

# COB - BOSAIR FORM

11/13/2025 11:01 AM (MST)

Submitted by Maria.Romero3@pima.gov



## BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

**\*All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.\***

Record Number: PO DCS CT\_20000000000000000006

**Award Type:** Contract

**Is a Board Meeting Date Requested?** Yes

**Requested Board Meeting Date:** 12/02/2025

**Signature Only:**

NO

**Procurement Director Award / Delegated Award:** • N/A

**Supplier / Customer / Grantor / Subrecipient:** Arizona Health Care Cost Containment System (AHCCCS)

**Project Title / Description:** Intergovernmental Agreement for AHCCCS Inmate Hospitalization

**Purpose:** The purpose of Amendment #8 is to update language in the agreement and the rates for AHCCCS Administrative Annual Cost Estimates for Pima County Medicaid Eligible Inmates Federal Financial Participation (FFP) program with the rates for Fiscal Year 2026 (July 1, 2025, through June 30, 2026). This IGA allows AHCCCS to pay claims for inpatient hospital services provided to eligible persons housed at the Pima County Adult Detention Center (PCADC). AHCCCS administrative charges for the claims AHCCCS pays on behalf of the detainees.

**Procurement Method:** IGAs: This IGA is a non Procurement contract and not subject to Procurement rules.

**Procurement Method Additional Info:** This IGA is a non-Procurement contract and 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 and Impact:** 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.

**Budget Pillar** • Improve the quality of life

**Support of Prosperity Initiative:** • 4. Increase Health Coverage and Reduce Medical Debt

T0: COB, 11/17/25 (1)

VERSION: 3

PAGES: 4

Submission ID: a71dbc5d-b195-48f2-95ab-c39c467b10a7 Receipt ID: 3214c724-0c50-4d30-8eed-f47fbde640f1

NOV14'25PM0410PO

**Provide information that explains how this activity supports the selected Prosperity Initiatives**

Pima County participates in a matching program with AHCCCS that reduces costs paid by Pima County for detainees requiring inpatient hospitalization. In payment of these claims, AHCCCS draws down Federal matching funds for about 2/3 of the cost of the claim, and Pima County reimburses the State for their match portion at 1/3 of the total cost. This saves Pima County 2/3 of the costs for inpatient hospitalizations.

**Metrics Available to Measure Performance:**

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

**Retroactive:**

YES

**Retroactive Description:**

Yes. This amendment was received from the State on 10/20/2025 although the effective date of the amendment is 07/01/2025. If the amendment is not approved, the County will pay full rates as opposed to reduced rates, for inmate patient hospitalizations.

**Amendment / Revised Award Information**

Record Number: PO DCS CT\_20000000000000000006

**Document Type:** PO

**Department Code:** DCS

**Contract Number:** CT\_20000000000000000006

**Amendment Number:** 08

**Commencement Date:** 07/01/2025

**Termination Date:** 06/30/2030

**Is the Termination Date new?**

YES

**Classification:** Expense

**Adjust Level:** No change

**Prior Contract Number (If Applicable):** CT-BH-20\*006

Amount This Amendment:

\$0.00

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

**Funding from General Fund?**

NO


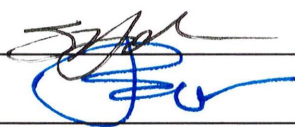
**Contract is fully or partially funded with Federal Funds?**

NO

Department: DCS  
Name: Paige Knott  
Telephone: 5207247515

Add GMI Department Signatures

No

Department Director Signature:  Date: 11.13.2025  
Deputy County Administrator Signature:  Date: 11/14/2025  
County Administrator Signature: \_\_\_\_\_ Date: 11/14/25





## INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #:  <b>8</b>	2. AGREEMENT #: <b>YH16-0018-01</b> <b>CT-BH-20*006</b>	3. EFFECTIVE DATE OF AMENDMENT:  <b>July 1, 2025</b>	4. PROGRAM:  <b>DFSM / DMPS</b>
5. CONTRACTOR/PROVIDER NAME AND ADDRESS:  <div style="text-align: center;">Pima County 130 W. Congress S Tucson, AZ 85701</div>			
6. PURPOSE: To update language in the agreement and the rates for SFY26, July 1, 2025 through June 30, 2026.			

