



MEDICAID PROGRAM PROVIDER AGREEMENT
 ND DEPARTMENT OF HUMAN SERVICES/Medical
 SFN 615 (8-2003)

Agreement between the North Dakota Department of Human Services, hereinafter referred to as "state agency": and

Provider:				
Provider Number:	Address:	City:	State:	Zip Code:

hereinafter referred to as "provider";

1. As a condition to participation in the North Dakota Medicaid Program, the provider hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed thereunder by regulation of the Department of Health and Human Services (45 CFR Part 80) to the end that no person shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the provider receives federal financial participation from the state agency; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement. Provider agrees to comply with the Health Insurance Portability and Accountability Act of 1996, 45 CFR parts 160 and 164; the Age Discrimination Act of 1975, 45 CFR parts 90 and 91; the Americans with Disabilities Act of 1990, 42 USC section 1201 et. seq.; and the North Dakota Human Rights Act of 1983, NDCC Chapter 14-02.4. Provider further agrees that it will comply with Section 504 of the Rehabilitation Act of 1973 as amended, to the end that no otherwise qualified disabled individual shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial participation. The provider further agrees that it will comply with the provisions of Sections 3, 8, 9, and 15 of the Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977 (P.L. 95-142) and all requirements imposed thereunder by regulations of the Department of Health and Human Services (42 CFR Parts 431 and 455) including but not limited to, the maintenance and disclosure of records identifying those persons holding an ownership or control interest in the provider.
2. The provider agrees to maintain written policies and procedures with respect to all adult individuals receiving care; to provide written information to each such individual regarding the individuals rights to make decisions concerning such care, including the right to accept or refuse medical or surgical treatment, the individuals right to formulate advance directives, and the providers written policies respecting the implementation of those rights; to document in the individuals medical record whether or not the individual has executed an advance directive; not to condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive; to ensure compliance with state law respecting advance directives; and to provide for education for staff and the community on issues concerning advance directives. "Advance directive" means a written instruction, such as a living will prepared in accordance with N.D.C.C. Chapter 23-06.4 or a durable power of attorney for health care prepared in accordance with N.D.C.C. Chapter 23-06.5, relating to the provision of such care when the individual is incapacitated. The written information must be provided at the time of the individual's admission to a hospital; in advance of the individual coming under the care of the provider, in the case of home health care or personal care services; at the time of initial receipt of hospice care by the individual from the program if a hospice program and; at the time of enrollment of the individual with the organization if a health maintenance organization.
3. As a condition to participation in the North Dakota Medicaid Program, provider hereby agrees to submit true, accurate and complete claims for payment in the manner prescribed by the state agency.
4. The state agency agrees to pay the provider for services rendered to persons who are eligible for such services under the rules and regulations for the North Dakota Medicaid Program with payment to be in accordance with the payment structure established by the state agency and other programs for which payments are made through the same system.
5. The provider agrees to accept that payment as payment in full for the services rendered to persons eligible for such services under the North Dakota Medicaid Program.

Provider Signature:	Date:
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FOR STATE USE North Dakota Department of Human Services	
Medicaid Director:	Date:

6. The provider agrees to keep such records as are necessary to fully disclose to the state agency or the Department of Health and Human Services the extent of services provided to individuals eligible for the North Dakota Medicaid Program.
7. The provider agrees to furnish the state agency or the Department of Health and Human Services with such information regarding any payments claimed by the provider for providing services under the North Dakota Medicaid Program as the state agency may from time to time request.
8. Provider acknowledges and understands that payment and satisfaction of claims submitted to the state agency for services provided individuals eligible for the North Dakota Medicaid Program will be from federal and state funds and that any false claims, statements, or documents, or concealment of material fact, may be prosecuted under applicable federal or state laws.
9. The parties stipulate that this agreement may be terminated at any time upon the giving of written notice to the other party.
10. Primary care providers agree to accept individuals eligible for enrollment in the order in which they apply without restriction when selecting the provider as their primary care provider. Please refer to additional related policy stated in the North Dakota Medicaid Provider Manual.

INSTRUCTIONS FOR COMPLETING PROVIDER AGREEMENTS

One requirement of the state agency's federal Medicaid Management Information System (MMIS) is that each provider must have a completed and signed provider agreement on file with the state agency. Therefore, it is necessary for each provider to execute a provider agreement before payments can be authorized under the state agency claims processing system.

The state agency will assign separate provider numbers for each practitioner in a clinic setting. If the bylaws of the clinic allow the clinic manager or other employee's signature to bind individual practitioners to contracts or agreements, it is necessary to complete only one agreement for the clinic. However, if the clinic personnel cannot, by their signature, bind individual practitioners to contracts or agreements, it will be necessary to execute an agreement for each practitioner.

Each provider should enter the provider name, address, and city in the indicated spaces on the form. The provider number space should be left blank. The **state agency** will enter a number for each provider.

Each provider should sign and date both copies of the agreement. The state agency will then complete the form and mail each provider a copy for filing.