CONTRACT TO PROVIDE PRIMARY CARE CASE MANAGEMENT SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1296 (2-2022)

Clear Fields

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

This contract 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 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 contract is to establish the terms and conditions and outline the requirements of the parties within the Primary Care Case Management (PCCM) program. This contract is supplementary to the 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Program, and all provisions of that agreement shall remain in full force and effect, except to the extent they are superseded by the specific terms of this contract. The PCP agrees to abide by all policies applicable to the North Dakota Medicaid program, including the PCCM program. Additional information is in the PCCM Chapter of the General Information for Providers manual located on the North Dakota Department of Human Services website (https://www.nd.gov/dhs).

A PCP may be a physician, certified physician assistant (PA-C) or an advanced practice registered nurses with the roles of nurse practitioner (NP) or certified nurse midwife (CNM) with one of the following specialty areas: general practice, family practice, internal medicine, pediatrics, obstetrics/gynecology, or adult health (NP only). Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), or Indian Health Services (IHS)/ Tribal 638 clinics may also be selected as a PCP.

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.

Section II. Enrollment, Reenrollment and Disenrollment of Members

1. Enrollments and re-enrollments shall occur at the human service zone office as follows:
   a. Medicaid members enrolled in the PCCM program will be given information from their human service zone eligibility worker regarding the PCP options available and will select a PCP.
   b. Members must choose a PCP among participating PCPs in their health care delivery area taking into consideration reaching the providers delivery site within a reasonable time using available and affordable modes of transportation.
   c. If a member fails to select a PCP, a PCP auto-assignment will be made by the Department. This selection is based on the members prior PCP assignment; household provider usage if appropriate; provider specialty and an equitable distribution among providers available within the members local area.
   d. A member who loses North Dakota Medicaid eligibility for a period of 60 days or less will be automatically re-enrolled with the last PCP chosen or assigned.

2. Members are permitted to change PCPs at any time by making an oral or written request to their human service zone. Member requests for a change in PCP are effective the day the request is received.

3. A PCP may request dis-enrollment from a member, when there is a good cause. Good cause includes:
   a. The member has committed acts of physical or verbal abuse that pose a threat to providers or other patients.
   b. The member has violated rules of the PCCM program as stated under Rights and Responsibilities in the Primary Care Case Management Program Member Handbook http://www.nd.gov/dhs/info/pubs/docs/medicaid/primary-care-booklet-dn-913.pdf

c. The member is unable to establish or maintain a satisfactory relationship with the PCP. Disenrollment of a member for this reason is permitted only if it has been demonstrated that the PCP: 1) made a reasonable effort to assist the member to establish a satisfactory relationship, 2), provided the member the opportunity to select an alternative PCP and 3) informed the member that the member may file a grievance regarding the disenrollment.

A PCP may not request disenrollment from a member because of a change in health status, utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from special needs, except where continued enrollment seriously impairs the PCPs ability to furnish services to the member or other patients.

To disenroll from a member, the PCP must provide written notice to the member and to ND Medicaid at least 30 days prior to the date of disenrollment. The written notice must provide the reasons for the disenrollment and will be reviewed by ND Medicaid to ensure requirements have been met.

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, rules, and regulations.
3. Must agree to comply with the provisions in this contract and the Medicaid Program Provider Agreement (SFN 615).
4. Must accept enrollees, including member choice and auto assigned members in the order in which they are enrolled.
5. Must not discriminate based on a members health status or need for health care services.
6. Must not discriminate against members based on race, color, sex, age, disability, national origin, religion, political beliefs, or status with respect to marriage or public assistance. and will not use any policy or practice that has the effect of discriminating on the above basis.
7. Must provide for arrangements with, or referrals to, physicians and other practitioners to ensure that services can be furnished promptly to members and without compromise to quality of care.
8. Must transfer the members medical record to the members new PCP upon request.
9. Must provide care, consultation, and approval of referrals during normal business hours, including 24-hour availability of information, referral, and treatment for emergency medical conditions.
10. Must provide or arrange for suitable coverage for needed services. This includes coverage during vacations, illnesses, and all other absences.
11. Must not distribute any marketing material for the purpose of enrollment without first obtaining approval from the Department.
12. Must not conduct direct or indirect marketing activities specifically intended to influence members to enroll with the PCP or disenroll from another PCP.
13. Must ensure appointment availability based on routine, preventive, urgent or emergent care needs
14. Must create and maintain a medical record for each member.
15. Must document all referrals made to other providers for Medicaid services. Documentation must include items listed under *Contents of a Referral* in the *PCCM Chapter* of the *General Information for Providers* manual.
16. Must, upon request, submit documentation to the Department which verifies that specific services were authorized via a referral.
17. Must notify the Department 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

