



BOARD OF COMMISSIONERS

Agenda Item Summary

Agenda Category:	Agreement	Item No:
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Meeting Date: July 6, 2021

Originating Department: Public Health

Issue: In the matter of approving the Medical Services Agreement (MSA) between the State of Oregon, Oregon Health Authority (OHA), Reproductive Health (RH) Program and Klamath County Public Health. – Jennifer Little, Public Health

Background: Klamath County Public Health (KCPH) first entered into a MSA with the State of Oregon in 2018 when it became part of the requirements of the reproductive health program. Program updates in November 2020 required a new MSA be signed to be in compliance with program requirements. Due to the COVID 19 pandemic the state delayed the renewal of the MSA’s for all entities from January 2021 to July 2021.

Fiscal Impact: Anticipated revenue of \$50,000 per fiscal year to sub department 4044 clinic nursing.

Recommended Motion: Move to approve the Medical Services Agreement (MSA) between the State of Oregon, Oregon Health Authority (OHA), Reproductive Health (RH) Program and Klamath County Public Health. Fiscal impact is anticipated revenue of \$50,000 per fiscal year to sub department 4044 clinic nursing. Authorize department head to sign.

DONE AND DATED this _____ day of _____.

Chair

Vice-Chair

Commissioner

Approved

Denied

Approved

Denied

Approved

Denied

OREGON RHCARE MEDICAL SERVICES AGREEMENT

1	Enter the complete legal name of your business.
2	Enter the commonly used name of your business, if different.
3	Enter your complete office/business address (physical location of office).
4	If you wish to receive correspondence at another address or PO Box, enter the complete address here. If this is blank, all mail will be posted to the address in field 3.
6	Enter your business telephone and fax numbers, including area code, and email address.
7	Enter your Employer Identification Number or your Social Security Number. Agencies must enter Social Security Number or Federal Tax ID number, pursuant to 42 CFR 433.37, ORS 305.385, OAR 125-20-410(3) and OAR 150-305.100, for the administration of state, federal and local tax laws. Attach a copy of your IRS Confirmation Letter.
8	Enter your business license number or your professional license number. Attach a copy of the license.
11	If applicable, enter your Clinical Laboratory Improvement Amendments certification number and attach a copy of your CLIA certification letter.

1. Business name Klamath County			2. Common name (if different) Klamath County Public Health		
3a. Physical location address 3314 Vandenberg Rd			4a. Mailing address (if different)		
3b. City Klamath Falls	3c. State OR	3d. ZIP 97603	4b. City	4c. State	4d. ZIP
3e. County Klamath			7. EIN or SSN 93-6002301		
6a. Phone 541-882-8846			8. Business license # (if applicable)		
6b. Fax 541-885-3638			11. CLIA # 38D0896636		
6c. Email kcph@klamathcounty.org					

NOTE: If an agency changes its name, address, business affiliation, licensure, lab certification, or ownership, the RH Program must be notified in writing within 30 days of the change. Payments made to agencies who have not furnished such notification may be recovered.

Applications must be signed and dated by the Agency. Electronic signatures are acceptable, but the RH Program will not accept stamped signatures. The RH Program will return incomplete applications.

OREGON RHCARE MEDICAL SERVICES AGREEMENT

This Medical Services Agreement (Agreement) sets forth the conditions for being certified as a RHCare agency (Agency) with the State of Oregon, Oregon Health Authority (OHA), Reproductive Health (RH) Program. Certification is necessary to receive payment for claims and if applicable, other funding for RHCare operations or programming.

Eligibility as a provider in RH Program is conditioned on the Agency applying for and being granted certification by the RH Program.

Definitions: For purposes of this Agreement the following definition applies:

- "OARs" means Oregon Administrative Rules 333-004-3000 to 333-004-3240.

As a condition for participation as an Agency with RH Program, Agency agrees as follows:

- A. Compliance with Oregon Administrative Rules:** To comply with the OARs.
- B. Payment:** To accept RH Program's payment for any reproductive health services, supplies, and devices as payment in full and to not make any additional charge to a Client except as specifically allowed by the OARs. Eligibility for payment is determined as described in the OARs. Claims and data must be submitted through secure means as instructed by RH Program.
- C. Changes to RH Program Administrative Rules:** During the term of this Agreement, OHA may make changes to the OARs that govern the RH Program. OHA will ensure that Agency receives notice, which may include electronic delivery of the rulemaking notice which will include information about where to find the draft rules and the time period for submitting public comments. In addition, OHA will ensure that the Agency receives notice, which may include electronic delivery, of the final rules and their effective date. Agency's delivery of services pursuant to this Agreement after receipt of the notice of the final rules shall be considered Agency's acceptance of the new rules and this Agreement shall be deemed amended at such time to incorporate the revised rules. If Agency does not wish to accept and be bound by the new rules Agency should not render further services after receipt of notice of the final rules and should terminate this Agreement in accordance with Section D below.
- D. Termination and duration of agreement:** This agreement shall remain in effect unless the Agency fails to timely apply for recertification as required in the OARs, an application for recertification is denied, or if the Agency or RH Program terminates the agreement. The Agency or RH Program may terminate this Agreement without cause at any time by written notice to the others by certified mail, return receipt requested, subject to any specific termination requirements in the OAR 333-004-3050. If an Agency fails to apply for recertification prior to the expiration of its certification, this Agreement is terminated on the date the certification expires. If an Agency's application for certification is denied, this Agreement is terminated on the date the final order is served on the Agency.

- E. Eligibility and continued participation; agency sanctions and payment recovery:** Failure to comply with the terms of this Agreement, the OARs, or submission of false or misleading information to the RH Program in any respect may result in sanctions, termination of the agreement, or payment recovery pursuant to OAR 333-004-3160, 333-004-3180, and 333-004-3200 subject to Agency appeal rights described in OAR 333-004-3210 and OAR 333-004-3220.
- F. Effective date:** This Agreement is effective upon the date of approval of the RH Program representative, as indicated by the signature at the end of the Agreement or upon the date of approval as an OHP provider by Health Systems Division, whichever is the later, unless those dates are prior to January 1, 2021, in which case this Agreement is effective on January 1, 2021.

Klamath County Public Health
Agency name

By signing this Agreement you acknowledge that you have read the Agreement, understand the terms of the Agreement and agree to be bound by the terms and conditions of the Agreement.

Signature of agency authorized business representative

Date

Jennifer Little

Printed name

Director, Public Health

Title of business representative

RH Program: By its signature, the RH Program certifies that the Agency qualifies as a RHCare Agency.

By: _____

Date

Timothy D. Noe

Printed name

Center Director

Title

All written correspondence regarding this Medical Services Agreement, including application and termination notice, should be sent to:

Oregon Reproductive Health Program
800 NE Oregon Street, Suite 370
Portland, Oregon 97232
rh.program@dhsosha.state.or.us

Appendix A

Agency name: Klamath County Public Health

Clinics in which Agency will operate RHCare under this Agreement:

	Name of clinic	Physical address
Clinic 1	Klamath County Public Health	3314 Vandenberg Rd Klamath Falls OR 97603
Clinic 2		
Clinic 3		
Clinic 4		
Clinic 5		
Clinic 6		
Clinic 7		
Clinic 8		
Clinic 9		
Clinic 10		
Clinic 11		
Clinic 12		
Clinic 13		
Clinic 14		
Clinic 15		
Clinic 16		
Clinic 17		

	Name of clinic	Physical address
Clinic 18		
Clinic 19		
Clinic 20		

