

RESOLUTION APPROVING RENEWAL NO. 2 TO THE OPERATIONAL AGREEMENT, LEASE/ SUBLEASE AGREEMENT, AND BUSINESS ASSOCIATE AGREEMENT BETWEEN THE CITY OF OKLAHOMA CITY AND SSM HEALTH CARE OF OKLAHOMA, INC., OWNING AND OPERATING SSM HEALTH ST. ANTHONY HOSPITAL – OKLAHOMA CITY, OKLAHOMA CITY, OKLAHOMA, FOR FISCAL YEAR 2025-2026, TO PROVIDE FACILITIES, EQUIPMENT, SUPPLIES, LABOR, MEDICAL SERVICES, AND MEDICAL SUPERVISION NECESSARY FOR THE OPERATION OF THE CITY'S OCCUPATIONAL HEALTH CLINIC, AND FOR CONTINUATION OF LABORATORY AND COLLECTION SERVICES REQUIRED FOR THE CITY'S FOR CAUSE, RANDOM, AND POST-JOB-OFFER DRUG TESTING POLICIES, EFFECTIVE BEGINNING JULY 1, 2025 THROUGH JUNE 30, 2026.

WHEREAS, there has been a contractual relationship since 1992 between The City of Oklahoma City, a municipal corporation ("The City") and SSM Health Care of Oklahoma, Inc., owning and operating SSM Health St. Anthony Hospital – Oklahoma City ("Hospital" or “SSM Health” formerly known as St. Anthony Hospital), Oklahoma City, Oklahoma, to provide certain medical and employee health related services, which included providing the facilities, equipment, supplies, nursing and clerical labor, and medical supervision necessary for the operation of the City of Oklahoma City Occupational Health Clinic, and which also provides for laboratory and collection services necessary for the City's drug testing policies; and

WHEREAS, on June 20, 2023, the City Council for the City of Oklahoma City approved a new lease and operational agreement between the City of Oklahoma City, a municipal corporation and SSM Health Care of Oklahoma, Inc., owning and operating SSM Health St. Anthony Hospital – Oklahoma City, Oklahoma City, Oklahoma, and contains a specific provision allowing The City of Oklahoma City to exercise renewal options for four additional one-year terms

contingent upon City Council approval and approval of annual budget appropriations for said lease and operational agreement; and

WHEREAS, SSM Health has indicated its willingness to extend the second renewal option for the 2025-2026 fiscal year subject to certain specified fee and lease increases, set forth in Attachment No. 1, all within the terms and conditions of the initial lease and operational agreement made between the parties on June 20, 2023; and

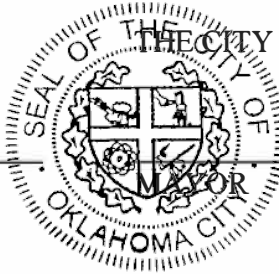
WHEREAS, approving the renewal option for the lease and operational agreement for the 2025-2026 fiscal year is in the best interest of The City of Oklahoma City.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the City of Oklahoma City that the renewal of the Lease and Operational Agreements made between The City and Hospital, to provide certain medical and employee health related services for fiscal year 2025-2026, which includes providing the facilities, equipment, supplies, nursing and clerical labor, and medical supervision necessary for the operation of the City of Oklahoma City Occupational Health Clinic, and which also provides for laboratory and collection services necessary for the City's drug testing policies, is hereby affirmatively exercised.

ADOPTED by the Council and **SIGNED** by the Mayor of The City of Oklahoma City
this 20TH day of MAY, 2025.

ATTEST: (Seal)

Amy K Simpson
City Clerk



David Holt

REVIEWED as to form and legality.

Beth Logan

Assistant Municipal Counselor

RENEWAL NO. 2

Attachment No. 1 to the Resolution

**RENEWAL TERMS OF OPERATIONAL AND LEASE AGREEMENTS
BETWEEN THE CITY OF OKLAHOMA CITY AND SSM HEALTH CARE OF
OKLAHOMA**

FISCAL YEAR 2025-2026 RENEWAL TERMS

Fees and Costs	2025-2026
Nursing/Clerical Staff	
RN	\$47.96
MA	\$29.42
Clerical	\$23.93
Supervising Physician/Medical Review Officer (MRO)	
Supervising Physician	\$2,155.12
Physician Assistant	\$70.00
Lease Payment	
Lease Payment	\$3,451.54
Phones	\$220.00

DRUG TESTING:

Fees and Costs	2025-2026
Screenings	
DOT Drug Abuse Screen & Automatic Confirmation (Amines, Cocaine, PCP, THC, 6AM Morphine & MDMA)	\$21.00
Non-DOT Drug Abuse Screen & Automatic Confirmation (Amines, Cocaine, Opiates, PCP & THC)	\$20.00
Breath/Blood Alcohol Test	\$23.00
Specimen Collection Fee¹	\$5.00
Random Selections (Submitted in Microsoft Excel format)	\$25.00
Medical Review Officer (MRO) Positives Only	\$27.00
Toxicologist's Review-of-Records Testimony (First day plus travel)	\$1,000.00
Toxicologist's Review-of-Records Testimony (Per hour for each additional day)	\$125.00
Litigation Packet	\$250.00
Record Retrieval	\$50.00

NOTE:

All prices except for toxicologist's review-of-records, litigation packet and record retrieval are priced per test. St. Anthony Toxicology Services has partnered with a DOT certified laboratory, Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS to perform the DOT analysis.

