ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

SOLICITATION AMENDMENT #2		
YH27-0001 **ALTCS E/PD RFP**	**Proposal Due Date:** **September 24, 2026, 3:00 pm Arizona Time**	Procurement Officer: Meggan LaPorte **RFPYH270001@azahcccs.gov**

A signed copy of this amendment must be submitted with your solicitation response.

A. An additional document has been added to the Bidders Library under the "Additional Documents and Other Information: section. https://www.azahcccs.gov/PlansProviders/HealthPlans/YH27-0001.html

B. 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:

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM	ANSWERS TO QUESTIONS ROUND #1
	YH27-0001 ALTCS E/PD RFP

QUESTION #	OFFEROR NAME	RFP SECTION	PAGE #	OFFEROR QUESTION	AHCCCS RESPONSE
1.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	I, Exhibit F2	Tab: Instructions	The instructions tab for the HEDIS row indicates "Most recent audited." The Medicare STAR Rating row indicates "Submit most recent completed." The measurement year (MY) for HEDIS and Medicare STAR ratings varies depending on when audited results are publicly released. Please confirm that Offerors may use the most recently audited MY25 HEDIS rates, although they will not be public at this time.	The RFP, Exhibit F2, Contract Citations and Past Performance Submission Requirements - Instructions tab is revised as follows: Medicare STAR Rating - **Offerors must** submit ~~**most recent**~~ Medicare STAR rating **for Measurement Year 2024 (reporting year 2026).** HEDIS - ~~**Most recent audited.**~~ **Offerors shall submit Measurement Year 2024 (reporting year 2025) data.** Adult measures only. Enter numerator and denominator values.
2.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	I, Exhibit F2	Tab: Instructions	The Medicare STAR Rating row indicates "Submit most recent completed." CMS requires that unpublished STAR Ratings remain confidential until they are publicly released. It is unclear whether the MY25 STAR Rating will be public at the time of submission. Will it be acceptable for Offerors to submit MY24 STAR Ratings if they are not public at the time of RFP submission?	Yes. The RFP, Exhibit F2, Contract Citations and Past Performance Submission Requirements - Instructions tab is revised as follows: Medicare STAR Rating - **Offerors must** submit ~~**most recent**~~ Medicare STAR rating **for Measurement Year 2024 (reporting year 2026).**
3.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	Section H	19	The oral presentation instructions require the Offeror to include a front-line or supervisory-level case manager. For a non-incumbent Offeror that does not currently provide ALTCS E/PD case management services in Arizona and therefore does not employ staff in those roles, please confirm that the Offeror can satisfy this requirement with either Arizona-based care	Yes, this is permissible. The RFP, Instructions to Offerors, is revised as follows: The Offeror shall bring no more than seven individuals to the meeting. All participants must be employees of the Offeror; no consultants may participate. Among these seven individuals, **AHCCCS recommends that** the Offeror ~~**shall**~~ include a front-line or supervisory-level case manager

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				management staff or with case management from another LTSS market.	and a corporate compliance officer. The Offeror also may elect to include a more senior representative of case management and is encouraged to include individuals with expertise in medical management and quality management. If a participant becomes unavailable another individual may be substituted; however, the information for the newly added individual must be submitted to AHCCCS (i.e., name, title, and resume) as required in Paragraph 21, Contents of Offeror's Proposal in this Section.
4.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	Section H	19	The oral presentation instructions require the Offeror to include a front-line or supervisory-level case manager. Is it required that this person have "supervisor" in their title, or are you seeking someone that acts in a supervisory role (i.e., Manager)?	The RFP is revised to recommend this role as opposed to requiring it. The RFP, Instructions to Offerors, is revised as follows: The Offeror shall bring no more than seven individuals to the meeting. All participants must be employees of the Offeror; no consultants may participate. Among these seven individuals, **AHCCCS recommends that** the Offeror ~~**shall**~~ include a front-line or supervisory-level case manager and a corporate compliance officer. The Offeror also may elect to include a more senior representative of case management and is encouraged to include individuals with expertise in medical management and quality management. If a participant becomes unavailable another individual may be substituted; however, the information for the newly added individual must be submitted to AHCCCS (i.e., name, title, and resume) as required in Paragraph 21, Contents of Offeror's Proposal in this Section.

