

Exhibit A
Solicitation Instructions to Applicants
YH26-0001 Specialty Contract For Transplantation Services

1. Anticipated Timeline for first round of Applications:

Activity	Date
QVL Publish Date	May 22, 2025
Questions on Q & A Form Due	June 12, 2025, by 3pm AZ Time
Deadline to request access to AHCCCS Secure File Share (ASFS)	June 24, 2025, by 3:00pm AZ Time
Signed QVL Offer and Acceptance Due	July 8, 2025, by 3pm AZ Time
Final Award (Subject to change)	August 14, 2025
Services Start Date	October 1, 2025*
*Unless otherwise changed in writing by AHCCCS	

2. Questions

All questions concerning this solicitation shall be submitted via email using the AHCCCS Q&A Form found with the solicitation document to the Procurement Officer identified on the first page of the solicitation document. Providers and current Contractors are prohibited from contacting other AHCCCS employees concerning this solicitation.

3. Submission Through AHCCCS Secure File Share (ASFS)

- 3.1. Applicant shall submit its Application documents to the AHCCCS Secure File Share (ASFS) and as specified in the Qualified Vendor Requirements listed below.
- 3.2. The Applicant may request access to the ASFS for multiple individuals (number will be specified on the Intent to Qualify form).
- 3.3. Each individual shall submit a separate Intent to Qualify form and shall be an employee of the potential Applicant (Transplant Facility).
- 3.4. Once the signed and submitted Intent to Qualify is received, the individual will receive an email with access and instructions to the ASFS.
- 3.5. The deadline for all individuals to request access to the ASFS is June 24, 2025, by 3pm AZ time. Applicants must request access to ASFS by this date in order to submit their required documents.

4. Qualified Vendor Requirements

The Qualified Vendor requirements listed below shall be submitted through the ASFS on the Due Date of the QVL solicitation, July 8, 2025.

- 4.1. FACILITY LICENSING – Provide proof of the following:
 - 4.1.1. CMS Certified Transplant Center
 - 4.1.2. United Network for Organ Sharing (UNOS) approval for each transplant type indicated on Attachment A – Covered Transplant Services List.
 - 4.1.3. Foundation for the Accreditation of Cellular Therapy (FACT) accreditation (applicable for facilities providing hematopoietic stem cell transplant service)
- 4.2. Resumes or Vitas of Qualified staff
- 4.3. A current AHCCCS Provider Participation Agreement (Only applicable to new facilities).
- 4.4. Intent to Provide Certificate of Insurance: The Applicant shall provide a brief statement that, if notified of contract award, the Applicant will submit to AHCCCS for review and acceptance, the

applicable certificate(s) of insurance as required in the Special Terms and Conditions, Insurance Requirements.

- 4.5. A completed and signed Attachment 2 - Offer and Acceptance form. The Offer and Acceptance form shall be signed by the person authorized to sign the contract and shall be submitted no later than the Solicitation due date and time.
- 4.6. Completed Attachment 3 – Covered Transplant Services List
- 4.7. Only if applicable, a completed Attachment 4 - Proposed Pricing for Transplant Services offered in Attachment A
- 4.8. Completed Attachment 5 – Contact Information
- 4.9. Completed and signed Attachment 6 – Boycott of Israel Attestation
- 4.10. Completed and signed Attachment 7 - Forced Labor of Ethnic Uyghurs Ban
- 4.11. Offer and Acceptance: Offers shall include a signed Offer and Acceptance form. The Offer and Acceptance form shall be signed by the person authorized to sign the Offer and shall be submitted no later than the Solicitation due date and time. Failure to return an Offer and Acceptance form may result in rejection of the Offer.
- 4.12. Solicitation Amendments: Each Solicitation Amendment, if any are issued by AHCCCS for this solicitation, shall be signed by the person signing the Offer and shall be submitted no later than the Solicitation due date and time.

5. Cost:

- 5.1. The Applicant, not established as a current Contractor, shall submit proposed rates for each Covered Transplant Service Type as referenced in Attachment 1 – Covered Transplant Services List, required for submission.
- 5.2. The Applicant that is a current Contractor and adding a new Transplant Service Type where a rate has not been previously established, shall submit the necessary approvals as referenced above in Section 4, Qualified Vendor Requirements, in addition to submitting proposed rates through completion of Attachment 4 – Proposed Pricing for the added Covered Transplant Service Type to be reviewed and evaluated by AHCCCS.
- 5.3. The Applicant that is a current Contractor will not need to submit pricing for an existing transplant service type(s) due to pricing is provided to you by AHCCCS, unless the Applicant wants AHCCCS to evaluate a different rate than what is currently established.

6. Intent to Provide Certificate of Insurance:

The Applicant shall provide a brief statement that, if notified of contract award, the Applicant will submit to AHCCCS for review and acceptance, the applicable certificate/s of insurance as required within this RFP document, within five (5) business days of such notification.

7. Financial Stability

The Applicant must be financially stable and if requested shall be able to substantiate the financial stability of its company. Upon written request from AHCCCS, the Applicant shall submit an annual financial statement for itself, and parent company (if applicable) within five (5) business days of request. The State reserves the right to request additional documentation from the Applicant and to request reports on financial stability from independent financial rating services. The State reserves the right to reject any Applicant who does not demonstrate financial stability sufficient for the scope of this contract.

8. Request for Confidential/Proprietary Determination:

Nothing in the Application shall be deemed confidential.