



NORTH DAKOTA MEDICAID Primary Care Case Management Program

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Overview of PCCM Program:

Our ND Managed care web page is an excellent source of information with important links!!

<http://www.nd.gov/dhs/services/medicalserv/medicaid/managedcare.html>

North Dakota

nd.gov Official Portal for
North Dakota State Government

NORTH
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Primary Care Case Management Program

⊕ [Services and Help](#)

The Primary Care Case Management Program helps ensure that Medicaid members have a regular health care provider who helps coordinate their care.

⊕ [Business Services](#)

⊕ [Online Services](#)

Program participants select a primary care provider who will provide most of their health care services and refer them, if needed, to other providers who specialize in specific health care issues. If a Medicaid member does not select a primary care provider, one will be assigned to him or her.

⊕ [Direct Service Locations](#)

- [List of available Medicaid providers selectable as a Primary Care Provider](#) - Posted May 2019 (Excel file) ←

⊕ [Providers](#)

Medicaid Member Information

⊕ [News Room](#)

Medicaid members are required to receive non-emergent health care services from their primary care provider. If specialty services are needed, a referral from the primary care provider is required **before the appointment**. Some services do not require a referral.

⊕ [Human Resources/Jobs](#)

⊕ [DHS Policy Manuals](#)

Review the **handbook** for information about enrollment, choosing a primary care provider, referral process and other program information. The handbook also answers some commonly asked questions.

⊕ [Publications/Research](#)

- [Primary Care Case Management Program Member Handbook](#) (Revised May 2020) (411 kb pdf) ←

Primary Care Provider Information

Information on the Primary Care Case Management Program can be found in the [General Information for Providers Manual](#) in the Primary Care Case Management chapter. ←

- [Primary Care Case Management Referral Form](#) (SFN 708) ←

Eligibility Worker Information

Information on the Primary Care Case Management Program for eligibility workers is available in the following training guide:

- [PCCM Eligibility Worker Training](#) (1.98mb PDF) ←

Any questions regarding the Primary Care Case Management Program can be emailed to dhsmci@nd.gov. ←

PRIMARY CARE CASE MANAGEMENT (PCCM) PROGRAM

- The Primary Care Case Management (PCCM) program is a state-wide managed care program that requires certain Medicaid members to choose a Primary Care Provider (PCP) to provide for most of their health care needs and provide referrals for specialty services as needed.
- Upon enrollment into the PCCM program, the MMIS system sends a letter from the eligibility worker to inform the member of their responsibility to select a PCP in their surrounding area and provide a copy of the *Application for Assistance Guidebook*. Members should be offered a paper copy of the Guidebook or if members prefer an electronic version, it is available on-line at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/apply.html>.

MEMBERS REQUIRED TO SELECT A PCP

- North Dakota
Administrative Code
75-02-02-29
- [https://www.legis.nd.gov/
information/acdata/pdf/7
5-02-02.pdf](https://www.legis.nd.gov/information/acdata/pdf/75-02-02.pdf)



MEMBERS NOT REQUIRED TO SELECT A PCP

- Members eligible as Aged (beginning the month they attain age 65)
- Members eligible as Disabled
- Members eligible as Blind
- Members under age 19 with special needs and:
 - Eligible for Supplemental Security Income (SSI);
 - Eligible under Section 1902(e)(3) of the Social Security Act; or
 - Eligible under a Maternal Child Health Services Block Grant
- Children eligible as Foster Care or Subsidized Adoption
- Members who also have Medicare coverage
- Members screened through the *Women's Way Program* and who need treatment for breast or cervical cancer and are eligible under the Breast and Cervical Cancer Early Detection coverage group
- Individuals eligible under Refugee Medical Assistance (RMA)

MEMBERS NOT REQUIRED TO SELECT A PCP

- Members with one of the following Medicaid living arrangements:
 - Nursing Home/Swing Bed - Long Term Care
 - Psychiatric Residential Treatment Facilities (PRTF)
 - Institution for Mental Diseases
 - North Dakota State Hospital
 - Intermediate Care Facility for Individuals with Intellectual Disabilities
- Members eligible for Three Month Prior coverage – for services during the Three-Month Prior period
- Members screened as medically frail and eligible under Adult Medicaid Expansion
- Members eligible for Inpatient Prisoner Coverage
- Members eligible under Hospital Presumptive Eligibility
- Members receiving personal care services or home and community-based services through a waiver

PRIMARY CARE PROVIDER SELECTION

- The member should choose a PCP that will meet the majority of their health care needs and is located in the member's county or surrounding area. The eligibility worker should offer information, but not influence the member's PCP selection. A list of providers is available under the Provider look-up option in the MMIS.

PRIMARY CARE PROVIDER SELECTION

- Upon approval of Medicaid eligibility that triggers enrollment into PCCM, the system selects a PCP provider and enters a PCP span with a fourteen-day exempt period. This will be the auto assigned PCP if the member does not choose another PCP in 14 days.
- On this same date the MMIS system sends a letter from the eligibility worker to inform the Medicaid member of the requirement to name a PCP within fourteen days or one will be chosen for them.
- A PCP may be a physician, advanced practice nurse practitioner (APNP) or certified physician assistant with one of the following specialties:
 - Family practice / general practice
 - Internal medicine
 - Pediatric
 - Obstetrics/Gynecology (OB/GYN)
 - Adult Health (APRN Only)
- A member may also select a rural health clinic (RHC), federally qualified health center (FQHC), or an Indian Health Services (IHS)/Tribal 638 clinic as their PCP.

