**Section G - Disclosure of Information INSTRUCTIONS AND attestation**

Pursuant to 42 CFR 455.104, the Offeror shall complete and submit Disclosure of Ownership and Control inclusive of RFP Exhibit I: Disclosure of Information via the AHCCCS Provider Enrollment Portal (APEP) as detailed below.

All submitted documentation shall align with the Offeror’s submitted Exhibit D: Offeror’s Intent to Bid “Company Name”. AHCCCS reserves the right to reject an APEP application should an Offeror’s Company Name not match the information (e.g., Tax ID) used for the APEP application.

**OFFEROR INSTRUCTIONS**

The Offeror shall complete submission of *Disclosure of Ownership and Control including RFP Exhibit I: Disclosure of Information* by September 15, 2023. The Offeror shall:

1. Notify AHCCCS of its intent to submit *Disclosure of Ownership and Control* ***and RFP Exhibit I: Disclosure of Information*** via email to **both** AHCCCS/DMPS [dmpsproviderenrollmentunit@azahcccs.gov](mailto:dmpsproviderenrollmentunit@azahcccs.gov) and AHCCCS Procurement email [RFPYH24-0001@azahcccs.](mailto:RFPYH24-0001@azahcccs.gov)

* The Offeror shall utilize the following email subject line:
  + [Offeror Name] RFP YH24-0001 Section G-Begin Submission Process
* The Offeror shall utilize the following email message:
  + As required by ALTCS E/PD RFP YH24-0001 Section G, [Offeror Name] is requesting to begin the process for submission of Disclosure of Ownership and Control and RFP Exhibit I: Disclosure of Information. Please confirm receipt and advise on how to access the AHCCCS Provider Enrollment Portal (APEP).

1. Once notification is received, AHCCCS/DMPS will confirm receipt and communicate with the Offeror to ensure the Offeror has access to the APEP.
2. Once APEP access is obtained, the Offeror shall enter all appropriate information into APEP, and email its completed Exhibit I “Disclosure of Information” to AHCCCS/Provider Enrollment Lisa Quihuis at [lisa.quihuis@azahcccs.gov](mailto:lisa.quihuis@azahcccs.gov). AHCCCS/Provider Enrollment will upload the completed Exhibit I to the Offeror’s APEP application on behalf of the Offeror and provide notification to the Offeror when completed. Refer to the AHCCCS website for MCO instructions regarding the APEP application and its use:

https://azahcccs.gov/PlansProviders/APEP/APEPTraining.html.

1. Once all the above information has been submitted and entered into APEP and the Offeror has received confirmation that AHCCCS/Provider Enrollment has uploaded its completed RFP Exhibit I, the Offeror shall send confirmation of completion of all APEP information by September 15, 2023, to **both** AHCCCS/DMPS [dmpsproviderenrollmentunit@azahcccs.gov](mailto:dmpsproviderenrollmentunit@azahcccs.gov) and AHCCCS/Procurement Email [RFPYH24-0001@azahcccs.gov](mailto:RFPYH24-0001@azahcccs.gov).

* The Offeror shall utilize the following email subject line:
  + [Offeror Name] RFP YH24-0001 Section G-Submission Completed
* The Offeror shall utilize the following email message:
  + As required by ALTCS E/PD RFP YH24-0001 Section G, [Offeror Name] is confirming submission of Disclosure of Ownership and Control and RFP Exhibit I: Disclosure of Information to the AHCCCS Provider Enrollment Portal (APEP).

1. Complete the OFFEROR ATTESTATION (below) and submit with its Proposal by October 2, 2023.

AHCCCS/DMPS will review all information, make its determination, complete the AHCCCS Determination portion of this form, and provide the completed form to [RFPYH24-0001@azahcccs.gov](mailto:RFPYH24-0001@azahcccs.gov). Questions regarding use of APEP shall be submitted to: AHCCCS/DMPS [dmpsproviderenrollmentunit@azahcccs.gov](mailto:dmpsproviderenrollmentunit@azahcccs.gov).

Should an Offeror’s documentation be non-responsive or not meet the requirements of 42 CFR 455.104, AHCCCS will notify the Offeror and AHCCCS reserves the right to reject the Offeror’s Proposal.

**Offeror Attestation**

**The Offeror shall complete and submit this Attestation with its RFP Proposal by October 2, 2023, 3:00 PM Arizona Time.**

The Offeror attests to its submission of Disclosure of Ownership and Control and rfp Exhibit I: Disclosure of Information to AHCCCS as specified in RFP Section G Instructions above.

The Offeror attests this information is complete and has been submitted timely.

The Offeror understands that if AHCCCS determines the Offeror’s documentation to be non-responsive or not meet the requirements of 42 CFR 455.104, AHCCCS reserves the right to reject the Offeror’s Proposal.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Offeror** | | | | | | | | | |
|  | | | | | |  |  | |
| **OFFEROR NAME** | | | | | |  | **DATE** | |
|  | | | |
| **Printed Name AND TITLE Of Individual**  **Authorized to Sign** | | | | | |  | | **Signature of Individual**  **Authorized to Sign** | |
|  |  | | | |
| **City** | | **State** | **Zip** | | |  | | **Email Address Phone Number** | |

**AHCCCS DETERMINATION – FOR AHCCCS USE ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AHCCCS** | | | | | | |
| The Offeror for ALTCS EPD RFP #YH24-0001, [Enter Name of Offeror], completed submission of all  Disclosure of Ownership and Control *and Disclosure Information* to AHCCCS via the APEP system. The Offeror completed this on [Enter Month Date, Year]. AHCCCS/DMPS has reviewed this information submitted by the Offeror and provides the below final determination.  The Offeror has submitted its Disclosure of Ownership and Control and Disclosure Information as required by 42 CFR 455.104. AHCCCS/DMPS final determination is indicated by the check box and additional information, if applicable, provided in the explanation below:  **Approved, no occurrences identified**  **Denied, occurrences identified – referred to AHCCCS/Procurement**  **Denied, non-responsive – referred to AHCCCS/Procurement**  **Explanation**: | | | | | | |
|  | | |  |  | |
| **PRINTED NAME OF INDIVIDUAL** | | |  | **DATE** | |
|  | | |  | |  | |
| **DIVISON AND TITLE OF INDIVDIUAL** | | |  | | **Signature** | |
|  | | |  | |  | |
| **City** | **State** | **Zip** |  | | **Email Address Phone Number** | |