



BOARD OF SUPERVISORS AGENDA ITEM REPORT

CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 12/17/2019

* = 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. This IGA and amendments can be found in OnBase by searching Contracts, 20*006 in Doc_ID_AMS.

***Purpose:**

The purpose of Amendment #2 is to update the rate from the FY2018 AHCCCS Administrative Annual Cost Estimates for Pima County Medicaid Eligible Inmates FFS project, with the new rates from FY2020 (Attachment A). This includes an update to the AHCCCS Quarterly Estimate of State Match Advance Payments for Program Services Pima County Medicaid Eligible FFS Project (Attachment B). This IGA allows AHCCCS to pay claims for inpatient hospital services provided to eligible inmates of the Pima County Adult Detention Center (PCADC). In payment of these claims, AHCCCS draws down Federal matching funds (approx. 2/3) and Pima County reimburses the State for their match portion (1/3), saving Pima County 2/3 of the cost of eligible inpatient hospitalizations. Pima County also pays AHCCCS administrative charges for the claims that they pay for Pima County inmates.

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

The County and AHCCCS will agree upon 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 inmates. The County will provide 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 inmate medical expenses 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 11/05/2019, though it has an effective date of 10/01/2019.

To: COB 11-26-19
Ver. - 2
pgs - 4

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 22-10.

Amendment / Revised Award Information

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 20*006
Amendment No.: 2 AMS Version No.: 2
Effective Date: 10/01/2019 New Termination Date: 09/30/2020
Prior Contract No. (Synergen/CMS): 16*176
☒ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ 0.00

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

***Funding Source(s) required:** N/A - no additional funds with this amendment.

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

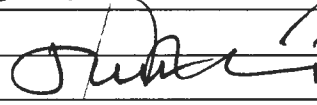
Telephone: 520-724-7515

Department Director Signature/Date: 

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: _____

(Required for Board Agenda/Addendum Items)

 25 Nov 19
11/28/2019

INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: 2	2. CONTRACT #: YH16-0018-01 CT-OMS-16-176 CT-BH-20*006	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2019	4. PROGRAM: DFSM / DMS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <p align="center">Pima County 130 W. Congress S Tucson, AZ 85701</p>			
6. PURPOSE: To revise rates.			

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

- A. Change rates from Attachment A (SFY18) to the rates as shown in Attachment A (SFY20).
- B. Change Quarterly Estimate of State Match Advance Payments from Attachment B (SFY18) to the Estimates listed in Attachment B (SFY 20).

2. 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:

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

Signature: _____

Signature: _____ 

Printed Name: Richard Elias

Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chairman, Pima County Board of
Supervisors

Title: Chief Procurement Officer

Date: _____

Date: _____ 10/31/19

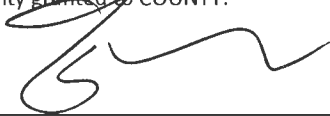
ATTEST:

Signature: _____

Printed Name: Julie Castaneda, Clerk of the Board

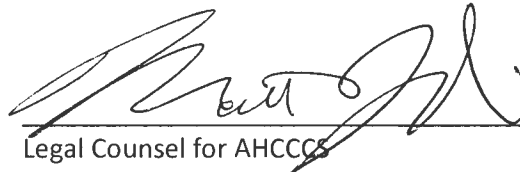
Date _____

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

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.



Legal Counsel for AHCCCS

AHCCCS
Administrative Annual Cost Estimates for
Pima County Medicaid Eligible Inmates FFS Project IGA SFY20

YH16-0018-01
CT-OMS-16-176
Attachment A
Amendment 2

Claims		Electronic 82%	Paper 18%	Total Fund 100%	State Share 50%	Federal Share 50%
Estimated total number of claims:						
Physician & Emergency Transport/Hospital	¹	535	115	650		
DFSM Cost per Claim	²	\$ 0.62	\$ 0.71			
OIG Provider Enrollment Cost per Claim	²	\$ 0.14	\$ 0.14			
ISD Cost per Claim	²	\$ 1.51	\$ 1.51			
Concurrent Review		Average Cost				
Estimated cost per case	³	\$ 121.86				
Estimated number of HSAG reviews	⁴	5				
Claims Processing costs:						
DFSM		\$331.00	\$82.22	\$413.22	\$206.61	\$206.61
OIG Provider Enrollment		\$73.50	\$15.80	\$89.30	\$44.65	\$44.65
ISD		\$809.75	\$174.05	\$983.80	\$491.90	\$491.90
State Accounting System Charges @ \$0.1723/claim		\$92.20	\$19.82	\$112.02	\$56.01	\$56.01
Total Claims Processing Costs		\$1,306.45	\$291.89	\$1,598.34	\$799.17	\$799.17
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
Concurrent Review Estimated costs:						
Cost for 5 reviews				\$609.30	\$304.65	\$304.65
Administrative Costs (see detail)						
DBF Paper Processing Personnel costs	⁷			\$ 7,457.52	\$3,728.76	\$3,728.76
Postage @ \$.0410/claim	⁸			\$26.66	\$13.33	\$13.33
Data Center Charges @ \$.7366/claim	⁹			\$478.80	\$239.40	\$239.40
OOD @ \$.2819/claim				\$183.26	\$91.63	\$91.63
OALS @ \$.0782/claim				\$50.84	\$25.42	\$25.42
HRD @ \$.0239/claim				\$15.52	\$7.76	\$7.76
TIBCO @ \$.2866/claim				\$186.26	\$93.13	\$93.13
Indirect at 10%				\$839.90	\$419.95	\$419.95
Total Administrative Costs				\$ 9,238.76	\$ 4,619.38	\$ 4,619.38
DMS Eligibility Costs						
Application Processing Costs - DMS	¹⁰			\$2,000.00	\$1,000.00	\$1,000.00
Estimated Total Annual Costs for Program				\$20,446.38	\$10,223.19	\$10,223.19
Cost per Claim	¹¹			\$30.52	\$15.26	\$15.26

¹ Actual number of claims may be higher. Number includes, original, recoupment and adjustment claims.
² Cost based on actual SFY18 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 40 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 SFY18 costs
¹⁰ DMS Eligibility charges calculated at \$100/determination. Estimated 20 annual applications/determinations.
¹¹ Cost per claim does not include a cost for concurrent review s

ATTACHMENT B

YH16-0018-01
CT-ONS-16
Amendment 2

AHCCCS

Quarterly Estimate of State Match Advance Payments for Program Services Pima County Medicaid Eligible FFS Project IGA SFY20

Estimate of Annual Dollar Value of Claims Paid	\$ 410,000.00
Average Federal Financial Participation Rate	80.01%
Estimate of State Match Payments for Program Services for Current Year	\$ 81,959.00
Quarterly Estimate of State Match Advance Payments for Program Services to AHCCCS	<u>\$ 20,490.00</u>