

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

Participation in the SD Medicaid Primary Care Provider (PCP) Program is optional but strongly encouraged for those provider types and servicing locations that meet the eligibility criteria. In addition to completing the PCP Addendum, eligible providers must capture their desire to participate by date and location in their online enrollment record under the Billing Provider List and/or Servicing Provider List steps.

Eligibility

1. Servicing Location:
 - Within South Dakota
 - Within 50 miles of South Dakota
 - Within Bismarck, ND
2. Provider Qualifications:
 - MD or DO licensure with specialization in family practice, pediatrics, obstetrics, gynecology, or internal medicine and denoted within the enrollment record
 - PA, CNP, or CNM licensure with specialization as non-surgical PA, CNP in family practice, pediatrics, obstetrics, gynecology, adult health, women's health, or CNM denoted within the enrollment record

Form Fields

1. Provider Name – This field should be populated in readable print with the legal name of the individual provider who the servicing NPI belongs to.
2. By – This field is for the signature of the provider in #1.
 - This must be signed by the individual provider agreeing to the terms and conditions of the Agreement. SD Medicaid does not accept proxy or assignment of signatures on behalf of individual providers or use of computer script-like font signatures in lieu of an actual signature.
 - SD Medicaid will accept scanned and emailed copies of executed Agreements.
3. Date – the calendar date at the time the authorized signature in the “By” field is populated.
4. Information for PCP List – This data will be used in publishing lists of providers for recipients in the PCP program to utilize.
 - Address: Populate the address (as supported by the enrollment record) where PCP services will be rendered.
 - Phone Number: Populate the phone number that recipients should call to schedule appointments.
 - Provider Specialty: Populate the provider's specialty in easily understood language for recipients.
5. Admin/Office Mgr – Name and email of the administrator of office manager for use by the PCP Program staff.
6. Billing NPI - Populate the BNPI that will be used for billing PCP services as supported by the enrollment record. If a facility uses multiple BNPIs for the same physical location, the BNPI used most frequently should be listed in the first BNPI spot. A new form is needed if the information for the PCP list such as location differs.

Submitting Documentation:

The completed PCP Addendum should be packaged together with all related documentation for a given NPI and sent to SDMEDXGeneral@state.sd.us with the subject of “Agreement for NPI [insert 10-digit NPI]” once the online application or modifications to an existing enrollment record have been completed. Documents can be in Word or PDF, but not JPEG. Contact sdmedxgeneral@state.sd.us or 866-718-0084 for assistance on enrollment system questions or 605-773-3495 for PCP programmatic questions.

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

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, including preventative care, for Medicaid recipients who are assigned to the Provider's practice. Provider will send periodic reminders to recipients regarding preventative services, including no less than an annual reminder for recipients age 20 or younger who have been on Provider's caseload at least 180 days and appear to have not had a preventative check-up in the last 12 months. Provider will screen recipients age 20 or younger at acute care visits to determine if they are due for a preventative check-up recommended by the Bright Futures/American Academy of Pediatrics Bright Futures Periodicity Schedule or vaccine(s) Center for Disease Control and Prevention (CDC) Immunization Schedule. Provider will render the recommended service(s) at the acute care visit or discuss the recommendation with the recipient or recipient's guardian.
2. Provider agrees to use age-appropriate validated behavioral health screening tools recommended by the American Academy of Pediatrics (AAP), United States Preventative Services Task Force (USPSTF), or a tool otherwise recognized as an age-appropriate validated behavioral health screening tool when conducting a behavioral health screening.
3. 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.
4. 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.
5. Provider will refer recipients for specialty care, hospital care, and other services when medically necessary and sign and document referrals.
6. 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.
7. Provider agrees not to refuse an assignment or disenroll a recipient or otherwise discriminate against a recipient solely on the basis of: age, race, color, sex, national origin, physical or mental disability, religion, marital or economic status, service utilization, or health status or need for services, except when a recipient's illness or condition is better treated by another provider type.
8. 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.
9. 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.
10. Provider agrees to keep the recipient as a patient until another provider is assigned.
11. 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.

12. 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.
13. 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.
14. Provider agrees to be disenrolled as a PCP Provider for failure to comply with PCP requirements.
15. Provider agrees not to avoid costs for services covered by Medicaid by referring recipients to publicly supported health care resources.

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:

ADDRESS: _____

PHONE NUMBER: _____ PROVIDER SPECIALTY: _____

ADMIN/OFFICE MGR: _____

BILLING NPI(s): _____

TO BE COMPLETED BY MEDICAL SERVICES

APPROVED BY: _____ REFERENCE NUMBER: _____

DATE: _____ NEW _____ MOD _____ REVALIDATION _____