

**TRIBAL MEDICAID ADMINISTRATIVE MATCH AGREEMENT
BETWEEN
OKLAHOMA HEALTH CARE AUTHORITY
AND
[name of federally recognized tribe or tribal organization]**

Based upon the following recitals, the **Oklahoma Health Care Authority** (hereinafter referred to as OHCA), and **[name of federally recognized tribe or tribal organization]** (hereinafter referred to as Contractor) enter into this Agreement:

ARTICLE I. 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.

ARTICLE II. THE PARTIES

2.1 OKLAHOMA HEALTH CARE AUTHORITY

- a) OHCA is the single state agency designated by the Oklahoma Legislature through 63 OS §5009(B) to administer Oklahoma’s Medicaid Program, known as SoonerCare.
- b) OHCA has authority to enter into this Agreement pursuant to 63 OS §5006(A) 2 and 74 OS §85.1. OHCA’s Chief Executive Officer has authority to execute this Agreement on OHCA’s behalf pursuant to 63 OS §5008(B) 4 and 5.
- c) OHCA states that it’s mailing address for the purposes of this Agreement is as follows:
 - Oklahoma Health Care Authority
 - Attn: Sheryl Houck, Contracts Coordinator II
 - 4345 North Lincoln Blvd
 - Oklahoma City, OK 73105-5101
 - Sheryl.Houck@okhca.org
- d) OHCA’s **address for the electronic submission of invoices** is as follows:
contracts@okhca.org

2.2 CONTRACTOR

The Contractor states the following:

- a) That it is a Tribal organization carrying out health programs of the Indian Health Services (IHS), including health services which are eligible for reimbursement by Medicaid, under a contract or compact entered into between the Tribal organization and the IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L.93-638;
- b) That it is either the recognized governing body of an Indian Tribe or an entity which is formed solely by, wholly owned by or comprised of, and exclusively controlled by Indian Tribes, as defined in Section 4 of the ISDEAA (Indian Self-Determination and Education Assistance Act);
- c) It has the experience and expertise to perform the services required under this Agreement. This includes:
 - 1. Knowledge of relevant OHCA policy and procedures;
 - 2. Frequent face-to-face interactions with a significant number of

- SoonerCare Members or potential Members; and
- 3. Basic knowledge of SoonerCare eligibility requirements such as income levels, citizenship verification, correct social security numbers, etc.
- d) It has the authority to enter into this Agreement pursuant to its organizational documents, by laws, or properly enacted resolution of its governing authority. The person executing this Agreement for the Contractor has authority to execute this Agreement on Contractor's behalf pursuant to the Contractor's organizational documents, by laws, or properly enacted resolution of Contractor's governing authority.
- e) Its mailing address is as follows:
 - Name:
 - Attn:
 - Address:
 - City, State and Zip Code:
 - Phone Number:

ARTICLE III. GENERAL PROVISIONS

3.0 AGREEMENT PERIOD:

- a) This Agreement shall begin on July 1, 2017 and end on June 30, 2018. There shall be the option to renew for three (3) subsequent one-year periods (July 1 through June 30) through June 30, 2020. A change order to the original purchase order will be issued to the Contractor to exercise each renewal option period. The decision to renew is based on the needs of the OHCA, funding availability, and is at the sole discretion of the OHCA.

3.1 AMENDMENTS/MODIFICATIONS

The Agreement contains all of the agreements of the parties and no oral representations by either party are binding. Any amendments and/or modifications to this Agreement must be in writing and signed by both parties prior to the effective date of the amendment.

3.2 ASSIGNMENT

The Contractor shall not assign or transfer any rights, duties, or obligations under this Agreement without OHCA's prior written consent except as otherwise provided in this Agreement.

3.3 DEFINITIONS

- a) 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; and
- b) Renewal Application means an application completed for a person who **has** been enrolled in an Oklahoma Medicaid program within the past 30 days.

