
 <p><b>AHCCCS</b></p>	<b>SOLICITATION AMENDMENT</b> Solicitation Number: <u>RFP YH04-0002</u> Amendment Number <b>Two</b> Solicitation Due Date: <b><u>July 14, 2003</u></b> 3:00 PM (MST)	<b>Arizona Health Care Cost Containment System Administration</b> 701 East Jefferson, MD 5700 Phoenix, Arizona 85034 Contracts Management Supervisor: <u>Gary L. Callahan</u>
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A signed copy of this amendment must be returned with the proposal and received by AHCCCSA on or prior to the Solicitation due date and time. This solicitation is amended as follows:


1. The Pricing Schedule for Bone Marrow Transplants is deleted and replaced with the Pricing Schedules that are attached to this amendment.
2. The bottom line on the Pricing Schedule for Pancreas After Kidney on page 11 of Solicitation Amendment # 1 is corrected to read, "**TOTAL** (through day 60) PANCREAS AFTER KIDNEY TRANSPLANTATION SERVICES"

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this <u>27th</u> day of <u>June</u> , <u>2003</u> , in Phoenix, Arizona.
		<b>A signed copy is on file.</b>
Signature	Date	
		<b>Michael Veit</b> <b>Contracts and Purchasing Administrator</b>
Typed Name and Title		Typed Name and Title
		<b>Arizona Health Care Cost Containment System</b>
Name of Company		

	<b>Pricing Schedule</b>		<b>AHCCCS</b>
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**BONE MARROW** - Autologous Inclusive Fixed Rates (specify outpatient vs. inpatient pricing) [Scope of Work Section 4, A., page 20]

<u>Component</u>	<u>All Inclusive Rate For Component:</u> Autologous
A. Pre-transplant evaluation (Scope of Work, Sec. 4, C, 1, Phase I, pg. 24)	\$ _____
B. Autologous Harvest (Sec. 4, C, 1, Phase II, pg. 25)	\$ _____
C. Preparation and Transplant (Sec. 4, C., 1, Phase III, pg. 25)	\$ _____
D. Follow up Care - from day 1 post-transplant through day 30 or portion thereof (Sec. 4, C, 1, Phase IV, pg. 25)	\$ _____
E. Follow up Care- from 31 through 60 days post-transplant or portion thereof (Sec. 4, C, 1, Phase IV, pg. 25)	\$ _____
<b>TOTAL (through Day 60) AUTOLOGOUS BONE MARROW</b>	<b>\$ _____</b>

	<b>Pricing Schedule</b>		<b>AHCCCS</b>
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**BONE MARROW** - Allogeneic Related Inclusive Fixed Rates (specify outpatient vs. inpatient pricing)  
[Scope of Work Section 4, A., page 20]

<u>Component</u>	<u>All Inclusive Rate For Component:</u> Allogeneic Related
A. Pre-transplant evaluation (Scope of Work, Sec. 4, C, 1, Phase I, pg. 24)	\$_____
B. Donor Search (Sec. 4, C, 1, Phase II, pg. 25)	\$_____
C. Donor Related Harvest (Sec. 4, C, 1, Phase II, pg. 25) National Marrow Donor Program Cord Blood acquisition	\$_____
D. Preparation and Transplant (Sec. 4, C., 1, Phase III, pg. 25)	\$_____
E. Follow up Care - from day 1 post-transplant through day 30 or portion thereof (Sec. 4, C, 1, Phase IV, pg. 25)	\$_____
F. Follow up Care– from 31 through 60 days post-transplant or portion thereof (Sec. 4, C, 1, Phase IV, pg. 25)	\$_____
<b>TOTAL (through Day 60) ALLOGENEIC RELATED BONE MARROW</b>	<b>\$_____</b>

	<b>Pricing Schedule</b>		<b>AHCCCS</b>
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**BONE MARROW** - Allogeneic Unrelated Inclusive Fixed Rates (specify outpatient vs. inpatient pricing) [Scope of Work Section 4, A., page 20]

<u>Component</u>	<u>All Inclusive Rate For Component:</u>	
	Allogeneic Unrelated	
A. Pre-transplant evaluation (Scope of Work, Sec. 4, C, 1, Phase I, pg. 24)	\$_____	
B. Donor Search (Sec. 4, C, 1, Phase II, pg. 25)	\$_____	
C. Donor Harvest (includes stem cell harvest) (Sec. 4, C, 1, Phase II, pg. 25) National Marrow Donor Program Cord Blood acquisition		Pass-through Pass-through
D. Preparation and Transplant (Sec. 4, C., 1, Phase III, pg. 25)	\$_____	
E. Follow up Care - from day 1 post-transplant through day 30 or portion thereof (Sec. 4, C, 1, Phase IV, pg. 25)	\$_____	
F. Follow up Care– from 31 through 60 days post-transplant or portion thereof (Sec. 4, C, 1, Phase IV, pg. 25)	\$_____	
<b>TOTAL (through Day 60) ALLOGENEIC UNRELATED BONE MARROW</b>	<b>\$_____</b>	