

INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: 1	2. CONTRACT #: YH16-0018-13	3. EFFECTIVE DATE OF AMENDMENT: May 1, 2019	4. PROGRAM: DFSM / DMS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <div style="text-align: center; padding: 10px;"> <p>Cochise County 1415 Melody Lane, Building A Bisbee, AZ 85603</p> </div>			
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 (SFY20).
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.

SIGNATURE PAGE

IN WITNESS THEREOF, the parties have executed this Agreement:

COUNTY:

Arizona Health Care Cost Containment System (AHCCCS):

Signature: _____

Signature:  _____

Printed Name: Tom Borer

Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chairman, Cochise County Board of Supervisors

Title: Chief Procurement Officer

Date: _____

Date: 10/31/19 _____

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.

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.

COUNTY Attorney



Legal Counsel for AHCCCS

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

Attachment A
YH16-0018-13
Amendment 1

Claims	Electronic 83%	Paper 17%	Total Fund 100%	State Share 50%	Federal Share 50%
Estimated total number of claims:					
Physician & Emergency Transport/Hospital	1	25	5	30	
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	2			
Claims Processing costs:					
DFSM	\$15.47	\$3.57	\$19.04	\$9.52	\$9.52
OIG Provider Enrollment	\$3.43	\$0.69	\$4.12	\$2.06	\$2.06
ISD	\$37.84	\$7.56	\$45.40	\$22.70	\$22.70
State Accounting System Charges @ \$.1723/claim	\$4.31	\$0.85	\$5.16	\$2.58	\$2.58
Total Claims Processing Costs	\$61.05	\$12.67	\$73.72	\$36.85	\$36.85
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
Concurrent Review Estimated costs:					
Cost for 2 reviews			\$243.72	\$121.86	\$121.86
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs	7		\$ 7,408.38	\$3,704.19	\$3,704.19
Postage @ \$.0410/claim	8		\$1.22	\$0.61	\$0.61
Data Center Charges @ \$.7366/claim	9		\$22.10	\$11.05	\$11.05
OOD @ \$.2819/claim			\$8.46	\$4.23	\$4.23
OALS @ \$.0782/claim			\$2.36	\$1.18	\$1.18
HRD @ \$.0239/claim			\$0.72	\$0.36	\$0.36
TIBCO @ \$.2866/claim			\$8.60	\$4.30	\$4.30
Indirect at 10%			\$745.18	\$372.59	\$372.59
Total Administrative Costs			\$ 8,197.02	\$ 4,098.51	\$ 4,098.51
DMS Eligibility Costs					
Application Processing Costs - DMS	10		\$500.00	\$250.00	\$250.00
Estimated Total Annual Costs for Program					
			\$10,764.46	\$5,382.22	\$5,382.22
Cost per Claim					
	11		\$350.70	\$175.35	\$175.35

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 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 SFY18 costs
¹⁰ DMS Eligibility charges calculated at \$100/determination. Estimated 5 annual applications/determinations.
¹¹ Cost per claim does not include a cost for concurrent review s

ATTACHMENT B

YH16-0018-13
Amendment 1

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

Estimate of Annual Dollar Value of Claims Paid	\$ 8,000.00
Average Federal Financial Participation Rate	80.01%
Estimate of State Match Payments for Program Services for Current Year	\$ 1,599.20
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.