



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 2/15/2022

\* = 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 Detainee Hospitalization.

**\*Purpose:**

The purpose of Amendment #4 is to update the rate for AHCCCS Administrative Annual Cost Estimates for Pima County Medicaid Eligible Inmates FFS project with the rates for FY2022. 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 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 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 provided to people detained at the PCADC. The County provides funds on a quarterly basis, or as needed, to AHCCCS to use as the State match for qualifying claims.

**\*Public Benefit:**

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

**\*Metrics Available to Measure Performance:**

Quarterly program expenditure reports and weekly reports (when claims have been paid) on claims paid by AHCCCS.

**\*Retroactive:**

Yes. This amendment was not received from AHCCCS until 1/11/2022 though the effective date begins 10/01/2021.

TO: COB 2-2-22 (1)  
Vers.: 7  
pgs.: 6

02-02 '22 PM12:10

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\*06

Amendment No.: 4 AMS Version No.: 7

Commencement Date: 10/01/2021 New Termination Date: 09/30/2025

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense ☐ Revenue ☐ Increase ☐ Decrease

Amount This Amendment: \$ n/a

Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_

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

Funding from General Fund? ☒ Yes ☐ No If Yes \$ \_\_\_\_\_ % 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: Molly Hilber

Department: Behavioral Health

Telephone: x47515

Department Director Signature: [Signature] Date: 1-31-2022

Deputy County Administrator Signature: [Signature] Date: 1 February 2022

County Administrator Signature: [Signature] Date: 2/1/2022



## INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: <b>4</b>	2. CONTRACT #: <b>YH16-0018-01 CT-8H-20*006</b>	3. EFFECTIVE DATE OF AMENDMENT: <b>OCTOBER 1, 2021</b>	4. PROGRAM: <b>DFSM / DMPS</b>
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <p style="text-align: center;">Pima County 130 W. Congress S Tucson, AZ 85701</p>			
6. PURPOSE: To revise rates for SFY22.			

1. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

- A. Change rates from Attachment A (SFY21) to the rates as shown in Attachment A (SFY22).
- B. Change Quarterly Estimate of State Match Advance Payments from Attachment B (SFY21) to the Estimates listed in Attachment B (SFY 22).

EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT 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

Arizona Health Care Cost Containment  
System (AHCCCS):

Signature: \_\_\_\_\_

Signature: Meggan LaPorte (Jan 10, 2022 14:57 MST)

Printed Name: \_\_\_\_\_

Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chair, Pima County Board of  
Supervisors

Title: Chief Procurement Officer

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

Date: Jan 10, 2022

ATTEST:

Signature: \_\_\_\_\_

Printed Name: Clerk of the Board

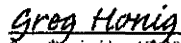
Date

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.

  
\_\_\_\_\_  
Greg Honig (Jan 10, 2022 09:44 MST)  
Legal Counsel for AHCCCS

**AHCCCS**  
**Administrative Annual Cost Estimates for**  
**Pima County Medicaid Eligible Inmates FFS Project ISA SFY22**

Claims		Electronic 95%	Paper 5%	Total Fund 100%	State Share 50%	Federal Share 50%
Estimated total number of claims:						
Physician/Hospital	1	690	40	730		
DFSM Cost per Claim	2	\$ 0.68	\$ 0.79			
OIG Provider Enrollment Cost per Claim	2	\$ 0.15	\$ 0.15			
ISD Cost per Claim	2	\$ 1.67	\$ 1.67			
<b>Concurrent Review</b>		<b>Average Cost</b>				
Estimated cost per case	3	\$ 127.95				
Estimated number of HSAG reviews	4	4				
<b>Claims Processing costs:</b>						
DFSM		\$470.64	\$31.54	\$502.18	\$251.09	\$251.09
OIG Provider Enrollment		\$104.51	\$6.05	\$110.56	\$55.28	\$55.28
ISD		\$1,151.40	\$66.76	\$1,218.16	\$609.08	\$609.08
State Accounting System Charges @ \$0.1974/claim		<u>\$136.24</u>	<u>\$7.90</u>	<u>\$144.14</u>	<u>\$72.07</u>	<u>\$72.07</u>

Total Claims Processing Costs		\$1,862.79	\$112.25	\$1,975.04	\$987.52	\$987.52
Direct DFSM Labor for Pima Co Medicaid Claims Processing	5		-	\$0.00	\$0.00	\$0.00
Direct ISD Labor for Pima Co Medicaid Claims Processing	6		\$7,000.00	\$3,500.00	\$3,500.00	\$3,500.00
<b>Concurrent Review Estimated costs:</b>						
Cost for 4 reviews				<u>\$511.80</u>	<u>\$255.90</u>	<u>\$255.90</u>
<b>Administrative Costs (see detail)</b>						
DBF Paper Processing Personnel costs	7		\$ 7,400.52	\$3,700.26	\$3,700.26	\$3,700.26
Postage @ \$.0545/claim	8		\$39.82	\$19.91	\$19.91	\$19.91
Data Center Charges @ \$.7366/claim	9		\$537.72	\$268.86	\$268.86	\$268.86
OOD @ \$.3101/claim			\$226.40	\$113.20	\$113.20	\$113.20
OALS @ \$.0860/claim			\$62.80	\$31.40	\$31.40	\$31.40
HRD @ \$.0263/claim			\$19.18	\$9.59	\$9.59	\$9.59
TIBCO @ \$.0852/claim			\$62.20	\$31.10	\$31.10	\$31.10
Indirect at 10%			<u>\$834.86</u>	<u>\$417.43</u>	<u>\$417.43</u>	<u>\$417.43</u>
Total Administrative Costs			<u>\$ 9,183.50</u>	<u>\$4,591.75</u>	<u>\$4,591.75</u>	<u>\$4,591.75</u>
<b>DMS Eligibility Costs</b>						
Application Processing Costs - DMS	10		<u>\$1,575.00</u>	<u>\$787.50</u>	<u>\$787.50</u>	<u>\$787.50</u>
<b>Estimated Total Annual Costs for Program</b>			<u>\$20,245.34</u>	<u>\$10,122.67</u>	<u>\$10,122.67</u>	<u>\$10,122.67</u>
<b>Cost per Claim</b>	11		\$27.04	\$13.52	\$13.52	\$13.52

<sup>1</sup> Actual number of claims may be higher. Number includes, original, recoupment 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 Co 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> DMS Eligibility charges calculated at \$105/determination. Estimated 15 annual applications/determinations.

<sup>11</sup> Cost per claim does not include a cost for concurrent reviews

**ATTACHMENT B**  
**YH16-0018-01 Amendment 4**

**AHCCCS**  
**Quarterly Estimate of State Match Advance Payments for Program Services**  
**Pima County Medicaid Eligible FFS Project ISA SFY22**

Estimate of Annual Dollar Value of Claims Paid	\$ 550,000.00
Average Federal Financial Participation Rate	81.56%
Estimate of State Match Payments for Program Services for Current Year	\$ 101,440.63
Quarterly Estimate of State Match Advance Payments for Program Services to AHCCCS	\$ 25,400.00