ARTICLE IV. CONTRACT EXTENSION OPTION

- 4.0 OHCA may choose to exercise an extension for up to one hundred eighty (180) days beyond the final renewal option period at the Contract pricing rate. If this option is exercised, OHCA shall notify the other party in writing prior to the Contract end date. The renewal and extension must be by mutual agreement. OHCA may choose to exercise a subsequent extension, up to one hundred eighty (180) days, subject to mutual consent and at the Contract pricing rate, to facilitate the finalization of related terms and

conditions of a new award or as needed for transition to a new Contractor.

ARTICLE V. SCOPE OF WORK

- 4.0 The Contractor shall 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.
- 4.1 If 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.
- 4.2 If 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:
 - a) Pregnant Women (including Presumptive eligibility and Soon-To-Be Sooners);
 - b) SoonerCare for children; and
 - c) Family Planning (SoonerPlan).
- 4.3 If the Contractor has executed a separate Tribal Agency View Partner Contract, the Contractor shall use Agency View when assisting applicants with online enrollment.
- 4.4 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. 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. Contractor shall not require applicants to agree to listing the Contractor as an authorized representative as a condition of enrollment assistance.

ARTICLE V. LAWS APPLICABLE

- 5.1 The parties to this Agreement acknowledge and expect that changes may occur over the term of this Agreement regarding (i) federal Medicaid statutes and rules governing practice of health-care professions. The parties shall be mutually bound by such changes.
- 5.2 To the extent applicable, the Contractor shall comply and certifies compliance with:
 - a) the Age Discrimination in Employment Act, 29 USC §621 et seq.;
 - b) the Rehabilitation Act, 29 USC §701 et seq.;
 - c) the Drug-Free Workplace Act, 41 USC §701 et seq.;
 - d) Subchapters XIX and XXI of the Social Security Act, 42 USC §1396 et seq.;
 - e) Title VI and VII of the Civil Right Acts, 42 USC §§2000d et seq. and §§2000e et seq.;
 - f) the Age Discrimination in Federally Assisted programs, 42 USC §6101 et seq.;
 - g) Equal Opportunity for Individuals with Disabilities 42 USC §12101 et seq.;
 - h) the Oklahoma Worker's Compensation Act, 85 O.S. §1 et seq.;

- i) the Fair Labor Standards Act, 29 USC § 201 et seq.;
 - j) the Equal Pay Act, 29 USC §206.d;
 - k) the Vietnam Era Veterans Re-adjustment Act, 38 USC §4212;
 - l) 31 USC §1352 and 45 CFR §93.100 et. seq., which (1) prohibit 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) require disclosures to be made if other monies are used for such lobbying;
 - m) Presidential Executive Orders 11141, 11246 and 11375, 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;
 - n) 45 CFR §§76.105 and 76.110 concerning debarment, suspension and other responsibility matters;
 - o) 74 O.S. §58.44(B) and (C) and 45 CFR §74.34 with regard to equipment (as defined by 2 CFR §220, §225, or §230 depending on the type of entity of the Contractor) purchased with monies received from OHCA pursuant to this Agreement;
 - p) the Anti-Kickback Act of 1986; 41 USC §51-58, which prohibits any person from providing or attempting to provide or offering to provide any kickback;
 - q) Federal False Claims Act; 41 USC §3729-3733 and the Administrative Remedies for False Claims and Statements, 31 USC §3801; and
 - r) Oklahoma Taxpayer and Citizen Protection Act of 2007, 25 O.S. §1313 and participates in the Status Verification System. The Status Verification System is defined at 25 O.S. §1312 and includes but is not limited to, the free Employment Verification Program (E-Verify) available at www.dhs.gov/E-Verify.
- 5.3 The explicit inclusion of some statutory and regulatory duties in this Agreement shall not exclude other statutory or regulatory duties.
- 5.4 The venue for civil actions arising from this Agreement in any action in which the State of Oklahoma is a party and for the purpose of federal jurisdiction shall be United States District Court for the Western District of Oklahoma. Nothing in this Agreement or any addendum, attachment, or exhibit hereto shall be construed as a waiver of sovereign immunity by the Contractor, a federally recognized Indian tribe.
- 5.5 If any portion of this Agreement is found to be in violation of State or Federal Statues, that portion shall be stricken from this Agreement and the remainder of the Agreement shall remain in full force and effect.

