**ELECTRONIC FEE-FOR-SERVICE (FFS) REFERRAL SYSTEM FOR HOME CARE AGENCIES**

This Agreement is made by and between The Executive Office of Health and Human Services (hereinafter referred to as “EOHHS”) and (Agency Name) (hereinafter referred to as “Provider”) requesting access to the home care referral list. Provider agrees to the following terms:

1. Provider agrees to use the electronic fee-for-service (“FFS”) referral systems for identifying Beneficiaries in the provider facing Portal and to provide selected Beneficiaries with home care services.
2. EOHHS maintains the sole authority to grant or deny provider with access to the Electronic Referral Portal (“Portal”).
3. Provider agrees that when selecting a Beneficiary and requesting information, Provider will use sound judgment and adhere to the “Electronic Data Interchange Trading Partner Agreement” in assessing whether it can meet the individual needs of the Beneficiary.
4. Provider’s selection of a Beneficiary through the Portal will remain valid for a period of two business days from the time of request for information. During this time, the Provider will determine whether it will provide home care service to the Beneficiary.
5. Provider agrees to select a maximum of three active clients in any one time period.
6. Provider agrees to respond to contact by the Department of Human Services (DHS)/designee, the Office of Healthy Aging (OHA)/designee, or the Medicaid office to obtain relevant Beneficiary information in a timely manner, in order to make a determination about providing service to the Beneficiary within two business days of the request for information about the Beneficiary.
7. If Provider decides not to provide services to the Beneficiary after discussions with the DHS or OHA representative, it is the Provider’s responsibility to deselect the Beneficiary in the electronic system within (1) one business day.

**PROVIDER NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Official Title)

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 (Date)

**NPI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trading Partner ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_