



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 02/06/2024

* = Mandatory, information must be provided

or Procurement Director Award: ☐

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Health Care Cost Containment System (AHCCCS)

***Project Title/Description:**

Intergovernmental Agreement for AHCCCS Inmate Hospitalization

***Purpose:**

The purpose of Amendment #6 is to update the rate for AHCCCS Administrative Annual Cost Estimates for Pima County Medicaid Eligible Inmates Federal Financial Participation (FFP) program with the rates for Fiscal Year 2024. This IGA allows AHCCCS to pay claims for inpatient hospital services provided to eligible persons housed at the Pima County Adult Detention Center (PDADC). AHCCCS draws down federal matching funds for these costs, leading to substantial cost savings for eligible inpatient hospitalizations. Pima County also pays AHCCCS administrative charges for the claims AHCCCS pays on behalf of the detainees.

***Procurement Method:**

This IGA is a non-procurement contract and is not subject to procurement rules.

***Program Goals/Predicted Outcomes:**

The County and AHCCCS have agreed on an eligibility application and determination process that complies with both Federal and State regulations to adjudicate and pay claims for inpatient hospital services, the amount of general fund dollars needed to pay for inmate care is reduced.

***Public Benefit:**

By taking advantage of federal matching dollars for inpatient hospital services, the amount of general fund dollars needed to pay for inmate care is reduced.

***Metrics Available to Measure Performance:**

Quarterly program expenditure reports and weekly reports on claims paid by AHCCCS.

***Retroactive:**

Yes. This amendment was received on 12/18/2023 although the effective date of the amendment is 07/01/2023. If the amendment is not approved, the County will pay full rates as opposed to reduced rates, for inmate inpatient hospitalizations.

TO: COB 1-22-24(1)
Vers: 16
Pgs: 4

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THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount \$ _____ * ☐ Revenue Amount: \$ _____

***Funding Source(s) required:** _____

Funding from General Fund? ☒ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 20*006
Amendment No.: 6 AMS Version No.: 16
Commencement Date: 07/01/2023 New Termination Date: 09/30/2025
Prior Contract No. (Synergen/CMS): CT-OMS-16*176

☒ Expense ☐ Revenue ☐ Increase ☐ Decrease

Amount This Amendment: \$ 0.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ n/a

***Funding Source(s) required: General Funds**

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 0.00 % 100

Grant/Amendment Information (for grants acceptance and awards)

☐ Award ☐ Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Amendment Number: _____
☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

***All Funding Source(s) required:** _____

***Match funding from General Fund?** ☐ Yes ☐ No If Yes \$ _____ % _____

***Match funding from other sources?** ☐ Yes ☐ No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

Contact: Paige Knott

Department: Behavioral Health

Telephone: 724-7515

Department Director Signature: 

Date: 1-16-2024

Deputy County Administrator Signature: 

Date: 17 Jan 2024

County Administrator Signature: 

Date: 1/18/2024



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: 6	2. AGREEMENT #: YH16-0018-01 CT-BH-20*006	3. EFFECTIVE DATE OF AMENDMENT: July 1, 2023	4. PROGRAM: DFSM / DMPS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <div style="text-align: center;">Pima County 130 W. Congress S Tucson, AZ 85701</div>			
6. PURPOSE: To revise rates for SFY24.			

7. THE ABOVE REFERENCED AGREEMENT IS HEREBY AMENDED AS FOLLOWS:

- A. Pursuant to Section 4.4., AHCCCS Rights and Obligations, Subsection 4.4.1, Eligibility Decision 4.4.1.1, Attachment A, Administrative Annual Cost Estimates for Pima County, is hereby incorporated for SFY24.
- B. Pursuant to Section 4.5, County's Rights and Obligation, Subsection 4.5.2, Advance Payment for Medical Services and Administrative Costs by the County, Attachment B, Quarterly Estimate of State Match Advance Payments, is hereby incorporated for SFY24.

EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL AGREEMENT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.

Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.

IN WITNESS THEREOF, the parties have executed this Agreement:

COUNTY: Pima County

Signature: _____

Printed Name: _____

Title: Chairman, Pima County Board of Supervisors

Date: _____

Arizona Health Care Cost Containment System (AHCCCS):

DocuSigned by:

 Signature: _____
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Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chief Procurement Officer

Date: 12/15/2023

ATTEST:

Signature: _____

Printed Name: Clerk of the Board

Date

In accordance with A.R.S. § 11-952, this Agreement has been reviewed by the undersigned who has determined that this Agreement is in the appropriate form and is within the power and authority granted to COUNTY.