ARTICLE VI. AUDIT AND INSPECTION

- 6.1 The Contractor shall keep records as are necessary to disclose fully the extent of service provided under this Agreement, and shall furnish records and information regarding any claim for providing such service to OHCA, the SA&I (State Auditor & Inspector), CPD (Office of Management and Enterprise Services – Central Purchasing Division), the GAO (General Accounting Office), MFCU (Oklahoma Attorney General’s Medicaid Fraud Control Unit) and the U.S. Secretary of Health and Human Services for seven years from the date of service which includes all renewal options. The Contractor shall not destroy or dispose

of records, which are under audit, review, or investigation when the seven-year limitation is met. Contractor shall maintain such records until informed in writing by the auditing, reviewing or investigating agency that the audit, review or investigation is complete.

- 6.2 Authorized representatives of OHCA, SA&I, CPD, GAO, MFCU, and the Secretary shall have the right to make physical inspection of the Contractor and to examine records relating to financial statements or claims submitted by the Contractor under this Agreement and to audit the Contractor's financial records.
- 6.3 Pursuant to 74 O.S. §85.41, OHCA, the SA&I, CPD, the GAO, MFCU and the Secretary shall have the right to examine Contractor's books, records, documents, accounting procedures, practices, or any other items relevant to this Agreement. The OHCA shall allow for the inspection of public records in accordance with the provisions of the Oklahoma Open Records Act.

ARTICLE VII. CONFIDENTIALITY

7.1 Definitions

Catch-all definition:

The following terms used in this Addendum shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

- a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103;
- b) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103; and
- c) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

7.2 Obligations and Activities of Business Associate

Business Associate agrees to:

- a) Not use or disclose protected health information other than as permitted or required by the Addendum or as required by law;
- b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Addendum;
- c) Report to Covered Entity any use or disclosure of protected health information not provided for by the Addendum of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware. The Business Associate shall, following the discovery of a breach of unsecured PHI, provide notification to the Covered Entity without unreasonable delay and in no event later than five (5) calendar days after discovery of the breach. The Business Associate will handle breach notifications to individuals, the HHS Office for Civil Rights (OCR), and potentially the media, on behalf of

the covered entity;

- d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information. Business Associate must obtain satisfactory written assurance of this from the subcontractor;
- e) Make available protected health information in a designated record set to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;
- f) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;
- g) Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;
- h) To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and
- i) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

7.3 Permitted Uses and Disclosures by Business Associate

- a) Business Associate may only use or disclose protected health information as necessary to perform the services set forth in the Underlying Agreement. The Business Associate is authorized to use protected health information to de-identify the information in accordance with 45 CFR 164.514(a)-(c);
- b) Business Associate may use or disclose protected health information as required by law;
- c) Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures; and
- d) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity.

7.4 Term and Termination

- a) Term. The Term of this Agreement shall be effective as of Date of Award, and shall terminate on the same date as the Underlying Agreement or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner;
- b) Termination for Cause. Business Associate authorizes termination of this Addendum by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Addendum;
- c) Obligations of Business Associate upon Termination. Upon termination of this Addendum for any reason, Business Associate, with respect to protected health information received from Covered Entity, or

created, maintained, or received by Business Associate on behalf of Covered Entity, shall:

1. Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 2. Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining protected health information that the Business Associate still maintains in any form;
 3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;
 4. Return to Covered Entity or, if agreed to by Covered Entity, destroy the protected health information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities; and
 5. The Business Associate will transmit the protected health information to another Business Associate of the Covered Entity at termination, and the Business Associate is obligated to obtain or ensure the destruction of protected health information created, received, or maintained by subcontractors.
- d) Survival. The obligations of Business Associate under this Addendum shall survive the termination of the Underlying Agreement.

7.5 Miscellaneous

- a) Regulatory References. A reference in this Addendum to a section in the HIPAA Rules means the section as in effect or as amended;
- b) Amendment. The Parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law; and
- c) Interpretation. Any ambiguity in this Addendum shall be interpreted to permit compliance with the HIPAA Rules.

