



Minnesota Department of Human Services

# Minnesota Department of Human Services Provider Agreement

As a participating provider in health service programs administered by the Minnesota Department of Human Services, the provider agrees to the terms and conditions as set forth below.

- A. To **maintain records** that fully disclose the extent of services provided to individuals under these programs, in accordance with Minnesota Rules, parts 9505.2160 to 9505.2245.
- B. To furnish the Department of Human Services, the Secretary of the U.S. Department of Health and Human Services, or the Minnesota **Medicaid Fraud Control** Unit with such information as it may request regarding payments claimed for services provided under these programs.
- C. To **comply with all federal and state statutes and rules** relating to the delivery of services to individuals and to the submission of claims for such services.
- D. To accept as **payment in full**, amounts paid in accordance with schedules established by the Department of Human Services, except where payment by the recipient has been authorized by the Department of Human Services.
- E. To ensure, when required by law, that a health service program administered by the Department of Human Services is the **payer of last resort** by ascertaining the legal and financial liabilities of third parties to pay for covered services.
- F. To **assume full responsibility for the accuracy of claims submitted** to the Department of Human Services in accordance with the certification requirements of 42 Code of Federal Regulations, section 455.18 and Minnesota Statutes, section 256B.27, subd. 2.
- G. To submit claims at no more than the provider's **usual and customary fee** to the general public and only after the medical care or service has been provided.
- H. To submit claims only for services, supplies, and equipment that are **medically necessary, that meet professionally recognized standards of health care**, that the provider knows or has reason to know are properly reimbursable under federal and state statutes and rules.
- I. To make **full disclosure of ownership** and control information as required by 42 Code of Federal Regulations, sections 455.100 through 455.106, and upon request, **full disclosure of business transactions**, as is required by 42 Code of Federal Regulations, section 455.105.
- J. To make **full disclosure of persons convicted of program crimes** as required by 42 Code of Federal Regulations, section 455.106.
- K. To **verify recipient eligibility through the Department's automated eligibility verification system** each time services are rendered in accordance with Minnesota Rules, sections 9505.0170 to 9505.0475.
- L. To comply with all federal statutes, implementing regulations and guidance **prohibiting discrimination** on the basis of race, color, national origin, sex, age, religion and disability in any program or activity receiving federal financial assistance from the U.S. Department of Health and Human Services; and to comply with the Minnesota Human Rights Act.
- M. To **render to recipients services of the same scope and quality** as would be provided to the general public, within Minnesota Health Care Programs (MHCP) guidelines.
- N. To **comply with the provisions of any fully executed addendum** required by the Department, which is incorporated herein by reference.

	NPI NUMBER	PROVIDER INITIALS
PROVIDER NAME	MHCP PROVIDER NUMBER	

- O. To the extent that the Department implements registration requirements for claims tracking and auditing purposes, **the provider's employees and independent contractors shall comply with all registration requirements.**
- P. For hospitals, nursing facilities, providers of home health care and personal care services, hospices, and HMO's, to comply with the **advance directive requirements** as required by 42 Code of Federal Regulations, section 489.1, and section 417.436.
- Q. To **comply with the requirements of the Privacy Rule and the Security Regulations**, 45 Code of Federal Regulations Part 160 and Part 164, subparts A and E, **the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule")** and 45 Code of Federal Regulations, sections 164.302 through 164.318 (**"Security Regulations"**), including, but not limited to, 45 Code of Federal Regulations, section 160.103 and proposed Code of Federal Regulations, section 164.302 et seq. The provider must implement, and maintain, such safeguards as are necessary to **ensure that the protected health information (PHI) disclosed by the Department to the provider is not used or disclosed by the provider** except as provided in this Agreement, or as otherwise permitted by law. Such safeguards shall include instructions regarding the appropriate handling of PHI by the provider's employees.
- R. To implement security requirements and agreements to protect PHI it receives from DHS, by **instituting the following safeguards: Security Standards, Code of Federal Regulations, section 164.306; Administrative Safeguards, Code of Federal Regulations, section 164.308; and Technical Safeguards, 45 Code of Federal Regulations, section 164.312.**
- S. To **ensure that PHI will not be transmitted over the Internet or any other unsecure or open communications channel** unless such information is encrypted or otherwise safeguarded using procedures no less stringent than those described in 45 Code of Federal Regulations, section 164.312. If the provider stores or maintains PHI in encrypted form, the provider shall, at the Department's request, promptly provide the Department with the key or keys to decrypt such information. The provider shall not forward previously encrypted data to any other party.
- T. To **require any agent, including a subcontractor or independent contractor**, to whom it provides PHI arising from this Agreement to be **bound by the same restrictions and conditions** that apply under this Agreement.
- U. To **maintain the privacy and security of PHI, upon termination of this Agreement**, as set out in the Privacy Rule and Security Regulations.
- V. For entities receiving or making Medicaid payments totaling at least \$5 million dollars annually, to implement written policies and procedures for the education of all employees, contractors and agents that includes information pertaining to the False Claims Act and other provisions named in section 1902(a)(68)(A) of the Social Security Act, and to cooperate with the State's audit process.

An individual applicant must personally sign the Provider Agreement. An officer, director, or other authorized representative must sign the Provider Agreement for a business or other organizational applicant. **Please sign below, initial page 1, and return both page 1 and page 2 of this agreement.** A signed copy of the agreement will be returned to you with your assigned MHCP provider number and other billing material.

**Minnesota Department of Human Services**

NAME OF PROVIDER (please type or print)
SIGNATURE
TITLE
DATE

SIGNATURE
DATE
NPI NUMBER
MHCP PROVIDER NUMBER

**Please return page 1 and page 2 of this document**