

PRIMARY CARE PHYSICIAN (PCP) ADDENDUM TO THE SD MEDICAID PROVIDER AGREEMENT

For licensed MDs and DOs with specialization in family practice, pediatrics, obstetrics, gynecology, or internal medicine who desire to participate in the South Dakota Medicaid Primary Care Provider (PCP) Program.

This document serves as a formal addendum to your South Dakota Medicaid Provider Agreement and allows your participation in the PCP program. Further explanations of PCP requirements are described in the *Provider Manual*.

In addition to the requirements outlined in the SD Medicaid Provider Agreement, the Provider agrees to the following:

1. Provider will provide comprehensive primary health care services for Medicaid recipients who are assigned to the Provider's practice.
2. Provider has and will maintain an active Drug Enforcement Agency (DEA) number to prescribe controlled substances and will capture this information on the electronic enrollment record.
3. Provider will be the health care case manager. This includes: reviewing monthly paid claims report and notifying the Medical Services of any discrepancies, cooperating with Medical Services regarding provider's case management procedures and history, and meeting with Medical Services upon request.
4. Provider will refer recipients for specialty care, hospital care, and other services when medically necessary and sign and document referrals.
5. Provider will provide for reasonable and adequate hours of operation and make available 24-hour, 7 days per week access by telephone for information, referral, and treatment needs during non-office hours.
6. Provider agrees not to refuse an assignment or disenroll a recipient or otherwise discriminate against a recipient solely on the basis of: age, sex, race, color, national origin, marital or economic status, physical or mental disability, service utilization and health status except when a recipient's illness or condition is better treated by another provider type.
7. Provider agrees to comply with any applicable Federal and State laws that pertain to recipient's rights, and ensure that its staff and affiliated providers take those rights into account when furnishing services to recipients. Recipient rights include: To be treated with respect and with due consideration for his or her dignity and privacy; to receive information on available treatment options and alternatives presented in a manner appropriate to the recipient's condition and ability to understand; to participate in decisions regarding his or her health care, including the right to refuse treatment; to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation; to receive a copy of his or her medical records, and to request that they be amended or corrected; and be free to exercise his or her rights without adverse consequences.
8. Provider agrees to notify the recipient and Medical Services in a direct and timely manner of the desire to remove the recipient from the caseload because the recipient/provider relationship is not mutually acceptable. Reasons must be considered "good cause" explained in writing, non-discriminatory, generally applied to the provider's entire patient base, and approved by the Medical Services.
9. Provider agrees to keep the recipient as a patient until another provider is assigned.
10. Provider agrees not to conduct direct or indirect marketing activities specifically intended to influence recipients to enroll with the PCP or disenroll from another PCP.

11. Provider agrees to accept the established monthly case management fee for each eligible recipient under their caseload. Recipients who select primary care providers which are associated to rural health clinics, federally qualified health centers or Indian Health Services are not “eligible recipients” for purposes of receiving such case management fee only.
12. Provider agrees not to have a caseload that exceeds 750 recipients per provider and to accept recipients in the order in which they enroll with the health care case manager.
13. Provider agrees to be disenrolled as a PCP Provider for failure to comply with PCP requirements.

Medical Services agrees to the following:

1. Provide a current list of recipients assigned to the Provider.
2. Reimburse the Provider a monthly case management fee for each enrolled and eligible recipient on the Provider’s caseload.
3. Notify the Provider of any changes in the *Provider Manual* as they occur.

TO BE COMPLETED BY PROVIDER

I declare and affirm under the penalties of perjury that this Agreement has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further declare and affirm under the penalties of perjury that any claim to be submitted pursuant to this Agreement will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

PROVIDER NAME: _____
 (Printed Legal Name of Individual Provider for Individual Enrollments)

BY: _____ DATE: _____
 Authorized Signature (Must be Individual Provider)

SERVICING NPI: _____

INFORMATION FOR PCP LIST: _____ LIST BILLING NPI(s) WHERE PROVIDER IS PCP: _____

ADDRESS: _____

PHONE NUMBER: _____

PROVIDER SPECIALTY: _____

ADMIN/OFFICE MGR: _____

TO BE COMPLETED BY MEDICAL SERVICES

APPROVED BY: _____ REFERENCE NUMBER: _____

DATE: _____ NEW _____ REVALIDATION _____