



**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.

Revised 5/2018

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To: COB - 11-29-18  
975 - 2  
(11) Addendum

7/28/96 10:00 AM CUX-33  
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**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): 19-077Amendment No.: 02 AMS Version No.: 01Effective Date: 12/01/2018 New Termination Date: 12/01/2019Prior Contract No. (Synergen/CMS): 17-178☐ Expense or ☒ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ 425,000.00Is there revenue included? ☒ Yes ☐ No If Yes \$ 425,000.00 - estimate**\*Funding Source(s) required:** N/AFunding 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 GrantDepartment: HealthTelephone: 724-7842Department Director Signature/Date: [Signature] 11.19.18 1/2 11/18Deputy County Administrator Signature/Date: [Signature] 11/20/18County Administrator Signature/Date: [Signature] 11/29/18  
(Required for Board Agenda/Addendum Items)

<b>Pima County Department of Health</b>  <b>Project:</b> Third Party Billing  <b>Contractor:</b> The Arizona Partnership for Immunization (TAPI) 700 E. Jefferson St. Phoenix, AZ 85034  <b>Contract No.:</b> CTN-HD-19-077; formerly CTN17-178  <b>Contract Amendment No.:</b> 02	<table border="1"> <tr> <th colspan="2">CONTRACT</th> </tr> <tr> <td>NO.</td> <td><u>CTN-HD-19-077</u></td> </tr> <tr> <td>AMENDMENT NO.</td> <td><u>02</u></td> </tr> <tr> <td colspan="2">This number must appear on all invoices, correspondence and documents pertaining to this contract.</td> </tr> </table> (STAMP HERE)	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.	
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<b>Orig. Contract Term:</b>	12/02/2016 – 12/01/2017	<b>Orig. Amount:</b>	\$ 355,000
<b>Termination Date Prior Amendment:</b>	12/01/2018	<b>Prior Amendments Amount:</b>	\$ 240,000
<b>Termination Date This Amendment:</b>	12/01/2019	<b>This Amendment Amount:</b>	\$ 425,000
		<b>Revised Total Amount:</b>	\$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.

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

**PIMA COUNTY**

\_\_\_\_\_  
Chairman, Board of Supervisors

\_\_\_\_\_  
Date

**CONTRACTOR**

Patty B. Gast  
Authorized Officer Signature

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