



MEDICAID AND BASIC CARE ASSISTANCE PROGRAMS PROVIDER AGREEMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

SFN 308 (5-2005)

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

Provider Name	Provider Number	Effective Date	
Address	City	State	Zip Code

hereinafter referred to as "provider";

- As a condition to participation in the North Dakota Medicaid and Basic Care Assistance Programs, 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 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. The provider still further agrees to comply with the North Dakota Century Code Chapter 50-24.5.
- The provider agrees to maintain written policies and procedures with respect to all individuals receiving care; to provide written information to each such individual regarding the individual's rights to make decisions concerning such care, and the provider's written policies respecting the implementation of those rights.
- As a condition to participation in the North Dakota Medicaid and Basic Care Assistance Programs, provider hereby agrees to submit true, accurate and complete claims for payment in the manner prescribed by the state agency.
- 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 and Basic Care Programs 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.
- 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 and Basic Care Assistance Programs.

Provider (Signature Required)	Date
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FOR STATE USE
North Dakota Department of Human Services

Medicaid Director	Date
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NORTH DAKOTA MEDICAID AND BASIC CARE ASSISTANCE PROGRAMS
CONDITIONS OF AGREEMENT CONTINUE ON BACK

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 and Basic Care Assistance Programs.
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 and Basic Care Assistance Programs 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 and Basic Care Assistance Programs 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.

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.

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

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