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5.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	Section H	19	The oral presentation instructions require the participation of a Corporate Compliance Officer. May the Contract Compliance Officer fulfill this requirement?	The RFP is revised to recommend this role as opposed to requiring it. The RFP, Instructions to Offerors, is revised as follows: The Offeror shall bring no more than seven individuals to the meeting. All participants must be employees of the Offeror; no consultants may participate. Among these seven individuals, **AHCCCS recommends that** the Offeror ~~**shall**~~ include a front-line or supervisory-level case manager and a corporate compliance officer. The Offeror also may elect to include a more senior representative of case management and is encouraged to include individuals with expertise in medical management and quality management. If a participant becomes unavailable another individual may be substituted; however, the information for the newly added individual must be submitted to AHCCCS (i.e., name, title, and resume) as required in Paragraph 21, Contents of Offeror's Proposal in this Section.
6.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	Section G	1	Can you please clarify in the Offeror Instructions Step 1 and very specifically bullet #3, what document is expected to be submitted via email in bullet #3? Understanding Section I, Exhibit G goes directly into APEP. What is the separate Section G Disclosure that needs to be emailed in Step 1, bullet #3? Where is the separate Disclosure located?	This disclosure is located on page 2 of Section G under "Offeror Attestation." Section G requires the offeror to sign and fill out the contact information on this page and submit to the noted email address in step 1 bullet 3. Once all steps are completed and AHCCCS renders its determination, AHCCCS will complete the third page of Section G. Additionally, the offeror will need to again submit the Section G "Offeror Attestation" as part of its full RFP response.

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7.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	Section I, Exhibit H2	N/A	Case Manager Compensation is requested by Zone in Exhibit H2, defined by zip codes in the Caseload Ratio Geographies Guide. We realize that AHCCCS has provided a total population breakdown in the non-benefit costs bid template, but additional information on the population will help inform our bid. Will the zip code be available as a data field in the Member Month Detail File? If not, we request an additional membership extract by zip code.	Membership by zip code will not be provided. While Offerors should not need this information to develop their bid, AHCCCS has agreed to add ZONE information to two documents in the Data Supplement for Offerors. Therefore, the following documents are removed and replaced: 1. Member Months Detail File with Zones 2. Member Placement Detail File with Zones
8.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	Section H	12	If an incumbent is not awarded a subsequent contract and exits the ALTCS program effective September 30, 2027, when will members be disenrolled from the contractor's companion DSNP? If it is not October 1, 2027, does AHCCCS have CMS permission to keep members enrolled through December 31, 2027? Does AHCCCS intend to passively move members to a successful offeror's SNP from 10/1-12/31 to create alignment as allowed by CMS regulations to address MCO procurements?	Per CMS, if an incumbent were to not be awarded a contract, as long as the MCO does not withdraw their Medicare business from CMS, members may be maintained in the MCO's D-SNP through December 31, 2027. CMS does not have concern with the temporary misalignment through the transition process. Members may then enroll with the appropriate FIDE-SNP for January 1, 2028.
9.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Long Term Care	Section H	12	If AHCCCS allows passive enrollment into a health plan's HIDE-SNP on 10/1/27, will AHCCCS then seek passive enrollment from the HIDE-SNP to the FIDE-SNP on 1/1/2028?	Current members as of September 30, 2027 will be able to maintain their D-SNP through December 31, 2027, regardless of whether the D-SNP is offered by an awarded offeror or not. Members may then enroll with the appropriate FIDE-SNP for January 1, 2028.
10.	Bridgeway Health Solutions of Arizona, Inc. dba Arizona	Section I, Exhibit G	4	For question C, our understanding is that Offerors should include the names of any certified actuaries (i.e., members of the American Academy of Actuaries) who will assist directly in developing the bid and	Yes, all information must be disclosed.

