

## Rule No. 560-X-45-.03 Primary Contractor Standards

Primary Contractors must comply with the provisions of the executed contract, its amendments and referenced materials, the approved 1915(b) Waiver, [the Code of Federal Regulations Part 438](#), and all other state and federal regulations governing the Medicaid program. The following outlines the standards for the Primary Contractor.

- (1) Demonstrate the capability to serve ~~all of~~ the pregnant Medicaid eligible population in the designated geographical area.
- (2) Procure a network of providers within a maximum of 50 miles travel for all areas of their district.
- (3) Designate a full time Director for the district(s) who has the authority to make day to day decisions, implement program policy, and oversee the provision of care to qualified recipients according to ~~Federal~~ [federal](#) and ~~State~~ [state](#) regulations.
- (4) Establish business hours for the provision of maternity services. The Director or an appropriately qualified designee must be available and accessible during business hours for any administrative and/or medical problems which may arise.
- (5) Require subcontractors providing direct care to be on call or make provisions for medical problems 24-hours per day, seven days per week.
- (6) Require that all persons including employees, agents, subcontractors acting for or on behalf of the Primary Contractor, be properly licensed under applicable state laws and/or regulations.
- (7) Comply with certification and licensing laws and regulations applicable to the Primary Contractor's practice, profession or business. The Primary Contractor agrees to perform services consistent with the customary standards of practice and ethics in the profession.
- (8) Comply with State and Federal laws regarding excluded ~~i~~Individuals and ~~e~~Entities. The Primary Contractor agrees not to knowingly employ or subcontract with any health professional whose participation in the Medicaid and/or Medicare Program is currently suspended or has been terminated by Medicaid and/or Medicare.
- (9) Require that network providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-service, if the provider only serves Medicaid recipients as required at 42 CFR 438.206(c)(1)(i).
- (10) Establish mechanisms to ensure that the network providers comply with timely access requirements. The primary contractor shall monitor regularly to determine compliance and shall take corrective action if there is a failure to comply. Access requirements are further defined at 42 CFR 438.206(c)(1)(iv)(v)(vi).

(11) Comply with all State and Federal regulations regarding family planning services and sterilizations, including no restriction on utilization of services.

(12) Require all subcontractors providing direct services to meet the requirements of and enroll as Medicaid providers as applicable

(13) Require accurate completion and submission of encounter data claims to support the validity of data used for statistical purposes and to set actuarial sound capitation rates.

(14) Cooperate with external review agents who have been selected by the State to review the Program.

(15) Report suspected fraud and abuse to the Alabama Medicaid Agency. In addition, these policies and procedures must comply with all mandatory State guidelines and federal guidelines as specified at 42 CFR 438.608(b)(1).

(16) Prohibit discrimination against recipients based on their health status or need for health services as specified at 42 CFR 438.6(d)(3)(4).

(17) Ensure that medical records and any other health and enrollment information that identifies any individual enrollee must be handled in such a manner as to meet confidentiality requirements as specified in 42 CFR 438.224. Each Primary Contractor must establish and implement procedures consistent with confidentiality requirements as specified in 42 CFR 438.224.

(18) Notify and furnish information to Medicaid ~~If~~ the Primary Contractor ~~cannot~~ ~~is not required to provide~~ ~~reimburse payment, provide coverage of a counseling or referral service because of~~ ~~, reimburse payment, or provide coverage of a counseling or referral service because of~~ an objection on moral or religious grounds in accordance with 42 CFR 438.102(a)(b). If the Primary Contractor elects not to provide the service, then it must provide the related information to the State so that it can be provided to the recipient.

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**Statutory Authority:** Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan and approved 1915 (b) Waiver.

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