

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?

Requested Board Meeting Date: 12/02/2025

Signature Only:

NO

Procurement Director Award / Delegated Award:

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

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

VERSION: 3

PAGES: 4

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_20000000000000000000000000000006

Document Type: PO

Department Code: DCS

Contract Number: CT_20000000000000000000000000000006

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: 11/14/2025



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #:	2. AGREEMENT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM:
8	YH16-0018-01 CT-BH-20*006	July 1, 2025	DFSM / DMPS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: Pima County 130 W. Congress S Tucson, AZ 85701			
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

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

AHCCCS Eligibility Determination

Patty Dennis, Assistant Director, Division of Provider and Member Services
 150 N. 18th Avenue, Mail Drop 15015
 Phoenix, AZ 85007
 E: patty.dennis@azahcccs.gov

AHCCCS Claims Processing and Payment
Lisa DeWitt, Third Party Account Manager
Division of Fee for Service Management
150 N. 18th Avenue, Mail Drop 15006
Phoenix, AZ 85007
E: 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):**

DocuSigned by:

Signature: _____

Megan

0720009F007E4A0

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

Signed by:

Tara Hubbard

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10/20/2025

Legal Counsel for AHCCCS

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.

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	1 1,060		18	1,078	
DFSM Cost per Claim	² \$ 0.86	\$ 0.99			
DMPS Provider Enrollment Cost per Claim	² \$ 0.19	\$ 0.19			
ISD Cost per Claim	² \$ 2.10	\$ 2.10			
Concurrent Review					
Estimated cost per case	³ \$ 140.75				
Estimated number of HSAG reviews	4				
Claims Processing costs:					
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	<u>\$272.42</u>	<u>\$4.64</u>	<u>\$277.06</u>	<u>\$138.53</u>	<u>\$138.53</u>
Total Claims Processing Costs	<u>\$3,606.85</u>	<u>\$63.67</u>	<u>\$3,670.52</u>	<u>\$1,835.25</u>	<u>\$1,835.25</u>
Direct DFSM Labor for Pima Co Medicaid Inmate Claims Processing	5			\$0.00	\$0.00
Direct ISD Labor for Pima Co Medicaid Inmate State Claims Processing	6		\$7,000.00	\$3,500.00	\$3,500.00
Concurrent Review Estimated costs:					
Cost for 4 reviews			<u>\$563.00</u>	<u>\$281.50</u>	<u>\$281.50</u>
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs	7		\$ 9,836.22	\$4,918.11	\$4,918.11
Postage @ \$.0902/claim	8		\$ 97.27	\$48.64	\$48.64
Data Center Charges @ \$.8489/claim	9		\$ 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			<u>\$ 12,735.63</u>	<u>\$6,367.82</u>	<u>\$6,367.82</u>
DMPS Eligibility Costs					
Application Processing Costs - DMPS	10		<u>\$1,100.00</u>	<u>\$550.00</u>	<u>\$550.00</u>
Estimated Total Annual Costs for Program					
Cost per Claim			<u>\$22.73</u>	<u>\$11.37</u>	<u>\$11.37</u>

1 Actual number of claims may be higher. Number includes original re-enrollment 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 static pass-through based on price negotiated on contract.

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

5 Based on estimates of DFSM staff time required to process the claims.

6 Estimate based on 40 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 \$110 per claim. Estimated 10 annual applications determined.

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>