



THIS NOTICE WAS SENT EXCLUSIVELY VIA EMAIL

April 20, 2026

Franklin T. Lassiter, Chief Operating Officer
HealthTech Solutions, LLC (HealthTech)
2030 Hoover Blvd.
Frankfort, KY 40601
frank@healthtechsolutions.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 Mr. Lassiter:

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

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

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

Sincerely,

Cynthia Smolens

Cynthia Smolens
Senior Procurement Specialist

Certificate Of Completion

Envelope Id: 4FD89A64-F1D3-8569-809D-4B42C6F767D2

Status: Completed

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

Source Envelope:

Document Pages: 1

Signatures: 1

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Cynthia Smolens

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801 E. Jefferson St.

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Phoenix, AZ 85034

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Cynthia.Smolens@azahcccs.gov

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Cynthia.Smolens@azahcccs.gov

Viewed: 4/20/2026 12:26:48 PM

Senior Procurement Specialist, DBF

Signed: 4/20/2026 12:27:41 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 12:26:40 PM

Certified Delivered

Security Checked

4/20/2026 12:26:48 PM

Signing Complete

Security Checked

4/20/2026 12:27:41 PM

Completed

Security Checked

4/20/2026 12:27:41 PM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

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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

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 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 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.

To withdraw your consent with Arizona Health Care Cost Containment System

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to 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..

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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