

**Amendment 2 to RFP 2024-RAC-01**

**04/19/2024**

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS, AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER 2024-RAC-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

**1. Section II. Scope of Work, Item 22, Page 9, Changed as follows:**

*Currently Reads as:*

Ensure the Auditor and other personnel must be readily available at Medicaid's request during regular business hours to provide justification for the denial, prepare for, and participate in any Informal Conferences and Fair Hearings. Personnel must be readily available via telephone for Informal Conferences and in person or via or teleconference for Fair Hearings. The first level of the appeal process is the Informal Review. If a provider believes a claim(s) was paid correctly as originally submitted, they may request a reevaluation by the Vendor in writing within 15 calendar days from the date of the Draft Audit Report letter. The written request must include a copy of the Itemized Claims Report notating whether they agree or disagree with each finding as well as any clarifying information and supporting documentation not previously provided along with the date(s) the documentation was created.

*Revised as:*

Ensure the Auditor and other personnel must be readily available at Medicaid's request during regular business hours to provide justification for the denial, prepare for, and participate in any Informal Conferences and Fair Hearings. ~~Personnel must be readily available via telephone for Informal Conferences and in person or via or teleconference for Fair Hearings.~~ **The Agency strongly prefers to have its witnesses in the Fair Hearing room where they can testify in-person rather than electronically. Informal Conferences and Fair Hearing preparations need not be in-person. However, approval of electronic appearance by Fair Hearing witnesses would need to be approved by the Agency.** The first level of the appeal process is the Informal Review. If a provider believes a claim(s) was paid correctly as originally submitted, they may request a reevaluation by the Vendor in writing within 15 calendar days from the date of the Draft Audit Report letter. The written request must include a copy of the Itemized Claims Report notating whether they agree or disagree with each finding as well as any clarifying information and supporting documentation not previously provided along with the date(s) the documentation was created.

I hereby acknowledge the receipt of Amendment 2 to RFP 2024-RAC-01.

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Authorized Vendor Signature

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Date

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Vendor Organization