



OKLAHOMA
Rehabilitation Services

FACILITY CONTRACT

Revised October
2023



EMPLOYEES GROUP
INSURANCE DIVISION
NETWORK MANAGEMENT



OKLAHOMA
Office of Management
& Enterprise Services

2401 N. Lincoln Blvd.
Oklahoma City, OK 73105

CONTENTS

INTENDED USE OF CONTRACT	3
DRS MANAGED HEALTH CARE PROGRAM	4
REQUIRED ATTACHMENTS.....	4
TERMS AND CONDITIONS	5
I. RECITALS	5
II. DEFINITIONS.....	5
III. RELATIONSHIP BETWEEN DRS AND THE FACILITY	7
IV. FACILITY SERVICES AND RESPONSIBILITIES.....	7
V. DRS SERVICES AND RESPONSIBILITIES	10
VI. COMPENSATION AND BILLING.....	10
VII. PRE-DETERMINATION, PRIOR AUTHORIZATION AND CONCURRENT REVIEW	11
VIII. LIABILITY AND INSURANCE	11
IX. DISPUTE RESOLUTION.....	12
X. TERM AND TERMINATION	12
XI. GENERAL PROVISIONS	13
FACILITY CONTRACT SIGNATURE PAGE	15
NETWORK FACILITY APPLICATION	16

INTENDED USE OF CONTRACT

This Contract is intended for use by:

- Hospital (medical and mental health/substance abuse).
- Long-term acute care facility.
- Rehabilitation facility.
- Skilled nursing facility.

DRS MANAGED HEALTH CARE PROGRAM

The Department of Rehabilitation Services (DRS) Plan is a managed health care program providing comprehensive health and dental benefits to approximately 1,600 Oklahomans with disabilities to help improve their employment opportunities. The DRS Provider Network is administered by the Office of Management and Enterprise Services Employees Group Insurance Division (EGID).

DRS requires a physical address and a correspondence email address on the DRS Facility Application. The physical address is used for the location where health care services are performed. The physical address will be used for the online provider directory.

REQUIRED ATTACHMENTS

Please attach each of the following documents to your completed application:

- Current state(s) license(s).
- Current CMS certification letter, if applicable.
- Current accreditation(s), if applicable.
- Face sheet of current liability insurance policy.
 - Insurance certificate must have the name of the Facility listed as the insured.
 - Insurance limits must be at the levels required in this Contract and must indicate clearly the coverage type(s) stated in this Contract.
- W-9 form for each federal tax ID number used to file claims.

TERMS AND CONDITIONS

This Facility Contract is between the Department of Rehabilitation Services, (hereinafter, DRS) and the Facility (hereinafter, the Facility) who agrees to the terms of this agreement (hereinafter, this Contract) by signing the appropriate Contract signature page. The designation of “Facility” in this agreement refers to the organization that signs this agreement.

It is hereby agreed between DRS and the Facility named on this Contract signature page, that the Facility shall be a provider in the DRS network of providers.

This Contract is entered into for the purpose of defining the conditions for reimbursement by DRS to the Facility. It in no way is meant to impact the Facility’s decision as to what it considers appropriate Medical or Dental treatment.

I. RECITALS

1. The Department of Rehabilitation Services, (hereinafter DRS), is a statutory body created by 74 O.S. § 166.1, et seq. to administer and manage a certain program of Medical care for persons eligible for public assistance.
2. The Facility is an organization, as defined by DRS, which is duly licensed under the laws of the state of operation and is also either CMS certified as applicable, or accredited by a nationally recognized accreditation organization that is approved by state or federal guidelines.
3. The intent of this Contract is to provide access to enhanced quality Medical and Dental Services, utilizing managed care components, at an affordable, competitive cost to DRS and its Beneficiaries.
4. Failure to abide by any of this Contract’s provisions may result in termination of this Contract.

In consideration of the mutual covenants, promises and other good and valuable consideration, DRS and the Facility agree as follows:

II. DEFINITIONS

1. “**ADA**” means the American Dental Association.
2. “**Allowable Fee**” means the maximum fee payable to a Facility for a specific procedure in accordance with the provisions in Article VI of this Contract.
3. “**Beneficiary**” means all persons eligible for benefits provided by DRS as determined by established criteria.
4. “**CMS**” means the Centers for Medicare & Medicaid Services.
5. “**Concurrent Review**” means a function performed by DRS that determines and updates continued Medically Necessary inpatient hospitalization.