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	Complete Health-Long Term Care			reviewing Arizona ALTCS capitation rates. Our team also has non-credentialed actuaries (i.e., analysts) who will assist with this process. Should we include their names as well?	
11.	UnitedHealthcare Community Plan	Section H	18	As Section H, B3 of the RFP indicates that outside communication (e.g. cell phone, instant messaging, email, text messaging) is prohibited for the duration of oral presentations, can the agency confirm that use of AI is also prohibited during oral presentations?	Offerors shall not use AI tools during oral presentations. The RFP, Instructions to Offerors, B3 - Oral Presentation Requirements is revised as follows: AHCCCS will provide a whiteboard or flip charts and markers for Offeror use in preparing for the Oral Presentations. The Offeror will not be permitted to distribute previously prepared presentations or materials to AHCCCS or to use a laptop for its presentation. **The Offeror shall not use AI tools during the Oral Presentations.** AHCCCS will not record the oral presentation. The Offeror also will not be permitted to make a recording.
12.	UnitedHealthcare Community Plan	Section I, Exhibit F1	4	In Case Study 1, the scenario states, "Jenny is a 78-year-old newly enrolled member who lives with her daughter, Carolyn. She also is enrolled in the Offeror's DSNP plan." Will the agency clarify which person mentioned is enrolled in the Offerors' DSNP?	Jenny is enrolled in the Offeror's DSNP plan. The RFP, Exhibit F1, Written Technical Proposal – Programmatic Submission Requirements, B1.6 is revised as follows: Jenny is a 78-year-old newly enrolled member who lives with her daughter, Carolyn. ~~**She**~~ **Jenny** also is enrolled in the Offeror's DSNP plan. A retired cook who loved to travel when she was younger, Jenny has mild cognitive impairment, type 1 diabetes, osteoporosis, and high blood pressure. She needs moderate hands-on assistance with dressing and with mobility, particularly navigating around the furniture in the house and down the single step

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					between the hallway and family room. Due to prior injuries and her frailty, Jenny also needs full physical assistance with transfers and bathing.
13.	UnitedHealthcare Community Plan	Section I, Exhibit F1	6	In Case Study 3, the scenario states, "Enola is an 88-year-old……. She has been enrolled into the Offeror's health plan." Will the agncy clarify whether Enola is an ongoing enrolled member of our plan, or whether she is a newly enrolled member?	Enola is intended to be a new enrollee. The RFP, Exhibit F1, Written Technical Proposal – Programmatic Submission Requirements, B1.8 is revised as follows: Enola is an 88-year-old woman who is a member of the Navajo Nation. After a fall resulted in a broken hip, Enola moved to a skilled nursing facility (SNF) for rehabilitation where additional comorbidities were discovered, including chronic kidney disease, hypothyroidism, coronary artery disease and high blood pressure. Enola never regained the strength and mobility to return to the community. She has been **newly** enrolled into the Offeror's health plan.
14.	Banner	Section H	6	What evaluation criteria and evaluation method will AHCCCS use to evaluate the items designated for scoring?	No further details regarding the evaluation process will be provided.
15.	Banner	Section H	6-7	Will the evaluator be able to review each Offeror's entire submission? If evaluators will not review the entire submission, will they, at a minimum, be able to review the Executive Summary in addition to the item being scored?	No further details regarding the evaluation process will be provided.
16.	Banner	Section I, Exhibit F1	4-6	Given the complexity of the three scenario questions, would AHCCCS consider extending the page limits from 4 pages to 5 pages for each scenario?	The page limits for the Case Study Submission Requirements B1.6, B1.7, and B1.8 will remain unchanged.

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17.	Banner	Section I, Exhibit F1	3	Given the complexity of the question, would AHCCCS consider extending the page limit from 5 pages to 6 pages for B1.5?	The page limit for submission requirement B1.5 will remain unchanged.
18.	Banner	Section H	15	The instructions state proposals may have small font for graphics, tables, and charts. How small can the font be?	AHCCCS is not providing guidance on how small the font can be for graphics, tables, and charts. It is the Offeror's responsibility to ensure the graphics, tables, and charts are readable.
19.	Banner	Section H	15-16	Please confirm that cover pages and/or section dividers are permissible and excluded from the identified page limits.	Cover pages and section dividers are excluded from the page limits.
20.	Banner	Section H	15-16	Do all headers and footers need to be inside of the required margins?	No, headers and footers are not expected to be inside the ½ inch borders.
21.	Banner	Section H	14-16, 18-21	Is there a maximum file size or technical limit for the ASFS portal?	There is no official document size limit for the ASFS, but excessively large documents may time out when loading. Additionally, the file name has a limit of 32 characters.
22.	Banner	Section D	211	The equity per member requirement specifies a minimum threshold of "at least 60% of the October 1, 2027, statewide average monthly capitation rate per member for CYE 2028." If State Directed Payment (SDP) amounts are included in capitation rates for CYE 2028, will AHCCCS exclude those amounts from the statewide average monthly capitation rate used to determine the equity requirement, given that SDP funding is pass-through in nature and does not support a Contractor's retained revenue, capital position, or risk-bearing capacity?	AHCCCS is currently awaiting additional guidance from CMS to determine the path forward on this. We will keep offerors and successful offerors aware of updates as appropriate.

