



AGREEMENT FOR PARTICIPATION

Department of Vermont Health Access
Primary Care Case Management Program (*Primary Care Plus*)
312 Hurricane Lane, Ste 201
Williston, Vermont 05495

Complete this form and return to:

**HP Enterprise Services
Provider Relations
PO Box 888
Williston, VT 05495**

Thank you for your interest in DVHA’s Primary Care Case Management Program serving Vermonters throughout the State.

PRACTICE INFORMATION (*Name of group practicing with if applicable*)

Name of Practice: _____

Address: _____

City, State, Zip Code: _____

Tax ID/SSN: _____ Practice Medicaid ID #: _____
(*Whichever is used to file with the IRS*)

List the person in your practice who should be contacted by our office regarding DVHA PCCM members:

Contact Person: _____ Title: _____ Phone: _____

Office Phone #: _____ After Hours Phone #: _____

AGREEMENT

For the purposes of this agreement, a PCP (Primary Care Provider) refers to a licensed provider eligible to serve as a PCP who has signed an agreement to participate in the program.

A. The following specifies the responsibilities of the Department of Vermont Health Access (DVHA).

- In addition to service fees, DVHA will pay a case management fee to each PCP of \$5.00 per month for each PCCM beneficiary enrolled with that PCP on the first day of the month. Payment will be made to: ____ each PCP, ____ the practice, ____ Other _____. (*Please check your pay to selection*)

2. DVHA, through its fiscal intermediary HP, will distribute a monthly roster of beneficiaries enrolled with each PCP.
3. DVHA will provide education and member services functions for beneficiaries enrolled in the PCCM program.
4. DVHA will maintain a provider relation function for participating providers.
5. DVHA will incorporate its Drug Utilization Review (DUR) functions into the program.
6. DVHA will perform Prior Authorization and Utilization Review functions for specific services and items.
7. DVHA will administer the PCCM program's enrollment functions.

B. The following specifies the responsibilities of each provider who serves as a PCP.

1. Each PCP will remain an active Medicaid provider while serving in the PCCM program. Each PCP will return the Medicaid recertification form within the time allotted. Failure to do so may result in the forfeit of the PMPM payment until the enrollment is updated.
2. For referrals, the PCP will use Medicaid participating providers, or providers enrolled to serve beneficiaries enrolled in the PCCM program, unless the required service is not otherwise available from a currently enrolled Medicaid provider. If the PCP wants to use a provider that is not enrolled, HP Provider Services should be notified to solicit the enrollment of the provider.
3. The PCP or PCP's practice will maintain office visiting hours at least four days per week for at least twenty-five hours per week for enrollee appointments, unless this provision is waived by DVHA if necessary to assure access to services and providers. Participating PCPs who work in a practice on a part-time basis will inform DVHA of the times they are available to see patients.
4. The PCP will assure that all enrollees have a current medical history and record, and will maintain medical records for each enrollee.
5. If released by the Medicaid enrollee, the PCP will secure the enrollee's medical record from the previous PCP, and other providers necessary to ensure that the PCP has a comprehensive understanding of the enrollee's needs and that the enrollee receives all medically necessary care.
6. The PCP will make best efforts to offer to examine each new enrollee to the PCP's practice within three months. Scheduling this examination will be subject to the agreement of the enrollee, and at a mutually available time for the enrollee and PCP.