6. **“Covered Services”** means Medically Necessary services delivered by a Facility pursuant to this Contract and for which a Beneficiary is entitled to receive coverage by the terms and conditions of DRS.
7. **“CPT”** means Current Procedural Terminology.
8. **“Credentialing Plan”** means a general guide and process for the acceptance, cooperation and termination of participating Facilities, Independent Health Organizations and Practitioners.
9. **“Dental”** means belonging to the study and practice of dentistry or a dental specialty for the prevention, alleviation or management of an adverse dental condition.
10. **“Dental Services”** mean the professional services provided by an oral/maxillofacial surgeon or dentist and covered by DRS.
11. **“DSM”** means Diagnostic and Statistical Manual of Mental Disorders.
12. **“Emergency Medical Condition”** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in clause (i), (ii), or (iii) of section 1867(e)(1) of the Social Security Act (42 U.S.C. 1395dd(e)(1)).
13. **“Facility”** means an organization, as defined by DRS, which is duly licensed under the laws of the state of operation, and also either CMS certified as applicable, or accredited by a nationally recognized accreditation organization that is approved by state or federal guidelines.
14. **“Facility Services”** means those inpatient and outpatient services that are Prior Authorized by DRS.
15. **“HCPCS”** means Healthcare Common Procedure Coding System.
16. **“ICD”** means International Classification of Diseases.
17. **“Medical”** means belonging to the study and practice of medicine for the prevention, alleviation or management of a physical or mental defect, illness or condition.
18. **“Medically Necessary”** means services or supplies that, under the provisions of this Contract, are determined to be:
 - a. Appropriate and necessary for the symptoms, diagnosis or treatment of the Medical or Dental condition.
 - b. Provided for the diagnosis and treatment of the Medical or Dental condition.
 - c. Within standards of acceptable, prudent Medical or Dental practice within the community.
 - d. Not primarily for the convenience of the Beneficiary, the Beneficiary's Facility or another provider.
 - e. Any condition which, if left untreated, could deteriorate into a life-threatening situation.

- f. The most appropriate supply or level of service that can safely be provided.
 - g. For hospital stays, this means that inpatient acute care is necessary due to the kind of services the Beneficiary is receiving or the severity of the Beneficiary's condition, and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting.
 - h. The fact that services or supplies are Medically Necessary does not, in itself, assure that the services or supplies are covered by DRS.
 - i. Performed in the most appropriate place of service.
19. **"Medical Services"** mean the services provided by a Network Facility and covered by Prior Authorization by DRS.
20. **"MS-DRG"** means diagnosis related groups and is an inpatient facility classification, as published by CMS. The current version of the CMS MS-DRG grouper will be used to determine the MS-DRG.
21. **"Network Provider"** means a Practitioner who or Facility that is duly licensed under the laws of the state in which the "Network Provider" operates, satisfies additional credentialing criteria as established by DRS, and has entered into a contract with DRS to accept scheduled reimbursement for Prior Authorized Medical or Dental Services provided to Beneficiaries.
22. **"Prior Authorization"** means a function performed by DRS to assess the Medical or Dental Services available to the Beneficiary and authorize appropriate services as defined in Article VII of this Contract, prior to services being rendered or receipt of supplies or equipment.
23. **"Pre-Determination"** means the itemization of proposed services and the expected charges prior to treatment.

III. RELATIONSHIP BETWEEN DRS AND THE FACILITY

1. DRS has negotiated and entered into this Contract with the Facility on behalf of the individuals who are Beneficiaries of DRS. The Facility is an independent contractor who has entered into this Contract to become a Network Provider and is not, nor is intended to be, the employee, agent or other legal representative of DRS in the performance of the provisions of this Contract. Nothing in this Contract shall be construed or be deemed to create a relationship contrary to that of the independent contractor for the purposes of this Contract.
2. Nothing in this Contract is intended to be construed or be deemed to create any rights or remedies in any third party, including but not limited to, a Beneficiary or a Network Provider other than the Facility named in this Contract.

IV. FACILITY SERVICES AND RESPONSIBILITIES

1. For the purpose of reimbursement, the Facility shall provide services to Beneficiaries that are deemed appropriate and Prior Authorized under the established benefits of DRS.

