



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

| | | | |
|---|---------------------------------------|--|-----------------------------------|
| 1. AMENDMENT #: 6 | 2. CONTRACT #: YH16-0018-13 | 3. EFFECTIVE DATE OF AMENDMENT: July 1, 2023 | 4. PROGRAM: DFSM / DMPS |
| 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 for SFY24. | | | |

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

- A. Pursuant to Section 4.4, AHCCCS Rights and Obligations, Subsection 4.4.1, Eligibility Decision 4.4.1.1, Attachment A, Administrative Annual Cost Estimates for Cochise County, is hereby incorporated for SFY24.
- B. Pursuant to Section 4.5, County’s Rights and Obligation, Subsection 4.5.2, Advance Payment for Medical Services and Administrative Costs by the County, Attachment B, Quarterly Estimate of State Match Advance Payments, is hereby incorporated for SFY24.

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: A portable document file (PDF) copy of this amendment shall serve as the original.

IN WITNESS THEREOF, the parties have executed this Agreement:

COUNTY: Cochise


Signature: _____

Printed Name: _____

Title: Chairman, Cochise County Board of Supervisors

Date: _____

Arizona Health Care Cost Containment System (AHCCCS):

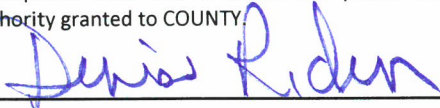
DocuSigned by: 
Signature: _____
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Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chief Procurement Officer

Date: 2/27/2024

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.

DocuSigned by:



2/27/2024

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Nicole Fries, Deputy General Counsel for
AHCCCS

ATTACHMENT A

YH16-0018-13 Cochise County Amendment 6

AHCCCS
Administrative Annual Cost Estimates for
Cochise County Medicaid Eligible Inmates FFSV Project IGA SFY24

| Claims | Electronic 83% | Paper 17% | Total Fund 100% | State Share 50% | Federal Share 50% |
|--|-------------------|---------------------|--------------------|-----------------------|-------------------------|
| Estimated total number of claims: | | | | | |
| Physician & Hospital | 1 | 25 | 5 | 30 | |
| DFSM Cost per Claim | 2 | \$ 0.82 | \$ 0.95 | | |
| DMPS Provider Enrollment Cost per Claim | 2 | \$ 0.18 | \$ 0.18 | | |
| ISD Cost per Claim | 2 | \$ 2.00 | \$ 2.00 | | |
| Concurrent Review | | | | | |
| | | Average Cost | | | |
| Estimated cost per case | 3 | \$ 134.35 | | | |
| Estimated number of HSAG reviews | 4 | 2 | | | |
| Claims Processing costs: | | | | | |
| DFSM | | \$20.46 | \$4.74 | \$25.20 | \$12.60 |
| DMPS Provider Enrollment | | \$4.54 | \$0.92 | \$5.46 | \$2.73 |
| ISD | | \$50.06 | \$10.00 | \$60.06 | \$30.03 |
| State Accounting System Charges @ \$0.2336/claim | | \$5.84 | \$1.00 | \$6.84 | \$3.42 |
| Total Claims Processing Costs | | \$80.90 | \$16.66 | \$97.56 | \$48.78 |
| Direct DFSM Labor for Cochise Co Medicaid Inmate Claims Processing | 5 | | - | \$0.00 | \$0.00 |
| Direct ISD Labor for Cochise Co Medicaid Inmate Claims Processing | 6 | | \$1,750.00 | \$875.00 | \$875.00 |
| Concurrent Review Estimated costs: | | | | | |
| Cost for 2 reviews | | | \$268.70 | \$134.35 | \$134.35 |
| Administrative Costs (see detail) | | | | | |
| DBF Paper Processing Personnel costs | 7 | | \$ 8,860.40 | \$4,430.20 | \$4,430.20 |
| Postage @ \$.0861/claim | 8 | | \$2.58 | \$1.29 | \$1.29 |
| Data Center Charges @ \$.8103/claim | 9 | | \$24.32 | \$12.16 | \$12.16 |
| OOD @ \$.3700/claim | | | \$11.10 | \$5.55 | \$5.55 |
| OGC @ \$.1026/claim | | | \$3.08 | \$1.54 | \$1.54 |
| HRD @ \$.0314/claim | | | \$0.94 | \$0.47 | \$0.47 |
| TIBCO @ \$.1416/claim | | | \$4.26 | \$2.13 | \$2.13 |
| Indirect at 10% | | | \$890.68 | \$445.34 | \$445.34 |
| Total Administrative Costs | | | \$ 9,797.36 | \$4,898.68 | \$4,898.68 |
| DMPS Eligibility Costs | | | | | |
| Application Processing Costs - DMPS | 10 | | \$525.00 | \$262.50 | \$262.50 |
| Estimated Total Annual Costs for Program | | | | | |
| | | | \$12,438.60 | \$6,219.31 | \$6,219.31 |
| Cost per Claim | | | | | |
| | | | \$405.66 | \$202.83 | \$202.83 |

¹ Actual number of claims may be higher. Number includes, original, recoupment and adjustment claims.

² Cost based on actual 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 Cochise Co Medicaid Inmate program requirements.

⁵ Based on estimates of DFSM staff time required to process the claims.

⁶ Estimate based on 10 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 costs

¹⁰ DMPS Eligibility charges calculated at \$105/determination. Estimated 5 annual applications/determinations.

ATTACHMENT B
YH16-0018-13 Cochise County Amendment 6

AHCCCS
Quarterly Estimate of State Match Advance Payments for Program Services
Cochise County Medicaid Eligible FFSV Project IGA SFY24

| | | |
|---|----|---------------------|
| Estimate of Annual Dollar Value of Claims Paid | \$ | 8,000.00 |
| Average Federal Financial Participation Rate | | 79.43% |
| Estimate of State Match Payments for Program Services for Current Year | \$ | 1,645.60 |
| 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.