PRIMARY CARE PROVIDER SELECTION

- The *Applicant PCP Inform/Enrollment Notice* (ND-RP-01-0013) is generated by Medicaid Management Information System (MMIS) once the member is enrolled in the PCCM benefit plan.
- The member has fourteen (14) days from the date on the *Applicant PCP Inform/Enrollment Notice* to select a different PCP.
- The Medicaid member may inform the eligibility worker of their PCP selection in the initial Medicaid application, another written form, or verbally. Once the eligibility worker enters the PCP selection, the “PCP Assigned Letter” (ND-RP-01-0074) is generated by MMIS.
- If a PCP is not chosen within fourteen (14) days from the date on the *Applicant PCP Inform/Enrollment Notice*, the PCP selected by the system becomes the effective auto assigned PCP and, the “PCP Auto Assigned Letter” (ND-RP-01-0073) is generated by MMIS.

PRIMARY CARE PROVIDER SELECTION

- The letter sent once a PCP is selected or auto assigned will provide information about how to request a change or transfer in the PCP selection.
- Claims are not subject to PCCM requirements until fourteen days after the PCP is entered into MMIS.
- At the time a case closes, or a member loses Medicaid eligibility, the PCP span remains open for 60 days. If the case reopens within 60 days, the PCP that was previously assigned remains the PCP. When a case is closed for more than 60 days, the PCP span is end dated by MMIS and if the member becomes eligible later, the member must be re-informed of the PCP requirements and select a PCP.
- It is not allowable for an eligibility worker to change the dates of the PCP at the request of a health care provider or member to allow for billing and payment of claims. Should a health care provider or member have questions about member eligibility, denials or other claim issues they should contact the ND Medicaid call center at: (701) 328-7098 or via e-mail at mmisinfo@nd.gov

PCCM REFERRAL REQUIREMENTS

Referral requirements can be located within the member *PCCM Member Handbook*:

<https://www.nd.gov/dhs/services/medicalsev/medicaid/managedcare.html>

or the PCCM chapter of the *General Information for Providers Manual*:

<http://www.nd.gov/dhs/services/medicalsev/medicaid/provider-all.html>



PCP CHANGE AND OPEN ENROLLMENT

- Members may request a change of their PCP within 90 days of each selection of a PCP. Once 90 days has passed, the member must remain with that PCP for nine (9) months unless they have good cause to change their PCP.
- Members may also request a change in their PCP every twelve months during the open enrollment period.
- Members may also request a change in their PCP anytime if they have good cause. Members make a good cause request to their eligibility worker who will determine if good cause exists and document the reason and decision. The eligibility worker determines the appropriate good cause change reason to use. These good cause reasons are listed in the closure reason field drop down in MMIS.



PCP CHANGE

- **Good cause** reasons for PCP change:
 - Member Relocated (COM)
 - Significant changes in the member's health which require the selection of a PCP with a different specialty (Health status (HTS))
 - PCP relocated (REL)
 - Redetermination of Medicaid (RD)
 - Member Entered into CSP (CSP)
 - Open Enrollment (OEN)





PCP EXEMPTIONS

- The first fourteen days of every PCP span is an exempt period. Claims are not subject to referral requirements during an exempt period.
- If a member's eligibility changes and they are no longer subject to PCP requirements (i.e. enters foster care), they are exempt effective the date of that change.

ANNUAL OPEN ENROLLMENT

- Members are offered an Annual Open Enrollment period every twelve (12) months which allows them to select a new PCP without good cause. This annual open enrollment period is the last 60 days of every 12-month PCP span. An Open Enrollment notice is sent to the member sixty-two (62) days prior to the Open Enrollment/PCP end date. This date is located in the PCP span in MMIS.
- Should the member choose to change PCPs during an Open Enrollment period, the Open Enrollment closure reason code (OEN) must be utilized. This does NOT take effect immediately; the effective date of the new PCP will be the first of the month following the Open Enrollment end date.

PCP AND COORDINATED SERVICES PROGRAM

- If a Coordinate Services Program (CSP) member is also in the PCCM program their PCP must be the same as the CSP provider. If the CSP provider is not on the PCCM list, the eligibility worker must send notification to the PCCM inbox: dhsmci@nd.gov. The PCP will be changed to an “exempt” status. However, this does not exempt the member from any referral requirements. The member will be required to follow the rules outlined within the CSP.



Access the 'ND MMIS Web Portal' at <http://mmis.nd.gov> and the screen below will display:

North Dakota MMIS Web Portal

Jul 28, 2014

Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

Welcome

Provider Registration

Quick Links

Sign In

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Privacy Policy | Site Map | Terms of Use | Browser Requirements | Accessibility Compliance

Click on Internal Users and the screen below will display:

http://uat.mmis.nd.gov/portals/wps/portal/InternalUserLogin

North Dakota MMIS

File Edit View Favorites Tools Help

Program of All-Inclusive C... DMAO Mailbox PACE Ho... AMI Home Production-North Dakota ... Welcome To DDM Ascend North Dakota HIN Status - BCBSND nd.gov Computer Classes Train...

