



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 10/15/19

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Health Care Cost Containment (AHCCCS)

***Project Title/Description:**

Intergovernmental Agreement (IGA) between Pima County and AHCCCS for Tucson Medical Center (TMC) Access to Professional Services Initiative (APSI).

***Purpose:**

Through this program, eligible hospitals with qualified local match partners enter into a public / private agreement to draw down federal matching funds for enhancement of graduate medical professional programs, and expansion of access to necessary health care services in this community. In Arizona, under ARS 36-2903.01, qualifying health providers can work with local, county, and tribal governments to recoup funding for those services through these federal match programs.

***Procurement Method:**

This IGA is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

Provide matching funds to AHCCCS via the proposed Intergovernmental Agreement (IGA), to draw down return of 4:1 federal matching funds to support health care operations in the community.

***Public Benefit:**

The Access to Professional Services Initiative (APSI) program provides support to hospitals where low-income patients account for a large amount of the patient load, and comprise robust physician graduate medical education training programs. APSI is a federal matching initiative working in conjunction with state Medicaid programs to mitigate the impact of indigent care, and create opportunities for physician retention in local area hospitals.

***Metrics Available to Measure Performance:**

Timely provision of funding to meet State and Federal budget timelines.

***Retroactive:**

No.

OCT 08 19H0554PCCLKFBN

To: BOB. 10-8-19

Ver. - 1

pgs - 11

(2) Addendum

Contract / Award Information

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 20-130
Effective Date: 10-15-19 Termination Date: 06/30/2020 Prior Contract Number (Synergen/CMS): _____
☒ Expense Amount: \$* 819,400.00 ☐ Revenue Amount: \$ _____

*Funding Source(s) required: Pima County Primary Property Tax Revenues / General Fund

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 819,400.00 % 100

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

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____

Is there revenue included? ☐ Yes ☐ No If Yes \$ _____

*Funding Source(s) required:

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: April Guzman

Department: Behavioral Health Telephone: 520-724-7515

Department Director Signature/Date: [Signature] 9/26/19

Deputy County Administrator Signature/Date: [Signature] 9/27/2019

County Administrator Signature/Date: [Signature] 10/7/19
(Required for Board Agenda/Addendum Items)



MEMORANDUM

Date: October 7, 2019

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator

A handwritten signature in dark ink, appearing to read "CHH", is written over the printed name "C.H. Huckelberry".

Re: **Intergovernmental Agreement with Arizona Health Care Cost Containment System for the Access to Professional Services Initiative**

The Centers for Medicaid and Medicare Services (CMS) determine health care funding priorities and the amount of supplemental federal resources provided to hospitals in response to local or state needs. These federal matching programs provide a critical infusion of dollars for local hospitals that provide a disproportionate share of health care to low-income populations.

Since 2008, Pima County has collaborated with the State of Arizona's Medicaid agency and local hospitals to leverage this federal funding in support of initiatives such as Graduate Medical Education, Disproportionate Share Hospital Payments and Safety Net Care Pool initiatives. Hospitals use these funds to 1) offset uncompensated care; 2) augment critical services; and 3) grow resident physician training programs.

Through these federal matching programs, eligible hospitals with qualified local match partners enter into a public/private agreement to draw down these federal resources. Arizona law (ARS 36-2903.01) compels qualifying health providers like Tucson Medical Center (TMC) and Banner University Hospital to work with local, county, and tribal governments to identify resources to use as a match for this program, rather than turning to the State for this support. Pima County has entered into agreements with Arizona Health Care Cost Containment System (AHCCCS) for the federal-matching funds on behalf of three eligible local hospital partners including TMC, Banner University Hospital (and predecessor entities) and St. Mary's Hospital.

The Access to Professional Services Initiative (APSI) is the newest federal match program designed to enhance access and promote the retention of graduate medical professionals who deliver essential health services to AHCCCS beneficiaries. TMC is one of the facilities eligible for the APSI program because of its residency training program and the high proportion of Medicare, AHCCCS and uncompensated-care patients served.

If approved by the Board of Supervisors, Pima County has the opportunity to transfer resources to AHCCCS via the proposed intergovernmental agreement (IGA), to be used as part of the local match. The federal government provides support back to the hospital using

The Honorable Chairman and Members, Pima County Board of Supervisors

Re: **Intergovernmental Agreement with Arizona Health Care Cost Containment System for the Access to Professional Services Initiative**

October 7, 2019

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a matching ratio for APSI program at almost 4:1 and the proposed investment represented by the IGA (\$819,400) will yield \$3,321,000 to TMC.

