

INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: 2	2. CONTRACT #: YH16-0018-13	3. EFFECTIVE DATE OF AMENDMENT: May 1, 2020	4. PROGRAM: DFSM / DMS
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 (SFY19) to the rates as shown in Attachment A (SFY21).
 - B. Change Quarterly Estimate of State Match Advance Payments from Attachment B (SFY19) to the Estimates listed in Attachment B (SFY 21).

2. Pursuant to the Preamble of Agreement, this agreement is for the processing of Medicaid claims for inpatient services, defined as an admission to a medical institution, as defined in 42 C.F.R. § 435.1010, equal to or greater than 24 hours in a non-locked ward.
 - A. Add Section 7. Department Compliance with CMS Regulations.
 - 7.1 The County shall not impose requirements upon a medical institution that are inconsistent with federal regulation and guidance issued by the Centers for Medicare and Medicaid Services, including State Health Official Letter 16-007 and Survey & Certification Letter 16-21-ALL REV.
 - B. Add Section 8. Consequences of Disallowance by CMS.
 - 8.1 In the event the federal government disallows a claim by AHCCCS for federal financial participation based on the County’s failure to comply with this Agreement, the County shall, within 30 days of written demand from AHCCCS, make a payment to AHCCCS equal to the amount due to CMS as the result of the disallowance, including any interest incurred as a result of an appeal of the disallowance. AHCCCS will consult with the County regarding an administrative appeal of a disallowance; however, AHCCCS has the sole discretion on the decision whether to pursue an administrative appeal.

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: Cochise

Arizona Health Care Cost Containment System (AHCCCS):

Signature: _____

Signature: 
[Meggan LaPorte \(Dec 14, 2020 10:40 MST\)](#)

Printed Name: Ann English

Printed Name: Meggan LaPorte, CPPO, MSW

Title: Chairman, Cochise County Board of Supervisors

Title: Chief Procurement Officer

Date: _____

Date: Dec 14, 2020

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.



Matthew J. Devlin

[Matthew J. Devlin \(Dec 14, 2020 10:38 MST\)](#)

County Attorney

Legal Counsel for AHCCCS

ATTACHMENT A

YH16-0018-13

AHCCCS						
Administrative Annual Cost Estimates for						
Cochise County Medicaid Eligible Inmates FFS Project IGA SFY21						
Claims	Electronic	Paper	Total Fund	State Share	Federal Share	
	83%	17%	100%	50%	50%	
Estimated total number of claims:						
Physician & Emergency Transport/Hospital	1	25	5	30		
DFSM Cost per Claim	2	\$ 0.65	\$ 0.75			
OIG Provider Enrollment Cost per Claim	2	\$ 0.14	\$ 0.14			
ISD Cost per Claim	2	\$ 1.59	\$ 1.59			
Concurrent Review						
		Average Cost				
Estimated cost per case	3	\$ 127.95				
Estimated number of HSAG reviews	4	2				
Claims Processing costs:						
DFSM		\$16.24	\$3.76	\$20.00	\$10.00	\$10.00
OIG Provider Enrollment		\$3.61	\$0.71	\$4.32	\$2.16	\$2.16
ISD		\$39.73	\$7.95	\$47.68	\$23.84	\$23.84
State Accounting System Charges @ \$.1723/claim		\$4.31	\$0.85	\$5.16	\$2.58	\$2.58
Total Claims Processing Costs		\$63.89	\$13.27	\$77.16	\$38.58	\$38.58
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				\$255.90	\$127.95	\$127.95
Administrative Costs (see detail)						
DBF Paper Processing Personnel costs	7			\$ 7,352.00	\$3,676.00	\$3,676.00
Postage @ \$.0545/claim	8			\$1.64	\$0.82	\$0.82
Data Center Charges @ \$.7366/claim	9			\$22.10	\$11.05	\$11.05
OOD @ \$.2960/claim				\$8.88	\$4.44	\$4.44
OALS @ \$.0821/claim				\$2.46	\$1.23	\$1.23
HRD @ \$.0251/claim				\$0.74	\$0.37	\$0.37
TIBCO @ \$.3307/claim				\$9.92	\$4.96	\$4.96
Indirect at 10%				\$739.78	\$369.89	\$369.89
Total Administrative Costs				\$ 8,137.52	\$4,068.76	\$4,068.76
DMS Eligibility Costs						
Application Processing Costs - DMS	10			\$525.00	\$262.50	\$262.50
Estimated Total Annual Costs for Program				\$10,745.58	\$5,372.79	\$5,372.79
Cost per Claim				\$349.66	\$174.83	\$174.83
¹ Actual number of claims may be higher. Number includes, original, recoupment and adjustment claims. ² Cost based on actual SFY19 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 SFY19 costs ¹⁰ DMS Eligibility charges calculated at \$105/determination. Estimated 5 annual applications/determinations. ¹¹ Cost per claim does not include a cost for concurrent review s						

**ATTACHMENT B
YH16-0018-13**

AHCCCS		
Quarterly Estimate of State Match Advance Payments for Program Services		
Cochise County Medicaid Eligible FFS Project IGA SFY21		
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.		

END OF DOCUMENT