

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION
DIVISION OF BUSINESS AND FINANCE
INTERGOVERNMENTAL AGREEMENT AMENDMENT**

1. AMENDMENT NUMBER: 2	2. CONTRACT NUMBER: YH08-0080-01	3. EFFECTIVE DATE OF AMENDMENT: November 25, 2010	4. PROGRAM: DMS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <p align="center">Gila County 1400 E. Ash Globe, AZ 85501</p>			
6. PURPOSE: To revise rates and extend the term of the agreement through June 30, 2014.			

7. The above referenced contract is hereby amended as stated below:
- A. Pursuant to Section 3.8.8., Page 14, Contract Term, the contract term is hereby extended through June 30, 2014.
 - B. Change rates from Page 19, Attachment A (SFY2010) to the rates as shown in Amendment #2:
Attachment A – To cover the period from 11/25/2010 through 6/30/2012.
Attachment B - To cover the period from 7/01/2012 through 6/30/2014.

8. 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.	
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	
9. GILA COUNTY	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:
TYPED NAME: <p align="center">MICHAEL A. PASTOR</p>	TYPED NAME: <p align="center"><i>Meggan Harley</i> MEGGAN HARLEY</p>
TITLE: <p align="center">CHAIRMAN, COUNTY BOARD OF SUPERVISORS</p>	TITLE: <p align="center">PROCUREMENT AND CONTRACTS MANAGER</p>
DATE:	DATE: <p align="center">MAY 24, 2013</p>
11. IN ACCORDANCE WITH STATE STATUTES, COUNTY RULES, AND BYLAWS, THIS AGREEMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAS DETERMINED THAT THIS AGREEMENT IS IN APPROPRIATE FORM AND IS WITHIN THE POWER AND AUTHORITY GRANTED TO THE COUNTY.	12. IN ACCORDANCE WITH § A.R.S. 11-952, THIS AMENDMENT IS IN PROPER FORM AND IS WITHIN THE POWER AND AUTHORITY GRANTED TO THE ADMINISTRATION UNDER § A.R.S 36-2903 ET SEQ. AND §36-2932 ET SEQ.
DATED THIS _____ DAY OF _____, 2013	DATED THIS <u>28th</u> DAY OF <u>May</u> , 2013
BY _____ DEPUTY COUNTY ATTORNEY	<i>[Signature]</i> LEGAL COUNSEL FOR THE ADMINISTRATION

AHCCCS

**Administrative Annual Cost Estimates for
Gila County Medicaid Eligible Inmates FFS Project IGA**

*To cover the period from:

11/25/2010 through 6/30/2012

Claims	Electronic 17%	Paper 83%	Total Fund 100%	County Share 50%	Federal Share 50%
Estimated total number of claims:					
Physician & Emergency Transport/Hospital	1	2	10	12	
DFSM Cost per Claim	\$ 0.73	\$ 1.32			
ISD Cost per Claim	\$ 2.01	\$ 2.03			
Concurrent Review					
		10%			
	Est. Cost	Increase	Current Cost		
Estimated cost per case	2 \$111.40	\$10.13	\$101.27		
Estimated number of HSAG reviews	3	2			
Claims Processing costs:					
DFSM	\$1.45	\$13.18	\$14.63	\$7.32	\$7.32
ISD	\$4.03	\$20.29	\$24.32	\$12.16	\$12.16
Total Claims Processing Costs	\$5.48	\$33.48	\$38.96	\$19.48	\$19.48
Direct DFSM Labor for Gila Co Claims Processing			\$0.00	\$0.00	\$0.00
Direct ISD Labor for Gila Co Claims Processing			\$1,000.00	\$500.00	\$500.00
Concurrent Review Estimated costs:					
Cost for 2 reviews			\$222.79	\$111.40	\$111.40
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs	4		\$7,501.37	\$3,750.68	\$3,750.68
Postage			\$1.08	\$0.54	\$0.54
Data Center Charges @ \$.60/claim	5		\$7.20	\$3.60	\$3.60
Indirect at 10%			\$750.14	\$375.07	\$375.07
Total DBF Administrative Costs			\$8,259.78	\$4,129.89	\$4,129.89
Total Claims Processing Costs			\$9,521.53	\$4,760.77	\$4,760.77
DMS Eligibility Costs					
Application Processing Costs - DMS	6		\$294.00	\$147.00	\$147.00
Estimated Total Annual Costs for Program			\$9,815.53	\$4,907.77	\$4,907.77
Cost per Claim	7		\$799.40	\$399.70	\$399.70

¹ Actual number of claims may be higher. Number includes original, recoupment and adjustment claims.