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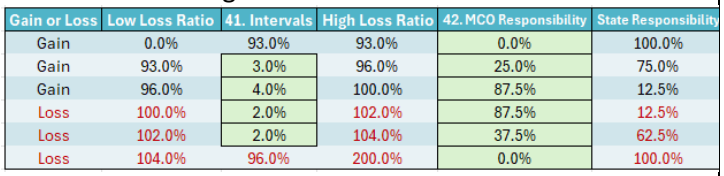
23.	Banner	Section I, Exhibit H1	1	The SOA Margin Testing Tool currently allows for modeling of only six risk-sharing bands, whereas the RFP defines nine risk-sharing bands. To ensure consistent and accurate bid submissions across all Offerors, does AHCCCS intend to issue a revised version of the tool that accommodates all nine risk-sharing bands? If a revised tool is not released, can AHCCCS please provide guidance regarding how the additional risk-sharing bands should be reflected within the existing tool structure? In addition, can AHCCCS clarify how it will evaluate and test the risk-sharing arrangement for compliance with margin requirements, including clarifying whether Offerors should complete the risk-sharing section of the tool in a specific manner to align with AHCCCS' review and application of the SOA Profit Testing methodology?	There is a mathematically equivalent way of inputting the AHCCCS bands into the SOA's model with six bands. It does place some profit/loss immediately at risk that the AHCCCS bands do not; however, AHCCCS has viewed this as a conservative assumption when reviewing results from the SOA Underwriting Margin tool. Please see the image below. 
24.	Banner	Data Supplement, Section I	N/A	The Data Book files do not include membership information by ZIP code or Zone. Access to geographically detailed membership data is essential to support consistent and informed modeling of the case management requirements contemplated under the RFP. Will AHCCCS release a membership file containing ZIP code or Zone to enable Offerors to accurately model case management?	See AHCCCS response to question #7.
25.	Banner	Data Suppleme	2-3	The Capitation Rate Development documentation states that Contractor-specific risk	At the present time, AHCCCS intends to use member encounter data, information about activities of daily living

Gain or Loss	Low Loss Ratio	41. Intervals	High Loss Ratio	42. MCO Responsibility	State Responsibility
Gain	0.0%	93.0%	93.0%	0.0%	100.0%
Gain	93.0%	3.0%	96.0%	25.0%	75.0%
Gain	96.0%	4.0%	100.0%	87.5%	12.5%
Loss	100.0%	2.0%	102.0%	87.5%	12.5%
Loss	102.0%	2.0%	104.0%	37.5%	62.5%
Loss	104.0%	96.0%	200.0%	0.0%	100.0%

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		nt, Section B		adjustment factors, LTSS mix adjustments, and NF/HCBS mix adjustments for CYE 2028 will be based on initial member assignment and subsequent member choice. Will AHCCCS please clarify the timing, data sources, and enrollment periods AHCCCS intends to use in developing these adjustments, including whether they will be based solely on initial assignment or whether a period of post-assignment member choice experience will be incorporated prior to final rate certification?	(ADLs) from case management, and nursing facility (NF) level of care placements from CYE 25 and CYE 26 to develop and calibrate risk adjustment factors for this population. During the first contract year, AHCCCS intends to review member placement on a quarterly basis to assess whether the risk adjustment factors should be modified.
26.	Banner	Section H	11-12	Section H.16 indicates that initial member enrollment will occur through a selective assignment process that considers factors such as D-SNP enrollment, provider alignment, and Contractor membership levels, and that AHCCCS may also consider other elements beyond those specified. Will AHCCCS please provide any additional assumptions or methodologies it intends to use in developing initial Contractor enrollment, including the treatment of existing and new ALTCS members, Medicare alignment and FIDE SNP enrollment, Contractors without a FIDE SNP in a county, newly awarded and incumbent Contractors, and any member acuity, placement, geographic, capacity, or market-balancing considerations? This information is necessary for Offerors to develop reasonable enrollment and financial projections.	Members enrolled with a successful incumbent contractor, who are also in the companion FIDE-SNP, will not be selectively assigned to a new health plan. For additional information, see RFP Section H, Instructions to Offerors, Paragraph 16.

