

REIMBURSEMENT AGREEMENT FOR OUTPATIENT CLINICS
between the
OKLAHOMA HEALTH CARE AUTHORITY
and
OKLAHOMA CITY AREA INDIAN HEALTH SERVICE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Based upon the following recitals, the Oklahoma Health Care Authority (OHCA hereafter) and _____ (PROVIDER hereafter) enter into this Agreement.

(Print IHS Facility Legal Name)

ARTICLE I. PURPOSE

The purpose of this Agreement is for OHCA and PROVIDER to establish a formal process to bill and collect from OHCA for various health-care services to be provided by the PROVIDER to eligible American Indian/Alaskan Native members in Oklahoma Medicaid programs, known as SoonerCare.

ARTICLE II. THE PARTIES

2.1 OKLAHOMA HEALTH CARE AUTHORITY

- (a) OHCA is the single state agency that the Oklahoma Legislature has designated through 63 Oklahoma Statutes § 5009(B) to administer Oklahoma’s Medicaid Program.
- (b) OHCA has authority to enter into this Agreement pursuant to 63 Okla. Stat. § 5006(A). OHCA’s Chief Executive Officer has authority to execute this Agreement on OHCA’s behalf pursuant to 63 Okla. Stat. § 5008(B).

2.2 PROVIDER

- a) PROVIDER is a facility under the Indian Health Service (IHS), an agency of the United States Department of Health and Human Services (HHS) and is authorized by the United States Congress under the Snyder Act and the Indian Health Care Improvement Act (IHCIA), 25 U.S.C. § 1601 et seq., to provide a range of health services to eligible American Indians and Alaska Natives, to the extent resources are available.
- b) PROVIDER (1) is a distinct entity that meets criteria to provide services under the Medicaid program, (2) is duly licensed and credentialed in accordance with Federal statutes and regulations, and (3) holds all Federal licenses, certifications, and permits as applicable to such facility.
- c) PROVIDER has authority to enter into this Agreement pursuant to 42 U.S.C. §1396j
- d) PROVIDER's employees acting within the scope of their employment are covered by the Federal Tort Claims Act (28 U.S.C. §§ 1346(b), 2671-2680). Nothing in this Agreement shall be interpreted to authorize or obligate any employee to operate outside the scope of his/her employment. PROVIDER shall not be required to acquire insurance or provide indemnification (25 U.S.C. §450).

2.3 ADDRESSES

The parties agree that their mailing addresses are as follows:

Oklahoma Health Care Authority
 Legal Division
 Attention: Provider Enrollment
 P.O. Box 54015
 Oklahoma City, Oklahoma 73154

	Name of FACILITY	FEIN#
	Mailing Address	
	City, State, Zip Code	

2.4 DEFINITIONS

- (a) SoonerCare means all OHCA medical benefit packages including Traditional, Choice, Insure Oklahoma/Oklahoma Employer/Employee Partnership for Insurance Coverage, SoonerPlan, and Supplemental.
- (b) **Traditional** means a comprehensive SoonerCare package that pays providers for services on a fee-for-service basis.
- (c) **FFS** means fee-for-service.
- (d) **PCP** means primary care provider.
- (e) **Choice** means a SoonerCare managed care program where members choose a PCP who is paid a case management fee.
- (f) **Insure Oklahoma/Oklahoma Employer/employee Partnership for Insurance Coverage Individual Plan (IO)** means a comprehensive SoonerCare package that requires members to share in the cost through premiums and co-payments. IO members choose a PCP who is paid a capitation rate for case management. IO reimburses all other member benefits on a FFS basis, but services not rendered by the PCP may require a referral.
- (g) **SoonerPlan** means a limited SoonerCare package of family planning benefits.
- (h) **Supplemental** means a SoonerCare plan that provides medical benefits to supplement those services covered by Medicare (sometimes called “crossover”).
- (i) **Member** means a person receiving health care benefits from a SoonerCare program.
- (j) **Practice of Medicine** means for purposes of reimbursement under this agreement the “practice of medicine and surgery” as provided in 59 OS § 492(C) and “practice of osteopathic medicine” as provided in 59 OS§ 621 or as defined in the appropriate licensure act in the state where services are rendered. **Medical services** means services included within such practice of medicine.

