



Contract Number: 18-15-D-137015-1005-07
 Effective Date: 11-1-09
 Term Date: 10-31-2010
 Cost:
 Revenue:
 Total: NTE: _____
 ACTION
 Renewal By: 8-1-2010
 Term: 10-31-2010
 Reviewed by: [Signature]

BOARD OF SUPERVISORS AGENDA ITEM SUMMARY

Requested Board Meeting Date: _____

PHS Director/Designee

ITEM SUMMARY, JUSTIFICATION &/or SPECIAL CONSIDERATIONS:

The agreement with **Devon Gables health Care Center** is for the provision of Nursing Facility Services to Pima Health System (PHS) members. The contract term date of **October 31, 2010** and reimbursement ceiling **\$41,000,000** remains unchanged. This amendment amends Payment Method. This agreement was originally procured in accordance with Board of Supervisor's Policy D29.7. Services are paid through the PHCS Enterprise Fund.

CONTRACT NUMBER (If applicable): 18-15-D-137015-1005

STAFF RECOMMENDATION(S):

It is recommended that the Board of Supervisors approve this amendment to PHS' Agreement with **Devon Gables health Care Center** for the provision of **Nursing Facility Services** to Pima Health System (PHS) members. The contract term date of **October 31, 2010** and reimbursement ceiling **\$41,000,000** remains unchanged. This amendment amends Payment Method. This agreement was originally procured in accordance with Board of Supervisor's Policy D29.7.

CORPORATE HEADQUARTERS: Tucson, AZ

This is an Official Copy of the Pima County contract executed and on file with Pima County

To: COB - 12.2.09
 Agenda 12.15.09
 (3)

CLERK OF BOARD USE ONLY: BOS MTG. _____

ITEM NO. _____

PIMA COUNTY COST: \$ 0 _____ and/or REVENUE TO PIMA COUNTY: \$ _____

FUNDING SOURCE(S): PHCS ENTERPRISE FUND
(i.e. General Fund, State Grant Fund, Federal Fund, Stadium D. Fund, etc.)

Advertised Public Hearing:

		YES	X	NO
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Board of Supervisors District:

1		2		3		4		5		All	X
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IMPACT:

IF APPROVED:

Devon Gables health Care Center will be able to continue to provide Nursing Facility Services for Pima Health System (PHS) members.

IF DENIED:

Devon Gables health Care Center will not be able to continue to provide Nursing Facility Services for Pima Health System (PHS) members.

DEPARTMENT NAME: _____ Pima Health System _____

CONTACT PERSON: _____ Rebecca Whitelow-Brown _____ TELEPHONE NO.: _____ 243-8346 _____

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PIMA COUNTY
PIMA HEALTH SYSTEM
CONTRACT AMENDMENT

1. CONTRACT AMENDMENT	2. CONTRACT NUMBER	3. EFFECTIVE DATE OF AMENDMENT	4. SERVICE
07	18-15-D-137015-1005	November 1, 2009	Nursing Facility

5. CONTRACTOR/FACILITY NAME & ADDRESS

Devon Gables Health Care Center
Heather Friebus, Administrator
6150 E. Grant Rd.
Tucson, AZ 85712

CONTRACT	
NO. <u>18-15-D-137015-1005</u>	
AMENDMENT NO. <u>07</u>	
This number must appear on all invoices, correspondence and documents pertaining to this contract.	

6. PURPOSE:

A. To amend Payment Method.

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

A. ARTICLE III - PLAN PROVISIONS, III.3 - PAYMENT METHOD, A. Encounter and Claim Submissions Is deleted in its entirety and replaced as follows:

A. **Encounter and Claim Submissions:** FACILITY must submit claims, or encounter forms individually for each Member on CMS 1500, or UB-92 form as stipulated in the PLAN Provider Manual, with all PLAN required fields completed. All Professional services must be submitted on a CMS 1500. Claims must reflect actual dates of service shown in the dates "To and From" portion of the appropriate billing form. Bills that are not in a Clean Claim format will be the responsibility of neither the PLAN nor the Member. FACILITY also agrees not to bill the Member for any Covered Services. If FACILITY provides services on a capitated basis, it must still comply with the requirement for submission of claims. PLAN agrees to pay FACILITY within thirty (30) days after Clean Claim submission. Any Clean Claim for an authorized service provided to a Member that is not paid within thirty (30) calendar days after the claim is received shall accrue interest at the rate of one percent (1%) monthly from the date the claim is received. Payment methodology for United/Evercare Medicare Advantage members is addressed separately in **Attachment D** of this Agreement.

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1. CONTRACT AMENDMENT	2. CONTRACT NUMBER	3. EFFECTIVE DATE OF AMENDMENT	4. SERVICE
07	18-15-D-137015-1005	November 1, 2009	Nursing Facility

8. ALL OTHER ELEMENTS OF THIS AGREEMENT NOT AMENDED HEREIN REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. IN WITNESS THEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

By signing this amendment, I
Heather Friebus Administrator
 (Print Name and Title)

on behalf of **Devon Gables Health Care Center** attest that this organization's applicable or necessary professional licensure and accreditation remains current and in good standing with all State and Federal Licensing and Regulatory Bodies.

PIMA COUNTY:

FACILITY:

[Signature]

Chair, Board of Supervisors

DEC 15 2009

Date

Heather Friebus

Devon Gables Health Care Center

10/31/09

Date

ATTEST:

Suzi Godoshian

Clerk of the Board

DEC 15 2009

Date

APPROVED AS TO FORM:

REVIEWED AND APPROVED BY:

Paul J. Dineen

Deputy County Attorney

10 28 09

Date

Mona Borden

Chief Deputy Director, Pima Health System

11-24-09

Date

This is an Official Contract of the Pima County Health System. This contract is a file with Pima County contract executed on 11/24/09