Facility Contract

2. The Facility agrees to provide quality, Medically Necessary Medical or Dental Services to Beneficiaries in a cost-efficient manner and, if necessary, at the direction and under the supervision of a licensed physician and within the scope of the physician's routine services. Nothing in this Contract shall be construed to require medical staff of the Facility to perform any procedure or course of treatment which the staff deems professionally unacceptable or is contrary to the Facility's policy. The Facility shall provide Medical and Dental Services to Beneficiaries in the same manner and quality as those services are provided to all other patients of the Facility.
3. The Facility shall maintain all licenses and certifications required by law and regulations and as deemed required under the terms of this Contract.
4. The Facility shall accurately complete a DRS Facility Application which is incorporated herein by reference. The Facility shall notify DRS Network Management of any change in the information contained in the application at least 15 business days prior to such change. Such changes include addresses, tax identification number and contact information.
5. The Facility agrees to submit billing data and records of treatment in the manner and form prescribed by DRS. The Beneficiary's medical case records will be available during regular working hours to authorized representatives of DRS and copies thereof will be furnished by the Facility when requested by an authorized representative of DRS. The Facility agrees to retain one copy of the billing data and records of treatment and all other records upon which a claim is based, in its file for a period of seven years.
6. It is understood that any person seeking Medical or Dental Services has the right to make application for payment on his or her behalf by DRS for compensable services provided by the Facility. The Facility or Facility's office staff agrees to assist the patient in making application for such care and services.
7. Authorized representatives of DRS shall have the right to make physical inspections of the Facility's office and to examine such records as they relate to financial statements submitted under this Contract or to payments claimed by the Facility under this Contract; and to conduct audits of the financial records of the Facility, at any time, as provided by Code of Federal Regulations, Title 34 § 74.53.
8. The Facility agrees that all information provided is true, accurate and complete. The Facility understands that payment and satisfaction of all claims will be from federal and state funds, and that any false claims, statements or documents, or concealment of a material fact may subject the Facility to prosecution under applicable federal and state laws. The Facility further agrees that work, services, or materials shown by any invoice or claim have been completed or supplied in accordance with the plans, specifications, order or requests furnished. The Facility further agrees that it has made no payment, given or donated or agreed to pay, give or donate, either directly or indirectly to any elected official, officer or employee of the State of Oklahoma of money or any other thing of value to obtain payment.
9. The Facility agrees to disclose to DRS, prior to approval or renewal of this Contract, the name of any person who has an ownership or controls an interest in, or is an agent or managing employee of the Facility who has been convicted of a criminal offense related to such

person's involvement in any program under Titles V, XVIII, XIX, or XX of the Social Security Act since inception of these programs.

- 10.** The Facility shall disclose ownership and control interests at the time of entering into this Contract on the required Federal reporting form and at other times that DRS or the Secretary of Health and Human Services may require and, in a form, designated by DRS.
- 11.** The Facility agrees to submit, within 35 days of the date on a request by DRS full and complete information about:
 - a.** The ownership of any subcontractor with whom the Facility has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request.
 - b.** Any significant business transactions between the Facility and any wholly owned supplier, or between the Facility and subcontractor, during the five-year period ending on the date of the request.
- 12.** The Facility agrees and understands that payment cannot be made by DRS to Network Providers providing Medical or Dental Services under federally-assisted programs unless the Medical or Dental Services are provided without discrimination on the grounds of race, color, national origin, disability or unless program enabling legislation permits on the basis of age. This assures DRS is in compliance with Title 34, Code of Federal Regulations, § 76.500. These laws and regulations prohibit excluding from participation in, denying the benefits of, or subjecting to discrimination, under any program or activity receiving Federal Financial Assistance, any person on the grounds of race, color, national origin, any qualified person on the basis of disability or without distinctions made on the basis of age except as legislatively permitted or required. Written complaints of non-compliance with either law should be made to the Director of Department of Rehabilitation Services, 3535 NW 58th St., Ste. 500, Oklahoma City, Oklahoma 73112.
- 13.** The Facility shall reimburse DRS for any overpayments made to the Facility within 90 days of the Facility's receipt of the written overpayment notification or shall respond with detail within said time if the Facility disputes the request for additional payment.
 - a.** DRS shall provide the Facility individual letters of retraction for each Beneficiary 90 days prior to the retraction being made.
 - b.** As an exception, DRS will immediately deduct overpayments due to resubmission of a corrected claim, or if information is received for a claim pending additional information that subsequently impacts a paid claim or a mutually agreed upon audit adjustment.
 - c.** DRS shall be entitled to additional payment if, within two years from the date of payment, DRS notifies the Facility, in writing, of the overpayment.
 - d.** If the Facility disputes the request for additional payment, the parties shall work cooperatively and in good faith to resolve the payment issue on an informal basis within 60 days of the first notification of the overpayment.

