



**BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS**

Award Contract Grant

Requested Board Meeting Date: January 21, 2025

or Procurement Director Award:

* = Mandatory, information must be provided

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

The Arizona Partnership for Immunization (TAPI)

***Project Title/Description:**

Third Party Billing.

***Purpose:**

TAPI is an organization that helps Arizona health departments bill insurance for the immunizations and other services that they provide. This revenue contract allows TAPI to bill, on behalf of the Pima County Health Department (PCHD), for services provided by the PCHD clinics for clients that carry commercial or AHCCCS (Medicaid) insurance.

Amendment #3 extends the contract for another year. It is estimated that the Health Department will receive an additional \$1,100,000 for this contract year from insurance reimbursements.

***Procurement Method:**

This Revenue Contract is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

The program is designed to allow PCHD to recoup some of the expenses of running public health clinics. PCHD has implemented electronic health records but does not yet have the necessary infrastructure in place to bill for services provided at the clinics. PCHD has worked with TAPI to recover some of the cost of administering immunizations for many years. This relationship has been expanded to include billing for other services provided at the clinics when the client has insurance.

***Public Benefit:**

Recuperating funds for services provided allows PCHD to save taxpayer money without decreasing the level of services provided.

***Metrics Available to Measure Performance:**

- Number of claims submitted
- Number of claims payments received
- Dollars received by PCHD from TAPI

***Retroactive:**

Yes. Delays in getting an estimated income amount related to this service resulted in the Contract Amendment being late. If not approved, the Pima County Health Department will not be able to take advantage of this billing service that is expected to generate a significant amount of revenue in 2025.

TO: COB, 1-8-2025 (1)
VERS: 0
PGS: 2

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: HD Contract Number (i.e., 15-123): CT2400000059

Amendment No.: 03 AMS Version No.: 01

Commencement Date: 12/02/2024 New Termination Date: 12/01/2025

Prior Contract No. (Synergen/CMS): CTN-HD-22*071

Expense Revenue Increase Decrease

Amount This Amendment: \$ 1,100,000.00

Is there revenue included? Yes No If Yes \$ 1,100,000.00

*Funding Source(s) required: N/A - revenue contract

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

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: Sharon Grant

Department: Health

Telephone: 724-7842

Department Director Signature: [Signature]

Date: 1-8-25

Deputy County Administrator Signature: [Signature]

Date: 1-8-2025

County Administrator Signature: [Signature]

Date: 1-8-2025

Pima County Department of Health

Project: Third Party Billing

Contractor: The Arizona Partnership for Immunization (TAPI)

Contract No.: CT2400000059; formerly CTN-HD-2200000000000000071

Contract Amendment No.: 03

Orig. Contract Term: 12/02/2021 - 12/01/2022	Orig. Amount:	\$ 600,000.00
Termination Date Prior Amendment: 12/01/2024	Prior Amendments Amount:	\$2,525,000.00
Termination Date This Amendment: 12/01/2025	This Amendment Amount:	\$1,100,000.00
	Revised Total Amount:	\$4,225,000.00

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. Background and Purpose

1.1. Background. On December 2, 2021, County and Contractor entered into the above referenced agreement to provide third party billing.

1.2. Purpose. County requires to extend this Contract for an additional year and add estimated revenue for the extension period.

2. **Term.** The County is exercising the third extension option to renew the contract for one additional year commencing on December 2, 2024, and terminating on December 1, 2025. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

3. **Estimated Revenue Amount.** Revenue to the County is an estimate and not a guaranteed do not exceed amount. The estimated amount of revenue under this Contract, as set forth in Section 5, is increased by \$1,100,000.00. County's total revenue under this Contract is estimated at \$4,225,000.00.

4. **Heat Injury and Illness Prevention and Safety Plan.** Pursuant to Pima County Procurement Code 11.40.030, Contractor hereby warrants that if Contractor's employees perform work in an outdoor environment under this Contract, Contractor will keep on file a written Heat Injury and Illness Prevention and Safety Plan. At County's request, Contractor will provide a copy of this plan and documentation of heat safety and mitigation efforts implemented by Contractor to prevent heat-related illnesses and injuries in the workplace. Contractor will post a copy of the Heat Injury and Illness Prevention and Safety Plan where it is accessible to employees. Contractor will further ensure that each subcontractor who performs any work for Contractor under this Contract complies with this provision.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

Chair, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

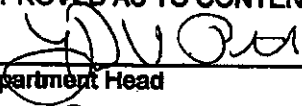
APPROVED AS TO FORM


Deputy County Attorney

Jonathan Pinkney

Print DCA Name

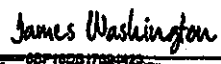
12/17/24
Date

APPROVED AS TO CONTENT


Department Head

12-17-24
Date

CONTRACTOR

Signed by:


Authorized Officer Signature
James Washington

Printed Name and Title
12/17/2024 | 12:31 PM PST

Date