



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: 8	2. AGREEMENT #: YH16-0018-13	3. EFFECTIVE DATE OF AMENDMENT: July 1, 2025	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 update language in the agreement and the rates for SFY26, July 1, 2025 through June 30, 2026.			

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

A. Section 1, Definitions, subsection 1.5, AHCCCS Provider Manual, is updated as follows:

From: AHCCCS PROVIDER MANUAL: The Fee-for-Service Provider Manual promulgated by AHCCCS. The AHCCCS Provider Manual is available online at:

<http://www.azahcccs.gov/commercial/ProviderBilling/manuals/FFSProviderManual.aspx>

To: AHCCCS PROVIDER MANUAL: The Fee-for-Service Provider Manual promulgated by AHCCCS. The AHCCCS Provider Manual is available online at:

www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/manualsforplansproviders.html

B. 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 SFY26 (July 1, 2025, to June 30, 2026). These rates will remain the same until otherwise updated.

C. 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 SFY26 (July 1, 2025, to June 30, 2026). These rates will remain the same until otherwise updated.

D. Section 6, Notices, AHCCCS’ contacts are updated as follows:

6.1 AHCCCS Procurement

Toni Cota, Sr. Procurement Specialist

P: 602-417-4813

E: Anntonia.cota@azahcccs.gov

AHCCCS Eligibility Determination

Patty Dennis, Assistant Director, Division of Provider and Member Services

150 N. 18th Avenue, Mail Drop 15015

Phoenix, AZ 85007

E: patty.dennis@azahcccs.gov

AHCCCS Claims Processing and Payment
Lisa DeWitt, Third Party Account Manager
Division of Fee for Service Management
150 N. 18th Avenue, Mail Drop 15006
Phoenix, AZ 85007
E: lisa.dewitt@azahcccs.gov

EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL AGREEMENT NOTHERETOFORE 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):

Signature: _____

Printed Name: Meggan LaPorte

Title: Chief Procurement Officer

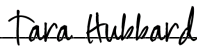
Date: 12/10/2025

DocuSigned by:

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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 has been reviewed by the undersigned attorney of the agency, who has determined that the Agreement is in the proper form and is within the powers and authority granted under the laws of the State of Arizona to AHCCCS.

Signed by: Tara Hubbard 12/9/2025

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Legal Counsel for AHCCCS

Attachment A
YH16-0018-13 Cochise County Amendment 8

AHCCCS
Administrative Annual Cost Estimates for
Cochise County Medicaid Eligible Inmates FFSV Project IGA SFY26

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	\$ 0.86	\$ 0.99		
DMPS Provider Enrollment Cost per Claim	2	\$ 0.19	\$ 0.19		
ISD Cost per Claim	2	\$ 2.10	\$ 2.10		
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Concurrent Review		Average Cost			
Estimated cost per case	3	\$ 140.75			
Estimated number of HSAG reviews	4	2			
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Claims Processing costs:					
DFSM		\$21.45	\$4.95	\$26.40	\$13.20
DMPS Provider Enrollment		\$4.75	\$0.95	\$5.70	\$2.85
ISD		\$52.44	\$10.50	\$62.94	\$31.47
State Accounting System Charges @ \$0.2570/claim		\$6.43	\$1.29	\$7.72	\$3.86
Total Claims Processing Costs		<u>\$85.07</u>	<u>\$17.69</u>	<u>\$102.76</u>	<u>\$51.38</u>
Direct DFSM Labor for Cochise Co Medicaid Inmate Claims Processing	5		-	\$0.00	\$0.00
Direct ISD Labor for Cochise Co Medicaid Inmate State Claims Processir	6		\$1,750.00	\$875.00	\$875.00
Concurrent Review Estimated costs:					
Cost for 2 reviews			<u>\$281.50</u>	<u>\$140.75</u>	<u>\$140.75</u>
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs	7		\$ 9,746.42	\$4,873.21	\$4,873.21
Postage @ \$.0902/claim	8		\$2.72	\$1.36	\$1.36
Data Center Charges @ \$.8489/claim	9		\$25.46	\$12.73	\$12.73
OOD @ \$.3877/claim			\$11.64	\$5.82	\$5.82
OGC @ \$.1075/claim			\$3.24	\$1.62	\$1.62
HRD @ \$.0328/claim			\$0.98	\$0.49	\$0.49
TIBCO @ \$.1484/claim			\$4.46	\$2.23	\$2.23
Indirect at 10%			\$979.48	\$489.74	\$489.74
Total Administrative Costs			<u>\$ 10,774.40</u>	<u>\$5,387.20</u>	<u>\$5,387.20</u>
DMPS Eligibility Costs					
Application Processing Costs - DMPS	10		<u>\$550.00</u>	<u>\$275.00</u>	<u>\$275.00</u>
Estimated Total Annual Costs for Program					
			<u>\$13,458.66</u>	<u>\$6,729.33</u>	<u>\$6,729.33</u>
Cost per Claim					
			\$439.24	\$219.62	\$219.62

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 County 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 \$110/determination. Estimated 5 annual applications/determinations.

ATTACHMENT B

YH16-0018-13 Cochise County Amendment 8

AHCCCS
Quarterly Estimate of State Match Advance Payments for Program Services
Cochise County Medicaid Eligible FFSV Project IGA SFY26

Estimate of Annual Dollar Value of Claims Paid	\$ 8,000.00
Average Federal Financial Participation Rate	77.17%
Estimate of State Match Payments for Program Services for Current Year	\$ 1,826.00
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.

Certificate Of Completion

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Source Envelope:	
Document Pages: 4	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	anntonia cota
Time Zone: (UTC-07:00) Arizona	801 E. Jefferson St.
	Phoenix, AZ 85034
	anntonia.cota@azahcccs.gov
	IP Address: 64.207.219.83


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Storage Appliance Status: Connected	Pool: Arizona Health Care Cost Containment System	Location: Docusign

Signer Events

Tara Hubbard
 tara.hubbard@azahcccs.gov
 Chief Deputy General Counsel
 AHCCCS
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 F4A77E380A9447A...
 Signature Adoption: Pre-selected Style
 Using IP Address: 98.161.157.105

Timestamp

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 Signed: 12/9/2025 2:49:13 PM

Electronic Record and Signature Disclosure:

Accepted: 6/17/2025 1:44:41 PM
 ID: 6a9c19c2-b46f-426e-b0e1-d72f87702e5c
 Company Name: Carahsoft OBO Arizona Health Care Cost Containment System

Meggan LaPorte
 Meggan.LaPorte@azahcccs.gov
 Chief Procurement Officer
 AHCCCS
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 6720D03F007E4A8...
 Signature Adoption: Uploaded Signature Image
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Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Tracey Thomas Tracey.Thomas@azahcccs.gov Procurement Mgr AHCCCS Security Level: Email, Account Authentication (None)	COPIED	Sent: 12/9/2025 7:36:09 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	12/10/2025 10:00:10 AM
Signing Complete	Security Checked	12/10/2025 10:00:24 AM
Completed	Security Checked	12/10/2025 10:00:24 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Arizona Health Care Cost Containment System (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Arizona Health Care Cost Containment System:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: anthony.flot@azahcccs.gov

To advise Arizona Health Care Cost Containment System of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at anthony.flot@azahcccs.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Arizona Health Care Cost Containment System

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to anthony.flot@azahcccs.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Arizona Health Care Cost Containment System

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to anthony.flot@azahcccs.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

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- Until or unless you notify Arizona Health Care Cost Containment System as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Arizona Health Care Cost Containment System during the course of your relationship with Arizona Health Care Cost Containment System.