ARTICLE III. TERM

- 3.1 This Agreement shall be effective upon completion when: (1) it is executed by Provider; (2) all necessary documentation has been received and verified by OHCA; and (3) it has been accepted by OHCA. OHCA acceptance is complete only upon written notification to PROVIDER.
- 3.2 This Agreement shall automatically renew for additional one (1) year terms for a period of three (3) years. The final expiration date for this Agreement is March 31, 2013.
- 3.3 PROVIDER shall not assign or transfer any rights or obligations under this Agreement without OHCA's prior consent except as otherwise provided in this Agreement and applicable Addenda.

ARTICLE IV. SCOPE OF WORK

4.1 General Provisions

PROVIDER agrees:

- (a) To provide outpatient clinic services to SoonerCare members.
- (b) To abide by all applicable restrictions on the practice of health-care professions as expressed by the appropriate Federal statutes and regulations.
- (c) Consistent with IHS statutory authority, comply with all applicable Medicaid statutes, regulations, policies, and applicable promulgated rules of OHCA.
- (d) And OHCA also agrees that IHS is limited to eligibility requirements set forth in the IHCA, Federal regulations at 42 C.F.R. Part 136 (2005), and other applicable Federal law. Health services at PROVIDER are generally unavailable to persons who are not eligible IHS beneficiaries except in emergencies and under certain circumstances described in the IHCA. The parties agree that no clause, term or condition in this Agreement shall be construed in any way to change, reduce, expand, or alter the eligibility requirements for services at PROVIDER's facility.
- (e) That the state has an obligation under 42 U.S.C. §1396a(25)(A) to ascertain the legal liability of third parties who are liable for the health care expenses of recipients under the care of PROVIDER. Because of this obligation, PROVIDER agrees to assist OHCA, or its authorized agents, in determining the liability of third parties.

- (f) To maintain at all times, all applicable Federal licenses, certifications and/or registrations and shall provide services to eligible American Indian/Alaska Native SoonerCare members pursuant to professional standards during the term of this Agreement. Should PROVIDER's licenses, certifications and/or registrations be modified, suspended, revoked, or in any other way impaired, PROVIDER shall notify OHCA within thirty days of such action. In the event PROVIDER's licenses, certifications and/or registrations are modified, PROVIDER shall abide by the terms of the modification. In the event of suspension, revocation, or other action making it unlawful for PROVIDER to provide health-care services, this Agreement shall terminate immediately. A violation of this paragraph, at the time of execution or during any part of the Agreement term, shall render the Agreement immediately void.
- (g) To ensure that its employees and persons who engage in health care in its facility shall maintain all applicable state or federal licenses, certifications, and permits required for such activities during the term of this Agreement.
- (h) That provision of health-care services for purposes of this Agreement shall be limited to those services within the scope of the Oklahoma Medicaid State Plan reflected by properly promulgated rules. To the extent that health-care services are not compensable services under the SoonerCare Program, the services may be provided but shall not be compensated by OHCA. PROVIDER acknowledges that covered services may vary between SoonerCare benefit plans.
- (i) To comply and certify compliance with 42 U.S.C. §§ 1395cc(a)(1)(Q), 1395cc(f), and 1396a(w) which require Medicaid providers to provide patients with information about patients' rights to accept or refuse medical treatment. PROVIDER shall educate staff and SoonerCare members concerning advance directives. PROVIDER shall include in each patient's individual medical record documentation as to whether the patient has executed an advance directive. PROVIDER shall not discriminate on the basis of whether an individual has executed an advance directive.
- (j) To develop and enforce policies and procedures in accordance with laws regarding communicable diseases. These policies and procedures shall include universal precautions, including precautions related to Human Immunodeficiency Virus (HIV) serologically positive patients, which equal or exceed such standards established by the U.S. Occupational Safety and Health Administration.
- (k) To maintain a clinical record system
 - (i) The system shall be maintained in accordance with written policies and procedures, which shall be produced to OHCA or its agent upon request.
 - (ii) PROVIDER shall designate a professional staff member to be responsible for maintaining the records and for ensuring they are completely and accurately documented, readily accessible, and systematically organized.
 - (iii) Each patient's record shall include, as applicable and in addition to other items set forth herein, identification and social data, evidence of consent forms, pertinent medical history, assessment of patient's health status and health-care needs, brief summary of presenting episode and disposition, instructions to patient, report of physical examination, diagnostic and laboratory test results, consultative findings, all physician's orders, reports of treatments and medications, other pertinent information necessary to monitor the patient, and signatures of the physician and other health-care professionals involved in patient's care.
- (l) That PROVIDER's clinical services shall be under the medical direction of a duly licensed physician. Upon request by OHCA, PROVIDER shall state in writing its organizational policies, responsibilities, and lines of authority, including responsibilities of physicians, physician assistants, and nurse practitioners.
- (m) That services rendered under this Agreement shall be performed in an appropriate physical location, which shall include barrier-free access, adequate space for provision of direct services, proper exit signs, and a safe environment for patients.
- (n) To train staff in handling medical and non-medical emergencies to ensure patient safety.
- (o) To have a preventive maintenance program to ensure essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition.

