

#### MCB/OMD Operational Administrative Policy - Contracts

DRAFT for Review and Approval 7/03/2024, Effective 8/1/2024; Review Before 9/2026

### **Purpose**

All MCB/OMD contracts must be in writing, regardless of the dollar amount of the contract or the time period covered by the contract. There will be no verbal agreements with third parties relating to the provision of goods or services either to or from the OMD.

Involved MCB/OMD staff are accountable for understanding and approving the business terms, to include expenses, and are responsible for following all applicable federal laws, all applicable state laws, and all applicable MCB/OMD policies in the execution and administration of any covered contracts.

#### **Definitions**

A "MCB/OMD covered contract" is defined as an agreement between two or more parties, one of which is MCB/OMD (including any time the MCB/OMD name is used and is intended to have legal effect. A document need not be called a "contract" to fall within the definition of an MCB/OMD contract.

#### **Review and Approval of Contracts**

All MCB/OMD contracts prior to execution (signing) will be reviewed and approved in writing in accordance with all policies and procedures by an Associate/Assistant Chief Medical Officer. If such position is not filled, the Chair of the MCB shall fulfill this role. If required by policy and/or OMD preference, such contract will be sent to the MCB for review and action.

MCB/OMD's legal counsel will review and suggest edits for legal form and validity, as applicable upon determination by the Chief Medical Officer(s). It will be the responsibility of the designee of the Chief Medical Officer(s) to forward all contracts requiring legal review to counsel for such action.

This policy is intended to be in association with other relevant MCB/OMD policies.

#### **Contract Process**

Once a contract has been drafted or received, the process depicted in the routing flowchart included in this policy is expected to be followed.

All OMD Contracts will be maintained in electronic form (unless otherwise indicated an original copy may be kept) in the designated repository. Currently the OMD K;Drive online storage system in the primary folder "OMD CONTRACTS" and in the appropriate subfolder designated by year and facility/type.

OMD Contracts will be reviewed using the contract compliance process at least every five (5) years, unless approved by the Medical Control Board for a longer term.



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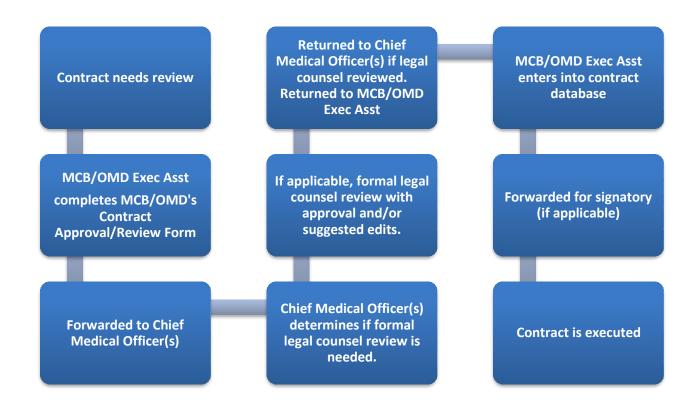
### **Signature Authority**

In usual and customary terms, unless specifically stipulated by dollar amount(s) of a contract, the MCB has granted authority to the Chief Medical Officer(s) to sign MCB/OMD contracts relating to the necessary operations of medical oversight.

### **Compliance with Laws**

MCB/OMD personnel will comply in all material respects with all applicable federal and state laws and regulations, including the federal Anti-Kickback statute.

### MCB/OMD Contract Routing Flowchart





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## MCB/OMD CONTRACT APPROVAL/REVIEW FORM

| Date//                           |                       |  |
|----------------------------------|-----------------------|--|
| Contract Description             |                       |  |
|                                  |                       |  |
|                                  |                       |  |
| See attached document (filename) |                       |  |
| Contract Vendor Contact:         |                       |  |
| Type of Agreement: Nev           | w Renewal A           | Amendment MOU Other                          |
| Term of Agreement:               |                       |  |
| <u>Financial</u>                 |                       |  |
| Estimated Cost:                  |                       |  |
| Estimated Revenue:               |                       |  |
| <u>Approvals</u>                 |                       |  |
| ☐ Check box if additiona         | l action required and | d describe (notary, legal, HIPAA etc.)       |
|                                  |                       | Chair (if required)                          |
| Signature                        | Date                  |  |
|                                  |                       | Chief Medical Officer                        |
| Signature                        | Date                  |  |
| Signature                        | <br>                  | OMD Associate/Assistant Chief Medical Office |
| J                                |                       |  |
| Entered into MCBOMD co           | ntract database by:_  | Date:  |