CONTRACT TO PROVIDE PRIMARY CARE CASE MANAGEMENT SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1296 (11-2016)

Clear Fields

Provider Name	
North Dakota Provider ID Number	National Provider Identifier (NPI) Number

This agreement is entered into between the North Dakota Department of Human Services, Medical Services Division (NDDHS), hereinafter referred to as the Department, and the above named provider, hereinafter referred to as a Primary Care Provider (PCP), whose primary care place of practice address/location is:

Address	City	State	ZIP Code
Telephone Number	Fax Number		

Section I. General Statement of Purpose and Legal Authority

The purpose of this agreement is to obtain Primary Care Case Management (PCCM) services for designated recipients participating in the North Dakota Medicaid program through appropriate referrals and authorizations of certain Medicaid services for recipients who may select, or be assigned to, the contracting providers. The goal of the PCCM program is to increase access to primary care, provide coordination and continuity of health care services, as well as minimize or reduce unnecessary or inappropriate utilization of health care services. The PCP receives a per member per month (PMPM) management fee (for a certain enrolled group of eligible Medicaid recipients) in exchange for the delivery of medically necessary primary care medical services, referrals for specialty services, care coordination, and assistance with accessing the health care system.

A PCP may be an individual physician or Advanced Registered Nurse Practitioner (General Practice, Family Practice, Internal Medicine, Pediatrics, or OB/GYN), a Federally Qualified Health Care Center (FQHC), a Rural Health Clinic (RHC), or Indian Health Services (IHS).

This agreement describes the terms and conditions under which the agreement is made and the responsibilities of the parties thereto. This agreement shall be construed as supplementary to the usual provider agreement entered into by providers participating in the Medicaid Program, and all provisions of that agreement shall remain in full force and effect, except to the extent they are superseded by the specific terms of this agreement. The provider agrees to abide by all existing laws, regulations, rules and procedures applicable to the North Dakota Medicaid Primary Care Case Management program and North Dakota Medicaid participation.

Term: This contract shall become effective upon signature of both parties and shall remain in effect until otherwise amended or terminated pursuant to the terms of this contract. Renegotiations will not be addressed.

Section II. Enrollment, Disenrollment and Reenrollment of Recipients

1. Enrollments and re-enrollments shall occur at the county social services office as follows:
   a. Medicaid recipients eligible for the PCCM program (potential enrollees) will be sent information regarding the managed health care options available within their local area and will be allowed to choose between them.
   b. If the recipient fails to make a selection of a managed health care option, a default enrollment selection will be made by the Department. This selection is based on the recipients prior PCP assignment; household provider usage if appropriate; provider specialty and an equitable distribution between providers available within the recipients local area.
   c. An enrollee who loses North Dakota Medicaid eligibility for a period of 60 days or less will be automatically re-enrolled with the last provider chosen or assigned.

2. Recipients may choose a PCP among participating PCPs in their health care deliver area taking into consideration reaching the providers delivery site within a reasonable time using available and affordable modes of transportation.
   a. Recipients shall be permitted to change PCPs within the guidelines set forth by the Department by submitting either an oral or written request to their local county social services office. The guidelines are as follows:
      - Enrollees may request a change in PCP any time during the first ninety days upon selecting a PCP,
      - Every six months during open enrollment,
      - Or for good cause. When a good cause request is made to change the PCP, the county eligibility worker must determine if good cause exists and document the reasons and decision. Good cause reasons include, but are not limited to: the Provider terminates his/her participation in the PCCM program; the enrollee has moved out of the

provider's service area; the enrollee requires services not provided by the current PCP and lack of services would subject the enrollee to unnecessary risk; quality of care concerns or lack of access to providers; or the member has been enrolled in error. Voluntary disenrollment from a PCP is effective the day the request is received.

3. The PCP may disenroll or terminate the provider-patient relationship by providing 30 days written notice to the recipient and to the Department. The reason for the termination must be considered “good cause” as outlined in the M*anaged Care chapter* of the *General Information for Providers Manual.* The reason(s) must be explained in writing, be non-discriminatory, generally applied to the providers entire patient base, and approved by the Department. The PCP may not request disenrollment due to a change in the enrollees health status or utilization of medical services, diminished mental capacity or uncooperative behavior resulting from special needs, except when such behavior disrupts or seriously impairs the ability to furnish services to this or to other enrollees.

