



PROVIDER AGREEMENT

PEIA's Face to Face Care Management Programs requires active participation and program compliance from the member and provider. In return, the member receives incentives to work towards optimal wellness and disease management. The Face to Face Pharmacist will receive reimbursement for services performed in accordance to the payment schedule identified in each Program's policy.

The provider, who is eligible to participate in Face to Face Care Management Programs and receive reimbursement from PEIA for assessment and follow-up visits, must comply with each Program's policy. Highlights of the provider requirements in these policies include:

Compliance with the practice requirements as set forth in the provider certification specified for each Program.

Use of the Face to Face Care Management Program on-line format at www.peiaf2f.com to document all participant encounters.

Contact with the participant within 7 days of their effective date, after receipt of the participant's confirmation letter, to schedule the first appointment.

Participant's first visit within 45 days of his/her effective date.

Monthly visits with each participant for the first three months of Program enrollment.

After the third visit, scheduling of visits must be quarterly for the first year.

After one year, the provider may reduce the frequency of visits to once every six months, for participants enrolled in the Face to Face Care Management Diabetes program, and who are well controlled and compliant.

A missed appointment will be followed up with a call by the provider to the participant and a **visit rescheduled** within 30 days of the missed appointment.

The provider must contact PEIA, including, but not limited to, any of the following:

- the occurrence of a third missed appointment
- participant's failure to schedule an appointment
- participant's failure to comply with care goals and laboratory evaluations set forth in the participant agreement and policy.

PEIA will determine if the participant should be disenrolled from the program. If the participant is disenrolled, he/she will receive a written notification of this decision. The provider will also receive a copy.

Generally, during each visit, the provider must:

1. Verify the Participant Background information with the participant.
2. Complete the Visit Summary Form.
3. Review the previous visit's goals from the Master Summary with the participant and determine if the goals have been met or if they require modification.
4. By the end of each follow-up visit, develop two goals with the participant and provide the participant with a copy of the goals and date/time of the next visit.
5. Document each member visit to include but not limited to: weight/height, blood pressure, current lab values and other clinical data, change in medications, tobacco status, revision of goals, educational materials available, and referral to appropriate health care providers.
6. Send a copy of the Master Summary to participant's treating physicians on a regular basis (at least quarterly).

PEIA staff will review visit and clinical outcomes data on a regular basis, usually quarterly, and contact the provider of any areas that are viewed to be below the standard of care.

If at any time you choose not to continue to participate in a Face to Face Care Management Program, you must notify PEIA and its participants in writing, 30 calendar days prior to the date you will discontinue participation in the Program.

I, _____, understand the requirements to participate in a PEIA Face to Face Care Management Program.

I agree to, follow each Program's policy and understand that my failure to comply may result in my removal from the program.

I acknowledge that all medical information regarding PEIA members is confidential. I agree to use, disclose, and safeguard such information consistent with all applicable laws and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act's (HIPAA) Privacy and Security Rules. I agree, that all financial and program information exchanged by the parties is also sensitive and confidential and cannot be released without written permission from PEIA.

I agree to accept assignment of benefits and understand that I cannot balance bill the insured for any portion of charges over and above the PEIA fee allowance or for any discount amount applied to my charge or payment.

I also understand that to coordinate the Face to Face Care Management Programs, I will be required to submit visit information **within 30 days after the visit**. The information I am required to provide, as a condition of participation, will only be used and disclosed for purposes related to the Programs.

Provider Name

PEIA Name

Signature

Signature

Title

Title

Date