



PROVIDER AGREEMENT

PEIA's Face-to-Face Diabetes (F2F) Care Management Program requires active participation and program compliance from the member and the provider. In return, the member receives incentives to work towards optimal wellness and disease management. The F2F Provider will receive reimbursement for services performed in accordance with the payment schedule identified in the program's policy.

The provider, who is eligible to participate in the F2F Program and receive reimbursement from PEIA for initial assessment and follow-up visits, must comply with the program's policy. Highlights of the provider requirements for this policy include:

Compliance with the practice requirements as set forth in the provider certification specified for this program.

Use of the F2F Program on-line format at www.rx.peiaf2f.com to document all participant visits.

Providers must be willing to see any PEIA member enrolled in this program.

Meet with each participant monthly for the first three months of their participation then quarterly throughout the participants enrollment in the program.

When scheduling the visit with the member please make sure the participant understands that they must have a recent (within the past 90 days) HbA1c lab value either shared prior to the visit or with them at the time of the in-person visit.

A missed visit will be followed up with a phone call by the provider to the participant and a **visit rescheduled** within 14 days of the missed visit. **Please document these missed visits and any calls regarding, in the phone record section of the portal.**

Upon a second missed visit without prior notification, the provider will contact PEIA's F2F Program Manager who will contact the participant regarding his/her responsibilities for continuing in the program. The member will be directed to reschedule the visit within 14 days.

With the occurrence of a third missed appointment, **or the member's refusal to reschedule within the time periods stated above**, the F2F Diabetes Program Manager will send the participant notification of their non-compliance. If the participant does not contact the provider to schedule a visit, the participant will be disenrolled from the program.

During each visit, the provider must:

Verify a recent (within the last 90 days) HbA1c lab value has been submitted or the patient has it with them for the visit. If there is not a recent lab result, please reschedule the visit.

Verify the participant's background information with the participant.

Complete all sections of the visit summary in the F2F portal.

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.

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.

Document each member's visit to include but not limited to: weight/height, blood pressure, current lab values and other clinical data, change in medications, revision of goals, educational materials available, and referral to appropriate health care providers.

Send a copy of the Master Summary to participant's treating physicians at least quarterly.

Document each visit in the F2F portal within 14 days after the visit

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

If at any time you choose not to continue to participate in the F2F Diabetes Program as a provider, you must notify PEIA 30 calendar days prior to the date you will discontinue participation in the program.

I, _____, understand the requirements to participate as a provider in a PEIA F2F Diabetes Care Management Program.

I agree to follow the 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 as well as the security provisions of the Health Information Technology for Economic and Clinical Health (HITECH). Due care and consideration must be given to, "meaningful use", "minimum necessary", and "administrative safeguards". I further understand and agree that any and/or all records created, used, and/or generated by this program are the property of the program and the pharmacy – not that of the individual, providing pharmacist. No F2F Diabetes records may be removed from the provider's pharmacy of record.

I agree that any and all financial and program information exchanged by the parties is sensitive and confidential and cannot be released or disclosed without prior 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 F2F Diabetes Care Management Program, I will be required to submit visit information **within 14 days after the visit**. The information I am required to provide will, as a condition of participation, only be used and disclosed for purposes related to the program.

Provider Name _____

Provider Site(s) _____

Signature _____

Date _____

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