² Estimate based on expected 10% increase. Actual costs will be a strict pass-through based on price negotiated on new contract.

³ Actual number may be higher or lower depending on Gila Co requirements.

⁴ Postage based on average cost per claim in FY08 times number of claims.

⁵ Data Center charges calculated at \$108/hour. Estimated 180/Claims per hour.

⁶ DMS Eligibility charges calculated at \$98/determination. Estimated 3 annual application/determinations.

⁷ Cost per claim does not include a cost for concurrent reviews

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Administrative Annual Cost Estimates for
Gila County Medicaid Eligible Inmates FFS Project IGA SFY13 & SFY14

Claims	Electronic 55%	Paper 45%	Total Fund 100%	County Share 50%	Federal Share 50%
Estimated total number of claims:					
Physician & Emergency Transport/Hospital	1	11	9	20	
DFSM Cost per Claim	\$ 0.37	\$ 0.60			
OIG Cost per Claim	\$ 0.10	\$ 0.10			
ISD Cost per Claim	\$ 2.13	\$ 2.13			
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Concurrent Review		Average Cost			
Estimated cost per case	2	\$ 96.25			
Estimated number of HSAG reviews	3	2			
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Claims Processing costs:					
DFSM	\$4.07	\$5.36	\$9.44	\$4.72	\$4.72
OIG	\$1.10	\$0.90	\$2.00	\$1.00	\$1.00
ISD	\$23.38	\$19.17	\$42.56	\$21.28	\$21.28
Total Claims Processing Costs	<u>\$28.56</u>	<u>\$25.44</u>	<u>\$54.00</u>	<u>\$27.00</u>	<u>\$27.00</u>
Direct DFSM Labor for GilaCounty Claims Processing			-		
Direct ISD Labor for Gila County Claims Processing			\$1,750.00	\$875.00	\$875.00
Concurrent Review Estimated costs:					
Cost for 2 reviews			<u>\$192.50</u>	<u>\$96.25</u>	<u>\$96.25</u>
Administrative Costs (see detail)					
DBF Paper Processing Personnel costs			\$8,011.00	\$4,005.50	\$4,005.50
Postage @ \$.09/claim	4		\$1.80	\$0.90	\$0.90
Data Center Charges @ \$.31/claim	5		\$6.20	\$3.10	\$3.10
Indirect at 10%			\$801.10	\$400.55	\$400.55
Total DBF Administrative Costs			<u>\$8,820.10</u>	<u>\$4,410.05</u>	<u>\$4,410.05</u>
Total Claims Processing Costs			<u>\$10,816.60</u>	<u>\$5,408.30</u>	<u>\$5,408.30</u>
DMS Eligibility Costs					
Application Processing Costs - DMS	6		<u>\$294.00</u>	<u>\$147.00</u>	<u>\$147.00</u>
Estimated Total Annual Costs for Program					
			<u>\$11,110.60</u>	<u>\$5,555.30</u>	<u>\$5,555.30</u>
Cost per Claim					
	7		\$545.90	\$272.95	\$272.95

¹ Actual number of claims may be higher. Number includes original, recoupment and adjustment claims.

² Average rate per contract. Actual costs will be a strict pass-through based on price negotiated on new contract.

³ Actual number may be higher or lower depending on Gila County Medicaid Inmate requirements.

⁴ Postage based on average cost per claim times number of claims.

⁵ Data Center charges calculated based on average SFY11 costs ⁷ Cost per claim does not include a cost for concurrent reviews

⁶ DMS Eligibility charges calculated at \$98/determination. Estimated 3 annual applications/determinations.