14. The Facility shall submit to a Beneficiary record audit upon three business days advance notice.

V. DRS SERVICES AND RESPONSIBILITIES

1. DRS agrees to pay the Facility compensation pursuant to the provisions of Article VI.
2. DRS agrees to continue listing the Facility as a Network Provider until this Contract terminates.
3. DRS agrees to provide appropriate documentation to Beneficiaries for the verification of Prior Authorization and to establish the provision of appropriate Medical or Dental Services.
4. DRS acknowledges the confidentiality, privacy and security regulations pertaining to a Beneficiary's Medical or Dental records and to comply with all applicable laws and regulations.
5. DRS shall maintain a Pre-Determination, Prior Authorization and Concurrent Review program.

VI. COMPENSATION AND BILLING

1. The Facility shall only seek payment from DRS for the provision of Covered Medical or Dental Services except as provided in sections VI (2), VI (3) and VI (5). The payment from DRS shall be limited to the amounts referred to in section VI (2).
2. DRS shall reimburse the Allowable Fee set by DRS for each procedure or the Facility's billed charge, whichever is less. This reimbursement shall be allowed when the Beneficiary has received Covered Medically Necessary Services subject to the following policy limitation and conditions:
 - a. DRS shall have the right to categorize what shall constitute a procedure. DRS and the Beneficiary's financial liability shall be limited to the procedure's Allowable Fee or billed charges, whichever is less, as determined by DRS, paid by applying appropriate coding methodology, whether the Facility has billed appropriately or not.
 - b. The Facility agrees not to charge more for Medical or Dental Services to Beneficiaries than the amount normally charged by the Facility to other patients for similar services. The Facility's usual and customary charges may be requested by DRS and verified through an audit.
3. The Facility agrees to accept the payment from DRS as full and complete payment for services for recipients of public assistance. If the patient is a recipient of Medical Assistance, Rehabilitation Services only, payment from DRS shall represent payment in full except the Facility may collect an amount not to exceed that shown on DRS Form DRS-C-100, Medical Services Authorization, MS-MA-r, Notification of Eligibility Status for Medical Services or DHS Form MS-S-4, Notification of Eligibility Status for Medical Services for Persons Under 21 Years of Age, or Medical Services Authorization, VR-A-302-A.

4. The Facility shall refund within 30 days of discovery to DRS any overpayments made by the Beneficiary.
5. The Facility shall bill DRS on forms acceptable to DRS within 180 days of providing the Medical or Dental Services. The Facility shall use the current revenue codes, ADA, CPT codes with appropriate modifiers, HCPCS codes, and ICD or DSM diagnosis codes, when applicable. The Facility shall furnish, upon request at no cost, all information, including Medical or Dental records and X-rays, reasonably required by DRS to verify and substantiate the provision of Medical or Dental Services and the charges for such services if the Beneficiary and the Facility are seeking reimbursement through DRS.
6. DRS shall reimburse the Facility within 30 days of receipt of billings that are accurate, complete, and otherwise in accordance with Article VI of this Contract. DRS will not be responsible for delay of reimbursement due to circumstances beyond DRS' control.
7. The Facility agrees to release all Facility liens for which payment has been made for Title XIX by DRS and notify DRS. However, this provision does not affect the Facility's entitlement to file a lien or liens for non-preauthorized services.
8. DRS shall have the right at all reasonable times and, to the extent permitted by law, to inspect and duplicate all documentation or records relating to Medical or Dental Services rendered to Beneficiaries at no cost to DRS or the Beneficiary.

VII. PRE-DETERMINATION, PRIOR AUTHORIZATION AND CONCURRENT REVIEW

1. The Facility shall adhere to and cooperate with DRS' established Prior Authorization and Concurrent Review procedures.