This investment is more than offset by savings accrued to Pima County due to TMCs historic contributions in support of community efforts that assist low-income individuals access care, enhance enrollment with Medicaid entities (through Pima County Access Program) and provide wrap around behavioral health services to victims of sexual assault (CODAC). Historically, the Health and Behavioral Health Departments have contracted directly with service providers to support these services, at a cost of approximately \$490,000 per year. However, our continued partnership with TMC has allowed us to decrease this direct investment in community services without affecting end users of these services.

Pima County and TMC share a commitment to improve the overall health and well-being of Pima County residents. Hospitals such as TMC that serve large populations often absorb the lower reimbursement related to a disproportionate share of indigent or low-income patients. I believe that Pima County's investment, if approved, is critical in preserving a health safety net for low-income people in this community.

Recommendation

I recommend the Board approve the proposed IGAs with AHCCCS to total \$819,400 to provide matching funds that will draw down federal match payment of \$3,321,000.

CHH/lab

c: Jan Leshar, Chief Deputy County Administrator
Francisco Garcia, Deputy County Administrator
Paula Perrera, Director, Behavioral Health
Bob England, Interim Director, Health Services
Andrew Flagg, Pima County Attorney

INTERGOVERNMENTAL AGREEMENT
BETWEEN
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION

("AHCCCS")

And

PIMA COUNTY
("Public Entity")

For the Support of

Access to Professional Services Initiative

CONTRACT
NO. <u>CT-BH-20-130</u>
AMENDMENT NO. _____
This number must appear on all invoices, correspondence and documents pertaining to this contract.

WHEREAS, AHCCCS is authorized through contract to direct Medicaid managed care contractors' payments made to providers in a manner consistent with 42 C.F.R. § 438.6 expected to advance the goals and objectives of the quality strategies adopted by AHCCCS which include improving access to high-quality health care; and

WHEREAS, AHCCCS is authorized under A.R.S. § 36-2913(C)(5) to accept donations from any source, and is permitted to use funds transferred from other public entities in support of Medicaid; and

WHEREAS, the Public Entity, is authorized to enter into this Agreement pursuant to A.R.S. §§ 11-201(A)(3), 11-251(5), and 36-182; and

WHEREAS, 42 C.F.R. Part 433, Subpart B restricts States' use of federal funds, health care-related taxes, and provider-related donations as sources for the Non-Federal Share of Medicaid expenditures; and

WHEREAS, AHCCCS and the Public Entity is authorized by A.R.S. § 11-952 to enter into Intergovernmental Agreements to jointly exercise powers common to the parties or for cooperative action; and

WHEREAS, the Public Entity and AHCCCS wish to enter into this Agreement in order to permit the Public Entity to provide the Non-Federal Share payments by AHCCCS to Medicaid managed care contractors in support of the Access to Professional Services Initiative;

NOW, THEREFORE, the Public Entity and AHCCCS (collectively, the "Parties"), pursuant to the above and in consideration of the matters hereinafter set forth, do mutually agree as follows:

1. **DEFINITIONS:** Unless otherwise defined in this Agreement, all terms have the same meaning as set forth in Chapters 29 and 34 of Title 36 of the Arizona Revised Statutes, 42 C.F.R. Parts 433 and 438, or Chapter 22 of Title 9 of the Arizona Administrative Code (A.A.C.) as appropriate.

1.1. *ACGME* means the Accreditation Council for Graduate Medical Education, an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards for graduate medical education programs.

1.2. *Affiliated with a Designated Hospital* means the Qualified Practitioner is:

1.2.1. Employed by an organization owned by a Designated Hospital,

1.2.2. Employed by an organization that is owned by an organization that also owns the Designated Hospital so long as the Qualifying Practitioner is practicing at the Designated Hospital,

1.2.3. Performing services under a contract between the Qualified Practitioner (or the Qualified Practitioner's employer) and