Section III. Requirements to Provide Primary Care Case Management Services (General Terms and Conditions)

1. Must be a North Dakota Medicaid enrolled provider.
2. Must comply with all applicable Federal and State laws and regulations.
3. Must agree to practice the provisions in, and sign the agreement for Participation as a Primary Care Provider (PCP) in the North Dakota PCCM program, which includes policy, information, and meeting the general requirements outlined in the North Dakota Medicaid *General Information for Providers Manual*.
4. Must accept enrollees, including voluntary and mandatory assignments, in the order in which they are enrolled.
5. Must treat enrollment as voluntary unless required by the Department.
6. Must not discriminate on the basis of health status or need for health care services.
7. Must not discriminate against individuals enrolled on the basis of race, color, or national origin, and will not use any policy or practice that has the effect of discriminating on the basis of race, color, or national origin.
8. Must provide for arrangements with, or referrals to, sufficient numbers of physicians and other practitioners to ensure that services under the contract can be furnished to enrollees promptly and without compromise to quality of care.
9. Must transfer the enrollees medical record to the enrollees new PCP if requested in writing and authorized by the enrollee.
10. Must provide or arrange for suitable coverage for needed services, consultation, and approval of referrals during normal business hours including 24-hour availability of information, referral, and treatment for emergency medical conditions. This includes coverage during vacations, illnesses and all other absences.
11. Must coordinate with the health management program including collaborating with the RN care managers within the ND Medicaid Health Management program, as requested.
12. Must not distribute any marketing material for the purpose of enrollment without first obtaining approval from the Department.
13. Must not conduct direct or indirect marketing activities specifically intended to influence recipients to enroll with the PCP or disenroll from another PCP.
14. Must make available reasonable appointment availability based on routine, preventive, urgent, or emergent care needs.
15. Must create and maintain a medical record for each enrollee that contains, at a minimum, the Medicaid identification number of the patient, name, age, gender, address of the enrollee, documentation of services provided, where services were provided and by whom, medical diagnosis, treatment, therapy, and medications prescribed or administered, all approvals for covered services and referrals made to other providers for Medicaid services. Documentation should also include date of referral, service, limits, procedures and other pertinent information if necessary to fulfill the need of the referring service. The provider will document all authorizations for covered services provided by other providers. All medical records must comply with federal requirements for utilization control (pursuant to 42 Code of Federal Regulations (CFR) 456).
16. Must respond to requests from the Department for verification that specific services paid were actually authorized by the PCP.
17. Must notify the Department and/or the Department's Provider Enrollment area, (in writing) of any changes in practice (i.e. no longer providing PCP services, change in specialty and/or location).

Section IV. Retention of Records

Financial records, supporting documents, statistical records, and all other pertinent records shall be retained for a period of three years from the date of submission of the request for reimbursement. The only exceptions are the following: if any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken; records for real property and equipment acquired with federal funds shall be retained for three years after final disposition; when records are transferred to or maintained by HHS awarding agency, the three-year retention requirement is not applicable to the recipient; and indirect cost rate proposals, cost allocation plans, etc., as specified in 45 CFR 74.53(g).

Section V. Responsibilities of NDDHS, Medical Services Division

1. Assign enrollees to a PCP as requested by the recipient or auto-assignment process.
2. Provide enrollees and providers information regarding the PCCM program.
3. Provide the PCP with a list of enrollees each month. This list is generated at the end of the month for the current month served. (Some slight variance may occur from month to month).
4. Pay each PCP a case management fee ($2.00) for each enrollee per month. The fee will be paid whether or not services were delivered to an enrollee that month. FQHC, RHC, and IHS facilities are excluded from this payment.
5. Pay the contracted provider for medical services covered under the North Dakota Medicaid program provided to enrollees according to the fee-for-service reimbursement system in place in the North Dakota Medicaid program. For a current list of covered services, refer to the *General Information for Providers* Manual.
6. The Department may recoup case management fees/payments when it has determined through reliable evidence that an overpayment has occurred. The amount to be recouped shall be equal to the amount of the overpayment. Recoupment shall take place either through withholding future management fees or by way of direct billing to the PCP.
7. The Department will establish a grievance procedure in order to resolve concerns of enrollees or providers relative to services received or provided.).

Section VI. Emergency Services

Authorization of the PCP is not required for payment for services rendered in an emergency situation. Emergency services may be performed regardless of location.

Section VII. Written Materials and Oral Interpretation Services

1. The PCP will make available all written information regarding the practice in easily understood language and format as well as in the prevalent non-English languages spoken in the practices service area.
2. The PCP will provide oral interpretation services for any language at no cost to the enrollee or potential enrollee.
3. All written materials, including, but no limited to enrollment notices, informational materials and instructional materials must be provided to enrollees and potential enrollees in a manner and format that may be easily understood. Material must be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example are visually limited or have limited reading proficiency. All enrollees must be informed that information is available in alternative formats and how to access those formats.

Section VIII. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), also known as "Health Tracks"

1. The Provider will render EPSDT services or make arrangements for EPSDT services to be provided to his/her eligible members in accordance with the Health Tracks periodicity schedule.
2. PCP authorization and referrals can be made to other providers and local health departments for EPSDT screening.

Section IX. Prohibitions

A PCP may not knowingly have a relationship with: (1) an individual who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549, or (2) an individual who is an affiliate of a person described above.

The relationships described in this paragraph include:

- A director, officer, or partner of a PCP
- A person with beneficial ownership of five percent or more of the PCP's equity
- A person with an employment, consulting or other arrangement with the PCP for the provision of items and services that is significant and material to the PCP's obligations under its contract with the Department

If the Department finds that a PCP is not in compliance with the above:

- The Department must notify the Secretary of the noncompliance;
- May continue an existing agreement with the PCP unless the Secretary directs otherwise.
- May not renew or otherwise extend the duration of an existing agreement with the PCP unless CMS provides to the State and to Congress a written statement describing compelling reasons that exist for renewing or extending the agreement.