- (p) To the extent consistent with IHS' authority, comply with OHCA rules regarding EPSDT screenings found at Oklahoma Administrative Code (OAC) 317:30-3-65 if PROVIDER provides case management services to member under the age of twenty-one (21). EPSDT screenings must contain all elements shown at OAC 317:30-3-65.2. PROVIDER shall:
 - 1. Educate families who have members under 21 about the EPSDT Program and its importance to the health of children and adolescents;
 - 2. Conduct and document EPSDT outreach to ensure that members are current with respect to the periodicity schedule;
 - 3. Conduct and document follow ups with members who have missed appointments;
- (q) And OHCA agrees that PROVIDER is not required to receive prior authorizations when referring a patient from one IHS facility to another IHS facility.

4.2 Rights and Responsibilities Related to Member Co-payments and Collections

- (a) Pursuant to 42 C.F.R. § 447.15, payments made by OHCA shall be considered payment in full for all covered services provided to a SoonerCare member. PROVIDER shall not bill a SoonerCare member for such service and shall not be relieved of this provision by electing not to bill OHCA for the service.
- (b) OHCA acknowledges that PROVIDER generally cannot charge co-payments, deductibles, and/or premiums to eligible American Indians and Alaskan Natives.

4.3 Payment

- (a) Based on the Center for Medicare and Medicaid Services (CMS) guidelines, OHCA shall reimburse PROVIDER for compensable services at the applicable Office of Management and Budget (OMB) encounter rate published each year in the Federal Register.
- (b) PROVIDER shall accept payment from OHCA by direct deposit to PROVIDER'S financial institution. OHCA shall make payment in accordance with the information supplied by PROVIDER on the attached electronic funds transfer (hereafter EFT) form. PROVIDER shall update direct deposit information as needed by sending a signed EFT form to OHCA.
- (c) Satisfaction of all claims will be from federal and state funds. Any false claims, statements, or documents, or any concealment of a material fact may be prosecuted under applicable federal laws.
- (d) Payments will be made to PROVIDER within forty-five (45) days of submission of a "clean claim" as such term is defined at 42 C.F.R. § 447.45 (b). U.S. Department of Treasury is entitled to interest in accordance with 62 O.S. § 41.4B (1991) for all payments not made within forty-five days after the clean claim has been submitted to OHCA or its claims payment agent.
- (e) PROVIDER certifies that the services for which payment is billed by or on behalf of PROVIDER were medically necessary and were rendered by PROVIDER. For purposes of this Agreement, PROVIDER agrees to use the definition of medically necessary as defined by O.A.C. 317:30-3-1(f).

4.4 Billing Procedures

- (a) PROVIDER agrees all claims shall be submitted to OHCA in a format acceptable to OHCA and in accordance with the OHCA Provider Manual.
- (b) If PROVIDER enters into a billing service agreement, PROVIDER shall be responsible for the accuracy and integrity of all claims submitted on PROVIDER's behalf by the billing service.
- (c) PROVIDER shall not use the billing service or any other entity as a factor, as defined by 42 C.F.R. § 447.10.
- (d) PROVIDER is responsible for verifying a patient's appropriate eligibility for services by contacting OHCA's Eligibility Verification System (EVS).