COUNTY Attorney

Jonathan Pinkney

In accordance with A.R.S. § 11-952, this Agreement is in the proper form and is within the power and authority granted to AHCCCS under A.R.S. §§ 36-2903 et seq. and 36-2932 et seq.

DocuSigned by:

Nicole Fries

12/14/2023

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Nicole Fries, Deputy General Counsel for
AHCCCS

AHCCCS
Administrative Annual Cost Estimates for
Pima County Medicaid Eligible Inmates FFSV Project IGA SFY24

Claims	Electronic 98%	Paper 2%	Total Fund 100%	State Share 50%	Federal Share 50%
Estimated total number of claims:					
Physician & Emergency Transport/Hospital	¹ 980	20	1,000		
DFSM Cost per Claim	² \$ 0.82	\$ 0.95			
DMPS Provider Enrollment Cost per Claim	² \$ 0.18	\$ 0.18			
ISD Cost per Claim	² \$ 2.00	\$ 2.00			
Concurrent Review	Average Cost				
Estimated cost per case	³ \$ 134.35				
Estimated number of HSAG reviews	⁴ 4				
Claims Processing costs:					
DFSM	\$802.13	\$18.93	\$821.06	\$410.53	\$410.53
DMPS Provider Enrollment	\$178.13	\$3.63	\$181.76	\$90.88	\$90.88
ISD	\$1,962.39	\$40.05	\$2,002.44	\$1,001.22	\$1,001.22
State Accounting System Charges @ \$0.2336/claim	\$228.97	\$3.95	\$232.92	\$116.46	\$116.46
Total Claims Processing Costs	\$3,171.62	\$66.56	\$3,238.18	\$1,619.09	\$1,619.09
Direct DFSM Labor for Pima Co Medicaid Inmate Claims Processin	⁵		-	\$0.00	\$0.00
Direct ISD Labor for Pima Co Medicaid Inmate Claims Processing	⁶		\$7,000.00	\$3,500.00	\$3,500.00
Concurrent Review Estimated costs:					
Cost for 4 reviews			\$537.40	\$268.70	\$268.70
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs	⁷		\$ 9,383.20	\$4,691.60	\$4,691.60
Postage @ \$.0861/claim	⁸		\$86.12	\$43.06	\$43.06
Data Center Charges @ \$.8103/claim	⁹		\$810.28	\$405.14	\$405.14
OOD @ \$.3700/claim			\$370.04	\$185.02	\$185.02
OGC @ \$.1026/claim			\$102.62	\$51.31	\$51.31
HRD @ \$.0314/claim			\$31.36	\$15.68	\$15.68
TIBCO @ \$.1416/claim			\$141.68	\$70.84	\$70.84
Indirect at 10%			\$1,092.54	\$546.27	\$546.27
Total Administrative Costs			\$ 12,017.84	\$6,008.92	\$6,008.92
DMPS Eligibility Costs					
Application Processing Costs - DMPS	¹⁰		\$1,575.00	\$787.50	\$787.50
Estimated Total Annual Costs for Program			\$24,368.42	\$12,184.21	\$12,184.21
Cost per Claim			\$23.84	\$11.92	\$11.92

¹ Actual number of claims may be higher. Number includes, original, recoupment and adjustment claims.
² Cost based on actual expenditures and actual number of claims processed
³ Average rate per contract. Actual costs will be a strict pass-through based on price negotiated on contract.
⁴ Actual number may be higher or lower depending on Pima Co Medicaid Inmate program requirements.
⁵ Based on estimates of DFSM staff time required to process the claims.
⁶ Estimate based on 10 hours at a rate of \$175 per hour. Will only be billed for actual hours incurred.
⁷ Based on estimates of DBF staff time required to monitor funding activity and process payments.
⁸ Postage based on average cost per claim times number of claims.
⁹ Data Center charges calculated based on average costs
¹⁰ DMPS Eligibility charges calculated at \$105/determination. Estimated 10 annual applications/determinations.

ATTACHMENT B

YH16-0015-01 / CT-BH-20*006 Amendment 6

AHCCCS

**Quarterly Estimate of State Match Advance Payments for Program Services
Pima County Medicaid Eligible FFSV Project IGA SFY24**

Estimate of Annual Dollar Value of Claims Paid	\$ 610,000.00
Average Federal Financial Participation Rate	79.43%
Estimate of State Match Payments for Program Services for Current Year	\$ 125,477.00
Quarterly Estimate of State Match Advance Payments for Program Services to AHCCCS	<u>\$ 31,369.25</u>