Section X. Sanctions

Sanctions are listed per the General Information for *Providers-Medicaid and Other Medical Assistance Programs* Manual, *Managed Care Chapter*.

Section XI. Termination from Participation

1. This agreement may be terminated by either party without cause upon giving the other party written notice 30 days in advance of the desired date of termination or removal. The 30 days will allow enrollees time to select another PCP.
2. The Department may terminate the agreement immediately upon written notice to the PCP when such termination is considered to be in Medicaids best interest to assure the continuation of necessary and appropriate service to Medicaid recipients.

Section XII. Legal Compliance

This contract must comply with all Federal and State laws and regulations, including title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Byrd Anti-Lobbying Amendment and Equal Employment Opportunity mandates. Additionally, no contract will be made to parties Excluded from Federal Procurement of non-Procurement Programs.

The PCP agrees that federal funds have not and shall not be utilized for lobbying purposes.

Section XIII. Attachments

The following must be completed and signed to indicate the enrolling PCP understands the terms and conditions that regulate the ND Medicaid PCCM Program:

- Attachment A - Provider Enrollment Information
- Attachment B - Definitions

I agree to comply with the participation requirements of a Primary Care Provider under the PCCM program, as cited in this Agreement. I also agree that facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Agreement. I certify that all information provided in this PCCM Contract is correct.

Primary Care Provider Signature		Date
Form Completed by:	Title	Date

STATE OFFICE USE ONLY

Medical Services Director or Designee	Date

Return form to:

ND Department of Human Services, Medical Services Division
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250

Email: dhsenrollment@nd.gov

Fax: (701) 328-1544

Attachment A
Provider Enrollment Information

Practice Identification

PCP's Primary Care Practice

☐ Physician ☐ ARNP ☐ RHC ☐ FQHC ☐ Indian Health Services (IHS) ☐ PA-C

PCP's Specialty

☐ Family / General Practice ☐ Internal Medicine ☐ Rural Health Clinic (RHC)
☐ Obstetrics / Gynecology ☐ Pediatrics ☐ Indian Health Services (IHS)
☐ Federally Qualified Health Center (FQHC)

PCP Site Name			Telephone Number	
Address	City		State	ZIP Code

24-Hour Coverage Plan

After-Hours Telephone Number

After-Hours Access Will Be Handled By

☐ An answering service contacts the site or a coverage provider after regular office hours
☐ An answering machine directs patients to call a covering provider after regular office hours
☐ Call forwarding transfers calls to another location where someone can contact the site or a covering provider after regular hours
☐ Alternate Coverage Arrangements - Specify:

Office Hours and General Information About this Location

Monday		Tuesday		Wednesday		Thursday	
AM	PM	AM	PM	AM	PM	AM	PM

Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM

Scheduling Information Not Listed Above

Attachment B
Definitions

Auto-Assignment: The process by which the Department utilizes a default assignment of a Medicaid recipient to a PCP when a recipient does not select a PCP within a given time period, as defined by the Department.

Covered Populations: Include the following eligibility categories as it relates to this agreement:

- Categorically Needy Family Coverage Group (1931) and Transitional (Extended) Medicaid
- Optionally Categorically Needy
- Medically Needy Non-Exempt (These recipients have a monthly recipient liability)
- Poverty Level Pregnant women, children to age 6, and children ages 6 to 19

Emergency Services: Those services provided in response to a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that in the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, serious dysfunctions of any bodily organ or part.

Enrollee: means a Medicaid recipient who is currently assigned to a PCP or enrolled in a managed care organization (MCO), if available.

Health Tracks (EPSDT Program): The program to ensure that Medicaid-eligible children, ages 0 through 20 years receive a comprehensive range of preventive health care services and in order to meet the Centers for Medicare and Medicaid Services (CMS) requirement of 80% Health Tracks Screens and to provide additional benefits which are covered only for Health Tracks program participants.

Potential Enrollee: Medicaid recipient who is subject to mandatory enrollment or may voluntarily elect to enroll in a given managed care program, but are not yet an enrollee of a specific Primary Care Case Management Program or MCO.

Primary Care: All health care services and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician, to the extent the furnishing of those services is legally authorized in the State in which the practitioner furnishes them.

Primary Care Case Management (PCCM): A system under which a PCP contracts with the Department to furnish case management services (which include the location, coordination and monitoring of primary health care services) to Medicaid recipients.

Primary Care Provider (PCP): One provider chosen by the recipient or assigned by the Department to provide primary care and case management services. The Primary Care Provider serves as an entry point into the medical and health care system. PCPs are advocates for the patient in coordinating and managing the use of the entire health care system to benefit the patient.

Recipient: A person receiving Medicaid benefits within the North Dakota Medicaid program.