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

A. Section 1, Definitions, subsection 1.5, AHCCCS Provider Manual, is updated as follows:

From: AHCCCS PROVIDER MANUAL: The Fee-for-Service Provider Manual promulgated by AHCCCS. The AHCCCS Provider Manual is available online at:

<http://www.azahcccs.gov/commercial/ProviderBilling/manuals/FFSProviderManual.aspx>

To: AHCCCS PROVIDER MANUAL: The Fee-for-Service Provider Manual promulgated by AHCCCS. The AHCCCS Provider Manual is available online at:

[www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/manualsforplansproviders.html](http://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/manualsforplansproviders.html)

B. 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 incorporated for SFY26 (July 1, 2025, to June 30, 2026). These rates will remain the same until otherwise updated.

C. 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 incorporated for SFY26 (July 1, 2025, to June 30, 2026). These rates will remain the same until otherwise updated.

D. Section 6, Notices, AHCCCS' contacts are updated as follows:

6.1 AHCCCS Procurement

Toni Cota, Sr. Procurement Specialist

P: 602-417-4813

E: [Anntonia.cota@azahcccs.gov](mailto:Anntonia.cota@azahcccs.gov)

AHCCCS Eligibility Determination

Patty Dennis, Assistant Director, Division of Provider and Member Services

150 N. 18<sup>th</sup> Avenue, Mail Drop 15015

Phoenix, AZ 85007

E: [patty.dennis@azahcccs.gov](mailto:patty.dennis@azahcccs.gov)

AHCCCS Claims Processing and Payment  
Lisa DeWitt, Third Party Account Manager  
Division of Fee for Service Management  
150 N. 18<sup>th</sup> Avenue, Mail Drop 15006  
Phoenix, AZ 85007  
E: [lisa.dewitt@azahcccs.gov](mailto:lisa.dewitt@azahcccs.gov)

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: A 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: Chair, Pima County Board of  
Supervisors

Date: \_\_\_\_\_

Arizona Health Care Cost Containment  
System (AHCCCS):

Signature: \_\_\_\_\_  
DocuSigned by:  
6720D03F007E4A0

Printed Name: Meggan LaPorte

Title: Chief Procurement Officer

Date: 10/20/2025

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

11/7/25

In accordance with A.R.S. § 11-952, this Agreement has been reviewed by the undersigned attorney of the agency, who has determined that the Agreement is in the proper form and is within the powers and authority granted under the laws of the State of Arizona to AHCCCS.

Signed by:

Tara Hubbard

10/20/2025

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Legal Counsel for AHCCCS

**Attachment A**  
**YH16-0018-01 / CT-BH-20\*006 Amendment 8**

**AHCCCS**  
**Administrative Annual Cost Estimates for**  
**Pima County Medicaid Eligible Inmates FFSV Project IGA SFY26**