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27.	Banner	Section H	11-12	Section H.16 indicates that D-SNP enrollment will be considered in the selective assignment process. How will AHCCCS apply this factor during the initial assignment process given that companion FIDE SNP operations do not begin until January 1, 2028?	Members enrolled with a successful incumbent contractor, who are also in the companion FIDE-SNP, will not be selectively assigned to a new health plan.
28.	Banner	Section H	11-12	How will AHCCCS address members whose Medicaid Contractor assignment and Medicare enrollment are not aligned following implementation of companion FIDE SNPs and the conclusion of the CY2028 Medicare Annual Election Period?	Per CMS, if an incumbent were to not be awarded a contract, as long as the MCO does not withdraw their Medicare business from CMS, members may be maintained in the MCO's D-SNP through December 31, 2027. CMS does not have concern with the temporary unalignment through the transition process. Members may then enroll with the appropriate FIDE-SNP for January 1, 2028.
29.	Banner	Data Supplement, Section B	3	The RFP requires an actuarial certification supporting the Underwriting Margin bid, however it also notes that AHCCCS reserves the right to adjust bid cost components to comply with Medicaid Managed Care Rules and Rate Setting Guidelines. If AHCCCS determines that a submitted Underwriting Margin requires adjustment during rate certification, how will AHCCCS ensure Offerors are not advantaged by bidding lower margins than those ultimately reflected in certified rates? Please also clarify how any margin adjustments would be applied.	No further details regarding the evaluation process will be provided.
30.	Banner	Section H	8-9	Will successful incumbent Contracts be excluded from the IT and System Readiness testing that is referenced for new Contractors?	AHCCCS will provide detailed information to all successful offerors after award, as stated in the Instructions to

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					Offerors, "all Successful Offerors will also be required to participate in testing associated with MES."
31.	Banner	Section I, Exhibit F2	Grievance and Appeals Data	The Instructions require "rates per 1,000 member months" but the data table is set up differently. At what point in time should member months be counted?	The RFP, Exhibit F2, Contract Citations and Past Performance Submission Requirements - Instructions tab is revised as follows: Grievance and Appeals - Most recent contract year completed. Enter **total** counts **and counts resolved**, ~~**rates per 1,000 member months and percent resolved**~~ within the identified timeliness standards~~.~~
32.	Banner	Section I, Exhibit F2	CAHPS data	The instructions require incumbent ALTCS Contractors to report CAHPS data. However, NCQA standards only require CAHPS surveys for plans with 15,000 or more enrollees. Please confirm whether plans may list CAHPS results from other contracts if they do not have results for the contract in position 1.	Offerors must report CAHPS data for Reference Contract 1. If the long-term care population was part of a broader CAHPS survey, Offerors may report the broader survey results.
33.	Molina Healthcare of Arizona, Inc.	Section D: Program Requirements, Para 5	57	The Auto Assignment Algorithm refers to ACOM 314, which currently only appears to apply to ACC. How will the ACOM, as currently written, be adopted for ALTCS?	AHCCCS will be updating Policy prior to the Contract Services Start Date in alignment with the information outlined in Contract Section D, Program Requirements, Paragraph 5, Enrollment Hierarchy after Contract Services Start Date.

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34.	Molina Healthcare of Arizona, Inc.	Section D: Program Requirements, Para 21	126-132	Can AHCCCS provide the trend and total volume of Quality of Care Concerns and Investigations for the ALTCS program?	The total number of reported incidents, accidents, and deaths for the ALTCS E/PD for Contract Year 2024 was 2875. The total number of reported incidents, accidents, and deaths reported resulting in QOC investigations for Contract Year 2024 was 1446.
35.	Molina Healthcare of Arizona, Inc.	Section H: Instructions To Offerors, Paragraph 16	12	The requirement states that AHCCCS intends to selectively assign members approximately four months prior to the Contract Services Start Date, "with a choice of Contractor offered to members the following month," and that "any members who do not exercise choice within the specified timeframe will remain with the Contractor to which they were selectively assigned." Can AHCCCS confirm that the choice period begins 30 days following assignment and specify the number of days members have to exercise choice?	The choice period will follow member assignment activities. Members will have 30 days to exercise choice. However, this is subject to change as part of the policy review process that will occur prior to the Start of Services.
36.	Molina Healthcare of Arizona, Inc.	Section H: Instructions To Offerors, Paragraph 16	12	The requirement states that "a Successful Offeror is responsible for providing members with education and information about the transition and what they can expect in accordance with AHCCCS guidance," but does not specify when this outreach may begin. Can AHCCCS clarify whether the Contractor may outreach to the member immediately upon receiving the member assignment? If not, what is the earliest date prior to the Contract Services Start Date that a Contractor can outreach to a selectively assigned member?	Additional information will be provided on the process after award.
37.	Molina Healthcare of Arizona, Inc.	Section I Exhibit F2	Excel workbook	Can AHCCCS confirm that an Offeror whose three reference contract slots are filled with current MLTSS contracts in other states, per the mandatory hierarchy,	The reference contract hierarchy applies only to identification of Reference Contract 1. Offerors are free to select any active contracts for the remaining two slots.