ARTICLE V. LAWS APPLICABLE

- 5.1** The parties to this Agreement acknowledge and expect that over the term of this Agreement, laws may change. Specifically, the parties acknowledge and expect (i) federal Medicaid statutes and regulations, (ii) applicable state

Medicaid statutes and rules, and (iii) any other laws cited in this contract may change. The parties shall be mutually bound by applicable changes.

5.2 PROVIDER shall comply with and certifies compliance with all applicable laws, subject to the eligibility restrictions disclosed above:

- (a) Age Discrimination in Employment Act, 29 U.S.C. § 621 et seq.;
- (b) Rehabilitation Act, 29 U.S.C. § 701 et seq.;
- (c) Drug-Free Workplace Act, 41 U.S.C. § 701 et seq.;
- (d) Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq.;
- (e) Civil Rights Act, 42 U.S.C. §§ 2000d et seq. and 2000e et seq.;
- (f) Age Discrimination Act, 42 U.S.C. § 6101 et seq.;
- (g) Americans with Disabilities Act, 42 U.S.C. § 12101 et seq.;
- (h) 31 U.S.C. § 1352 and 45 C.F.R. § 93.100 et seq., which (1) prohibits the use of federal funds paid under this Agreement to lobby Congress or any federal official to enhance or protect the monies paid under this Agreement and (2) requires disclosures to be made if other monies are used for such lobbying;
- (i) Presidential Executive Orders 11141, 11246 and 11375 at 5 U.S.C. § 3501 and as supplemented in Department of Labor regulations 41 C.F.R. §§ 741.1-741.84, which together require certain federal contractors and subcontractors to institute affirmative action plans to ensure absence of discrimination for employment because of race, color, religion, sex, or national origin;
- (j) Vietnam Era Veterans' Readjustment Assistance Act, Public Law 93-508, 88 Stat. 1578;
- (k) Debarment, Suspension and other Responsibility Matters, 45 C.F.R. §§76.105 and 76.110;
- (l) Antideficiency Act, 31 U.S.C. §1341;
- (m) Federal False Claims Act, 31 U.S.C. § 3729-3733.

5.3 The parties acknowledge that PROVIDER is a non-taxable entity, and as such, neither collects nor remits any type of local, state, or Federal tax.

5.4 In lieu of binding arbitration, the parties agree to meet and confer in good faith to resolve any problems or disputes that may arise with regard to performance or interpretation of any of the terms of this Agreement. This Agreement and any addenda thereto shall be governed and construed in accordance with Federal law of the United States. In the event of a conflict between the Agreement and applicable Federal Law, the parties acknowledge that Federal law will prevail and supersede the terms of such Agreement. Nothing in this Agreement shall be construed to constitute an acknowledgement that PROVIDER is governed by any state law not expressly agreed to within this Agreement.

5.5 The venue for all legal actions arising from this Agreement shall be in the United States District Court, Western District of Oklahoma.

ARTICLE VI. AUDIT AND INSPECTION

6.1 As required under 42 C.F.R. §431.107, PROVIDER shall keep such records as are necessary to disclose fully the extent of service provided to members and shall furnish records and any information for such service to OHCA, the Oklahoma Attorney General's Medicaid Fraud Control Unit (MFCU hereafter), and the U.S. Secretary of Health and Human Services (Secretary hereafter). PROVIDER agrees to keep records to disclose the services it provides for the longer of (i) six years from the date of service or (ii) as delineated in the applicable Federal retention schedule. PROVIDER shall not destroy or dispose of records, which are under audit, review or investigation, until the longer retention period above is met and PROVIDER is informed in writing by the auditing, reviewing or investigating agency that the audit, review or investigation is complete.

