# Table of Contents

Information on the Primary Care Case Management Program ……1

Enrollment..................................................................................................................2

Choosing a Primary Care Provider .................................................................3

Referrals..................................................................................................................4

Emergency Care .................................................................................................5

Rights & Responsibilities...................................................................................6

Questions & Answers .........................................................................................7
Information on the Primary Care Case Management Program

A strong health care provider-patient relationship is good for your health. Members benefit from having a health care provider who knows them and their health history and understands their health care needs. In the Medicaid Primary Care Case Management (PCCM) program this provider is referred to as your Primary Care Provider (PCP).

The basic feature of the PCCM program is to have a single PCP to provide most of your health care services. Your PCP will refer you, if needed, to other providers who specialize in specific health care issues.

Information about covered services and referral requirements can be found in the General Information for Providers Manual at http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-all.html.

Translation Services

Oral and written translation services, to better understand Medicaid services, are available free of charge, at clinics, hospitals, your PCP’s office or your human services zone office.
Enrollment

The Primary Care Case Management (PCCM) program operates across the entire state of North Dakota. Your human services zone eligibility worker will inform you if you need to select a PCP.

Who must select a PCP?
Children (to age 19), parent care-takers and pregnant women who are eligible for Medicaid.

If you have questions regarding who must participate in PCCM and select a PCP, contact your human services zone eligibility worker.

Medicaid members are exempt from PCCM requirements during any period of retroactive eligibility.

The following Medicaid members do NOT need to select a PCP:
• Members eligible as Aged (beginning with the month they attain age 65)
• Members eligible as Disabled
• Members eligible as Blind
• Members under age 19 with special needs and:
  o Eligible for Supplemental Security Income (SSI);
  o Eligible under Section 1902(e)(3) of the Social Security Act; or
  o Eligible under a Maternal Child Health Services Block Grant If you are required to participate in the PCCM
• Members eligible as a Foster Care or Subsidized Adoption child
• Members who also have Medicare coverage
• Members screened through the Women’s Way Program, who need treatment for breast or cervical cancer and are eligible under the Breast and Cervical Cancer Early Detection coverage group
• Members with one of the following Medicaid living arrangements:
  o Nursing Home/Swing Bed - Long Term Care
  o Psychiatric Residential Treatment Facilities (PRTF)
  o Institution for Mental Diseases
  o North Dakota State Hospital
  o Intermediate Care Facility for Individuals with Intellectual Disabilities
• Individuals eligible under Refugee Medical Assistance (RMA)
• Members eligible for Three-Month Prior coverage, for services during the Three-Month Prior period
• Members approved as medically frail and eligible under Adult Medicaid Expansion
• Members eligible for Inpatient Prisoner coverage
• Members eligible under Hospital Presumptive Eligibility
• Members receiving home and community-based services
Choosing a Primary Care Provider

If you are required to participate in the PCCM program, when you apply for Medicaid, you must select a PCP for each eligible member of your household. **If you do not choose a PCP, ND Medicaid will automatically assign a PCP to you and each member of your household required to select a PCP.**

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
- Pediatrics
- Obstetrics/Gynecology (OB/GYN)
- Adult Health (APNP Only)

You may also select a rural health clinic (RHC), federally qualified health center (FQHC), or an Indian Health Services (IHS)/Tribal 638 clinic as your PCP.

You should choose a PCP who works in your community. If a PCP is not available in your community, you should select one in the surrounding area where you live. The PCP you choose should be a provider who can provide for the majority of your health care needs.

If you need help choosing a PCP, an eligibility worker can give you a list of potential PCPs. An eligibility worker can only give you information. You are responsible for choosing a PCP.

You should see your PCP first for your health care needs. If your PCP is not available or if you cannot wait until he or she is available, without a referral, you may see a colleague of your PCP that works in the same facility and specializes in Family/general practice, internal medicine, pediatrics, adult health(APNP only), or OB/GYN. These are called “PCP substitutes” and they would be able to provide you referrals for specialty services if needed when your PCP is not available.

**Changing your primary care provider**
You have the right to request a change of your PCP selection. You may make either an oral or written request to your human service zone eligibility worker.

You may request a change:
- Any time during the first ninety days;
- Every twelve months during the open enrollment period which is the last sixty days of every twelve-month PCP span. (If you choose to change your PCP during the open enrollment period, the effective date of the new PCP will be the first of the month following the open enrollment end date.); or
- For good cause reasons, which include:
  - You or your PCP Relocated
  - A significant change in your health that requires a PCP with a different specialty
  - Difficulty getting in to see your PCP
  - Refusal of the PCP to act or continue to act as your primary care provider

When a good cause request is made, your eligibility worker will determine if good cause exists and document the reason and decision. Valid PCP changes are effective the day the request is received.

Requesting a PCP change for past dates to allow for billing and payment of past claims that denied is unacceptable.
Referrals

In North Dakota
If you need specialty services, your PCP will refer you to see another health care provider. **Before** you receive specialty services, you must receive a referral from your PCP. Your PCP’s office may also be able to help you make an appointment with the specialist.

Emergency medical services do not require a referral from your PCP. Emergency care is covered, if it is for medical conditions which most non-medical people think of as life-threatening, or which could cause death or severe, permanent damage or injury to a person or unborn baby if not treated immediately.

Family planning services also do not require a referral from your PCP.