ARTICE VIII. FEDERAL DISALLOWANCE AND OTHER RECOUPMENTS

- 8.0 8.1 OHCA and the Contractor understand that during the term of this Agreement, the federal government may levy a disallowance on the Medicaid expenditures made in connection with this Agreement.
- 8.1 If a disallowance is levied because of a failure to timely file a State Plan Amendment, OHCA shall be responsible for the cost of the disallowance.
- 8.2 Contractor shall be responsible for disallowances for reasons other than those in 8.1.
- 8.3 OHCA and the Contractor shall be responsible for any disallowances related to acts or omissions of their respective subcontractors.
- 8.4 OHCA and the Contractor agree and understand they may have disagreement whether a disallowance is levied in accordance with Sections 8.1, or 8.2 of this Article. OHCA and the Contractor also agree and understand that disallowances levied may or may not be upheld, in whole or in part, if appealed.
- 8.5 OHCA and the Contractor shall cooperate in the defense of any disallowance claim arising in connection with this Agreement. The costs of such defense shall be borne by the Party described in Section 8.1, or 8.2 above who is responsible for the error or omission resulting in the

disallowance. In the event of disagreement about the responsibility for the disallowance, OHCA and the Contractor may agree to divide the costs of the legal defense so the parties' defense is not impaired by the disagreement.

- 8.6 This Article shall apply to all audit exceptions, disallowances, deferrals, or other methods used by the Federal government to recoup federal matching funds.
- 8.7 In the event any state share monies used to match federal funds under this Agreement are subsequently disallowed by federal or state authorities, Contractor shall reimburse OHCA those amounts paid by OHCA which were disallowed.

ARTICLE IX – CERTIFICATION OF STATE SHARE

- 9.1 By signing this Agreement the parties agree and acknowledge that OHCA's payment of 100% of the allowable cost for the services provided in this Agreement constitutes OHCA advancing the state share match required under Federal Medicaid rules to the Contractor. The Contractor shall reimburse OHCA all advance payments of state dollars made on behalf of the Contractor. OHCA shall bill the Contractor for the state dollars appearing on OHCA warrant register on a monthly basis. OHCA reserves the right to adjust the billing frequency and shall provide the Contractor with a twenty (20) day notification if such action is deemed necessary by OHCA. OHCA shall submit the state share match invoices to the following address:

Name

Address

City, State, Zip Code

- 9.2 The Contractor certifies to OHCA that the state dollars used by the Contractor to repay the state dollars advanced by OHCA for the allowable costs for the services provided under this Agreement are: 1) directly appropriated public dollars of the Contractor or transferred public funds, 2) not state funds used to match other federal matching programs, 3) not provider taxes or donations as referenced in 42 U.S.C. §1396 b(w)(1)(A), and 4) if the Contractor is a Native American entity then the funds used are allowable funds in accordance with applicable Federal guidelines.

ARTICLE X. PAYMENTS AND REIMBURSEMENT

- 10.1 In consideration for satisfactory performance of the services enumerated in Article IV of this Agreement, OHCA agrees to pay the Contractor an amount not-to-exceed the amount shown on the purchase order issued to the Contractor for each fiscal year. The Contractor may request an increase in the not-to-exceed amount which will be granted if funds are available. All payments shall be against the not-to-exceed amount. The rate per certified application is inclusive of all costs associated (salaries, benefits, travel, postage, telephone, copying, etc.) with the provision of the services detailed in this Agreement.
 - a) \$40.00 per new online SoonerCare application accepted, processed, and determined eligible;
 - b) \$15.00 per renewal online and paper SoonerCare application accepted, processed, and determined eligible; and
 - c) \$30.00 per new paper SoonerCare application accepted, processed, and determined eligible.
- 10.2 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: janet.byas@okhca.org.

