

YH20-0102 ATTACHMENT C
Qualified Vendor Application
AHCCCS Transplantation Services

DATE OF APPLICATION:

NAME OF VENDOR:

The following requirements shall be submitted through the AHCCCS SFTP Server on or before the Due Date of the solicitation:

1. FACILITY LICENSING – Provide proof of the following:
 - 1.1 CMS Certified Transplant Center
 - 1.2 United Network for Organ Sharing (UNOS) approval for each transplant type indicated on Attachment A – Covered Transplant Services List.
 - 1.3 Foundation for the Accreditation of Cellular Therapy (FACT) accreditation (applicable for facilities providing hematopoietic stem cell transplant services)
2. Resumes or Vitas of Qualified Medical Staff
3. Current AHCCCS Provider Participation Agreement.
4. Statement of Intent to provide Certificate(s) of Insurance as referenced in the Special Terms and Conditions, Insurance Requirements.
5. Signed Signature Page (Page 1 of the solicitation)
6. Completed Attachment A – Covered Transplant Services List
7. If applicable, completed Attachment B - Proposed Pricing for Transplant Services offered in Attachment A
8. Completed Attachment E – Contact Information
9. Completed Attachment D – Boycott of Israel Attestation