ND Medicaid providers are required to keep records necessary to completely and thoroughly document the extent of services rendered to members and billed to ND Medicaid. Records must be retained for a period of at least six years from the date of its creation or the date when it was last in effect, whichever is later. State law may require a longer retention period for some provider types.

Section V. Responsibilities of the Department

1. Assign enrollees to a PCP as requested by the member or through the auto-assignment process.
2. Provide members and PCPs information regarding the PCCM program.
3. Provide providers with a monthly list of members assigned to primary care providers affiliated with the group.

4. Pay each PCP a case management fee ($2.00) for each member per month. The fee is paid regardless of whether services were delivered to a member that month.
5. Pay the PCP for covered services provided to members according to the ND Medicaid State Plan and fee schedule.
6. Determine if a case management fee should be recouped when 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 direct billing to the PCP.
7. Resolve concerns of members or providers relative to services received or provided.

Section VI. 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 practice's 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 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 VII. Early and Periodic Screening, Diagnosis and Treatment (EPSDT), also known as "Health Tracks"

1. The PCP will inform all assigned members of the benefit for well-child checks through the EPSDT program on at least an annual basis.
2. The PCP shall perform appropriate components of EPSDT/well-child screenings in adherence with the current American Academy of Pediatrics Bright Futures periodicity schedule.
3. The PCP shall refer EPSDT-eligible members to other enrolled licensed practitioners for services necessary to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions identified by the screening services.

Section VIII. Prohibitions

A PCP may not knowingly have a relationship with the following:

a. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement

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A PCP may not knowingly have a relationship with the following:

a. An individual or entity that 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.
b. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in paragraph (1) above.

Relationships, for this section are:

- A director, officer, or partner of the PCP or PCCM entity; A subcontractor of the PCP or PCCM entity.
- A person with beneficial ownership of 5 percent or more of the PCP or PCCM entity's equity; or
- A network provider or person with an employment, consulting, or other arrangement with the PCP or PCCM entity for the provision of items and services that are significant and material to the PCP or PCCM entity's obligations under its contract with the State.
- A PCP or PCCM entity may not have a relationship with an individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Act.
- If the Department finds that a PCP or PCCM entity is not in compliance with this section, the Department:

a. Must notify the Secretary of the United States Department of Health and Human Services of the noncompliance.
b. May continue an existing agreement with the PCP or PCCM entity unless the Secretary directs otherwise.
c. May not renew or otherwise extend the duration of an existing agreement with the PCP or PCCM entity unless the Secretary provides to the Department and to Congress a written statement describing compelling reasons that exist for renewing or extending the agreement despite the prohibited affiliations.

Nothing in this section must be construed to limit or otherwise affect any remedies available to the U.S. under sections 1128, 1128A or 1128B of the Act.

Section IX. Sanctions

A PCP who fails to comply with the provisions of this contract may be sanctioned under ND Century Code 50-24.1-36 and ND Administrative Code 75-02-05.

Section X. Termination from Participation

1. This contract may be terminated by either party without cause upon giving the other party written notice.
2. The Department may terminate the contract immediately upon written notice to the PCP when such termination to be in the best interest of the Medicaid program to assure the continuation of necessary and appropriate service to Medicaid members.

Section XI. 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.

Section XII. Attachments

- Attachment A - must be completed and returned to the Department, along with this contract.

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

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

Email: dhsmci@nd.gov

Fax: (701) 328-1544

Attachment A
Provider Enrollment Information

Practice Identification

PCP Type

☐ Physician ☐ NP ☐ CNM ☐ PA-C ☐ RHC ☐ FQHC ☐ Indian Health Services (IHS)/Tribal 638 Clinic

PCP Specialty

☐ Family / General Practice ☐ Internal Medicine ☐ Obstetrics / Gynecology ☐ Pediatrics ☐ Adult Health - NP Only

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