- 10.3 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.
- 10.4 A proper invoice for payment under this Agreement must be submitted and received by OHCA within ninety days of the end of the State Fiscal Year (June 30th). OHCA is not liable for nor obligated to honor or pay any invoices not timely submitted and received pursuant to this paragraph. OHCA may, however, in appropriate circumstances and in the exercise of its sole discretion, choose to pay a proper invoice notwithstanding the fact that it was not timely submitted and received, unless otherwise prevented from doing so pursuant to applicable federal and/or state law.
- 10.5 OHCA shall have forty-five (45) days to pay a proper invoice. If OHCA fails to pay an invoice within that time, Contractor shall have the right to interest upon the invoice in an amount consistent with 62 O.S. §34.71 and 62 O.S. §34.72.

ARTICLE XI TERMINATION

- 11.1 This Agreement may be terminated by either party for cause with a thirty (30) day written notice to the other party. Either party may terminate without cause with a sixty (60) day written notice to the other party. All the notices of termination under this paragraph must be in writing.
- 11.2 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, the Agreement may be terminated immediately by OHCA.

ARTICLE XII UNAVAILABILITY OF FUNDING

In the event state or federal funds used to support this Agreement become unavailable, either in full or in part, due to reductions in appropriations, the OHCA may reduce or terminate the Agreement upon notice in writing to the Contractor by certified mail. The OHCA shall be the final authority as to the availability of funds. The effective date of such Agreement reduction or termination shall be specified in the notice. In the event of a reduction, the Contractor may cancel this Agreement as of the effective date of the proposed reduction upon written notice to the OHCA. The OHCA agrees to reimburse Contractor for all work performed prior to the date of notice of termination of this Agreement.

*This clause provides exception to the amendment clause and the termination clause of sixty (60) days-notice without cause.

ARTICLE XIII DISASTER RECOVERY – IF APPLICABLE

- 13.1 The Contractor shall submit a plan that addresses business continuity and disaster recovery related to emergency situations to OHCA for approval before starting operations; the submission deadline date shall be agreed upon by both parties. The plan must include at least the following aspects of disaster recovery:

communications, physical plant security, data security, and fire/disaster prevention and recovery procedures. Each aspect included within the disaster recovery plan must describe both the Contractor and OHCA responsibilities.

- 13.2 The Contractor may include resources outside Oklahoma but within the continental United States as part of this plan. If applicable, the plan must satisfy all requirements for Federal certification.
- 13.3 The plan shall be maintained and updated by the Contractor throughout the term of the Agreement, and shall be available for review by State or Federal officials on request.

ARTICLE XIV OFFSHORING – IF APPLICABLE

The Contractor shall not enter into any sub-contract which uses any public funds within its control to purchase services which will be provided outside the United States. This reflects prohibition on the purchase of offshore services.

- 14.1 The service provider shall:
 - a) Disclose the location(s) where all services will be performed by the Contractor and subcontractor(s);
 - b) Disclose the location(s) where any OHCA data associated with any of the services are provided, or seek to provide, will be accessed, tested, maintained, backed-up, or stored;
 - c) Disclose any shift in the location of services being provided by the Contractor or subcontractor(s); and
 - d) Disclose the principle location of business for the Contractor and all subcontractor(s) who are supplying services to the OHCA under the proposed Agreement(s).
- 14.2 If contracted or subcontracted services shall be performed at multiple locations, the known or anticipated value of the services performed shall be identified and reported to the OHCA. This information and economic impact on Oklahoma and its residents may be considered in the evaluation.
- 14.3 The OHCA shall determine when the purchase of offshore services does not apply in regard to:
 - a) Situations in which it is deemed an emergency; and
 - b) Necessity to waive some or all of the requirements herein.
- 14.4 The Contractor may perform some development functions outside of Oklahoma but within the continental United States. The OHCA health data must never leave the continental United States. If any Contractor or subcontractor(s) work identified for performance in the United States is moved to another country, outside the continental United States, such action may be deemed a breach of the Agreement.

ARTICLE XV – STATE SHARE BILLBACK

If the Contractor is responsible for the state share funds associated with this Agreement then the Contractor has 30 days from the receipt of the State Share Bill Back Invoice from OHCA's General Accounting in which to pay the state share funds. If the state share fund is not paid within the 30 days then the OHCA will pay no further invoices until the state share funds have been received by the OHCA.