1.2.3.1. A Designated Hospital,

- 1.2.3.2. An organization owned by the designated hospital, or
- 1.2.3.3. An organization that is owned by an organization that also owns the designated hospital,
So long as the contract requires that the Qualified Practitioner provide services exclusively to an entity listed in this section or
- 1.2.4. Performing services under a contract between the Qualified Practitioner (or the Qualified Practitioner's employer) and a Designated Hospital so long as less than 25% of the Designated Hospital's credentialed physicians are employed by the Designated Hospital or contracted to provide services exclusively at the Designated Hospital.
- 1.3. *AHCCCS Contract* means a contract between AHCCCS and a managed care entity for the services described in AHCCCS Contract Nos. YH14-0001 (AHCCCS Complete Care), YH18-0001 (Arizona Long Term Care E/PP), YH6-0014 (Arizona Long Term Care DD), YH17-001 (TXIX Regional Behavioral Health Authorities) including amendments to and extensions of those contracts.
- 1.4. *Agreement* means this document, together with any and all attachments, appendices, exhibits, schedules and future amendments as agreed to by the Parties. The term "Agreement" is synonymous with "Intergovernmental Agreement."
- 1.5. *AHCCCS* means Arizona Health Care Cost Containment System Administration, an agency of the State, which administers the Medicaid program under Title XIX of the Social Security Act in Arizona.
- 1.6. *APSI or Access to Professional Services Initiative* means the terms in the AHCCCS Contracts or in policies incorporated by reference into those contracts, that require the MCO to increase payments to Qualifying Practitioners by 85% of the rates otherwise negotiated for Qualified Professionals that have a written contract with the MCO to provide service to persons enrolled with the MCO.
- 1.7. *CFR* means Code of Federal Regulations – the official compilation of Federal rules and requirements.
- 1.8. *Contract Year* means the period from October 1, 2019 through September 30, 2020.
- 1.9. *Public Entity* means Pima County.
- 1.10. *CMS* means The Centers for Medicare and Medicaid Services, a Federal agency within the U.S. Department of Health and Human Services.
- 1.11. *Day* means A calendar day, unless specified otherwise.
- 1.12. *Designated Hospital* means a Hospital that has completed and submitted to AHCCCS a fully executed attestation as set forth in Attachment B and that meets one or more of the following criteria:
 - 1.12.1. Is a hospital facility with an ACGME-accredited teaching program and which is operated pursuant to the authority in Arizona Statutes Title 48, Chapter 31; or,
 - 1.12.2. Is a hospital facility with:
 - 1.12.2.1. An ACGME-accredited teaching program with a state university, and
 - 1.12.2.2. AHCCCS Medicaid inpatient discharge utilization volume greater than or equal to 30 percent as calculated by the Arizona Department of Health Services for calendar year 2014; or,

- 1.12.3. Is a freestanding children's hospital or a pediatric unit of a general acute care hospital with greater than one hundred (100) licensed pediatric beds, excluding nursery beds.
- 1.13. *FFP or Federal Financial Participation* means the federal monies that AHCCCS claims from CMS for the Federal share of AHCCCS expenditures for the administration of and services paid for through the Medicaid Program, Title XIX of the Social Security Act.
- 1.14. *Hospital* means a health care facility licensed in Arizona as a hospital that is registered with AHCCCS as a participating provider that employs or has a contractual agreement with Qualifying Practitioners to receive payments from AHCCCS for the professional services of the Qualifying Practitioners.
- 1.15. *MCO or Medicaid Managed Care Contractor* means an entity that has an AHCCCS Contract and meets the definition in 42 C.F.R. § 438.2.
- 1.16. *State* means the State of Arizona.
- 1.17. *State Plan* means the agreement between the State and CMS for the administration of the Medicaid program in Arizona as described in 42 C.F.R. 430.10.
- 1.18. *Non-Federal Share* means the portion of AHCCCS expenditures for the administration of and services paid for through the Medicaid Program, Title XIX of the Social Security Act, that are not FFP and which meet the requirements of 42 C.F.R. Part 433, Subpart B. The amount of the Non-Federal Share for the Contract Year has been calculated as shown in Attachment A.
- 1.19. *Qualifying Practitioner* means the following health care providers to the extent that they are registered with AHCCCS, have a written provider contract with the MCO, and render professional services covered by AHCCCS that bills for services under a Tax Identification Number that is affiliated with a Designated Hospital and identified by AHCCCS:
- 1.19.1. Physicians, including doctors of medicine and doctors of osteopathic medicine;
 - 1.19.2. Certified Registered Nurse Anesthetists;
 - 1.19.3. Certified Registered Nurse Practitioners;
 - 1.19.4. Physician Assistants;
 - 1.19.5. Certified Nurse Midwives;
 - 1.19.6. Clinical Social Workers;
 - 1.19.7. Clinical Psychologists;
 - 1.19.8. Dentists; and,
 - 1.19.9. Optometrists
 - 1.19.10. Other Providers that bill under Form Type A (Form 1500) and D (Dental)
2. The purpose of this Agreement is to set forth the procedures under which the Public Entity will, at its discretion, transfer public funds for use as the Non-federal Share of expenditures by the administration for the APSI program and payments made by AHCCCS to MCOs for the Contract Year in support of the APSI described in this Agreement. It is the intent of the

parties that the procedures herein fully comply with Federal and State laws, rules and regulations.

