

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

**ARTICLE I. PURPOSE**

The purpose of this Agreement is for the Oklahoma City Area Indian Health Service (Provider) to bill and collect from Oklahoma Health Care Authority (OHCA) for various healthcare services 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 Okla. Stat. § 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 hospital 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 (IHCA), 25 U.S.C. § 1601 et seq., to provide a range of healthcare services to eligible American Indians and Alaska Natives, to the extent resources are available.
- b) Provider is (i) a hospital as defined in the Federal statutes where services are rendered pursuant to this Agreement, which provides acute health care, and (ii) is accredited in accordance with Federal statutes and regulations.
- 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, provide indemnification, or guarantee that the OHCA will be held harmless.

**2.3 DEFINITION** Member means a person receiving health care benefits from a SoonerCare program and is eligible for services by IHS pursuant to eligibility

requirements set forth in the IHCIA, 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 IHCIA. 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 by IHS.

### **ARTICLE III. TERM**

- 3.1 This Agreement shall be effective upon completion when: (i) it is signed or otherwise acknowledged as accepted by OHCA and the Oklahoma City Area Indian Health Service; and (ii) all necessary documentation has been received and verified by OHCA.
- 3.2 This Agreement shall automatically renew for one (1) year terms for a period of four (4) years. The final expiration date for this Agreement is March 31, 2025.
- 3.3 Neither party shall assign or transfer any rights or obligations under this Agreement without the other party's prior written consent except as otherwise provided in this Agreement.

### **ARTICLE IV. SCOPE OF WORK**

- 4.1 Provider agrees:
  - a) To provide health-care services pursuant to all applicable Federal statutes and regulations regarding the operation of hospitals;
  - b) Consistent with IHS statutory authority, to comply with all applicable federal Medicaid statutes, regulations, policies, and relevant rules of OHCA. IHS, as a federal agency, is not otherwise subject to Oklahoma State laws, but agrees to follow Oklahoma health and safety laws for reimbursement purposes;
  - c) That the state has an obligation under 42 U.S.C. § 1396a(a)(25)(A) to ascertain the legal liability of third parties who are liable for the health care expenses of members 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;
  - d) For its employees and contractors to maintain at all times, all applicable federal licenses, certifications, and permits and to provide services to eligible American Indians/ Alaska Natives SoonerCare members pursuant to professional standards during the term of this Agreement. Should the employees and contractors' license, certification, or registrations be modified, suspended, revoked, or in any other way impaired, Provider shall notify OHCA within three business days of such action.
  - e) That it will be reimbursed for compensable health-care services within the scope of the Oklahoma Medicaid State Plan. 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;
  - f) 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;

- g) To maintain a clinical record system:
  - i. The system shall be maintained in accordance with written policies, which shall be produced to OHCA or its agent upon request, and applicable Federal laws;
  - ii. Provider shall ensure employees are 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, 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;
- h) That Provider's clinical services shall be under the medical direction of a duly licensed physician. 42 U.S.C. § 1396d(a)(9). 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;
- i) 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;
- j) To train staff in handling medical and non-medical emergencies to ensure patient safety;
- k) To have a preventive maintenance program to ensure all essential mechanical, electrical, and patient-care equipment is maintained in a safe operating condition;
- l) To the extent consistent with IHS' authority, comply with OHCA rules regarding Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings found at 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:
  - i. Educate families who have members under 21 about the EPSDT Program and its importance to the health of children and adolescents;
  - ii. Conduct and document EPSDT outreach to ensure that members are current with respect to the periodicity schedule; and
  - iii. Conduct and document follow ups with members who have missed appointments;
- m) And OHCA agrees that Provider is not required to obtain prior authorizations when referring a patient from one IHS facility to another IHS facility; and

- n) That all Provider Information is correct and it may correct or update Provider Information through EPE or in writing via facsimile.
- 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 for Services
- a) Based on the Center for Medicare & 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. 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). Provider is entitled to interest in accordance with 62 Okla. Stat. § 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. Electronic and/or Internet submitted claims may receive priority handling.
  - 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 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 Agreement may change. The parties shall be mutually bound by applicable changes.
- 5.2 The Provider agrees, consistent with IHS statutory authority, comply with all applicable federal Medicaid statutes, regulations, policies, and relevant rules of OHCA. IHS, as a federal agency, is not otherwise subject to Oklahoma State laws, but agrees to follow Oklahoma health and safety laws for reimbursement purposes.
- 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), and the U.S. Secretary of Health and Human Services. 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, the Oklahoma State Auditor and Inspector, and the Secretary of Health and Human Services 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 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.

#### **ARTICLE VII. CONFIDENTIALITY**

- 7.1 Provider and OHCA agree 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 agree to comply with the applicable provisions of the Federal Privacy Act of 1974, 5 U.S.C. §552a; Privacy Act Regulations, 45 C.F.R. Part 5b; Drug Abuse Prevention, Treatment, and Rehabilitation Act, as amended, 42 U.S.C. § 290dd-2;

Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §§ 1320D-1320d-9; HIPAA Regulations, 45 C.F.R. Parts 160 and 164; and the Health Information Technology for Economic and Clinical Health Act of 2009.

- 7.3 Provider must report a known impermissible use or disclosure of a Member's protected health information that is subject to this Agreement to the OHCA Privacy and Confidentiality Officer within 48 hours of knowledge of an unauthorized act by the OCAIHS Privacy Coordinator. An impermissible use or disclosure is considered "known" on the earliest date that Provider has actual knowledge of the violation or, on the date when, by exercising reasonable diligence, it would have been known to the Provider. Failure to report may result in immediate termination of the Agreement.
- 7.4 Provider shall have written policies and procedures governing the use and removal of patient records from Provider's 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.
- 7.5 IHS shall notify OHCA when fraud or abuse by an employee or contractor is suspected or discovered, or when an employee or contractor has been excluded from participation in Medicare or Medicaid.

#### **ARTICLE VIII. TERMINATION**

- 8.1 This Agreement may be terminated by three methods: (i) either party may terminate this Agreement for cause with a thirty day written notice to the other party; (ii) either party may terminate this Agreement without cause with a sixty day written notice to the other party; or (iii) OHCA may terminate the Agreement immediately (a) to protect the health and safety of Medicaid recipients, (b) upon evidence of fraud, (c) pursuant to Paragraph 2.2(b) and 4.1 (e) above.
- 8.2 In the event funding of SoonerCare 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.

#### **ARTICLE IX. SEVERABILITY CLAUSE**

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.

#### **ARTICLE X. OTHER PROVISIONS**

- 10.1 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.
- 10.2 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.

- 10.3 OHCA does not create and Provider does not obtain any license by virtue of this Agreement. OHCA does not guarantee Provider will receive any Members, and Provider does not obtain any property right or interest in any Soonercare member business by this Agreement.
- 10.4 This Agreement replaces Provider's existing hospital agreement, if any, in its entirety.

**For the Oklahoma Health Care Authority:**

By: \_\_\_\_\_  
Name: Kevin Corbett, or his designee  
Title: Chief Executive Officer, or his designee  
  
Date: \_\_\_\_\_

**For the Oklahoma City Area Indian Health Service:**

By: \_\_\_\_\_  
RADM Travis Watts  
Area Director  
  
Date: \_\_\_\_\_