Claims	Electronic 98%	Paper 2%	Total Fund 100%	State Share 50%	Federal Share 50%
Estimated total number of claims:					
Physician & Hospital	<sup>1</sup> 1,060	18	1,078		
DFSM Cost per Claim	<sup>2</sup> \$ 0.86	\$ 0.99			
DMPS Provider Enrollment Cost per Claim	<sup>2</sup> \$ 0.19	\$ 0.19			
ISD Cost per Claim	<sup>2</sup> \$ 2.10	\$ 2.10			
<b>Concurrent Review</b>	<b>Average Cost</b>				
Estimated cost per case	<sup>3</sup> \$ 140.75				
Estimated number of HSAG reviews	<sup>4</sup> 4				
<b>Claims Processing costs:</b>					
DFSM	\$908.92	\$17.84	\$926.77	\$463.39	\$463.39
DMPS Provider Enrollment	\$201.84	\$3.44	\$205.28	\$102.64	\$102.64
ISD	\$2,223.66	\$37.76	\$2,261.42	\$1,130.71	\$1,130.71
State Accounting System Charges @ \$0.2570/claim	\$272.42	\$4.64	\$277.06	\$138.53	\$138.53
Total Claims Processing Costs	\$3,606.85	\$63.67	\$3,670.52	\$1,835.25	\$1,835.25
Direct DFSM Labor for Pima Co Medicaid Inmate Claims Processing	<sup>5</sup>		-	\$0.00	\$0.00
Direct ISD Labor for Pima Co Medicaid Inmate State Claims Processing	<sup>6</sup>		\$7,000.00	\$3,500.00	\$3,500.00
<b>Concurrent Review Estimated costs:</b>					
Cost for 4 reviews			\$563.00	\$281.50	\$281.50
<b>Administrative Costs (see detail)</b>					
DBF Paper Processing Personnel costs	<sup>7</sup>		\$ 9,836.22	\$4,918.11	\$4,918.11
Postage @ \$.0902/claim	<sup>8</sup>		\$97.27	\$48.64	\$48.64
Data Center Charges @ \$.8489/claim	<sup>9</sup>		\$915.09	\$457.54	\$457.54
OOD @ \$.3877/claim			\$417.91	\$208.95	\$208.95
OGC @ \$.1075/claim			\$115.92	\$57.96	\$57.96
HRD @ \$.0328/claim			\$35.41	\$17.71	\$17.71
TIBCO @ \$.1484/claim			\$160.02	\$80.01	\$80.01
Indirect at 10%			\$1,157.78	\$578.89	\$578.89
Total Administrative Costs			\$ 12,735.63	\$6,367.82	\$6,367.82
<b>DMPS Eligibility Costs</b>					
Application Processing Costs - DMPS	<sup>10</sup>		\$1,100.00	\$550.00	\$550.00
<b>Estimated Total Annual Costs for Program</b>			\$25,069.15	\$12,534.58	\$12,534.58
<b>Cost per Claim</b>			\$22.73	\$11.37	\$11.37

<sup>1</sup> Actual number of claims may be higher. Number includes original, recognition, and adjustment claims.

<sup>2</sup> Cost based on actual expenditures and actual number of claims processed.

<sup>3</sup> Average rate per contract. Actual costs will be a strict pass-through based on price negotiated on contract.

<sup>4</sup> Actual number may be higher or lower depending on Pima County Medicaid Inmate program requirements.

<sup>5</sup> Based on estimates of DFSM staff time required to process the claims.

<sup>6</sup> Estimate based on 40 hours at a rate of \$175 per hour. Will only be billed for actual hours incurred.

<sup>7</sup> Based on estimates of DBF staff time required to monitor funding activity and process payments.

<sup>8</sup> Postage based on average cost per claim times number of claims.

<sup>9</sup> Data Center charges calculated based on average costs.

<sup>10</sup> DMPS Eligibility charges calculated at \$110 per submission. Estimated 10 annual applications/submissions.

**ATTACHMENT B**  
**YH16-0018-01 / CT-BH-20\*006 Amendment 8**

**AHCCCS**  
**Quarterly Estimate of State Match Advance Payments for Program Services**  
**Pima County Medicaid Eligible FFSV Project IGA SFY26**

Estimate of Annual Dollar Value of Claims Paid	\$ 671,000.00
Average Federal Financial Participation Rate	77.17%
Estimate of State Match Payments for Program Services for Current Year	\$ 153,190.00
Quarterly Estimate of State Match Advance Payments for Program Services to AHCCCS	<u>\$ 38,300.00</u>