The initial drug screen is performed by the EMIT Immunoassay Method. If confirmation is needed, the Gas Chromatography/Mass Spectrometer (GC/MS) Method is used.

¹Minimum of ten (10) employees required for on-site collections. Same fee applies for collections at laboratory. On-site services for groups smaller than ten employees will be charged at \$15.00 per specimen collection.

LABORATORY FEES:

				2025-2026
Test name	CPT	CHARGE CODE	CHARGE CODE NAME	PRICE
Occupational Profile	84999	60013520	LCHG OCCUPATIONAL PROFILE	\$9.21
HDL	83718	60013350	HDL CHOLESTEROL	\$13.56
RPR	86592	60070500	RPR	\$8.58
CBC	85025	60020290	CBC W AUTO DIFFERENTIAL	\$12.88
UA with Micro	81015	60075220	URINALYSIS MICROSCOPIC ONLY	\$5.04
UA without Micro	81003	60075320	URINALYSIS DIPSTICK AUTO	\$6.33
Rubella Titer	86762	60070930	RUBELLA IMMUNE STATUS	\$23.84
Rubeola Titer	86765	60066230	RUBEOLA ANTIBODY IGG	\$33.14
HIV	86701	60004660	HIV-1 HIV-2 ANTIBODY	\$20.78
HBsAb	86706	60014870	HEPATITIS B SURFACE ANTIBODY	\$17.79
HbsAg	87340	60014850	HEPATITIS B SURFACE ANTIGEN	\$17.11
Hep Profile	80074	60010860	HEPATITIS SCREEN ACUTE	\$78.91
Direct bilirubin	82248	60012620	BILIRUBIN DIRECT	\$8.31
Total bilirubin	82247	60012610	BILIRUBIN CORD BLOOD	\$8.31
Creatinine	82565	60013650	CREATININE BLOOD	\$8.49
Varicella	86787	60066060	VARICELLA ZOSTER ANTIBODY IGG	\$21.34
Rabies Ab	86790	60064631	LCHG RABIES ANTIBODY IMMUNE STATUS I	\$45.93
TSH	84443	60011600	TSH	\$27.83
Type ABO	86900	60039030	BLOOD TYPE ABO / RH1	\$10.22
Type Rh	86901	60039040	BLOOD TYPING SEROLOGIC RH(D)	\$10.22
HCV	86803	60010660	HEPATITIS C ANTIBODY	\$23.64
Lipid Profile	80061	60010420	LIPID PROFILE	\$22.17
CMP	80053	60016690	COMPREHENSIVE METABOLIC PANEL	\$17.49
GLUCOSE	82947	60018100	GLUCOSE	\$6.49
	84520	60012800	BUN	\$5.23
	82947	60014750	GLUCOSE FASTING	\$6.49
	86704	60014861	LCHG HEPATITIS B CORE ANTIBODY I	\$15.95
	80076	60015770	HEPATIC FUNCTION PANEL	\$10.81
	84156	60016550	PROTEIN URINE TIMED QUANTITATIVE	\$4.86
	84460	60016650	ALT	\$7.01
	36415	60019950	LCHG BLOOD DRAW	\$12.48
	83036	60062850	HEMOGLOBIN A1C	\$12.85
	83655	60063800	LEAD BLOOD	\$14.88
	86735	60066120	MUMPS ANTIBODY IGG	\$17.27
	81050	60069980	VOLUME MEASURE URINE	\$4.06
	87389	60070271	HIV-1 AG W HIV-1+HIV-2 AB	\$31.87
	81001	60075030	URINALYSIS ROUTINE AUTO W MICROSCOPIC	\$6.62
	87522	60083150	HEPATITIS C RNA PCR QUANT	\$153.49
	84202	60084710	ZINC PROTOPORPHYRIN	\$18.98
	85610	60024010	LCHG PT-INR	\$5.20
	85730	60024020	LCHG PTT	\$7.95
	82247	60012650	LCHG BILIRUBIN TOTAL BLOOD	\$6.64
	83615	60015250	LCHG LDH BLOOD	\$7.98
PSA - Direct Measurement	84153	60064750	LCHG PROSTATE SPECIFIC ANTIGEN DIAG	\$24.35
PSA - Direct Measurement	G0103	60016660	LCHG PROSTATE SPECIFIC ANTIGEN SCREEN	\$24.35
FIT Hemoccult x3	82274 x 3	60047870	LCHG OCCULT BLOOD FECES 1-3 IMMUNO	\$63.15
Sickle Cell	85660	60021920	LCHG SICKLE CELL SCREEN	\$7.32
	82300	60060471	LCHG CADMIUM	\$35.17
	83825	60064110	LCHG MERCURY BLOOD	\$14.88
	82175	60060420	LCHG ARSENIC BLOOD	\$14.88
	83655	60063801	LCHG LEAD BLOOD	\$14.88

Laboratory fees for tests not listed on Schedule A will be billed at direct Hospital cost plus 10% or Medicare rates (whichever is higher).