Apr 15, 2015

Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

Quick Links

- Enrollment
- Application Status
- ProviderManuals
- FAQ
- Benefits Overview

News

Governor's Task Force on Access to Affordable Health Insurance.

Internal

The North Dakota MMIS Web Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

EnterpriseLogin Print | - □

To access secure areas of the portal, please log in by entering your User ID and Password.

* User ID:

* Password:

Forgot User Name or Password? Please contact your Organization Administrator for your User ID or to have your password reset.

[Forgot User Name or Password ?](#)

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Enter your user ID and Password, then click Login and the screen below will display :

Editing Primary Care Provider spans in HE:

The screenshot shows the North Dakota MMIS Web Portal interface. At the top, there is a browser address bar with the URL <http://uat.mmis.nd.gov/portal/wps/myportal/InternalUserHomePage>. Below the browser bar is a menu with options: File, Edit, View, Favorites, Tools, Help. A row of application icons includes Program of All-Inclusive C..., DMAO Mailbox, PACE Ho..., AMI Home, Production-North Dakota..., Welcome To DDM Ascend, North Dakota HIN, Status - BCBSND, and Computer Classes Trainin... The main header area features the North Dakota MMIS Web Portal logo on the left, the date Jun 2, 2015 on the right, and navigation links: Skip Navigation | Contact Us | Help | Search | Log out. A blue navigation bar contains the following menu items: Home, Project Control, Member, EPSDT, Info Analysis, Financial, My Account, and FES. The 'Member' menu is expanded, showing a list of options: Member Summary Inquiry, Benefit/Service Limits Inquiry, Eligibility Quick View Inquiry, Member Maintenance, Member Details, Eligibility COE Spans, Enrollment Spans, Primary Care Provider (PCP) Spans, Long Term Care Spans, Review Spans, TPL/Medicare Information, Case Information Maintenance, Member Representative Spans, Alternate ID Spans, Member ID Card Maintenance, and Recipient Liability / Responsibility. The 'Member Maintenance' option is further expanded, highlighting 'Primary Care Provider (PCP) Spans'. On the left side of the page, there are 'Quick Links' (Eligibility Quick View) and 'Alert Dates' (Due Today, Due Tomorrow, Due 2 Days, Due 3+ Days). The main content area shows a table with columns for 'From' and 'Subject', and a 'No Data' message. A 'Print | Help' link is visible in the top right of the content area. At the bottom of the page, there is a footer with copyright information and links for Terms of Use, Browser Requirements, and Accessibility Compliance.

Hover over "Member" on the tool bar and a drop down will display, hover over "Member Maintenance" in this drop down and another drop down will display, click on "Primary Care Provider (PCP) Spans" and the screen below will display:



Member Search Print | Help -

* Required Field

SSN	Name	Other
*Social Security Number <input type="text"/>	From Date <input type="text"/>	To Date <input type="text"/>
	LOB MED-MED OTH	
		<input type="button" value="Search"/> <input type="button" value="Reset"/>

Member Maintenance - Primary Care Provider Spans Print | Help -

Search for your member by using either SSN, Name or Other tab (the member ID search option is located in this tab). On which ever search screen you choose, complete all required information (with a * by it) and then click Search and the screen below will display:

I searched by the name of "PCCM TEST". This member has two PCP spans, the first will be used to show the VOID process, the other will be used to show the END DATE or Closing process so a new PCP can be assigned.

*Last Name: test First Name: pccm MI: DOB: Gender: Search Reset

City: District Office: County: Zip Code5: Zip Code4: From Date: To Date: LOB: MED-MED OTH

Member Maintenance - Primary Care Provider Spans Print | Help - Save | Notes | Audit Log | Cancel

Span Filter
 From Date: To Date: Show Voids: LOB: MED-MED OTH Filter

Primary Care Provider Spans
 Show Voids Add Primary Care Provider Span

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	03/01/2016	04/19/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M MBC-Mbr Choic	OEN-Open Enrollment	06/03/2015	
	MED-MED OTH	03/03/2015	02/29/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M			02/19/2015

1-2 of 2

Member Detail Links
 Member ID: ND3473154
 Name: TEST, PCCM

- Member Summary Inquiry
- Benefit Service Limits
- Eligibility Quick View Inquiry
- Member Details
- Eligibility COE Spans
- Recipient Liability / Responsibility
- Enrollment Spans
- Primary Care Provider (PCP) Spans**
- Review Spans
- Long Term Care Spans
- TPL / Medicare
- Case Information Maintenance
- Member Representative Spans
- Alternate ID Spans
- Member ID Card

To edit a span, click on the Begin Date of the span you want to edit, and the screen below will display:

TO VOID A PCP SPAN:

*Last Name: test First Name: pccm MI: DOB: Gender:
 Starts With Phonetic Starts With Phonetic
 City: District Office: County:
 Zip Code5: Zip Code4: From Date: To Date: LOB: MED-MED OTH
 Search Reset

