



## INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: <b>3</b>	2. CONTRACT #: <b>YH16-0018-13</b>	3. EFFECTIVE DATE OF AMENDMENT: <b>May 1, 2021</b>	4. PROGRAM: <b>DFSM / DMPS</b>
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <p style="text-align: center;">Cochise County 1415 Melody Lane, Building A Bisbee, AZ 85603</p>			
6. PURPOSE: To revise rates and to revise the terms of the agreement.			

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

- A. Change rates from Attachment A (SFY21) to the rates as shown in Attachment A (SFY22).
- B. Change Quarterly Estimate of State Match Advance Payments from Attachment B (SFY21) to the Estimates listed in Attachment B (SFY22).

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: Cochise**

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

Signature: \_\_\_\_\_

Signature:  \_\_\_\_\_  
Meggan LaPorte (Jan 13, 2022 11:30 MST)

Printed Name: \_\_\_\_\_

Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chairman, Cochise County Board of Supervisors

Title: Chief Procurement Officer

Date: \_\_\_\_\_

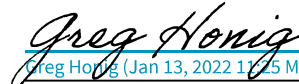
Date: Jan 13, 2022

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.

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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.

  
Greg Honig (Jan 13, 2022 11:05 MST)  
Legal Counsel for AHCCCS

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**AHCCCS**  
**Administrative Annual Cost Estimates for**  
**Cochise County Medicaid Eligible Inmates FFS Project ISA SFY22**

<b>Claims</b>	<b>Electronic</b> 83%	<b>Paper</b> 17%	<b>Total Fund</b> 100%	<b>State</b> <b>Share</b> 50%	<b>Federal</b> <b>Share</b> 50%
Estimated total number of claims:					
Physician/Hospital	1	25	5	30	
DFSM Cost per Claim	2	\$ 0.68	\$ 0.79		
OIG Provider Enrollment Cost per Claim	2	\$ 0.15	\$ 0.15		
ISD Cost per Claim	2	\$ 1.67	\$ 1.67		

<b>Concurrent Review</b>	<b>Average</b> <b>Cost</b>
Estimated cost per case	3 \$ 127.95
Estimated number of HSAG reviews	4 2

**Claims Processing costs:**

DFSM	\$17.05	\$3.95	\$21.00	\$10.50	\$10.50
OIG Provider Enrollment	\$3.79	\$0.75	\$4.54	\$2.27	\$2.27
ISD	\$41.72	\$8.34	\$50.06	\$25.03	\$25.03
State Accounting System Charges @ \$0.1974/claim	\$4.94	\$0.98	\$5.92	\$2.96	\$2.96
Total Claims Processing Costs	\$67.50	\$14.02	\$81.52	\$40.77	\$40.77

Direct DFSM Labor for Cochise Co Medicaid Claims Processing	5	-	\$0.00	\$0.00
Direct ISD Labor for Cochise Co Medicaid Claims Processing	6	\$1,750.00	\$875.00	\$875.00

**Concurrent Review Estimated costs:**

Cost for 2 reviews		\$255.90	\$127.95	\$127.95
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**Administrative Costs (see detail)**

DBF Paper Processing Personnel costs	7	\$ 7,351.98	\$3,675.99	\$3,675.99
Postage @ \$.0545/claim	8	\$1.64	\$0.82	\$0.82
Data Center Charges @ \$.7366/claim	9	\$22.10	\$11.05	\$11.05
OOD @ \$.3101/claim		\$9.30	\$4.65	\$4.65
OALS @ \$.0860/claim		\$2.58	\$1.29	\$1.29
HRD @ \$.0263/claim		\$0.80	\$0.40	\$0.40
TIBCO @ \$.0852/claim		\$2.56	\$1.28	\$1.28
Indirect at 10%		\$739.10	\$369.55	\$369.55
Total Administrative Costs		\$ 8,130.06	\$4,065.03	\$4,065.03

**DMS Eligibility Costs**

Application Processing Costs - DMS	10	\$525.00	\$262.50	\$262.50
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**Estimated Total Annual Costs for Program**

\$10,742.48	\$5,371.24	\$5,371.24
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**Cost per Claim**

11

\$349.56

\$174.78

\$174.78

- <sup>1</sup> Actual number of claims may be higher. Number includes, original, recoupment and adjustment claims.
- <sup>2</sup> Cost based on actual expenditures and actual number of claims processed
- <sup>3</sup> Average rate per contract. Actual costs will be a strict pass-through based on price negotiated on contract.
- <sup>4</sup> Actual number may be higher or lower depending on Cochise Co Medicaid Inmate program requirements.
- <sup>5</sup> Based on estimates of DFSM staff time required to process the claims.
- <sup>6</sup> Estimate based on 10 hours at a rate of \$175 per hour. Will only be billed for actual hours incurred.
- <sup>7</sup> Based on estimates of DBF staff time required to monitor funding activity and process payments.
- <sup>8</sup> Postage based on average cost per claim times number of claims.
- <sup>9</sup> Data Center charges calculated based on average costs
- <sup>10</sup> DMS Eligibility charges calculated at \$105/determination. Estimated 5 annual applications/determinations.
- <sup>11</sup> Cost per claim does not include a cost for concurrent reviews

**ATTACHMENT B**

**YH16-0018-13 Amendment 3**

**AHCCCS**

**Quarterly Estimate of State Match Advance Payments for Program Services  
Cochise County Medicaid Eligible FFS Project ISA SFY22**

Estimate of Annual Dollar Value of Claims Paid	\$	8,000.00
Average Federal Financial Participation Rate		81.56%
Estimate of State Match Payments for Program Services for Current Year	\$	1,475.50
Quarterly Estimate of State Match Advance Payments for Program Services to AHCCCS		<u>\$10,000.00</u> **

\*\* Minimum Balance of \$10,000.00 must be maintained.