6.2 Authorized representatives of OHCA, MFCU, and the Secretary shall have the right to make physical inspection of PROVIDER's place of business and to examine records relating to financial statements or claims submitted by PROVIDER under this Agreement and to audit PROVIDER's financial records as provided by 42 C.F.R. § 431.107. If PROVIDER fails to submit records to OHCA or its agent within reasonable specified timeframes, all SoonerCare payments may be suspended until records are submitted.

6.3 PROVIDER agrees that OHCA and the Oklahoma State Auditor and Inspector shall have the right to examine PROVIDER's books, records, documents, accounting procedures, practices, or any other items relevant to this Agreement.

ARTICLE VII. CONFIDENTIALITY AND INFORMATION SHARING

7.1 PROVIDER and OHCA agrees that SoonerCare member information is confidential pursuant to 42 U.S.C. § 1396a(a)(7) and 42 C.F.R. § 431:300-306. PROVIDER shall not release the information governed by these Medicaid requirements to any entity or person without proper authorization.

7.2 PROVIDER and OHCA agrees to comply with the provisions of the Federal Privacy Act of 1974, 5 U.S.C. §552a, 45 C.F.R. Part 5b; Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; and the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160-164, as well as all regulations promulgated pursuant to such laws.

7.3 PROVIDER shall have written policies and procedures governing the use and removal of patient records from PROVIDERS facility. The patient's written consent shall be required for release of information not authorized by law, which such consent shall not be required for state and federal Medicaid personnel working with records of Medicaid members. All data, reports, research, and records generated, collected, or prepared by IHS shall be deemed owned by IHS.

7.4 The parties shall notify each other when fraud or abuse by a participating provider is suspected or discovered, or when a participating provider has been excluded from participation for Medicare or Medicaid.

ARTICLE VIII. TERMINATION

8.1 This Agreement may be terminated by two methods; (i) either party may terminate this Agreement with or without cause at any time upon a thirty day written notice to the other party; or (ii) OHCA may terminate the Agreement immediately to protect the health and safety of Medicaid recipients or upon evidence of fraud.

8.2 In the event funding of the Medicaid Program from the State, Federal or other sources is withdrawn, reduced, or limited in any way after the effective date of this Agreement and prior to the anticipated Agreement expiration date, this Agreement may be terminated immediately by OHCA.

8.3 In the event of termination, PROVIDER shall provide a copy of any records or other assistance necessary for an orderly transition of Medicaid patients' health care.

ARTICLE IX. OTHER PROVISIONS

9.1 The representations made in this memorialization of the Agreement constitute the sole basis of the parties' contractual relationship. No oral representation by either party relating to services covered by this Agreement shall be binding on either party. Any amendment to this Agreement shall be in writing and signed by both parties, except those matters addressed in Article 2.3.

9.2 Attachments to this Agreement which are made part of the Agreement and incorporated by reference are (i) PROVIDER's Affidavit, (ii) Electronic Funds Transfer Authorization, and (iii) Provider Application Form.

9.3 If any provision of this Agreement is determined to be invalid for any reason, such invalidity shall not affect any other provision, and the invalid provision shall be wholly disregarded.

9.4 Titles and subheadings used in this Agreement are provided solely for the reader's convenience and shall not be used to interpret any provision of this Agreement.

9.5 OHCA does not create and PROVIDER does not obtain any license by virtue of this Agreement. OHCA does not guarantee PROVIDER will receive any customers, and PROVIDER does not obtain any property right or interest in any Medicaid recipient business by this Agreement.

9.6 Participation as a SoonerCare Traditional Provider

_____ By initialing here, PROVIDER agrees to provide SoonerCare Traditional (FFS) services.

9.7 **Participation as a Choice Primary Care Provider** (NOTE: Initialing this section will result in PROVIDER being assigned a panel of Choice members for primary care.)

_____ By initialing here, PROVIDER agrees to serve as a Choice PCP as defined in the Choice Program Addendum to this Agreement. Addendum 1 for Choice Primary Care Providers is made part of this Agreement and incorporated by reference.

9.8 Participation as an IO Primary Care Provider (NOTE: Initialing this section will result in PROVIDER being assigned a panel of IO members for primary care.)