Span Filter
 From Date: To Date:
 Show Voids
 LOB: MED-MED OTH
 Filter

- Member Detail Links**
- Member ID: ND3473154
 - Name: TEST, PCCM
 - Member Summary Inquiry
 - Benefit Service Limits
 - Eligibility Quick View Inquiry
 - Member Details
 - Eligibility COE Spans
 - Recipient Liability / Responsibility
 - Enrollment Spans
 - Primary Care Provider (PCP) Spans**
 - Review Spans
 - Long Term Care Spans
 - TPL / Medicare
 - Case Information Maintenance
 - Member Representative Spans
 - Alternate ID Spans
 - Member ID Card

Primary Care Provider Spans Add Primary Care Provider Span

Show Voids

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	03/01/2016	04/19/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M	MBC-Mbr Choic	OEN-Open Enrollment	06/03/2015
	MED-MED OTH	03/01/2015	02/29/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M			02/19/2015

1-2 of 2

Edit Primary Care Provider Span Save | Reset | Cancel

Void Indicator: Yes No *LOB: MED-MED OTH *Begin Date: 03/01/2016 Open Enrollment/PCP End Date: 04/19/2016

*Provider ID: 1450885 *Provider ID Type: 1D-Medicaid Provider Number Validate Provider Name: Aman, Christine M Provider Type: 036

Provider Address: 200 E Main Ave, Ste 204, Bismarck, ND, 58501-3857 Provider Phone: Provider Fax: Provider E-mail: kristen@inspired-lifewellness.com

*Pay to Provider: Aman, Christine M, 200 E Main Ave, Bismarck, ND *Assign Reason: MBC-Member Choice Closure Reason: OEN-Open Enrollment *Benefit Plan ID: PCCM Benefit Plan Type Code: C-Primary Care Case Management

Exempt Reason: MEX-Member becomes Exempt from PCCM Exempt Start Date: 01/01/2014 Exempt End Date: 04/22/2015

To Void a span, change the Void Indicator (in an **opened** Edit Primary Care Provider Span) from No to Yes , then click Save and the screen below will display:

*Last Name: test | First Name: pccm | MI: | DOB: | Gender: |
 Starts With Phonetic | Starts With Phonetic
 City: | District Office: | County: |
 Zip Code5: | Zip Code4: | From Date: | To Date: | LOB: MED-MED OTH |
 Search | Reset

Member Maintenance - Primary Care Provider Spans | Print | Help |
 * Required Field | Save | Notes | Audit Log | Cancel
 System successfully saved the Information.

Span Filter
 From Date: |
 To Date: |
 Show Voids
 LOB: MED-MED OTH |
 Filter

- Member Detail Links**
- Member ID ND3473154
 - Name TEST, PCCM
 - Member Summary Inquiry
 - Benefit Service Limits
 - Eligibility Quick View Inquiry
 - Member Details
 - Eligibility COE Spans
 - Recipient Liability / Responsibility
 - Enrollment Spans
 - Primary Care Provider (PCP) Spans**
 - Review Spans
 - Long Term Care Spans
 - TPL / Medicare
 - Case Information Maintenance
 - Member Representative Spans
 - Alternate ID Spans
 - Member ID Card

Primary Care Provider Spans | Add Primary Care Provider Span

Show Voids

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	03/01/2015	02/29/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M			02/19/2015

1-1 of 1

Edit Primary Care Provider Span | Save | Reset | Cancel

System successfully saved the Information.

Void Indicator: Yes No | *LOB: MED-MED OTH | *Begin Date: 03/01/2016 | Open Enrollment/PCP End Date: 04/19/2016

*Provider ID: 1450885 | *Provider ID Type: 1D-Medicaid Provider Number | Validate | Provider Name: Aman, Christine M | Provider Type: 036

Provider Address: 200 E Main Ave, Ste 204, Bismarck, ND, 58501-3857 | Provider Phone: | Provider Fax: | Provider E-mail: kristen@inspired-lifewellness.com

*Pay to Provider: Aman, Christine M, 200 E Main Ave, Bismarck, ND |

*Assign Reason: MBC-Member Choice | Closure Reason: OEN-Open Enrollment | *Benefit Plan ID: PCCM | Benefit Plan Type Code: C-Primary Care Case Management

Exempt Reason: MEX-Member becomes Exempt from PCCM | Exempt Start Date: 01/01/2014 | Exempt End Date: 04/22/2015

Note the "System successfully saved the Information" message will display, and the voided span no longer shows on the list above. To see voided spans click the Show Voids box.

TO CLOSE A PCP SPAN:

Member Maintenance - Primary Care Provider Spans

* Required Field

System successfully saved the Information.

