



**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: <b>To revise rates and to revise the terms of the agreement.</b>			

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**

Signature: 

Printed Name: Ann English

Title: Chairman, Cochise County Board of Supervisors

Date: 1-25-2022

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

Signature:   
Megan LaPorte (Jan 13, 2022 11:30 MST)

Printed Name: Megan LaPorte, CPPO, MSW

Title: Chief Procurement Officer

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.

*Christina J. Roberts*

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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*

Greg Honig (Jan 13, 2022 17:25 MST)

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Legal Counsel for AHCCCS

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

Claims	Electronic	Paper	Total Fund	State Share	Federal Share
Estimated total number of claims:	83%	17%	100%	50%	50%
Physician/Hospital	1 25	5 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			

**Average Cost**

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

**Concurrent Review Estimated costs:**

Cost for 2 reviews		\$255.90	\$127.95	\$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	\$3,675.99
Postage @ \$.0545/claim	8	\$1.64	\$0.82	\$0.82	\$0.82
Data Center Charges @ \$.7366/claim	9	\$22.10	\$11.05	\$11.05	\$11.05
OOD @ \$.3101/claim		\$9.30	\$4.65	\$4.65	\$4.65
OALS @ \$.0860/claim		\$2.58	\$1.29	\$1.29	\$1.29
HRD @ \$.0263/claim		\$0.80	\$0.40	\$0.40	\$0.40
TIBCO @ \$.0852/claim		\$2.56	\$1.28	\$1.28	\$1.28
Indirect at 10%		\$739.10	\$369.55	\$369.55	\$369.55
Total Administrative Costs		\$ 8,130.06	\$4,065.03	\$4,065.03	\$4,065.03

**DMS Eligibility Costs**

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

		\$10,742.48	\$5,371.24	\$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.

## Reeves, Barbara L

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**From:** Thompson, Alicia  
**Sent:** Wednesday, January 26, 2022 5:04 PM  
**To:** Reeves, Barbara L  
**Subject:** FW: Amendment 3 to Intergovernmental Agreement (IGA) YH16-0018-13  
**Attachments:** IGA YH16-0018-13 Amendment 3.pdf

For the Record.

### **Alicia M. Thompson, DrPH, LMSW**

Director | Cochise County Health & Social Services  
Registrar | Cochise County  
1415 W. Melody Lane, Bldg A  
Bisbee, AZ 85603  
Office: 520-432-9468  
Cell: 520-366-7412  
Athompson@cochise.az.gov

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*"Life's better vaccinated!"*

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**From:** Kearney, Eve <EKearney@cochise.az.gov>  
**Sent:** Wednesday, January 26, 2022 4:50 PM  
**To:** Kennedy, Megan R <MKennedy@cochise.az.gov>; Thompson, Alicia <ATHompson@cochise.az.gov>  
**Subject:** Amendment 3 to Intergovernmental Agreement (IGA) YH16-0018-13

Good afternoon,

Please find attached the signed IGA Amendment 3, approved at the 1/25 BOS meeting. The original is being sent via IOM to Megan Kennedy.

Thank you, Eve

### **Eve Kearney**

Administrative Specialist  
Cochise County Board of Supervisors  
520-432-9217 direct  
520-432-5016 fax  
[ekearney@cochise.az.gov](mailto:ekearney@cochise.az.gov)

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