_____ By initialing here, PROVIDER agrees to serve as a IO PCP as defined in the IO Program Addendum to this Agreement. Addendum II for IO Primary Care Providers is made part of this Agreement and incorporated by reference.

ARTICLE X. NON-COLLUSION

10.1 No employee of the PROVIDER has paid, given, or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value either directly or indirectly, in order to enter into this Agreement.

10.2 No person who has been involved in any manner in the development of this Agreement while employed by the State of Oklahoma shall be employed to fulfill any of the services provided for under said Agreement.

Signature of Authorized Representative

Signature of Authorized OCAIHS Representative

Authorized signatory Name & Title

Area Director OCAIHS

Date

Name & Title of OCAIHS Representative

**SOONERCARE PROVIDER APPLICATION
FOR AI/AN TRIBES**

- Application must be typed or printed in black ink. **All information must be completed or marked "N/A".**
- When completing this application, keep in mind the questions pertain to the organization named in the agreement.
- If you have any questions regarding this application, please contact Provider Enrollment at (800)522-0114, option 5 or locally at (405)522-6205, option 5.

OKLAHOMA MEDICAID INFORMATION	
SECTION I	<p>Are you currently or have you ever been enrolled in the Oklahoma Medicaid Program? <input type="checkbox"/> Yes, I am currently enrolled. <input type="checkbox"/> Yes, I was in the past. Go to Section II. <input type="checkbox"/> No. Go to Section II.</p> <p>Current Provider ID _____ (<i>Medicaid Legacy Number - OMB provider number</i>) If currently enrolled, please check one of the following:</p> <p><input type="checkbox"/> Change of ownership. Change Effective Date _____ Current Provider ID _____</p> <p><input type="checkbox"/> Additional service location. Effective Date _____ Current Provider ID(s) _____ <i>(If the first 9 digits are the same, only list once.)</i></p> <p><input type="checkbox"/> Other _____ Effective Date _____ Provider ID _____</p>
PROVIDER INFORMATION	
SECTION II	<p><input type="checkbox"/> IHS - Indian Health Service <input type="checkbox"/> Tribally Owned & Operated Facility</p> <hr/> <p>DBA (<i>Doing Business As</i>) Name _____ NPI (<i>National Provider Identifier</i>) _____</p> <p>First DOS (<i>Date of Service</i>) _____ Medicare Number _____ Medicare Certification Date _____</p> <p>License Number _____ Original Issue Date _____ DEA Number _____</p> <p>Are you enrolled in the Vaccine for Children (VFC) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No VFC # _____</p>
ADDRESS INFORMATION	
SECTION III	<p>Service Location Address (<i>PO Box is not acceptable</i>) _____ Pay To (<i>If different from Mailing on Section 2.2 of the agreement</i>) _____</p> <p>City _____ State _____ Zip _____ 4 digit zip _____ City _____ State _____ Zip _____ 4 digit zip _____</p> <p>(_____) _____ (_____) _____ (_____) _____ (_____) _____</p> <p>Phone _____ Fax _____ Phone _____ Fax _____</p> <p>Contact Name _____ Contact Phone _____ Fax _____</p> <p>E-mail Address _____</p>
PAYMENT AND TAX REPORTING INFORMATION	
SECTION IV	<p>FEIN (<i>Federal Employer Identification Number</i>) _____ - _____</p> <p>IRS (<i>Internal Revenue Service</i>) Legal Name _____ <i>(Must match with IRS Form SS4 or IRS Letter 147C. A copy should be attached.)</i></p> <p>Print Authorized Representative Name _____ Authorized Representative Signature _____ Date _____</p>
Tribal Facilities Bill Back Information for services delivered to Non- AI/AN. Please provide the billing information requested below.	
SECTION V	<p>Billing Address _____ City _____ State _____ Zip _____</p> <p>Contact Person _____ Title _____ e-mail address _____</p> <p>Office Telephone _____ Office Fax Number _____</p> <p>Print Authorized Representative Name _____ Authorized Representative Signature _____ Date _____</p>

*** If you are an eligible primary care provider and choose to enroll as a group Choice and/or O-EPIC Provider, please complete the applicable attachment(s).**