Print | Help - □

Save | Notes | Audit Log | Cancel

Span Filter

From Date: []

To Date: []

Show Voids:

LOB: MED-MED OTH

Filter

Member Detail Links

Member ID: ND3473154

Name: TEST, PCCM

- Member Summary Inquiry
- Benefit Service Limits
- Eligibility Quick View Inquiry
- Member Details
- Eligibility COE Spans
- Recipient Liability / Responsibility
- Enrollment Spans
- Primary Care Provider (PCP) Spans**
 - Review Spans
 - Long Term Care Spans
 - TPL / Medicare
 - Case Information Maintenance
 - Member Representative Spans
 - Alternate ID Spans
 - Member ID Card

Primary Care Provider Spans

Show Voids:

Add Primary Care Provider Span

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	03/01/2015	02/29/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M			02/19/2015

1-1 of 1

Edit Primary Care Provider Span

System successfully saved the Information.

Save | Reset | Cancel

Void Indicator: Yes No

*LOB: MED-MED OTH

*Begin Date: 03/01/2016

Open Enrollment/PCP End Date: 04/19/2016

*Provider ID: 1450885

*Provider ID Type: 1D-Medicaid Provider Number

Validate

Provider Name: Aman, Christine M

Provider Type: 036

Provider Address: 200 E Main Ave, Ste 204, Bismarck, ND, 58501-3857

Provider Phone: []

Provider Fax: []

Provider E-mail: kristen@inspired-lifewellness.com

*Pay to provider: Aman, Christine M, 200 E Main Ave, Bismarck, ND

*Assign Reason: MOC-Member Choice

Closure Reason: OEN-Open Enrollment

*Benefit Plan ID: PCCM

Benefit Plan Type Code: C-Primary Care Case Management

Exempt Reason: MEX-Member becomes Exempt from PCCM

Exempt Start Date: 01/01/2014

Exempt End Date: 04/22/2015

If there is an open PCP span, it must be closed before adding a new PCP span. Click on Begin Date (in blue, indicating it is a link) of current span and the Edit Primary Care Provider Span panel below will display:

test pccm

Starts With Phonetic Phonetic

City District Office County

Zip Code5 Zip Code4 From Date To Date LOB MED-MED OTH

Search Reset

Member Maintenance - Primary Care Provider Spans Print | Help -

* Required Field Save | Notes(✓) | Audit Log | Cancel

Span terminated. Closure reason must be entered.

Span Filter

From Date

To Date

Show Voids

LOB MED-MED OTH

Filter

Member Detail Links

Member ID
ND3473154

Name
TEST, PCCM

- Member Summary Inquiry
- Benefit Service Limits
- Eligibility Quick View Inquiry
- Member Details
- Eligibility COE Spans
- Recipient Liability / Responsibility
- Enrollment Spans
- Primary Care Provider (PCP) Spans**
- Review Spans
- Long Term Care Spans
- TPL / Medicare
- Case Information Maintenance
- Member Representative Spans
- Alternate ID Spans
- Member ID Card

Primary Care Provider Spans

Show Voids

Add Primary Care Provider Span

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	03/01/2015	02/29/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M			02/19/2015

1-1 of 1

Edit Primary Care Provider Span Save | Reset | Cancel

Void Indicator Yes No

*LOB MED-MED OTH

*Begin Date 03/01/2015

Open Enrollment/PCP End Date 04/01/2015

*Provider ID 1450885

*Provider ID Type 1D-Medicaid Provider Number

Validate

Provider Name Aman, Christine M

Provider Type 036

Provider Address 200 E Main Ave, Ste 204, Bismarck, ND, 58501-3857

Provider Phone

Provider Fax

Provider E-mail kristen@inspired-lifewellness.com

*Pay to Provider Aman, Christine M, 200 E Main Ave, Bismarck, ND

*Assign Reason

Closure Reason CND - Change within 90 days

*Benefit Plan ID PCCM

Benefit Plan Type Code C-Primary Care Case Management

Exempt Reason MEX-Member becomes Exempt from PCCM

Exempt Start Date 01/01/2014

Exempt End Date 03/02/2015

Span terminated. Closure reason must be entered.

Change the Open Enrollment/PCP End Date to the day before the begin date you will use for the new PCP span you want to add. **This is required (even though there is no red *) as it is the date used by the system to trigger the letter (62 days prior to this date) for notification about the upcoming open enrollment period.** Select a Closure Reason (this is required even though there is no *. The above red message displays when clicking Save **without** the closure reason filled in first.) Click Save and the screen below will display:

test pccm

Starts With Phonetic

City District Office County

Zip Code5 Zip Code4 From Date To Date LOB MED-MED OTH

Search Reset

Member Maintenance - Primary Care Provider Spans Print | Help - □

* Required Field Save | Notes(✓) | Audit Log | Cancel

System successfully saved the information.

Span Filter

From Date

To Date

Show Voids

LOB MED-MED OTH

Filter

Primary Care Provider Spans Add Primary Care Provider Span

Show Voids

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	03/01/2015	04/01/2015	MEX	1450885	ID-Medicaid Provider Number	Aman, Christine M		CND-Change within 90 days	06/03/2015

1-1 of 1

- Member Detail Links**
- Member ID
ND3473154
- Name
TEST, PCCM
- Member Summary Inquiry
 - Benefit Service Limits
 - Eligibility Quick View Inquiry
 - Member Details
 - Eligibility COE Spans
 - Recipient Liability / Responsibility
 - Enrollment Spans
 - Primary Care Provider (PCP) Spans**
 - Review Spans
 - Long Term Care Spans
 - TPL / Medicare
 - Case Information Maintenance
 - Member Representative Spans
 - Alternate ID Spans
 - Member ID Card

Edit Primary Care Provider Span Save | Reset | Cancel

System successfully saved the information.

