AHCCCS
Arizona Health Care Cost Containment System

INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #:	2. AGREEMENT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM:
6	**YH16-0018-09**	**July 1, 2023**	**DFSM / DMPS**

5. CONTRACTOR/PROVIDER NAME AND ADDRESS:

Pinal County
31 North Pinal Street
P.O. Box 827
Florence, AZ 85132

6. PURPOSE: To revise the rates for SFY24.

7. THE ABOVE REFERENCED AGREEMENT 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 Pinal 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 AGREEMENT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.

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

IN WITNESS THEREOF, the parties have executed this Agreement:

COUNTY: Pinal

Signature: _____

Printed Name: _____

Title: Chairman
County Board of Supervisors

Date: _____

Arizona Health Care Cost Containment System (AHCCCS):

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

Title: Chief Procurement Officer

Date: 3/27/2024

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:
Nicole Fries
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3/26/2024

Nicole Fries, Associate General Counsel for AHCCCS

Attachment A
YH16-0018-09 Amendment 6

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

Claims		Electronic	Paper	Total Fund	State Share	Federal Share
		80%	20%	100%	50%	50%
Estimated total number of claims:						
Physician & Emergency Transport/Hospital	[1]	80	20	100		
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		$65.48	$18.92	$84.40	$42.20	$42.20
DMPS Provider Enrollment		$14.54	$3.64	$18.18	$9.09	$9.09
ISD		$160.19	$40.05	$200.24	$100.12	$100.12
State Accounting System Charges @ $0.2336/claim		$18.69	$3.95	$22.64	$11.32	$11.32
Total Claims Processing Costs		$258.90	$66.56	$325.46	$162.73	$162.73
Direct DFSM Labor for Pinal Co Medicaid Inmate Claims Processin	[5]			-	$0.00	$0.00
Direct ISD Labor for Pinal 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]			$ 9,324.88	$4,662.44	$4,662.44
Postage @ $.0861/claim	[8]			$8.60	$4.30	$4.30
Data Center Charges @ $.8103/claim	[9]			$81.04	$40.52	$40.52
OOD @ $.3700/claim				$37.00	$18.50	$18.50
OGC @ $.1026/claim				$10.26	$5.13	$5.13
HRD @ $.0314/claim				$3.14	$1.57	$1.57
TIBCO @ $.1416/claim				$14.16	$7.08	$7.08
Indirect at 10%				$947.92	$473.96	$473.96
Total Administrative Costs				$ 10,427.00	$5,213.50	$5,213.50
DMPS Eligibility Costs						
Application Processing Costs - DMPS	[10]			$1,050.00	$525.00	$525.00
Estimated Total Annual Costs for Program				$13,821.16	$6,910.58	$6,910.58
Cost per Claim				$135.52	$67.76	$67.76

[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 Pinal 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 10 annual applications/determinations.

ATTACHMENT B
YH16-0018-09 Amendment 6

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

Estimate of Annual Dollar Value of Claims Paid	$	100,000.00	
Average Federal Financial Participation Rate		79.43%	
Estimate of State Match Payments for Program Services for Current Year	$	20,570.00	
Quarterly Estimate of State Match Advance Payments for Program Services to AHCCCS	$	10,000.00	**

** Minimum Balance of $10,000.00 must be maintained.