3. Monies transferred by the Public Entity under this Agreement may only be used by AHCCCS for the administration of the APSI program and the Non-Federal Share of payment made by AHCCCS to MCOs under the AHCCCS Contract as part of the APSI. Such payments will be made consistent with applicable Federal and State statutes, regulations, rules and the terms of the State Plan.

4. RIGHTS AND OBLIGATIONS OF THE PARTIES.

- 4.1. AHCCCS and Public Entity agree that the Non-Federal Share for the Contract Year is as shown in Attachment A. In advance of November 1, 2019:

- 4.1.1. The Public Entity shall transfer to AHCCCS one payment in accordance with Attachment A.

- 4.1.2. The Public Entity shall provide AHCCCS with an attestation from each Designated Hospital in the form set forth in Attachment B of this Agreement.

- 4.2. Subject to approval by CMS, upon receipt of funds from the Public Entity that are equal to or greater than the Non-Federal Share of the amount determined under Section 4.1, AHCCCS shall require the MCOs that are parties to the AHCCCS Contracts make APSI payments for service provided during the Contract Year to Qualified Practitioners affiliated with a Designated Hospital that provides an executed Attachment B.

- 4.3. Qualifying Practitioners will receive and retain one hundred percent (100%) of all APSI payments received, and neither the State, AHCCCS nor the Public Entity shall require, by contract or otherwise, a Designated Hospital or a Qualifying Practitioner to return any portion of the APSI payment to the State, AHCCCS, or a Funding Partner; provided, however, that this provision does not prohibit Designated Hospitals from compensating Qualifying Practitioners or from accepting a reassignment of payment permitted by 42 C.F.R. 447.10.

- 4.4. In the event of a disallowance based on the impermissibility of any of the funds transferred by the Public Entity, and after the exhaustion of any administrative appeal related to such disallowance, the Public Entity shall, within 30 days of written demand from AHCCCS, make a payment to AHCCCS equal to the amount of the disallowance and any interest incurred as a result of an appeal of the disallowance.

5. COMPLIANCE WITH ADMINISTRATIVE REQUIREMENTS FOR STATE FINANCIAL PARTICIPATION

- 5.1. Public Entity certifies that, consistent with 42 C.F.R. Part 433, Subpart B, no portion of the funds transferred to AHCCCS are derived from (1) direct or indirect provider-related donations (in cash or in kind), other than bona fide provider-related donations or (2) health care-related taxes, other than as permitted in Subpart B.
- 5.2. Public Entity certifies that, consistent with 42 C.F.R. § 433.51(c), the funds transferred to AHCCCS under this Agreement are not federal funds or are federal funds authorized by federal law to be used to match federal funds.
- 5.3. Public Entity agrees to provide AHCCCS with supporting documentation of the sources of the funds transferred pursuant to this agreement and of the bases for the Public Entity's assurance that the funds transferred comply with Sections 5.1 and 5.2.
- 5.4. If Public Entity fails to provide supporting documentation required in Section 5.3 of this Agreement such that CMS adjusts future grant awards to AHCCCS or defers or disallows any expenditures claimed by AHCCCS, then Public Entity agrees to reimburse AHCCCS immediately, upon demand by AHCCCS, in the amount of the adjustment or

disallowance that is attributable to sources that do not comply with sections 5.15.1 or 5.2 of this Agreement.

- 5.5. Public Entity certifies that the funds transferred to AHCCCS as described in this Agreement are made voluntarily and that neither the State nor AHCCCS has through statute, rule, or otherwise required the Public Entity to provide the funding.