Void Indicator Yes No

*LOB MED-MED OTH

*Begin Date 03/01/2015

Open Enrollment/PCP End Date 04/01/2015

*Provider ID 1450885

*Provider ID Type ID-Medicaid Provider Number Validate

Provider Name Aman, Christine M Provider Type 036

Provider Address 200 E Main Ave, Ste 204, Bismarck, ND, 58501-3857

Provider Phone

Provider Fax

Provider E-mail kristen@inspired-lifewellness.com

*Pay to Provider Aman, Christine M, 200 E Main Ave, Bismarck, ND

*Assign Reason

Closure Reason CND-Change within 90 days

*Benefit Plan ID PCCM

Benefit Plan Type Code C-Primary Care Case Management

Exempt Reason MEX-Member becomes Exempt from PCCM

Exempt Start Date 01/01/2014

Exempt End Date 03/02/2015

Note the "System successfully saved the information" and the new Open Enrollment/PCP End Date will display above. Click Cancel, after you received the successfully saved message, to close this screen and the screen below will display:

ADDING A PCP SPAN: (I switched to a member I could add a PCP for in these screen shots.)

Member Maintenance - Primary Care Provider Spans Print | Help - □

* Required Field Save | Notes | Audit Log | Cancel

Span Filter
From Date:
To Date:
 Show Voids
LOB: MED-MED OTH Filter

Member Detail Links
Member ID: XXXXXXXXXX
Name: XXXXXXXXXX

- Member Summary Inquiry
- Benefit Service Limits
- Eligibility Quick View Inquiry
- Member Details
- Eligibility COE Spans
- Recipient Liability / Responsibility
- Enrollment Spans
- ▶ **Primary Care Provider (PCP) Spans**
- Review Spans
- Long Term Care Spans
- TPL / Medicare
- Case Information Maintenance
- Member Representative Spans
- Alternate ID Spans
- Member ID Card

Primary Care Provider Spans
 Show Voids
Primary Care Provider Spans [Add Primary Care Provider Span](#)

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	08/01/2014	07/31/2015	MEX	1450978	1D-Medicaid Provider Number	daSilva, Christina M	MBC-Mbr Choic	EXM-Exemption	07/03/2015
	MED-MED OTH	01/14/2014	07/31/2014		1450978	1D-Medicaid Provider Number	daSilva, Christina M	MBC-Mbr Choic		06/25/2015
	MED-MED OTH	01/28/2011	01/13/2014		1451195	1D-Medicaid Provider Number	McDonough, Stephen L	MBC-Mbr Choic	ADC-Administrative Close	06/25/2015

1-3 of 3

Quick Links

Click Add Primary Care Provider Span and the screen below will display:

Even though there is no * by this date, when entering a PCP span, the “Open Enrollment/PCP End Date” must be entered to make the PCP span cover one full year. Ex. A Start Date of 09-24-2015, would have an “Open Enrollment/PCP End Date” of 09-23-2016. It is this date that triggers the members annual open enrollment notice so it is important for it to be entered correctly.

Span Filter

From Date:

To Date:

Show Voids

LOB:

Member Detail Links

Member ID: ND3078295

Name: AMERICANHORSE, DEM

- Member Summary Inquiry
- Benefit Service Limits
- Eligibility Quick View Inquiry
- Member Details
- Eligibility COE Spans
- Recipient Liability / Responsibility
- Enrollment Spans
- Primary Care Provider (PCP) Spans**
 - Review Spans
 - Long Term Care Spans
 - TPL / Medicare
 - Case Information Maintenance
 - Member Representative Spans
 - Alternate ID Spans
 - Member ID Card

Primary Care Provider Spans

Show Voids

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED	04/01/2015	04/01/2015	MEX	1451480	ID-Medicaid	Smith, Stuart T		CND-Change within 90 days	04/15/2015
	MED-MED	01/28/2011	09/30/2013		1451195	ID-Medicaid	McDonough, Stephen L	MBC-Mbr Choic	PNP-PCP No Longer Enrolled in PCCM	08/20/2014

1-2 of 2

Add Primary Care Provider Span

*LOB:

*Begin Date:

Open Enrollment/PCP End Date:

*Provider ID:

*Provider ID Type:

Provider Name:

Provider Type:

Provider Address:

Provider Phone:

Provider Fax:

Provider E-mail:

*Pay to Provider:

Closure Reason:

*Benefit Plan ID:

Benefit Plan Type Code:

*Assign Reason:

Exempt Reason:

Exempt Start Date:

Exempt End Date:

Do NOT enter information in the Exempt Reason, Exempt Start and Exempt End date fields. The system will automatically populate these.

Enter all required information indicated by the red asterisks. Note that the Pay to Provider is required, shown by the *, but is not fillable until "Provider ID" and "Provider ID Type" are entered and validated by clicking the blue "Validate" button. If you do not know a provider ID, the next slide shows how to look up the NPI. When using the NPI, the Provider ID Type of XX-NPI must be selected from this drop-down box. The NPI will be the most used provider ID in this

new system.

