PRIMARY CARE CASE MANAGEMENT (PCCM)

THE PCCM PROGRAM ENDED ON 12/31/2023. THIS INFORMATION WILL REMAIN IN POLICY AND APPLIES TO SERVCIES RENDERED ON OR BEFORE 12/31/2023.

DEFINITIONS

- "Auto-Assignment" means the process by which ND Medicaid utilizes a default assignment of a member to a PCP when a member does not select a PCP within a given time period, as defined by ND Medicaid.
- "Emergency Care" means services provided in response to a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that in the absence of immediate medical attention could reasonably be expected to result in serious dysfunction of any bodily organ or part, or would place the person's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.
- "Primary Care", means all health care services and laboratory services customarily furnished by or through a physician or advanced practice nurse working in the areas of general practice, family medicine, internal medicine, obstetrics/gynecology, adult health or pediatrics, to the extent the furnishing of those services is legally authorized in the state where the practitioner furnishes them.
- "Primary Care Case Management" (PCCM) means care coordination provided by a primary care provider that includes locating, providing, coordinating, and monitoring health care services provided to members.
- "Primary Care Provider" (PCP) means one provider chosen by the member or assigned by ND Medicaid to provide primary care and case management services. The Primary Care Provider serves as an entry point into the medical and health care system and provides primary, preventive, and routine health care services. PCPs are advocates for the member in coordinating and managing the use of the entire health care system to benefit the member.
- "Substitute PCP" means a provider within the same facility (same facility is defined as a facility that is associated with the Primary Care Provider's facility by having the same Medicaid Provider Identification number as the PCP's facility when submitting a claim) and with a type and specialty that may serve as a PCP **or** a provider with a type and specialty that may serve as a PCP that is located outside the facility but has a referral from the PCP to provide the necessary medical care to the PCP's designated members until the PCP is able to resume care. Referrals must be documented and placed in the member's medical record at both the PCP and Referred to Provider's offices.

GENERAL INFORMATION

The PCCM program requires most members to choose a Primary Care Provider (PCP) to help manage their health care needs and provide referrals for specialty services as needed.
Members are exempt from PCCM requirements during any period of Medicaid retroactive eligibility.

SELECTING A PRIMARY CARE PROVIDER (PCP)

Members required to enroll in PCCM must select a PCP within 14 days of their approval for Medicaid eligibility. Members that do not select a PCP within this time period are assigned a PCP by ND Medicaid. Once a PCP is selected or assigned, a member must follow the requirements of the PCCM program.

Selecting a PCP will facilitate a patient-provider relationship through which the PCP will carry out their PCCM program responsibilities of: (1) providing primary, preventive and routine health care services, (2) managing and coordinating the member's health care services, and (3) acting as an entry point into the health care system, and (4) providing referrals to other providers as needed.

Members can select either an individual provider or an entity to be their PCP.
A physician, nurse practitioner, or physician assistant can be selected a PCP with one of the following a specialty areas:

- Family practice;
- Internal medicine;
- Obstetrics/gynecology;
- Pediatrics;
- Adult Health;
- General practice.

The following entities may be selected as a primary care provider:

- Rural Health Clinic (RHC); or
- Federally Qualified Health Center (FQHC); or
- Indian Health Services (IHS) clinic or tribally operated 638 facility.

Providers enrolled with ND Medicaid who have one of above noted the specialties must complete the Contract to Provide Primary Care Case Management Services (SFN 1296) and become available as a PCP selection for potential members. The SFN 1296 includes the requirements for providing PCCM services, including prohibitions, sanctions, and termination from participation. Providers who do not want to act as a PCP can make a request via email to dhsmci@nd.gov.

VERIFICATION OF MEMBER ELIGIBILITY

It is the responsibility of the "referred to provider" to verify a member's Medicaid eligibility status and PCCM enrollment prior to providing services to the member. If the member is enrolled in PCCM, the provider must assure necessary referrals from the member's designated PCP are in place prior to any services received by the member to receive consideration of payment by ND.

REFERRALS

The PCP is responsible for making referrals for services received by a member which require PCP authorizations. The table of covered services in the Medicaid Covered Services chapter of this manual provides information on those services which require a PCP referral.