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				may also cite its current ACC or ACC-RBHA contract experience in B1.3 through B1.8?	
38.	Molina Healthcare of Arizona, Inc.	Section I Exhibit F2	HEDIS Data Entry Tab	Exhibit F2, HEDIS Data Entry Tab, requests reporting of measures that appear to align with the CMS Adult and Child Core Sets rather than the NCQA HEDIS measures commonly submitted for NCQA Health Plan Ratings and Medicare Star Ratings. Can the State clarify whether it is requesting: CMS Core Set measure results, or NCQA HEDIS measure results as defined in the applicable HEDIS Measurement Year specifications?	If the Offeror has CMS Core Set measure results, please report that. If Core Set measure results are not available, NCQA HEDIS measure results are acceptable.
39.	Molina Healthcare of Arizona, Inc.	Section I Exhibit F2	HEDIS & CAHPS Data Entry Tabs	For the HEDIS and CAHPS data requested in Exhibit F2, can the State confirm that the requested submission should reflect final audited Measurement Year (MY) 2025 results, including any applicable NCQA-certified HEDIS audit findings and finalized CAHPS survey results?	The RFP, Exhibit F2, Contract Citations and Past Performance Submission Requirements - Instructions tab is revised as follows: **HEDIS** - ~~**Most recent audited.**~~ **Offerors shall submit Measurement Year 2024 (reporting year 2025) data.** Adult measures only. Enter numerator and denominator values. **CAHPS** - ~~**Most recent completed**~~**. Offerors shall submit Measurement Year 2025 data.** Adult CAHPS. Enter numerator and denominator values.
40.	Mercy Care	Section H Instructions to Offerors	19	For the oral presentation, AHCCCS states “the Offeror shall include a front-line or supervisory-level case manager and the Offeror may elect to include a more senior representative of case management.”	The RFP is revised to recommend this role as opposed to requiring it. The RFP, Instructions to Offerors, is revised as follows:

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		Section B3		Does the supervisory level case manager include the ALTCS supervisor as defined by AHCCCS? If not, please clarify what roles fulfill the supervisory level case manager.	The Offeror shall bring no more than seven individuals to the meeting. All participants must be employees of the Offeror; no consultants may participate. Among these seven individuals, **AHCCCS recommends that** the Offeror ~~**shall**~~ include a front-line or supervisory-level case manager and a corporate compliance officer. The Offeror also may elect to include a more senior representative of case management and is encouraged to include individuals with expertise in medical management and quality management. If a participant becomes unavailable another individual may be substituted; however, the information for the newly added individual must be submitted to AHCCCS (i.e., name, title, and resume) as required in Paragraph 21, Contents of Offeror's Proposal in this Section.
41.	Mercy Care	Section I—Exhibit F2	Grievances & Appeals Tab	The instructions for the Grievance and Appeals tab requests to enter counts, rates per 1000 members per month; however, the tab does not provide a location to populate with the requested data. The fields are labeled "Total Count," "Count Resolved within Standard," and "Percent Resolved within Standard." Please clarify where to populate the requested data of rate per 1000 members.	See response to Question #31.
42.	Mercy Care	Section I—Exhibit F2	Instructions Tab	Since a CAHPS survey does not exist for the stand alone ALTCS contract, is it acceptable to include the "All Medicaid" CAHPS survey results required by NCQA, which is inclusive of the ALTCS membership?	Yes. If the long-term care population was part of a broader CAHPS survey, Offerors may report the broader survey results.