6. GENERAL PROVISIONS.

- 6.1. Entire Agreement. This document, its attachments and appendices, including any approved subcontracts, amendments and modifications made thereto, shall constitute the entire Agreement between the Parties, and supersedes all other understandings, oral or written.
- 6.2. Exercise of Rights. Failure to exercise any right, power or privilege under this Agreement will not operate as a waiver thereof, nor will a single or partial exercise thereof preclude any other or further exercise of that or any other right, power, or privilege.
- 6.3. Contract Term. This Agreement commences when signed by both parties. Notwithstanding the facts that certain AHCCCS or Public Entity obligations under this Agreement occur after the Term hereof, the parties agree that the Term of this Agreement continues through the later of conclusion of: (1) any payment reconciliations required by federal or State law for payments made under this Agreement or (2) and audits of payments made under this Agreement as required by State or federal law and any administrative appeal of such reconciliation or audit.
- 6.4. Compliance with Laws, Rules and Regulations. AHCCCS, the Public Entity, Eligible Hospitals, and their subcontractors must comply with all applicable Federal and state laws, rules, regulations, standards and Executive Orders, without limitation to those designated within this Agreement.
 - 6.4.1. Non-Discrimination. The parties shall not discriminate against any employee, client or any other individual in any way because of that person's age, race, creed, color, religion, sex, disability or national origin in the course of carrying out their duties pursuant to this Agreement. The Parties shall comply with the provisions of Arizona Executive Order 2009-09, incorporated into this Agreement by reference, as if set forth in full herein.
 - 6.4.2. ADA. The parties shall comply with all applicable provisions of the Americans with Disabilities Act (Public Law 101336, 42 U.S.C. 12101-12213) and all applicable federal regulations under the Act, including 28 CFR Parts 35 and 36.
- 6.5. Choice of Law. The laws and regulations, of the State of Arizona govern the rights of the Parties, the performance of this Agreement, and any disputes arising from the Agreement.
- 6.6. Compulsory Arbitration. Any action relating to this Agreement must be brought by arbitration to the extent required by A.R.S. § 12-1518 or in an appropriate court. Any arbitration award will be enforced in an appropriate court.
- 6.7. Amendments. This Agreement, including its term, may be modified only through a duly authorized written amendment, executed with the same formality as the Agreement.
- 6.8. Notice. Any notice required by the terms of the Agreement and any questions regarding the duties and obligations of this contract shall be directed to:
 - 6.8.1. For AHCCCS:

Meggan LaPorte, CPPO, MSW
Chief Procurement Officer

AHCCCS
701 E. Jefferson, MD 5700
Phoenix, AZ 85034
Phone: 602-417-4538
Email: Meggan.Harley@azahcccs.gov

6.8.2. For the Public Entity:

Francisco García, MD, MPH
Deputy County Administrator and Chief Medical Officer
130 W. Congress St.
Tucson, AZ 85701
Phone: 520-724-7733
Email: Francisco.Garcia@pima.gov

- 6.8.3. Notwithstanding section 6.8 of this Agreement, AHCCCS and the Public Entity will give notice by regular mail or any other means reasonably anticipated to provide actual notice to the other party of any change of the address, telephone number, name of the authorized signatory or designee; or name and/or address of the person to whom notices are to be sent.

6.9. Termination.

- 6.9.1. AHCCCS may terminate this Agreement if the APSI program is terminated for any reason including the withdrawal of CMS approval of the APSI program, a determination that funds provided or payments made under this Agreement do not comply with this Agreement, or a change in federal or state law.

- 6.9.2. Pursuant to A.R.S. § 38-511, either party to this Agreement may terminate this Agreement without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Agreement is or becomes at any time while the Agreement or an extension of the Agreement is in effect an employee of or a consultant to any other party to this Agreement with respect to the subject matter of the Agreement. The cancellation will be effective when AHCCCS or the Public Entity receives written notice of the cancellation unless the notice specifies a later time.

- 6.10. Records. The Parties, including Eligible Hospitals, agree to retain all financial books, records, and other documents and will contractually require each subcontractor to retain all data and other records relating to the acquisition and performance of the Agreement for a period of five (5) years after the completion of the Agreement. All records are subject to inspection and audit by the Parties at reasonable times. Upon request, the Parties will produce a legible copy of any or all such records.

- 6.11. Severability. The provisions of this Agreement are severable. If any provision of this Agreement is held by a court to be invalid or unenforceable, the remaining provisions continue to be valid and enforceable to the full extent permitted by law.