Referral may be made via any of the following:

- North Dakota Medicaid PCCM Program Referral (SFN 708);
- The form is available at www.nd.gov/eforms;
- A provider-customized referral form or other insurance form;
- A statement in a member's medical records dictated and recorded by the designated PCP;
- A telephone call documented in the member's medical record; or
- A referral letter signed by the designated PCP.

Referrals may be electronically signed and must be documented in the member's medical record at both the PCP and the "referred to provider" offices.

The following items must be included in each PCP referral:

- Date of referral;
- PCP name and signature;
- PCP National Provider Identifier (NPI) number;
- Member's name and Medicaid ID number;
- Referred services provider's name ("referred to" provider);
- Diagnosis and/or reason for the referral;
- Requested services; and
- Scope and duration of the referral.

IHS/Tribal 638 facilities, RHCs, and FQHCs can be designated as a PCP; however, referrals from these facilities must contain an individual provider's signature authorizing the referral. The referring provider must be affiliated with the IHS/Tribal 638 facility,

RHC, or FQHC and claims submitted must contain an individual provider's NPI as the referring provider.

Primary care provided by a PCP substitute, who is a colleague/associate of the member's PCP (during a PCP's absence or inability to see a member), does not require a referral from the PCP if the PCP substitute is affiliated with at least one of the same provider groups as the PCP. This affiliation is defined by both the PCP and the PCP substitute having an active PCP type of affiliation with one or more of the same group providers. Group providers can log into MMIS, click on the "Affiliations/Service Locations" link on the left side of the page to display their affiliations. Any provider that has an active "M-Ind2GrpPCP" type of affiliation on the date of service that matches one of the member's PCP affiliations can fill in as a PCP substitute.

Services requested by the PCP through a referral must indicate the scope and duration of the referral. For example, a referral stating "evaluation only" is valid for services specific to the evaluation; whereas a referral stating, "evaluation and treatment" is valid for service related to both evaluation and treatment.

Walk-in/urgent care clinics are "exempt" from PCP referrals only when both of the following conditions are met:

- The walk-in/urgent care clinic must be associated with the PCP's provider group by having the same Medicaid Provider number as the PCP's clinic when submitting a claim; and
- The walk-in/urgent care clinic has an electronic health record system in which the walk-in clinic provider can access the member's medical records immediately upon assessing the member.

All other walk-in clinics are allowed 15 working days from the date of the service to obtain a referral for all services provided.

A referral is also valid for secondary referrals for related services. For example, a PCP refers a member with possible lung cancer to an oncologist for "evaluation and treatment" (primary referral). The oncologist refers the member to a surgeon for surgical resection of the lung (secondary referral). Because the referral indicated "evaluation and treatment", the original referral from the PCP covers the secondary referral for surgery.

It is ND Medicaid policy that referrals be effective for no more than one year. Retroactive referrals are not allowed except for services received in a walk-in/urgent care clinic as described above.

PCP REQUEST FOR DISENROLLMENT FROM A MEMBER

A PCP may request disenrollment from a member when there is a good cause. Good cause includes:

- The member has committed acts of physical or verbal abuse that pose a threat to providers or other patients;
- The member has violated rules of the PCCM program as stated under Rights and responsibilities in the Primary Care Case Management Program Member Handbook www.hhs.nd.gov/nd-medicaid-provider-information/primary-care-case-management-program
- The member is unable to establish or maintain a satisfactory relationship with the PCP. Disenrollment of a member for this reason is permitted only if it has been demonstrated that the PCP: 1) made a reasonable effort to assist the member to establish a satisfactory relationship, 2) provided the member the opportunity to select an alternative PCP, and 3) informed the member that the member may file a grievance regarding the disenrollment.

A PCP may not request disenrollment from a member because of a change in health status, utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from special needs, except where continued enrollment seriously impairs the PCP's ability to furnish services to the member or other patients.

In order to disenroll from a member, the PCP must provide written notice to the member and to ND Medicaid at least 30 days prior to the date of disenrollment. The written notice must provide the reasons for the disenrollment and will be reviewed by ND Medicaid to ensure requirements have been met.

MEMBER REQUEST FOR TRANSFER OR DISENROLLMENT

Members are permitted to change PCPs by making an oral or written request to their local human service zone office under certain circumstances.