



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

Award Contract Grant

Requested Board Meeting Date: December 4, 2018

* = Mandatory, information must be provided

or Procurement Director Award

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

The Arizona Partnership for Immunization (TAPI)

***Project Title/Description:**

Third Party Billing. The revenue contract being amended may be found in eContracts by searching 17%178.

***Purpose:**

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 #2 extends the term of this agreement and adds anticipated revenue.

***Procurement Method:**

Procurement exempt - revenue

***Program Goals/Predicted Outcomes:**

The program is designed to allow PCHD to recoup some of the expenses of running public health clinics. PCHD has recently 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 where the client has insurance.

***Public Benefit:**

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

***Metrics Available to Measure Performance:**

- # of claims submitted
- # of claims payments received
- reasons for denial of claims
- \$ received by PCHD from TAPI

***Retroactive:**

Yes. The revenue estimate ended up being more than the current year, resulting in a need to go to the BOS for approval.

NOV 25 10:05 PM 2018 POC CLK OF PD
AGS

Revised 5/2018 *To: COB - 11-29-18*
975 - 2
(1) Addendum

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective 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 22-73.

Amendment / Revised Award Information

Document Type: CTN Department Code: HD Contract Number (i.e., 15-123): 19-077

Amendment No.: 02 AMS Version No.: 01

Effective Date: 12/01/2018 New Termination Date: 12/01/2019

Prior Contract No. (Synergen/CMS): 17-178

Expense or Revenue Increase Decrease Amount This Amendment: \$ 425,000.00

Is there revenue included? Yes No If Yes \$ 425,000.00 - estimate

***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): _____

Effective 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/Date: *Wendy M. Thomas* 11.19.18 1/2 11/19

Deputy County Administrator Signature/Date: *Jane* 11/20/18

County Administrator Signature/Date: *[Signature]* 11/29/18
(Required for Board Agenda/Addendum Items)

<p>Pima County Department of Health</p> <p>Project: Third Party Billing</p> <p>Contractor: The Arizona Partnership for Immunization (TAPI) 700 E. Jefferson St. Phoenix, AZ 85034</p> <p>Contract No.: CTN-HD-19-077; formerly CTN17-178</p> <p>Contract Amendment No.: 02</p>	<table border="1"> <tr> <td style="text-align: center;">CONTRACT</td> </tr> <tr> <td>NO. <u>CTN-HD-19-077</u></td> </tr> <tr> <td>AMENDMENT NO. <u>02</u></td> </tr> <tr> <td>This number must appear on all invoices, correspondence and documents pertaining to this contract.</td> </tr> </table> <p>(STAMP HERE)</p>	CONTRACT	NO. <u>CTN-HD-19-077</u>	AMENDMENT NO. <u>02</u>	This number must appear on all invoices, correspondence and documents pertaining to this contract.
CONTRACT					
NO. <u>CTN-HD-19-077</u>					
AMENDMENT NO. <u>02</u>					
This number must appear on all invoices, correspondence and documents pertaining to this contract.					

Orig. Contract Term: 12/02/2016 – 12/01/2017	Orig. Amount:	\$ 355,000
Termination Date Prior Amendment: 12/01/2018	Prior Amendments Amount:	\$ 240,000
Termination Date This Amendment: 12/01/2019	This Amendment Amount:	\$ 425,000
	Revised Total Amount:	\$1,020,000

CONTRACT AMENDMENT

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

1. Background and Purpose.

1.1. Background. On April 3, 2017, County and Contractor entered into the above referenced agreement to provide third party billing services for County provided immunizations.

1.2. Purpose. County desires to extend the term for an additional year and add estimated revenue for the extension period. County may renew this Contract for up to two (2) additional periods of up to one year each.

2. Term. The Contract terminates on December 1, 2019.

3. Compensation and Payment. Revenue to the County is an estimate and not a guaranteed or do not exceed amount. The estimated revenue under this Contract, as set forth in Section 5, is increased by \$425,000. County's total revenue under this Contract is estimated at \$1,020,000.

The effective date of this Amendment is December 1, 2018.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

PIMA COUNTY

CONTRACTOR

Chairman, Board of Supervisors

Patty B. Gast
Authorized Officer Signature

Date

PATTY D. GAST, PROGRAM MGR - BILLING & FUNDING
Printed Name and Title

11/26/18
Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

[Signature]
Deputy County Attorney

Jonathan Pinkney

Print DCA Name

11/27/18
Date

APPROVED AS TO CONTENT

[Signature]
Department Representative

27 November 2018
Date