# Division of Medical Assistance Programs
## Primary Care Manager Application

<table>
<thead>
<tr>
<th>1. Last Name</th>
<th>First</th>
<th>Initial</th>
<th>Title</th>
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<tbody>
<tr>
<td>2. Business / Clinic Name (if applicable)</td>
<td>3. Medicaid Provider No.</td>
<td>4. Maximum No. of Enrollees</td>
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<td>5. Phone number to be printed on the Medical Care Identification</td>
<td>6. County (Counties)</td>
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## Agreement and Addendum to the Provider Enrollment Agreement

This Agreement sets forth the relationship between the Division of Medical Assistance Programs (DMAP) and the Primary Care Manager (PCM) for patient case management and payment for case management services under the Oregon Health Plan (OHP).

The PCM must be enrolled as a Medicaid provider with the Division of Medical Assistance Programs (DMAP) and meet the criteria for participation in the PCM program within the Oregon Health Plan Rules 410-141-000 through 410-141-860.

The PCM shall:

- Deliver and coordinate quality, comprehensive health care services to OHP clients enrolled with the PCM.
- Deliver primary care services covered under the Prioritized List of Health Services. This includes preventive health, diagnostic and treatment services.
- Provide continuity of care by arranging, coordinating, and managing health services received by OHP clients enrolled with the PCM. This includes initiating referrals to other Medicaid enrolled providers for specialty, outpatient and inpatient care.
- Maintain professional liability insurance for medical services provided to enrollees for the term of this agreement, except to the extent that the Oregon Tort Claims Act, ORS 30.260 to 30.300, may impose lesser limitations, of not less than the amount of $500,000 per person per incident and $1,000,000 in the aggregate.
- Comply with the Americans With Disabilities Act requirements.
- Maintain complete medical records for each enrollee. This includes referrals to other providers. Documentation should be sufficient to disclose the quantity, quality, appropriateness and timeliness of medical services and case management provided under this Agreement.
- Accept, without discrimination, up to the number of Medicaid patients indicated above.
- Adhere to DMAP’s administrative rules and the terms and conditions set forth in the Provider Enrollment Agreement. Naturopaths need to attach a copy of a 24-hour physician back-up agreement including pharmacy and hospital admission coverage.

DMAP shall:

- Enroll clients after they have chosen a PCM from a list of PCMs in their area.
- Pay a monthly case management fee for each OHP client enrolled with a PCM under this agreement.

This Agreement is effective the first day of the month after it is signed by the Provider and accepted by DMAP, and shall be effective for twelve (12) calendar months from that date. This Agreement will automatically be renewed for successive twelve (12) month periods thereafter unless terminated, in writing, by one of the parties.

This Agreement may be terminated by mutual consent of both parties or by either upon thirty (30) days written notice.

<table>
<thead>
<tr>
<th>Provider’s Signature</th>
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<td>DMAP 3130 (Rev. 07/11)</td>
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