Span Filter

From Date

To Date

Show Voids

LOB:

Member Detail Links

Member ID: **ND3078295**

Name:

- Member Summary Inquiry
- Benefit Service Limits
- Eligibility Quick View Inquiry
- Member Details
- Eligibility COE Spans
- Recipient Liability / Responsibility
- Enrollment Spans
- ▶ **Primary Care Provider (PCP) Spans**
 - Review Spans
 - Long Term Care Spans
 - TPL / Medicare
 - Case Information Maintenance
 - Member Representative Spans
 - Alternate ID Spans
 - Member ID Card

Primary Care Provider Spans

Show Voids

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	04/01/2015	04/01/2015	MEX	1451480	ID-Medicaid Provider Number	Smith, Stuart T		CND-Change within 90 days	04/15/2015
	MED-MED OTH	01/28/2011	09/30/2013		1451195	ID-Medicaid Provider Number	McDonough, Stephen L	MBC-Mbr Choic	PNP-PCP No Longer Enrolled in PCCM	08/20/2014

1-2 of 2

Add Primary Care Provider Span

*LOB:

*Begin Date: Open Enrollment/PCP End Date:

*Provider ID: *Provider ID Type: Provider Name: Provider Type:

Provider Address: Provider Phone: Provider Fax: Provider E-mail:

*Pay to Provider:

Closure Reason: *Benefit Plan ID: Benefit Plan Type Code:

*Assign Reason: Exempt Reason: Exempt Start Date: Exempt End Date:

To add a PCP, an ID number is required. If the provider's name is known, the NPI number can be found at <https://npidb.org/npi-lookup/> Copy this link into your browser and search to pull up this page. Enter the providers First Name, Last Name and State then click the red arrow and the result will appear at the bottom of the page. **Remember some PCPs will be in Border cities in MT, SD and MN.**

The screenshot shows the NPI Lookup website interface. At the top, there is a navigation bar with links like Home, NPI Lookup, Doctors, Medical Groups & Orgs, etc. Below that is the NPIdb logo and a search bar. The main heading is "NPI Lookup — NPI Number Lookup for doctors & medical groups". There is a section titled "Find doctors & medical groups" with a search form. The form has tabs for "NPI Number", "First & last name", and "Group name". Under "First & last name", there are fields for "First name", "Last name", "State" (a dropdown menu), and "Similar" (a checkbox). A red arrow button is next to the "State" field. To the right of the search form is a sidebar titled "Search the NPI registry" with three options: "NPI Number", "First & Last Name", and "Group Name".

NPI Lookup Results — in **North Dakota**

1 provider(s) found.

	NPI number	Name	Credentials	City / State	Taxonomy
	1104913045	MICHAEL J HOLLAND	MD	MINOT, ND	Pediatrics

When the provider information is validated by clicking the blue “Validate” button, then the screen below will display:

Member Detail Links

Member ID
ND3078295

Name
AMERICANHORSE, DEM

- Member Summary Inquiry
- Benefit Service Limits
- Eligibility Quick View Inquiry
- Member Details
- Eligibility COE Spans
- Recipient Liability / Responsibility
- Enrollment Spans
- ▶ **Primary Care Provider (PCP) Spans**
- Review Spans
- Long Term Care Spans
- TPL / Medicare
- Case Information Maintenance
- Member Representative Spans
- Alternate ID Spans
- Member ID Card

Quick Links

- EDMS

Add Primary Care Provider Span Save | Reset | Cancel

*LOB: MED-MED OTH

*Begin Date: 04-03-2015

Open Enrollment/PCP End Date: 04-02-2016

*Provider ID: 1451480

*Provider ID Type: 1D-Medicaid Provider Number

Validate

Provider Name: Smith, Stuart T

Provider Type: 020

Provider Address: 1040 Tacoma Ave, Bismarck, ND, 58504-7452

Provider Phone:

Provider Fax:

Provider E-mail:

*Pay to Provider:

Closure Reason:

*Benefit Plan ID: PCCM-PriCaseMgt

Benefit Plan Type Code: C-Primary Care Case Management

*Assign Reason: MBC-Member Choice

Exempt Reason:

Exempt Start Date:

Exempt End Date:

Click the drop down next to “Pay to Provider” and a list of facilities that this provider works at will display. **The individual provider’s name may also be on this list but should NEVER be chosen if there is any other choice on the list. The facility chosen here should be the facility at which the member will most often see this PCP.** Once the “Pay to Provider” and the “Closure Reason” (Closure reason is required even though there is no *.) have been chosen, click the blue “Save” button on the top right side of this panel and the screen below will display:

To Date

Show Voids

LOB

Filter

- Member Detail Links**
- Member ID
ND3078295
- Name
AMERICANHORSE, DEM
- Member Summary Inquiry
 - **Primary Care Provider (PCP) Spans**
 - Review Spans
 - Long Term Care Spans
 - TPL / Medicare
 - Case Information Maintenance
 - Member Representative Spans
 - Alternate ID Spans
 - Member ID Card