VIII. LIABILITY AND INSURANCE

1. Neither party to this Contract, nor any agent, employee or other representative of a party, shall be liable to third parties for any negligent act by commission or omission of the other party in performance of this Contract and the terms and provisions herein.
2. The Facility, at its sole expense, shall maintain a minimum of \$1 million per occurrence and \$1 million aggregate of general and medical liability insurance coverage. DRS shall be notified 30 days prior to cancellation. If coverage is lost or reduced below specified limits, this Contract may be cancelled by DRS. Exceptions to this liability coverage requirement are listed below:
3. A Skilled Nursing Facility, at its sole expense, shall maintain a minimum of \$100,000 per occurrence of insurance coverage for general and medical liability insurance coverage.
4. If applicable the Facility, in lieu of the general and medical liability insurance requirements set out in section VIII (2), may prove that as a federally supported health center, as deemed eligible by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, it has been granted medical malpractice

liability protection with the federal government acting as its primary insurer through the Federal Tort Claims Act and the Federally Supported Health Centers Assistance Act of 1992 and 1995, later codified as 42 U.S.C. Section 233 (g) – (n).

5. If applicable the Facility, in lieu of the general and medical liability insurance requirements set out in section VIII (2), may prove that it has been granted medical malpractice liability protection with the State of Oklahoma or a political subdivision acting as its primary insurer through the Oklahoma Governmental Tort Claims Act, 51 O.S. § 151, et seq.
6. If providing Medical or Dental Services outside of the State of Oklahoma, and if applicable, the Facility, in lieu of the general and medical liability insurance requirements set out in section VIII (2), may prove that it has been granted medical malpractice liability protection with a governmental entity outside of the State of Oklahoma acting as its primary insurer through said governmental entity's statutes, rules or regulations.

IX. DISPUTE RESOLUTION

1. DRS and the Facility agree that their authorized representatives will meet in a timely manner and negotiate in good faith to resolve any problems or disputes that may arise in performance of the terms and provisions of this Contract. Nothing in this article shall interfere with either party's rights under Article X.

X. TERM AND TERMINATION

1. The term of this Contract shall commence on the effective date on the signature page and shall remain in effect until terminated by either party subject to section X (2).
2. Either party may terminate this Contract with or without cause, upon giving 30 days written notice pursuant to section X (5) at any time during the term of this Contract.
3. Nothing in this Contract shall be construed to limit either party's remedies at law or in a court of equity in the event of a material breach of this Contract.
4. This Contract shall terminate if the Facility does not maintain general and medical liability coverage in accordance with this Contract, upon the loss or suspension of the Facility's license to operate in the state of operations, CMS certification, or accreditation as detailed in section I (2). This Contract shall terminate upon the insolvency of either party.
5. The termination notice required by the terms of this Contract shall be provided via email communications to EGID.DRSNetworkManagement@omes.ok.gov. A confirmation notice to the Facility shall be emailed or mailed to the mailing address on record. The termination shall be effective on the date indicated on the confirmation.
6. Following the termination date, this Contract shall be of no further force or effect, except that each party shall remain liable for any obligations or liabilities arising from activities carried on by it hereunder prior to the termination date of this Contract.

7. Following the termination of this Contract, DRS shall continue to have access, at no cost to DRS, to the Facility's records of care and services provided to Beneficiaries for seven years from the date of provision of the services to which the records refer as set forth in section VI.

XI. GENERAL PROVISIONS

1. This Contract or any of the rights, duties, or obligations of the parties hereunder, shall not be assigned by either party without the express written consent and approval of the other party.
2. The primary method by which the Facility shall receive notifications mandated by the terms of this Contract is the *HealthChoice Provider Network News*. The newsletter shall be distributed electronically to the Facility's correspondence email address.
3. Notwithstanding the provisions of section XI (1) of this Contract, DRS may appoint an administrator to administer any of the terms of this Contract referenced herein, and any and all duties or acts required of DRS under this Contract and to receive any notices required by this Contract.
4. This Contract, together with its exhibits, contains the entire agreement between DRS and the Facility relating to the rights granted and the obligations assumed by the parties concerning the provision of Medical or Dental Services to Beneficiaries. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of this Contract, not expressly set forth in this Contract, are of no force or effect.
5. This Contract, or any part, section or exhibit of, or attached to it, may be amended at any time during the term of the Contract by mutual written consent of duly authorized representatives of DRS and the Facility in accordance with section X (2).
6. This Contract is subject to all applicable federal laws, Oklahoma Statutes and rules and regulations codified at the Oklahoma Administrative Code. Any provision of this Contract that is not in conformity with existing or future legislation shall be considered amended to comply with such legislation. Any interpretations or disputes with respect to contract provisions shall be resolved in accordance with federal and State of Oklahoma laws.
7. The terms and provisions of this Contract shall be deemed to be severable one from the other, and determination at law or in a court of equity that one term or provision is unenforceable, shall have no effect on the remaining terms and provisions of this entire Contract, or any one provision, in accordance with the intent and purpose of the parties hereto.
8. In accordance with Presidential Executive Order 12549, the Facility certifies that neither it nor their principals are presently debarred or suspended or otherwise ineligible for participation in federal assistance programs.
9. The Facility certifies that neither it, nor their principals, are not presently debarred or suspended or otherwise ineligible according to the Excluded Parties List System (EPLS)/Office of Inspector General (OIG) excluded provider list.

