

SOLICITATION AMENDMENT #2

<p>YH20-0102</p> <p>QVL Specialty Contract for Transplantation Services</p>	<p>Solicitation Due Date:</p> <p>Amended to August 7, 2020 3:00 pm Arizona Time</p>	<p>Procurement Officer: Cynthia Smolens</p> <p>Email: procurement@azahcccs.gov</p>
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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 August 7, 2020 .
Scope of Work Section 5.3	5	This section is amended to correct the section reference to 6.4 .
Scope of Work Section 5.4	5	This section is amended as follows: The Contractor will make an effort to complete the evaluation component within 120 days or sooner, depending on the Member's medical condition, of referral if the Member is outpatient or within seventy-two (72) hours of referral if the Member is inpatient.
Scope of Work 5.6	5	This section is amended as follows: Immediately notify the authorizing payer within 48 hours, Monday through Friday 8:00am to 5:00pm MST, if the Member has a change in medical condition and is no longer a candidate for transplantation.
Scope of Work 5.7	5	This section is amended as follows and adds 5.7.1: Notify the authorizing payer within 48 hours, Monday through Friday 8:00am to 5:00pm MST, of the begin dates and/or end dates of Evaluation period prior to billing. Failures to communicate all begin and end dates timely may delay payments by AHCCCS or Health Plans. 5.7.1. Immediately notify the authorizing payer for the transplant event within 48 hours Monday through Friday 8:00am to 5:00pm MST.
Scope of Work Section 5.11	6	This section is amended as follows: Provide all information requested by AHCCCS or the Health Plan including medical records within forty-eight (48) hours, Monday through Friday 8:00am to 5:00pm MST, of the request. All documents will be provided to AHCCCS or the Health Plan at no additional cost.
Scope of Work Section 5.14	6	This section previously amended in Amendment 1 is now incorporated into the contract which adds the following sentence: Unanticipated removal or

		replacement of staff shall be reported to AHCCCS as soon as the Contractor becomes aware of a situation requiring this action.
Scope of Work Section 5.15.1	6	This section is amended as follows: Copies of all annual reports from Scientific Registry of Transplant recipients (SRTR) and Center for International Blood and Marrow Transplant Research (CIBMTR)
Scope of Work Section 5.15.3	6	This section is amended as follows: Copies of all approval letters from UNOS and Organ Procurement Transplant Network (OPTN) for Changes in Key Personnel.
Scope of Work Section 7.5 <u>Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)</u> (Prep and Transplant)	9	This section is amended as follows: Transplant includes an intravenous infusion of the stem cells in an inpatient facility. The prep begins one day prior to commencement of marrow ablative therapy followed by the stem cell infusion in the same inpatient stay when performed as an outpatient begins 24 hours prior to the stem cell infusion.
Scope of Work Section 7.5 <u>Living Donor Kidney Transplant</u> (Follow Up Care 11+)	9	This section is amended add the following sentence: Inpatient care and readmission after day 11 are both fee-for-service.
Scope of Work Section 7.5 <u>Living Donor Kidney Transplant</u> (Donor Surgery)	9	This section is amended add the following sentence: Any donor related complications are covered by AHCCCS if it is within 3 days of post surgery.
Scope of Work Section 7.5 <u>Living Donor Liver Transplant (pediatric Members only)</u> (Follow Up Care 61+)	9 & 10	This section is amended add the following sentence: Outpatient care is paid at fee-for-service for post 61 days.
Scope of Work Section 7.5 <u>All Other Solid Organ Transplants (refer to the AMPM for a list of covered transplants)</u> (Follow Up Care 61+)	10 & 11	This section is amended add the following sentence: Outpatient care is paid at fee-for-service for post 61 days.

Attachment C_ Qualified Vendor Application (REVISED)	Attachment C is revised to add the following sentence as is included as part of this Amendment 2: Only applicable to new contracted facilities.
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The attached Answers to Questions are incorporated as part of this solicitation amendment.

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



ANSWERS TO VENDOR QUESTIONS

QVL Specialty Contract for Transplantation Services #YH20-0102

Question #	Vendor Name	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
1.	Mayo Clinic Arizona	Scope of Work 7.5 <u>Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)</u> (Follow Up Care 61+)	9	Is outpatient care paid at fee for service?	61+ is strictly inpatient care. Outpatient care is paid outside the contract.
2.	Mayo Clinic Arizona	Scope of Work 7.5 <u>Living Donor Kidney Transplant</u> (Follow Up Care 11+)	9	Is outpatient care paid at fee for service? If readmitted after day 11 is this fee for service?	Yes to both questions.
3.	Mayo Clinic Arizona	Scope of Work 7.5 <u>Living Donor Kidney Transplant</u> (Donor Surgery)	9	Are any donor related complications covered by AHCCCS?	If it is within the 3 days post-surgery. This section has been amended as noted above and within the Revised QVL Specialty Contract.
4.	Mayo Clinic Arizona	Scope of Work 7.5 <u>Living Donor Liver Transplant (pediatric Members only)</u> (Follow Up Care 61+)	9 & 10	Is outpatient care paid at fee for service?	Yes, for post 61 days. This section has been amended as noted above and within the Revised QVL Specialty Contract.



ANSWERS TO VENDOR QUESTIONS

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Question #	Vendor Name	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
5.	Mayo Clinic Arizona	Scope of Work Section 7.5 <u>All Other Solid Organ Transplants (refer to the AMPM for a list of covered transplants)</u> (Follow Up Care 61+)	10 & 11	Is outpatient care paid at fee for service?	Yes, for post 61 days. This section has been amended as noted above and within the Revised QVL Specialty Contract.
6.	Banner Health	YH20-0102 Attachment C	Pg. 1. #3	Is this asking for a copy of each of our current AHCCCS Transplant contracts?	No, it is pertaining to the PPS which has been revised to only pertain to new contracted provider.
7.	Banner Health	YH20-0102 Attachment A Covered Transplant Services List		Our current contracts 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. To clarify, where should we list the Yescarta and Kymriah services when we submit the QVL? Should we add them to the Attachment A Covered Transplant? We understand they are not transplants, but want to ensure the services are identified and we can continue to provide them.	Yes. YESCARTA and KYMRIA are still covered services but are not listed on this page as they are not Transplants. These services can be submitted on Attachment A



ANSWERS TO VENDOR QUESTIONS

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Question #	Vendor Name	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
8.	Banner Health			Does a person between the ages of 18 years old through 20 years old fall into the definition of "Pediatric"? Or is there another category for "Teenagers"? The reason we are asking is that currently in our YH13-0008-08 Banner-University Medical Center Tucson Campus, LLC agreement, we have reimbursement for "ADULTS & TEENAGERS ONLY" for Living Donor Kidney Transplants and Cadaveric Donor Kidney Transplants. On Attachment A Covered Transplant Services List do we mark "B" for both Pediatric and Adult?	<p>EPSDT covers children under the age of 21. Members under the age of 21 are considered pediatric.</p> <p>Mark the transplant types that the facility currently has. If additional transplant types or coverage (pediatric or adult) are being requested, please complete & submit Attachment B to add an additional transplant type to the contract.</p>
9.	Banner Health	Attachment C sections 1.1 & 1.2		Verifying if the listing pulled from CMS is sufficient in response to the Facility Licensing question "YH20-0102 ATTACHMENT C", Facility Licensing 1.1-1.2"? The listing includes the Banner Health CMS certified centers and the specific transplant program.	Yes, this is acceptable.