



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

1. AMENDMENT #: 7	2. AGREEMENT #: YH16-0018-09	3. EFFECTIVE DATE OF AMENDMENT: July 1, 2024	4. PROGRAM: DFSM / DMPS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <div style="text-align: center;"> Pinal County 31 North Pinal Street P.O. Box 827 Florence, AZ 85132 </div>			
6. PURPOSE: To revise the rates for SFY25.			

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

- A. 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 incorporated for SFY25.
- B. 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 incorporated for SFY253.

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: An electronic 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):**

DocuSigned by:

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Signature: _____

Printed Name: Meggan LaPorte

Title: Chief Procurement Officer

Date: 12/30/2024



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.

Signed by:

Nedie Furr

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12/30/2024

General Counsel for AHCCCS

AHCCCS
Administrative Annual Cost Estimates for
Pinal County Medicaid Eligible Inmates FFSV Project IGA SFY25

Claims	Electronic 96%	Paper 4%	Total Fund 100%	State Share 50%	Federal Share 50%
Estimated total number of claims:					
Physician & Hospital	¹ 120	5	125		
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			
Concurrent Review	Average Cost				
Estimated cost per case	³ \$ 140.75				
Estimated number of HSAG reviews	⁴ 2				
Claims Processing costs:					
DFSM	\$102.90	\$4.96	\$107.86	\$53.93	\$53.93
DMPS Provider Enrollment	\$22.85	\$0.95	\$23.80	\$11.90	\$11.90
ISD	\$251.73	\$10.49	\$262.22	\$131.11	\$131.11
State Accounting System Charges @ \$0.2570/claim	\$30.84	\$1.28	\$32.12	\$16.06	\$16.06
Total Claims Processing Costs	\$408.32	\$17.68	\$426.00	\$213.00	\$213.00
Direct DFSM Labor for Pinal Co Medicaid Inmate Claims Processing	⁵		-	\$0.00	\$0.00
Direct ISD Labor for Pinal Co Medicaid Inmate State Claims Processing	⁶		\$1,750.00	\$875.00	\$875.00
Concurrent Review Estimated costs:					
Cost for 2 reviews			\$281.50	\$140.75	\$140.75
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs	⁷		\$ 9,754.38	\$4,877.19	\$4,877.19
Postage @ \$.0902/claim	⁸		\$11.28	\$5.64	\$5.64
Data Center Charges @ \$.8489/claim	⁹		\$106.12	\$53.06	\$53.06
OOD @ \$.3877/claim			\$48.46	\$24.23	\$24.23
OGC @ \$.1075/claim			\$13.44	\$6.72	\$6.72
HRD @ \$.0328/claim			\$4.10	\$2.05	\$2.05
TIBCO @ \$.1484/claim			\$18.56	\$9.28	\$9.28
Indirect at 10%			\$995.62	\$497.81	\$497.81
Total Administrative Costs			\$ 10,951.96	\$5,475.98	\$5,475.98
DMPS Eligibility Costs					
Application Processing Costs - DMPS	¹⁰		\$1,100.00	\$550.00	\$550.00
Estimated Total Annual Costs for Program			\$14,509.46	\$7,254.72	\$7,254.72
Cost per Claim			\$113.82	\$56.91	\$56.91

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 10 annual applications/determinations.

ATTACHMENT B
YH16-0018-09 Amendment 7

AHCCCS
Quarterly Estimate of State Match Advance Payments for Program Services
Pinal County Medicaid Eligible FFSV Project IGA SFY25

Estimate of Annual Dollar Value of Claims Paid	\$	140,000.00
Average Federal Financial Participation Rate		77.45%
Estimate of State Match Payments for Program Services for Current Year	\$	31,570.00
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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anntonia cota
801 E. Jefferson St.
Phoenix, AZ 85034
anntonia.cota@azahcccs.gov
IP Address: 64.207.219.135

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Signer Events

Nicole Fries
nicole.fries@azahcccs.gov
Deputy General Counsel
Security Level: Email, Account Authentication (None)

Signature

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Accepted: 11/20/2024 9:26:57 AM
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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:

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Carbon Copy Events	Status	Timestamp
Tracey Thomas Tracey.Thomas@azahcccs.gov Procurement Manager AHCCCS Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 12/30/2024 9:09:36 AM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/30/2024 7:52:58 AM
Certified Delivered	Security Checked	12/30/2024 3:23:30 PM
Signing Complete	Security Checked	12/30/2024 3:23:34 PM
Completed	Security Checked	12/30/2024 3:23:34 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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.

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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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- 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.