7. The PCP agrees to the appointment waiting times standards set out in Rule 10, promulgated by the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA). These appointment standards are that generally an enrollee should be seen within: 24 hours for urgent care, two weeks for non-urgent care, and 90 days for preventive and routine physical examinations.
8. The PCP will provide all covered primary services consistent with the PCP's qualifications and will make appropriate referrals to specialist as necessary.
9. The PCP will have provisions for access to a 24-hour on-call group that will assure practitioner availability in person or by phone.
10. The PCP will assure that any children or adolescents enrolled with the PCP are screened according to the requirements of the Vermont Department of Health's EPSDT periodicity schedule.
11. The PCP will follow the provisions of the Generic Drug Act where it permits substitution, and will prescribe the lowest cost equivalent available.
12. The PCP will maintain hospital-admitting privileges or secure a waiver from DVHA of this requirement.
13. The PCP will participate in quality improvement projects agreed to by the participants in the PCCM network and DVHA.
14. The PCP agrees to provide 90 days written notice before terminating this agreement.
15. The PCP will provide at least 60 days written notice prior to lowering the maximum number of enrollees that may be assigned to the PCP.
16. The PCP agrees to accept at least 20 PCCM enrollees and not more than 1,500 enrollees. The PCP may have fewer than 20 enrollees, if fewer beneficiaries have either selected the PCP or fewer have been assigned by DVHA.
17. The PCP agrees to notify DVHA of any change in their office physical plant that might change physical accessibility, or when there is a change in or addition to the location of the PCP's office.
18. The PCP will cooperate with DVHA's accessibility surveyors. DVHA will provide each PCP practice site with the results of any accessibility survey conducted.

Attachment A

PRACTICE INFORMATION Please list all providers who wish to participate in Vermont's Primary Care Plus program*. Attach additional sheet(s) if necessary. DVHA currently allows physicians and nurse practitioners to be chosen as a Primary Care Provider. Please include Physician Assistant information for our records.

Medicaid Provider Number		Name		Physician - Board certified? NP – Certified by AANP or other?:	
State License Number		Specialty		Office Hours	
Practice Site # _____	Accept _____ (include #) New Patients	___Accept only current patients	___Accept children (0-12)	___ Accept adolescents (13-20)	___ Accept Adults (21+)
Medicaid Provider Number		Name		Physician - Board certified? NP – Certified by AANP or other?:	
State License Number		Specialty		Office Hours	
Practice Site # _____	Accept _____ (include #) New Patients	___Accept only current patients	___Accept children (0-12)	___ Accept adolescents (13-20)	___ Accept Adults (21+)
Medicaid Provider Number		Name		Physician - Board certified? NP – Certified by AANP or other?:	
State License Number		Specialty		Office Hours	
Practice Site # _____	Accept _____ (include #) New Patients	___Accept only current patients	___Accept children (0-12)	___ Accept adolescents (13-20)	___ Accept Adults (21+)
Medicaid Provider Number		Name		Physician - Board certified? NP – Certified by AANP or other?:	
State License Number		Specialty		Office Hours	
Practice Site # _____	Accept _____ (include #) New Patients	___Accept only current patients	___Accept children (0-12)	___ Accept adolescents (13-20)	___ Accept Adults (21+)
Medicaid Provider Number		Name		Physician - Board certified? NP – Certified by AANP or other?:	
State License Number		Specialty		Office Hours	
Practice Site # _____	Accept _____ (include #) New Patients	___Accept only current patients	___Accept children (0-12)	___ Accept adolescents (13-20)	___ Accept Adults (21+)
Medicaid Provider Number		Name		Physician - Board certified? NP – Certified by AANP or other?:	
State License Number		Specialty		Office Hours	
Practice Site # _____	Accept _____ (include #) New Patients	___Accept only current patients	___Accept children (0-12)	___ Accept adolescents (13-20)	___ Accept Adults (21+)

(Attachment A continued)

Identify every practice site noted above. Please indicate the Medicaid provider number assigned each site if applicable. **Please provide the E-911 street address, not a P.O. Box.**

Address Practice Site #1: _____

City, State, Zip Code: _____

Address Practice Site #2: _____

City, State, Zip Code: _____

Address Practice Site #3: _____

City, State, Zip Code: _____

Address Practice Site #4: _____

City, State, Zip Code: _____

Address Practice Site #4: _____

City, State, Zip Code: _____

Address Practice Site #4: _____

City, State, Zip Code: _____

Use additional pages if necessary.

- * Individuals not currently enrolled as Medicaid providers in the State of Vermont, who wish to participate in Vermont's Primary Care Plus program, must also complete an enrollment package and receive a Medicaid provider number before the PCP agreement can go into effect. To obtain a Medicaid enrollment package, please call HP Provider Relations at (802) 878-7871.