RADIOLOGY FEES:

				2025-2026
Imaging Dept	CPT	CHARGE CODE	CHARGE CODE NAME	PRICE
CT	74150	800796	CT ABDOMEN NON IV CONTRAST	198.87
CT	74160	800303	CT ABD WITH IV CONTRAST	291.57
CT	74170	800304	CT ABD WITH AND WITHOUT IV CONTRAST	298.87
US	76700	800560	US ABDOMEN COMPLETE	221.55
US	76536	800556	US HEAD NECK TISSUES B-SCAN RE	198.57
US	76705	800561	US ABDOMEN LIMITED	200.07
XRAY	70110	800362	MANDIBLE 4+ VW	142.41
XRAY	70330	800333	TEMPOROMANDIBULAR JOINTS BILAT	118.10
XRAY	71045	8103259	CHEST 1 VIEW	96.21
XRAY	71046	8103260	CHEST 2 VIEWS	96.21
XRAY	71047	8103261	CHEST 3 VIEWS	96.21
XRAY	71101	800537	RIBS UNILATERAL W PA CHEST	143.68
XRAY	72040	800596	CERVICAL SPINE 2 OR 3 VW	117.23
XRAY	72070	800625	THORACIC SPINE 2VW	139.82
XRAY	72072	800628	THORACIC SPINE 3 VW	141.15
XRAY	72100	800671	LUMBAR SPINE 2 OR 3 VW	141.09
XRAY	72170	800731	PELVIS 1 OR 2 VW	138.10
XRAY	72220	800768	HCSACRUM AND COCCYX	114.24
XRAY	73000	800779	CLAVICAL	113.80
XRAY	73030	800834	SHOULDER 2+ VW	76.53
XRAY	73060	800881	HUMERUS 2+ VW	113.80
XRAY	73070	800900	ELBOW 2 VW	113.80
XRAY	73090	800953	FOREARM 2 VW	113.41
XRAY	73110	800022	WRIST 3+ VW	75.43
XRAY	73130	800077	HAND 3+ VW	75.43
XRAY	73140	800859	FINGERS (MULTIPLE)	112.09
XRAY	73502	8102394	HIP UNILAT 2 - VIEWS	117.23
XRAY	73551	8102399	FEMUR 1 VIEW	113.80
XRAY	73552	8102400	FEMUR MINIMUM 2 VIEWS	114.68
XRAY	73560	800197	KNEE 1 OR 2 VW	113.80
XRAY	73562	800200	KNEE 3 VW	115.07
XRAY	73590	800207	TIBIA AND FIBULA 2 VW	113.41
XRAY	73610	800213	ANKLE 3+ VW	114.24
XRAY	73630	800219	FOOT 3+ VW	113.85
XRAY	73660	800224	TOES 2+ VW	111.70
XRAY	74018	8103263	ABDOMEN 1 VIEW	114.68
XRAY	74019	8103264	ABDOMEN 2 VIEWS	141.54
XRAY	74022	800805	ABDOMEN OBSTR SERIES W/PA CHEST	147.02
XRAY	74246	800759	FLUORO UPPER GI AIR CONTRAST	268.75

Radiology fees for tests not listed on Schedule D will be billed at direct Hospital cost plus 10% or Medicare rates (whichever is higher).

NOTE 1: The fees listed will be applicable for all routine pre-employment physicals, comprehensive physicals, and return to work physicals.

NOTE 2: The fees listed above are inclusive of radiologist interpretation fees.

Hospital and Sublandlord, party to the Operating Agreement, Lease/Sub-Lease Agreement, and Business Associate Agreement with The City of Oklahoma City, approved on June 20, 2023, agrees to extend the second renewal option for fiscal 2025-2026, as provided in the aforesaid agreements, subject to the renewal terms set forth above. All other terms of said agreements are to remain unchanged. Further, the undersigned certifies and states that he or she has authority to approve and sign this statement and agreement on behalf of SSM Health Care of Oklahoma, Inc., owning and operating St. Anthony Hospital – Oklahoma City.

DocuSigned by:
By: Tammy Powell (President, Hospital, Administration) April 18, 2025
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Tammy Powell, President,
SSM Health Care of Oklahoma, Inc., owning and
Operating St. Anthony Hospital – Oklahoma City

Date