Out-of-state
If you need specialty care from a provider in another state, your PCP will determine if you need care or services that cannot be provided in North Dakota. Your PCP may refer you to a specialist in North Dakota who will evaluate your health care needs and recommend to your PCP and to North Dakota Medicaid if you need to be referred to an out-of-state provider. North Dakota Medicaid will review the request and approve or deny the request.
You have the right to go to any hospital for an emergency medical condition. If you need emergency care, go immediately to the nearest hospital emergency room or call 911.

You do not need a referral or prior authorization for an emergency medical condition that you are treated for in the emergency department.

If you can, you should let the emergency room staff know the name of your PCP. The emergency room staff can contact your PCP for relevant health information in order to help the emergency room staff care for you. **If you need care after an emergency, contact your PCP to schedule an appointment. If necessary, your PCP will refer you for care with a specialist.**

An emergency medical condition is a medical condition of recent onset and severity, including severe pain, that would lead a prudent layperson acting reasonably and possessing an average knowledge of health and medicine to believe that the absence of immediate medical attention could reasonably be expected to result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or would place the person’s health, or with respect to a pregnant women the health of the woman or her unborn child, in serious jeopardy.

Post-stabilization care services mean covered services, related to an emergency medical condition, that are provided after a member is stabilized in order to maintain the stabilized condition, or to improve or resolve the member’s condition.

Medicaid will pay for ambulance services if it is a medical emergency. You will be responsible for the cost of non-emergency ambulance services.
Rights & Responsibilities

Your rights as an enrollee in the Primary Care Case Management Program:

• Receive information and instructional materials and the right to request additional information and material.
• Be treated with respect and consideration for your dignity and privacy.
• Receive information on available treatment options and alternatives, in a manner appropriate to your condition and ability to understand.
• Participate in decisions regarding your health care, including the right to refuse treatment.
• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
• Request and receive a copy of your medical records, and request that they be corrected.

To help your Primary Care Provider (PCP) give you the best health care possible:

1. Tell your PCP about your medical problems;
2. Help your PCP get your past medical records;
3. Call ahead for appointments whenever possible;
4. Keep your appointments and be on time. Call your PCP’s office if you are going to be late or can’t keep your appointment.
5. Treat your PCP and his or her staff with respect.

Your responsibilities as a North Dakota Medicaid member:

1. Follow North Dakota Medicaid’s procedures and policies;
2. Contact your PCP for health care services;
3. Keep your appointments and contact your PCP if you cannot keep an appointment;
4. Carry your North Dakota Medicaid ID card with you and show it when you receive health care services;
5. Contact your eligibility worker about any changes in your case or if you have questions.
6. Use the emergency room for emergency care ONLY. Emergency care is covered, if it is for a medical emergency. You could be responsible for paying for non-emergency services if not received for a medical emergency.
Questions & Answers

How do I receive health care services?
Select a PCP and contact your PCP to make an appointment if you need health care services.

If you need emergency services, go to the nearest hospital. You do not need to contact your PCP in an emergency. If you need follow-up care (example: stitches removed), call your PCP to schedule an appointment. If medically appropriate, your PCP may refer you to a specialist for follow-up care.

How do I use my Medicaid Identification (ID) Card?
Show your Medicaid ID card every time you receive health care services or have a prescription filled. Because emergencies can happen at any time, you should carry your North Dakota Medicaid ID card with you at all times.

What if I receive a bill for services I thought were covered by Medicaid?
Contact the provider’s office and ask them to explain which services you are being billed for. If you have a client share, you may be responsible for part of your bill. If the bill is for services received without a referral from your PCP, you will be responsible for the bill. If you still have questions about your bill, you should contact the ND Medicaid call center at:
(701) 328-7098
(877) 328-7098
or e-mail inquiries to: mmisinfo@nd.gov

What happens if I need health care when I’m away from home?
If you need emergency services, go to the nearest hospital. Otherwise, you should call a clinic and explain the problem. If you must seek health care services when you are away from home, show your Medicaid ID card and tell the health care provider the name of your PCP. In order for North Dakota Medicaid to assist in paying for the services, that health care provider should contact your PCP to arrange for a referral. It is a good idea to verify that the health care provider has contacted your PCP.

What if I have other health insurance in addition to Medicaid?
Your other health insurance is generally the first source of payment. You are responsible for reporting insurance to your eligibility worker and any health care provider where you receive care.

Should my Medicaid PCP and my PCP under my other health insurance be the same person?
Yes, you should have the same PCP. Medicaid requires that you follow your other health insurance guidelines.

Does Medicaid pay for transportation to access health care services?
Access to transportation should not keep Medicaid members from receiving health care services. If possible, ask family members, friends, or volunteers for a ride, or use other free transportation services to get to your medical appointments. When free rides are not available, transportation may be approved by your human service zone eligibility worker.

Does Medicaid pay for transportation to access health care services?
Access to transportation should not keep Medicaid members from receiving health care services. If possible, ask family members, friends, or volunteers for a ride, or use other free transportation services to get to your medical appointments. When free rides are not available, transportation may be approved by your human service zone eligibility worker.
Any person who believes he or she has been discriminated against by reason of race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act, Section 504 or the Rehabilitation Act, the Age Discrimination Act, the Americans with Disabilities Act, and the North Dakota Human Rights Act may file a written complaint within 180 days of the alleged discrimination with the human services zone, the North Dakota Department of Human Services, or the U.S. Department of Health and Human Services Regional Office of Civil Rights, 1961 Stout Street, Denver, CO 80294-3538.