- 6.12. Indemnification. Each party (as Indemnitor) agrees to indemnify, defend and hold harmless the other party (as Indemnitee) from and against any and all claims, losses, liability, costs or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as "claims") arising out of this Agreement, but only to the extent that such claims result in vicarious/derivative liability to the Indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the Indemnitor, its officers, officials, agents, employees, or volunteers.

- 6.13. No Third Party Beneficiaries. Nothing in the provisions of this Agreement is intended to (1) create duties or obligations to or rights in Eligible Hospitals or any other persons or entities not parties to this Agreement or (2) effect the legal liability of either party to the Agreement with respect to Eligible Hospitals or any other persons or entities not parties to this Agreement.

6.14. No Joint Venture. Nothing in this Agreement is intended to create a joint venture between or among the Parties, including the Eligible Hospitals, and it will not be so construed. Neither AHCCCS' nor the Public Entity's employees will be considered officers, agents or employees of the other or be entitled to receive any employment related fringe benefits from the other.

NOW THEREFORE, AHCCCS and the Public Entity agree to abide by the terms and conditions set forth in this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date and year specified below.

Pima County

Public Entity ("Public Entity")

Arizona Health Care Cost Containment
System
("AHCCCS")

By: Richard Elias, Chairman, Board of
Supervisors

By: Meggan LaPorte, Chief Procurement
Officer

Date: _____

Date: _____

In accordance with A.R.S. § 11-952, undersigned counsel have determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona, including but not limited to A.R.S. §§ 36-2903 et seq.



Counsel for Public Entity

ANDREW FLAGG

Date: 10/3/2019

Counsel for AHCCCS

Date: _____

ATTACHMENT A

To The Intergovernmental Agreement
Between
The Arizona Health Care Cost Containment System Administration
And
Pima County

Pursuant to the Agreement, the Public Entity has agreed to transfer public funds from the source(s) and in the amount(s) specified below as the Non-Federal Share of expenditures in support of the APSI for the Contract Year ending September 30, 2020:

Payment Date	Source	Amount
November 1, 2019	Pima County General Fund (Local Property Tax Revenue)	\$819,400.00

ATTACHMENT B

On behalf of Tucson Medical Center, I hereby attest to the following under penalty of perjury as true and correct to the best of my knowledge:

1. For purposes of this attestation, the following terms have the following meanings:
 - a. *ACGME* means the Accreditation Council for Graduate Medical Education, an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards for graduate medical education programs.
 - b. *APSI or Access to Professional Services Initiative* means the terms in the AHCCCS AHCCCS Contract, or in policies incorporated by reference into those contracts, that require the MCO to increase payments to Qualifying Practitioners by 85% of the rates otherwise negotiated for Qualified Professionals that have a written contract with the MCO to provide service to persons enrolled with the MCO.
 - c. *CFR* means Code of Federal Regulations – the official compilation of Federal rules and requirements.
 - d. *Contract Year* means the period from October 1st of the year through September 30th of the following year beginning October 1, 2019, and, subject to annual approval by CMS, ending September 30, 2023.
 - e. *CMS* means The Centers for Medicare and Medicaid Services, a Federal agency within the U.S. Department of Health and Human Services.
 - f. *Designated Hospital* means a Hospital that has completed and submitted to AHCCCS a fully executed attestation and that meets one or more of the following criteria:
 - i. Is a hospital facility with an ACGME-accredited teaching program and which is operated pursuant to the authority in Arizona Statutes Title 48, Chapter 31; or,
 - ii. Is a hospital facility with:
 1. An ACGME-accredited teaching program with a state university, and
 2. AHCCCS Medicaid inpatient discharge utilization volume greater than or equal to 30 percent as calculated by the Arizona Department of Health Services for calendar year 2014; or,
 - iii. Is a freestanding children's hospital or a pediatric unit of a general acute care hospital with greater than one hundred (100) licensed pediatric beds, excluding nursery beds.
1. *Entity related to the Hospital or Qualifying Practitioner* means:
 - a. An organization, association, corporation, or partnership formed by or on behalf of the health care provider;
 - b. An individual with an ownership or control interest in the health care provider, as defined in 42 USC 1320a-3(a)(3);
 - c. An employee, spouse, parent, child, or sibling of the health care provider, or of a person with an ownership or control interest in the Hospital, as defined in 42 USC 1320a-3(a)(3); or

