

**OKLAHOMA HEALTH CARE AUTHORITY
INTERAGENCY CONTRACT
SECTION B. PARTIES**

B.1 Parties Contact Information

1. Oklahoma Health Care Authority
 - a. Contract Staff:
 - Name
 - Title
 - Email
 - Unit Email: Contracts@okhca.org
 - Phone
 - b. Business Owner Staff:
 - Name
 - Title
 - Email
 - Phone
2. Contractor:
 - a. Company
 - Name
 - Address
 - City, State and Zip Code + 4
 - Website, if applicable:
 - b. Contract Staff
 - Name
 - Title
 - Email
 - Phone
 - c. Business Owner Staff
 - Name
 - Title
 - Email
 - Phone

B.2 Contract Purpose

The purpose of this Agreement is to allow the Contractor to receive federal matching funds for its assistance to OHCA in providing health care coverage to uninsured individuals by accepting and processing applications for SoonerCare.

B.3 Contract Term

1. **Initial Term:** July 1, 2020 through June 30, 2021
2. **Options to Renew:** 5

B.4 Contract Reimbursement

1. **State Share Responsible Party:** Tribal Partner
 - a. **Address for state share match:**

Name
Address
Contact Email

2. Payments

- a. In consideration of satisfactory performance of the services enumerated in Section 7 below, OHCA shall make payments to Contractor at the rates specified below:
 - i. \$40.00 per new online SoonerCare application accepted, processed, and determined eligible;
 - ii. \$15.00 per renewal online and paper SoonerCare application accepted, processed, and determined eligible; and,
 - iii. \$30.00 per new paper SoonerCare application accepted, processed, and determined eligible.
- b. Payment shall be inclusive of all costs (i.e. salaries, fringe benefits, supplies, equipment, travel, long distance, copying, etc.) required to provide the services detailed in this Contract. Billable time shall include time spent at OHCA or time spent on assigned OHCA business. No additional payments shall be made under this Contract.
- c. Total payments shall not exceed \$X for each State Fiscal Year (SFY) period of the contract. Final approval of renewal amounts will be at the sole discretion of OHCA.
- d. It is understood and agreed by the parties hereto that all obligations of OHCA, including the continuation of payments, are contingent upon the availability and continued appropriation of State and Federal funds, and in no event shall OHCA be liable for any payments in excess of such available appropriated funds.
- e. Contractor shall submit a proper invoice for services rendered in order to receive payment. A proper invoice is one which contains, at a minimum, the following information: 1) Contractor name; 2) FEI or vendor number; 3) invoice number; 4) purchase order number (where applicable); 5) description of service(s); 6) date(s) of service 7) detail of amount(s) billed; and 8) detailed attachments to support work being billed. Contractor shall maintain documentation of all billed charges and shall make such documentation available to OHCA upon request or as otherwise stated in this Contract.
- f. Contractor shall submit no more than one invoice per quarter for SoonerCare applications accepted and processed and determined eligible. No payments shall be made for any applicants who are found ineligible. This quarterly invoice shall include a secure and encrypted Microsoft Excel file utilizing the File Layout shown in Attachment B which shall be sent to the following e-mail address: tribalrelations2@okhca.org.
- g. Contractor shall utilize the format provided in Attachment A to submit a quarterly invoice for services rendered in the preceding month. Contractor shall submit Attachment A to the address shown in 2.1 d.
- h. All invoices for services rendered under this Contract must be received by OHCA within 90 calendar days of the end of the State Fiscal Year (SFY), which is June 30th. OHCA will not be held responsible for payment of invoices submitted beyond the deadline established by this paragraph.
- i. OHCA shall have 45 calendar days within which to pay a proper invoice. If OHCA fails to pay an invoice within that time, Contractor shall have the right to interest thereon pursuant to 62 O.S. §34.71 and 62 O.S. §34.72.

B.5 Definitions:

1. New Application means an application completed for a person who has not been enrolled in an Oklahoma Medicaid program in the past 30 calendar days.
2. Renewal Application means an application completed for a person who has been enrolled in an Oklahoma Medicaid program within the past 30 days.

B.6 Scope of Work

1. The Contractor shall:
 - a. Assist potential SoonerCare Members (hereinafter referred to as Applicants) with initial or renewal applications for SoonerCare using OHCA's online enrollment web application or using a standard paper application submitted to the appropriate parties as shown below:
 - i. When the Contractor assists Applicants with paper applications based on a diagnosis of tuberculosis (TB) or for the Breast and Cervical Cancer Program (BCC or Oklahoma Cares), the Contractor shall submit the completed applications to the responsible Oklahoma Department of Human Services' office within five calendar days of performing the service.
 - ii. When the Contractor assists applicants with paper applications in the following categories and/or for the following programs, the Contractor shall submit completed applications to OHCA within five calendar days of performing the service:
 - 1) Pregnant Women (including Presumptive eligibility and Soon-To-Be Sooners);
 - 2) SoonerCare for children; and,
 - 3) Family Planning (SoonerPlan).
2. If the Contractor has executed a separate Tribal Agency Partner Contract, the Contractor shall use Agency View when assisting applicants with online enrollment.
3. If the Contractor has not executed a separate Tribal Agency View Partner Contract, the Contractor may assist applicants with SoonerCare enrollment using the Home View web-based application.
 - a. If using Home View, the Contractor shall only list itself as an authorized representative of an applicant if the Contractor has obtained written permission from the applicant and has explained to the applicant that this gives Contractor access to all information in the applicant's member file until the designation is changed.
 - b. Contractor shall not require applicants to agree to listing the Contractor as an authorized representative as a condition of enrollment assistance.
4. Reporting Requirements
 - i. Supply a monthly detail report by the 15th of each month.
 - ii. Any additional reports as requested by the OHCA on an ad hoc basis.
5. Meeting Requirements
The Contractor and the OHCA shall arrange quarterly meetings to review the Contractor's performance. The meetings' location and times shall be in a format mutually agreeable to the OHCA and the Contractor.
6. The OHCA shall:
Provide training to the Contractor as needed.

EXECUTED:

Authorized Tribal Partner Representative's Signature and Title

Date

Oklahoma Health Care Authority

Date