start of the evaluation. The evaluation should take no longer than 60 days from beginning to end.
6.	Mayo clinic Arizona	Scope of work section 9.9	12	Are there situations where transplant related services would be billed directly to the AHCCCS health plans or is this always billed to AHCCCS?	Transplant related services are billed to either the Health Plan or to AHCCCS
7.	Mayo clinic Arizona	Definitions pediatric	39	We currently see patients age 16 and older are we allowed to contract for peds rates for only this age group? And are peds rates schedules unique and separate from adults?	Yes, a facility can request to have additional components added for additional services, whether Adult or Pediatric. Refer to page 17, Section 4.2 of the Application Instructions. Attachment B would need to be submitted.
8.	Mayo clinic Arizona	HIPAA adendum	34	Mayo would be a treating provider and covered entity, not a business associate. As a covered entity Mayo can disclose PHI for treatment, payment and health care operations. Therefore I see no reason to enter into a BAA, as we are not performing business associate functions. Can you explain the reason for this section?	The BAA only applies if or when the treating provider and covered entity was using PHI for purposes other than treatment, payment and healthcare operations.
9.	Mayo clinic Arizona	Scope of work section 5.10	5	Are you stating that any follow up after 30 days needs to be with their PCP or specialist instead of at Mayo Clinic?	No. This statement says that the Contractor must submit a discharge summary to the authorizing payer within 30 days.
10.	Mayo clinic Arizona	Scope of Work section 5.14	6	Says we have to notify AHCCCS of any removal or replacement within 30. Can we add language to address "unanticipated" removal or replacement?	This is addressed in Solicitation Amendment 1.
11.	Mayo clinic Arizona	Vendor list contract	1	I am asking for an extension on the due date for the contract submission until the end of July so we have adequate time to review this contract.	An Amended Due Date is included in Solicitation Amendment 1.



Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
12.	Banner Health	YH20-0102 Attachment C	Pg. 1 #2	<ol> <li>Is this request applicable to the core team of providers only?</li> <li>Does this request apply to providers who are currently going through Banner's credentialing process with a potential effective date to provide services effective 9/1/2020?</li> </ol>	Yes. The Key Personnel  Yes, for Key Personnel anticipated to provide services by 9/1/2020.
13.	Banner Health	YH20-0102 QVL Vendor List	Application Process	Banner Health/AHCCCS currently have 3 separate transplant service contracts (YH13-0008-09 Banner Health dba Banner Gateway Medical Center; YH13-0008-01 Banner Health; and YH13-0008-08 Banner-University Medical Center Tucson Campus, LLC), do we submit a separate QVL application for each?	Yes, a completed QLV specialty contract application is required for each facility location.
14.	Banner Health	YH20-0102 Attachment C	Pg. 1. #3	Is this asking for a copy of each of our current AHCCCS Transplant contracts?	Yes, a current/updated AHCCC Provider Participation Agreement is required for the new contract.
15.	Banner Health	YH20-0102 Attachment A Covered Transplant Services List		Our current contract (YH13-0008-09 Banner Health dba Banner Gateway Medical Center) includes pass thru reimbursement for YESCARTA. Will CAR-T still be covered? We do not see this listed on the YH20-0102 Attachment A Covered Transplant Services List.	Yescarta and Kymriah are still covered services but are not listed on this page as they are not Transplants.
16.	Banner Health	YH20-0102 Attachment A Covered Transplant Services List		Our current contract (YH13-0008-08 Banner- University Medical Center Tucson Campus, LLC) includes pass thru reimbursement for KYMRIAH. Will CAR-T still be covered? We do not see this listed on the YH20-0102 Attachment A Covered	Yescarta and Kymriah are still covered services but are not listed on this page as they are not Transplants.



Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
				Transplant Services List.	
17.	Banner Health	YH20-0102 Attachment A Covered Transplant Services List		Our current contract (YH13-0008-01 Banner Health) includes invoice reimbursement for ASSITIVE DEVICE (CAD/VAD/TAH). Will this still be covered? We do not see this listed on the YH20-0102 Attachment A Covered Transplant Services List.	CAD/VAD/TAH will not be reimbursed through the contract and will be covered through normal billing mechanisms as of 10/1/2020.
18.	Banner Health	8. 8.2	26	In the current contracts the language is "establish and maintain procedures and controls that are acceptable to AHCCCS". This new contract language states "approved by AHCCCS". Can this be revised to the previous terminology "acceptable"? If not, what is the approval process?	This is addressed in Solicitation Amendment 1.
19.	Banner Health	8. 8.4	26	What is considered a confidentiality statement is there an example you can provide?	This is addressed in Solicitation Amendment 1.