



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 12/20/2022

* = 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 Inmate Hospitalization

***Purpose:**

The purpose of Amendment #5 is to update the rate for AHCCCS Administrative Annual Cost Estimates for Pima County Medicaid Eligible Inmates FFS project with the rates for FY2023. This IGA allows AHCCCS to pay for 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:**

Each family living space will provide a private healing space for families escaping domestic violence while mitigating the spread of COVID-19 and other communicable diseases.

***Metrics Available to Measure Performance:**

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.

***Retroactive:**

Yes. Finalized signed documents were not received until 11/22/2022. The next scheduled BOS meeting date is scheduled for December 20, 2022. If the agreement is not approved, the County will have to provide detainee payments at full rates rather than reduced rates.

TO: BOS 12-1-22 (1)
VERS: 10
PGS.: 4

NOV29 22PM0359 PD

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.: 05 AMS Version No.: 10

Commencement Date: 10/01/2022 New Termination Date: 09/30/2025

Prior Contract No. (Synergen/CMS): CT-OMS-164176 R

☒ Expense ☐ Revenue ☐ Increase ☐ Decrease

Amount This Amendment: \$ n/a

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

***Funding Source(s) required:** N/A

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: Molly Hilber

Department: BH

Telephone: x47515

Department Director Signature: [Signature] Date: 11.21.2022

Deputy County Administrator Signature: [Signature] Date: 2.9.2023

County Administrator Signature: [Signature] Date: 11/29/2022



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: 5	2. AGREEMENT #: YH16-0018-01 CT-BH-20*006	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2022	4. PROGRAM: DFSM / DMPS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: Pima County 130 W. Congress S Tucson, AZ 85701			
6. PURPOSE: To revise rates for SFY23.			

7.0 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 SFY23.
- 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 SFY23.

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

**Arizona Health Care Cost Containment
System (AHCCCS):**

Signature: _____

Signature:  _____
Meggan LaPorte (Nov 16, 2022 13:31 MST)

Printed Name: _____

Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chairman, Pima County Board of
Supervisors

Title: Chief Procurement Officer

Date: _____

Date: Nov 16, 2022

ATTEST:

Signature: _____

Printed Name: Clerk of the Board

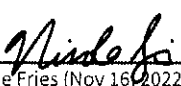
Date

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.



Nicole Fries (Nov 16, 2022 12:29 MST)

Nicole Fries, Associate General Counsel for
AHCCCS

AHCCCS
Administrative Annual Cost Estimates for
Pima County Medicaid Eligible Inmates FFSV Project IGA SFY23

Claims	Electronic 97%	Paper 3%	Total Fund 100%	State Share 50%	Federal Share 50%
Estimated total number of claims:					
Physician & Hospital	¹ 900	25	925		
DFSM Cost per Claim	² \$ 0.78	\$ 0.90			
DMPS Provider Enrollment Cost per Claim	² \$ 0.17	\$ 0.17			
ISD Cost per Claim	² \$ 1.91	\$ 1.91			
Concurrent Review					
	Average Cost				
Estimated cost per case	³ \$ 127.95				
Estimated number of HSAG reviews	⁴ 4				
Claims Processing costs:					
DFSM	\$701.57	\$22.53	\$724.10	\$362.05	\$362.05
DMPS Provider Enrollment	\$155.80	\$4.32	\$160.12	\$80.06	\$80.06
ISD	\$1,716.37	\$47.69	\$1,764.06	\$882.03	\$882.03
State Accounting System Charges @ \$0.2336/claim	\$210.28	\$4.94	\$215.22	\$107.61	\$107.61
Total Claims Processing Costs	\$2,784.02	\$79.48	\$2,863.50	\$1,431.75	\$1,431.75
Direct DFSM Labor for Pima Co Medicaid Inmate Claims Processing	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			\$511.80	\$255.90	\$255.90
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs	⁷		\$ 8,931.42	\$4,465.71	\$4,465.71
Postage @ \$.0820/claim	⁸		\$75.88	\$37.94	\$37.94
Data Center Charges @ \$.7717/claim	⁹		\$713.82	\$356.91	\$356.91
OOD @ \$.3524/claim			\$326.00	\$163.00	\$163.00
OGC @ \$.0977/claim			\$90.42	\$45.21	\$45.21
HRD @ \$.0299/claim			\$27.62	\$13.81	\$13.81
TIBCO @ \$.1349/claim			\$124.82	\$62.41	\$62.41
Indirect at 10%			\$1,029.00	\$514.50	\$514.50
Total Administrative Costs			\$ 11,318.98	\$5,659.49	\$5,659.49
DMPS Eligibility Costs					
Application Processing Costs - DMPS	¹⁰		\$1,575.00	\$787.50	\$787.50
Estimated Total Annual Costs for Program					
			\$23,269.28	\$11,634.64	\$11,634.64
Cost per Claim					
			\$24.60	\$12.30	\$12.30

- 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

YH16-0018-01 / CT-BH-20*006 Amendment 5

AHCCCS

**Quarterly Estimate of State Match Advance Payments for Program Services
Pima County Medicaid Eligible FFSV Project IGA SFY23**

Estimate of Annual Dollar Value of Claims Paid	\$	710,000.00
Average Federal Financial Participation Rate		81.39%
Estimate of State Match Payments for Program Services for Current Year	\$	132,131.00
Quarterly Estimate of State Match Advance Payments for Program Services to AHCCCS	\$	<u>33,032.75</u>