**ATTACHMENT C**

**Qualified Vendor Application**

**YH 13-0008 AHCCCS Transplantation Services**

**DATE OF APPLICATION:**

**NAME OF VENDOR:**

The following requirements shall be submitted to the AHCCCS Procurement and Contracts office at time of application (if not already on file with AHCCCS):

1. FACILITY LICENSING
	1. CMS Certified Transplant Center
	2. United Network for Organ Sharing (UNOS) approval for each transplant type indicated on the contract
	3. FACT accreditation (for facilities providing hematopoietic stem cell transplant services)
2. Resumes or Vitas of Qualified Medical Staff
3. Current AHCCCS Provider Participation Agreement on file
4. Certificates of Insurance (Reference Section 5.34 Insurance Requirements)
	* Commercial General Liability
	* Automobile Liability
	* Worker’s Compensation and Employer’s Liability
	* Professional Liability
	* Waiver of subrogation / additionally insured
5. Arizona Substitute W-9 (Reference Section 5.35 -IRS W9 Form)
6. Signed Contract (Page 1 of this Contract)
7. Completed information indicating transplant service types (Page 3 of this contract)
8. Completed Contact Information/Notices Section (Attachment D)

**ATTACHMENT D**

**CONTACT INFORMATION / NOTICES SECTION**

1. Parties shall designate appropriate contact persons within each organization for notices, reports, deliverables and invoices as they relate to this agreement. Parties agree to inform of any changes in contact persons via email within ten (10) days of the change.
2. Any notices or correspondence related to this Agreement shall be sent to the parties or their designees respectively as follows:

|  |  |
| --- | --- |
| AHCCCS Procurement and Contracts: | AHCCCS Transplant Program Contact: |
| Arizona Health Care Cost Containment SystemMeggan Harley, Procurement Manager701 East Jefferson St., MD 5700Phoenix, AZ 85034P. 602 -417-4538F. 602-417-5957Meggan.Harley@azahcccs.gov | Arizona Health Care Cost Containment System Nancy Neroni, Program Financial Monitor701 East Jefferson St, MD 6100Phoenix, AZ 85034P. 602-417-4210F. 602-256-6421Nancy.Neroni@azahcccs.gov |
| Contractor Signatory: | Contractor Transplant Program Contact: |
| (CONTRACTOR NAME) (NAME OF CONTACT, TITLE)(ADDRESS) (ADDRESS)(PHONE)(FAX)(EMAIL) | (CONTRACTOR NAME) (NAME OF CONTACT, TITLE)(ADDRESS) (ADDRESS)(PHONE)(FAX)(EMAIL) |