ARTICLE XVI – Renewal and Extension Option

- 16.1 The OHCA, at its sole discretion, may choose to exercise an extension for ninety (90) days beyond the final renewal option period, at the Agreement pricing rate. If this option is exercised, the OHCA shall notify the Contractor in writing prior to the Agreement end date. The OHCA, at its sole discretion, may choose to exercise a subsequent ninety (90) day extension, by mutual consent and at the Agreement pricing rate, to facilitate the finalization of related terms and conditions of a new award or as needed for transition to a new Contractor.
- 16.2 In the alternative, the State’s Chief Information Officer (CIO) or Purchasing Director reserves the right to extend any Agreement awarded through a competitive process if it is determined to be in the best interest of the State of Oklahoma.

EXECUTED:

Authorized Tribal Partner Representative's Signature

Date

Authorized Tribal Partner Representative's Printed Name

Date

Becky Pasternik-Ikard, C.E.O.
Oklahoma Health Care Authority

Date

OK Tribal Medicaid Administrative Match
SoonerCare Application Processing Invoice

Name of Tribe/Tribal Organization: _____

Purchase Order #: _____

Invoice Date: _____

Invoice date of service: (mm/dd/yyyy) to (mm/dd/yyyy)

Invoice Number: _____

Type of Application	Number of Approved Submissions	Rate per Application	Total
Online: agency view		\$40.00	\$
Online: home view		\$40.00	\$
Paper		\$30.00	\$
Renewal		\$15.00	\$
TOTAL			\$00.00

(OK TMAM Attachment B must accompany this invoice)

Attestation: I hereby certify to the best of my knowledge and belief that the information contained herein accurately describes the OK TMAM activities performed by the tribal claiming unit and dates of service designated above. I have reviewed the approved applications or renewals completed either online or on paper. The total number of applications and renewals is_____, as indicated on the invoice. These result in allowable costs consistent with the requirements of 2 CFR §200 and I believe they are necessary for the performance of the Federal award as concerns the administration of the OK TMAM Plan.

 Authorized tribal personnel (print name)

 Authorized tribal personnel (signature) Date

Application Detail – Excel File Format Instructions

Field	Format	Notes/Editing
Case Number	7 characters	Required Field; text and numbers only
Type of application: Online (OA); Paper (PA); or Renewal (RNWL)	up to 4 caps letters only; OA/PA/RNWL only	Required Field; text only
User ID or name of person assisting with application	Agency view user ID; or text of first and last name of person assisting with application	Required Field; text only
Applicant's SoonerCare ID (RID)	12 characters use first nine digits only, include any leading zeroes; text field only	Required Field: Alphanumeric - do not remove any leading zeroes
Applicant's Social Security Number (SSN)	9 digits, no dashes or special characters.	Required Field: Must be numeric or text. Can only be zeroes if less than 1 year old or has alien status of illegal or ineligible. All 9 digits cannot be the same number, such as all 0's or all 1's. Cannot start with three zeroes.
Applicant's Last Name	20 characters cannot contain special characters or numerals	Required Field: must contain only A-Z and space; text only
Applicant's First Name	15 characters cannot contain special characters or numerals	Required Field: must contain only A-Z and space; text only
Applicant's Middle Name	15 characters cannot contain special characters or numerals	Required Field: must contain only A-Z and space; text only
Applicant's Gender	letters M/F only	Required Field; text only
Applicant's Date of Birth MM/DD/YYYY	numbers only	Required Field: no future dates
Date of Application MM/DD/YYYY	numbers only	Required Field: no future dates
Program Eligibility Date MM/DD/YYYY	numbers only	Required Field: no future dates
Program (eligibility category)	text only; cannot contain special characters, or numerals	Required Field: text only; valid values are: TB (tuberculosis) BCC (breast and cervical cancer) FP (Sooner Plan) P1 (presumptive eligibility) STBS (Soon to be Sooners) TXIX (SoonerCare for children)