



THIS NOTICE WAS SENT EXCLUSIVELY VIA EMAIL

April 20, 2026

Mary Ellen Dalton, PhD, MBA, RN  
President and Chief Executive Office  
Health Services Advisory Group, Inc. (HSAG)  
2390 East Camelback Road, Suite 400  
Phoenix, Arizona 85016  
[mdalton@hsag.com](mailto:mdalton@hsag.com)

RE: Task Order YH26-0071 – FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting, Request for Best and Final Offer (BAFO).

Dear Ms. Dalton:

AHCCCS requests a BAFO from Health Services Advisory Group, Inc. (HSAG) for YH26-0071- FFY 2025 HEALTHII Performance Measure Calculations and Reporting. This represents an opportunity for HSAG to provide AHCCCS with the most advantageous proposal for the project. AHCCCS requests the best pricing available from HSAG.

Please submit the BAFO to [Procurement@azahcccs.gov](mailto:Procurement@azahcccs.gov) with a copy to [Cynthia.Smolens@azahcccs.gov](mailto:Cynthia.Smolens@azahcccs.gov) no later than Tuesday, April 28, 2026, at 3:00pm, AZ time.

If HSAG does not submit a BAFO, the initial offer submitted by HSAG will be considered its BAFO.

Sincerely,

*Cynthia Smolens*

Cynthia Smolens  
Senior Procurement Specialist

## Certificate Of Completion

Envelope Id: 455271F6-8FBF-8D0C-816B-1A76DD9FFED8

Status: Completed

Subject: Complete with Docusign: YH26-0071 Best and Final Offer - HSAG.docx

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

Cynthia Smolens

AutoNav: Enabled

801 E. Jefferson St.

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Phoenix, AZ 85034

Time Zone: (UTC-07:00) Arizona

Cynthia.Smolens@azahcccs.gov

IP Address: 20.236.201.103

## Record Tracking

Status: Original

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4/20/2026 12:25:28 PM

Cynthia.Smolens@azahcccs.gov

Security Appliance Status: Connected

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## Signer Events

### Signature

### Timestamp

Cynthia Smolens

*Cynthia Smolens*

Sent: 4/20/2026 12:25:28 PM

Cynthia.Smolens@azahcccs.gov

Viewed: 4/20/2026 12:25:32 PM

Senior Procurement Specialist, DBF

Signed: 4/20/2026 12:25:50 PM

AHCCCS

Freeform Signing

Security Level: Email, Account Authentication  
(None)

Signature Adoption: Pre-selected Style

Using IP Address: 68.230.12.237

## Electronic Record and Signature Disclosure:

Accepted: 7/18/2023 2:19:58 PM

ID: 0c91c572-d7c7-4052-9246-3e7cc62a937c

Company Name: Carahsoft OBO Arizona Health Care Cost Containment System

## In Person Signer Events

### Signature

### Timestamp

## Editor Delivery Events

### Status

### Timestamp

## Agent Delivery Events

### Status

### Timestamp

## Intermediary Delivery Events

### Status

### Timestamp

## Certified Delivery Events

### Status

### Timestamp

## Carbon Copy Events

### Status

### Timestamp

## Witness Events

### Signature

### Timestamp

## Notary Events

### Signature

### Timestamp

## Envelope Summary Events

### Status

### Timestamps

Envelope Sent

Hashed/Encrypted

4/20/2026 12:25:29 PM

Certified Delivered

Security Checked

4/20/2026 12:25:32 PM

Signing Complete

Security Checked

4/20/2026 12:25:50 PM

Completed

Security Checked

4/20/2026 12:25:50 PM

## Payment Events

### Status

### Timestamps

## Electronic Record and Signature Disclosure

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

#### **How to contact Arizona Health Care Cost Containment System:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [anthony.flot@azahcccs.gov](mailto:anthony.flot@azahcccs.gov)

#### **To advise Arizona Health Care Cost Containment System of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [anthony.flot@azahcccs.gov](mailto:anthony.flot@azahcccs.gov) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

#### **To request paper copies from Arizona Health Care Cost Containment System**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [anthony.flot@azahcccs.gov](mailto:anthony.flot@azahcccs.gov) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

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- ii. send us an email to [anthony.flot@azahcccs.gov](mailto:anthony.flot@azahcccs.gov) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

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- Until or unless you notify Arizona Health Care Cost Containment System as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Arizona Health Care Cost Containment System during the course of your relationship with Arizona Health Care Cost Containment System.