- d. A supplier of health care items or services or a supplier to the health care provider.
- g. *FFP or Federal Financial Participation* means the federal monies that AHCCCS claims from CMS for the Federal share of AHCCCS expenditures for the administration of and services paid for through the Medicaid Program, Title XIX of the Social Security Act.
- h. *Public Entity* means collectively the public entities providing funds to AHCCCS to be used as the Non-Federal Share of a claim by AHCCCS for FFP associated with the APSI.
- i. *Hospital* means a health care facility licensed in Arizona as a hospital that is registered with AHCCCS as a participating provider that employs or has a contractual agreement with Qualifying Practitioners to receive payments from AHCCCS for the professional services of the Qualifying Practitioners.
- j. *MCO or Medicaid Managed Care Contractor* means an entity that has a contract with AHCCCS and that meets the definition in 42 C.F.R. § 438.2.
- k. *Non-Federal Share* means the portion of AHCCCS expenditures for the administration of and services paid for through the Medicaid Program, Title XIX of the Social Security Act, that are not FFP and which meet the requirements of 42 C.F.R. Part 433, Subpart B.
- l. *Qualifying Practitioner* means the following health care providers to the extent that they are registered with AHCCCS, and render professional services covered by AHCCCS that that bills for services under a Tax Identification Number that is affiliated with one of the Designated Hospitals and identified by AHCCCS:
 - i. Physicians, including doctors of medicine and doctors of osteopathic medicine;
 - ii. Certified Registered Nurse Anesthetists;
 - iii. Certified Registered Nurse Practitioners;
 - iv. Physician Assistants;
 - v. Certified Nurse Midwives;
 - vi. Clinical Social Workers;
 - vii. Clinical Psychologists;
 - viii. Dentists;
 - ix. Optometrists, and
 - x. Other Providers that bill under Form Type A (Form 1500) and D (Dental).
- 2. No formal or informal agreements exist between the Hospital, or any Entity Related to the Hospital, and any Funding Partner for the direct or indirect return to any Funding Partner of any portion of payments made by any MCO to Qualifying Practitioners that bills for services under a Tax Identification Number that is affiliated with a Designated Hospital.
- 3. To the best of my knowledge, no formal or informal agreements exist between any Qualifying Practitioners affiliated with the Hospital, or any Entity Related to any such Qualifying Practitioner, and any Funding Partner for the direct or indirect return to any Funding Partner of any portion of payments made by any MCO to Qualifying Practitioners as part of the APSI.

4. No formal or informal agreement exists between (1) the Hospital or any Entity Related to the Hospital and (2) any other Designated Hospital, any Entity Related to a Designated Hospital, any Qualifying Practitioners affiliated with any Designated Hospital, and any Entity Related to a Qualifying Practitioner for the direct or indirect return to any Funding Partner of any portion of payments made by any MCO to any Qualifying Practitioners as part of the APSI.
5. No formal or informal agreement exists between (1) the Hospital, any Qualifying Practitioners affiliated with the Hospital, and any Entity Related to the Hospital or Qualifying Practitioner, and (2) any other Designated Hospital, any Qualifying Practitioners affiliated with the Hospital, and any Entity Related to the Hospital or Qualifying Practitioner for the return to any Funding Partner of any portion of payments made by any MCO to any Qualifying Practitioners as part of the APSI.
6. Neither the Hospital nor any Entity Related to the Hospital has made any direct or indirect donations (in cash or in kind) to any Funding Partner in excess of the limitations in 42 CFR Part 433, Subpart B.
7. To the best of my knowledge, neither any Qualifying Practitioner that bills for services under a Tax Identification Number that is affiliated with a Designated Hospitals or any Entity Related to such Qualifying Practitioners has made any direct or indirect donations (in cash or in kind) to any Funding Partner in excess of the limitations in 42 CFR Part 433, Subpart B.
8. The Hospital accepts that completion of this attestation is a condition of the Hospital's participation in APSI. The Hospital shall inform AHCCCS immediately if the Hospital enters into an agreement described in this attestation or makes any donation to any Funding Partner in excess of the limitations in 42 CFR Part 433, Subpart B associated with payments under APSI.
9. The Hospital agrees to indemnify AHCCCS for any disallowance imposed by CMS that are the result of the submission of inaccurate or false statements in this attestation or the failure to inform AHCCCS of any changes in the facts attested to herein.
10. The undersigned attests that they have personal knowledge of the matters attested to herein and has the legal authority to bind the Hospital to the terms herein.

Dated:

10/04/2019

By:

Tim Hartin

Print Name: Tim Hartin

Title: Senior Vice President and Chief Legal Officer