- 10.** DRS and the Facility agree that this Contract may be formed according to the Oklahoma Uniform Electronic Transactions Act, 12A O.S. § 15-101 *et seq.* The Facility acknowledges that the Contract terms are located on the DRS website and after downloading this Contract and submitting the completed application, signing and returning the signature page to DRS, DRS will note its approval on the signature page and return to the Facility. The Contract terms, application, signature page and any required information submitted by the Facility are records that may be stored as DRS electronic records under the Act. The parties agree and consent to the use of electronic signatures solely for the purposes of executing the Agreement or any related transactional document. Such electronic signature shall be deemed to have the same full and binding effect as a handwritten signature.
- 11.** Pursuant to 74 O.S. § 582, the provider certifies that it is not currently engaged in a boycott of goods or services from Israel that constitutes an integral part of business conducted or sought to be conducted with the state.
- 12.** Pursuant to 74 O.S. § 12005, the provider certifies that it does not boycott energy companies and will not boycott energy companies during the term of the contract.

FACILITY CONTRACT SIGNATURE PAGE

DRS and the Facility incorporate by reference the terms and conditions of this Contract into this signature page. DRS and the Facility further agree that the effective date of this Contract is the effective date denoted on the copy of the executed signature page returned to the facility.

FOR THE FACILITY

Legal name	Trade name/DBA		
Federal tax ID	Primary NPI (attach list if necessary)		
Authorized officer name and title	Authorized officer signature		
Primary service street address	City	State	ZIP code

FOR DRS

Signature of executive administrator

RETURN TO EGID BY EMAIL

Email: EGID.DRSNetworkManagement@omes.ok.gov

Include signature page, application and attachments.



NETWORK FACILITY APPLICATION

Incomplete applications will be returned. Complete and return with all required documents listed below.

GENERAL INFORMATION

Legal name of owner	Trade name/DBA	
CMS classification	Medicare number (if applicable)	
State licensing board	License number	License expiration

PHYSICAL ADDRESS

Practice name			
Street address	City	State	ZIP code
Phone	Website (for publication)		
Fax	Practice email (for publication)		

Address, phone, website and email will appear on the website provider directory.

CONTACT INFORMATION

Contact name		
Phone	Extension	Email

Contact information will be utilized for all legal and contractual notices as defined in sections 12.2 of the Practitioner contract and 11.1 of the IHO and Facility contracts. A contact email address must be included. All notices will be sent electronically.

FACILITY CONTACTS

CEO	Phone	Email
CFO	Phone	Email
Administrator	Phone	Email
Contract/managed care contact	Phone	Email

RETURN TO EGID BY EMAIL

Email: EGID.DRSNetworkManagement@omes.ok.gov

Include the following documents:

- Current state license(s).
- Completed W-9 form for each TIN.
- Medicare certification.
- Face sheet of current general and medical liability insurance policy.
- Accreditation by a nationally recognized organization approved by state or federal guidelines.



HOSPITAL AND NONHOSPITAL SERVICES (if applicable)

Please indicate if the facility provides any of the following specialty services:

- | | |
|---|---|
| <input type="checkbox"/> Ambulance. | <input type="checkbox"/> Infusion therapy. |
| <input type="checkbox"/> Ambulatory surgery center. | <input type="checkbox"/> Laboratory. |
| <input type="checkbox"/> Dialysis. | <input type="checkbox"/> Long-term acute care. |
| <input type="checkbox"/> Durable medical equipment. | <input type="checkbox"/> Mental health/substance abuse. |
| <input type="checkbox"/> Home health care. | <input type="checkbox"/> Rehabilitation. |
| <input type="checkbox"/> Hospice. | <input type="checkbox"/> Skilled nursing facility. |
| <input type="checkbox"/> Independent diagnostic testing facility. | <input type="checkbox"/> Sleep study. |

Does the facility provide the following services by an independent group of specialists? If yes, list the provider group name.

Service Group	TIN	NPI	Phone
Anesthesiology group			
Emergency physician group			
Pathology group			
Radiology group			