- Quick Links**
- EDMS

Primary Care Provider Spans

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	04/03/2015	04/02/2016	MEX	1451480	1D-Medicaid Provider Number	Smith, Stuart T	MBC-Mbr Choic	OEN-Open Enrollment	04/15/2015
	MED-MED OTH	04/01/2015	04/01/2015	MEX	1451480	1D-Medicaid Provider Number	Smith, Stuart T		CND-Change within 90 days	04/15/2015
	MED-MED OTH	01/28/2011	09/30/2013		1451195	1D-Medicaid Provider Number	McDonough, Stephen L	MBC-Mbr Choic	PNP-PCP No Longer Enrolled in PCCM	08/20/2014

1-3 of 3

Add Primary Care Provider Span Save | Reset | Cancel

System successfully saved the Information.

*LOB:

*Begin Date: Open Enrollment/PCP End Date:

*Provider ID: *Provider ID Type: **Validate** Provider Name: Provider Type:

Provider Address: Provider Phone: Provider Fax: Provider E-mail:

*Pay to Provider:

Closure Reason: *Benefit Plan ID: Benefit Plan Type Code:

*Assign Reason: Exempt Reason: Exempt Start Date: Exempt End Date:

Note your new PCP span will appear above as well.

Further notes on Entering Provider information:

test pccm

Starts With Phonetic Starts With Phonetic

City District Office County

Zip Code5 Zip Code4 From Date To Date LOB MED-MED OTH

Search Reset

Member Maintenance - Primary Care Provider Spans Print | Help -

* Required Field Save | Notes | Audit Log | Cancel

Span Filter

From Date

To Date

Show Voids

LOB MED-MED OTH

Filter

Primary Care Provider Spans

Show Voids

[Add Primary Care Provider Span](#)

Void	LOB	Begin Date	Open Enrollment/PCP End Date	Exempt Reason	Provider ID	Provider ID Type	Provider Name	Assign Reason	Closure Reason	Last Update Date
	MED-MED OTH	03/01/2016	04/19/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M MBC-Mbr Choic	OEN-Open Enrollment	06/03/2015	
	MED-MED OTH	03/01/2015	02/29/2016	MEX	1450885	1D-Medicaid Provider Number	Aman, Christine M			02/19/2015

1-2 of 2

Add Primary Care Provider Span Save | Reset | Cancel

*LOB MED-MED OTH *Begin Date Open Enrollment/PCP End Date

*Provider ID  *Provider ID Type Provider Name Provider Type

Validate

Provider Address Provider Phone Provider Fax Provider E-mail

*Pay to Provider

Closure Reason *Benefit Plan ID Benefit Plan Type Code

*Assign Reason Exempt Reason Exempt Start Date Exempt End Date

If you do not know a provider name, click on the look up icon by Provider ID and, though it may take a few minutes, the screen below will display:

FULL Providers: As a courtesy to providers, we don't allow assigning of more members with out the PCP's prior approval if the provider is marked as "Full" (not taking on new members but keeping the members they have). A "full" provider will show up on this list but have a red X under the Slots Full column. They are not selectable in the PCP Lookup.

The screenshot shows the North Dakota MMIS portal interface. The main content area is titled "Member Maintenance - Primary Care Provider Spans". It includes a "Span Filter" section on the left with fields for "From Date", "To Date", and "LOB" (set to "MED-MED OTH"). Below this is a "Member Detail Links" section for member ID ND3473154, listing various inquiry options.

The central part of the screen displays the "Primary Care Provider Spans" table, which is currently empty with the message "No Data Available". Below this is the "PCP Lookup" section, which contains the "Available Primary Care Providers" table. This table has columns for "Pty", "Provider Name", "DBA Name", "Provider Type", "County", "LockOut", and "SlotsFull".

Pty	Provider Name	DBA Name	Provider Type	County	LockOut	SlotsFull
2	Christine M Aman		036	008		
3	Rafael Oejo		020	008		
4	AUTOFIRSTPCPAUTO AUTOLASTPCPAUTO		020	008		X
4	Carrie L Gerving		036	008		
4	David R Field		020	008		
4	Sally G Frank		036	008		
4	Julie Schmit		036	008		
4	Michael LeBeau		020	008		
4	Gerry M Lunn		020	008		
4	Chelsey J Schneider		036	008		

A red arrow points from the text in the first block to the red 'X' in the "SlotsFull" column of the third row in the "Available Primary Care Providers" table.

Full Provider (continued)

Eligibility workers will need to get verification, or have the member get verification, that the PCP has given approval to take on a member despite the provider's "Full" Status. This documentation must be kept on file by the eligibility worker and does NOT need to be sent to the State unless requested. When approval is documented by, the eligibility worker, it must be sent to dhsmci@nd.gov to add this "Full" PCP for the member. In this email, please state that you have documented approval from a Full provider (list name and provider ID) to take on the member (list member name and Medicaid ID) despite the PCP's full status. EWs will not be able to add a member to a full PCP in.

Additionally, "if a provider tells you their "Full" status is incorrect in the system, have the provider send an email to the ND Medicaid managed care inquiry inbox dhsmci@nd.gov with a request to update their status.



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