

Guide to North Dakota Medicaid

Primary Care Case Management (PCCM) Program



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North Dakota Department of Human Services – Medical Services Division

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Table of Contents

Information on the Primary Care Case Management (PCCM) Program	1
Enrollment.....	2
Choosing a Primary Care Provider (PCP).....	3
Referrals.....	4
Fair Hearings	4
Emergency Care	5
Rights and Responsibilities	6
Coverage of Services and Referral Requirements	7
Questions and Answers	8-9

Information on the Primary Care Case Management Program

Did you know that a strong healthcare provider-patient relationship is good for your health? Everyone would benefit from having their own personal healthcare provider, someone who knows them and their health history and understands all their health care needs. In the Medicaid Primary Care Case Management Program this provider is referred to as your Primary Care Provider (PCP).

The basic feature of the primary care case management program is to have a single PCP to provide most of your health care. When you are feeling ill or need to schedule an annual exam, call your PCP's office. Your PCP will provide health care services. He or she will also refer you, if needed, to other provider who specialize in specific health 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 translation services are available free of charge, at your county social service agency, clinics, PCP's office, and hospitals. Go to these agencies or medical care providers to better understand Medicaid services in your language.

Enrollment

The service area for the Primary Care Case Management Program is the entire state of North Dakota. This means that if you live in the state and fall into one of the eligible categories below, you must select a PCP. Your county social service office will inform you that you need to select a primary care provider.

Who must participate in managed care?

Children (to age 19), families and pregnant women who are eligible for Medicaid are required to enroll in managed care. This is more clearly defined in 75-02-02-29.

For specific questions regarding who must participate in PCCM, contact your local county eligibility worker.

If you are Medicaid eligible by one of the following, you do NOT need to select a PCP:

- Individuals eligible as Aged (beginning with the month they attain age 65) (Aid to the Aged)
- Individuals eligible as Disabled (Aid to the Disabled)
- Individuals eligible as Blind (Aid to the Blind)
- Individuals eligible as a Foster Care or Subsidized Adoption child
- Individuals who have Medicare coverage
- Individuals eligible under Women’s Way Program
- Individuals 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 Intermediate Care Facility for Individuals with Intellectual Disabilities
- Individuals eligible under Refugee Medical Assistance (RMA)
- A PCP is NOT required during the Three Month Prior (THMP) months
- Individuals eligible under Adult Expansion
- Individuals eligible under Healthy Steps
- Individuals eligible for Inpatient Prisoner Coverage
- Individuals eligible for Hospital Presumptive Eligibility
- Home/Community/In own home
- Home/Community/Special Facility
- State Hospital (of any age)

Choosing a Primary Care Provider

Selecting your primary care provider (PCP)

When you apply for Medicaid in your county social service office, you must select a PCP for each eligible member of your family. **If you do not choose a PCP, the Department will automatically assign a PCP to you and each eligible member.**

A PCP may be a doctor, nurse practitioner (NP) or physician assistant (PA) who specializes in:

- Family practice / general practice
- Internal medicine
- Pediatrics
- Obstetrics/Gynecology (OB/GYN)

You may also select a rural health clinic (RHC), federally qualified health center (FQHC), or an Indian Health Services (IHS) clinic as your primary care provider.

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

If you need help choosing a PCP, a county eligibility worker can give you a list of PCPs in your community, county, or area. An eligibility worker can only give you information. You are responsible for choosing a PCP.

You should always 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 or an assistant of your PCP that works in the same facility and specializes in Family/general practice, internal medicine, pediatrics 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 absent.

Changing your primary care provider

You have the right to request a change of your PCP selection. You must submit your request either in person or in writing to your county social service agency.

You may request a change:

- Any time during the first ninety days;
- Every twelve months; or
- For good cause reasons, which include:
 - Relocation of the member or the PCP
 - 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 county 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.

Referrals

In North Dakota

If you need specialty services, your PCP will authorize (refer) you to see another doctor, hospital, laboratory, or other health care provider. **Before** you receive specialty services, you **must** receive a referral from your PCP. Your PCP's office may be able to help you make an appointment with the specialist.

Emergency medical services and family planning services do not require a referral from your primary care provider. 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.

Out-of-state

If you need specialty care from a provider in another state, see your PCP. First, he or she will determine if you need care or services that cannot be provided in North Dakota. You will first be sent to a specialist in North Dakota if one exists. The North Dakota specialist will recommend to your PCP and to North Dakota Medicaid if you need to be referred to an out-of-state provider. Your PCP and specialist must submit a request (State Form Number 769) to North Dakota Medicaid that includes medical and other information. North Dakota Medicaid will approve or deny the out-of-state referral based on medical need and if the services are available in the state.

Fair Hearings

If you do not agree with a decision made regarding your care, you have the right to ask for a fair hearing. This request must be in writing and must be made within 30 days of the decision about your care. Contact your eligibility worker for specific information on how to request a fair hearing.

Emergency Care

You have the right to use any hospital for an emergency medical condition. If you need emergency care, go immediately to the nearest hospital emergency room or call 911. If possible, you should contact your PCP for advice on your medical condition.

You do not need a referral or prior authorization for an emergency medical condition that you are treated for in the emergency department and for the first 24 hours of hospitalization that follows. A referral from your PCP is needed for the hospitalization beyond the first 24 hours following the emergency department visit.

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 doctor care for you. **If you need care after an emergency, contact your PCP to schedule an appointment with him or her. If necessary, your PCP will refer you for care after an emergency with a specialist.**

Emergency care and the need to evaluate or stabilize an emergency

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 woman 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 an enrollee is stabilized in order to maintain the stabilized condition, or to improve or resolve the enrollee'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 with due 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 his or her medical records, and request that they be amended or 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 doctor with respect.

Your responsibilities as a North Dakota Medicaid participant

1. Follow North Dakota Medicaid's procedures and policies;
2. Call your PCP for medical services;
3. Keep your medical appointments and call your PCP if you cannot make it to the 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. It is a good idea to call your PCP for advice or a referral before you go to the emergency room. Emergency care is covered, if it is for a medical emergency. You could be responsible for paying for non-emergency services received in a hospital emergency room if it is not for a medical emergency.

Coverage of Services and Referral Requirements

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>.

Questions and Answers

How do I receive medical care?

First, select a PCP. Call your PCP and make an appointment if you need medical care. If you cannot keep an appointment, call your PCP immediately.

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 doctor may refer you 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 or refilled. 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?

First you should contact the doctor's office, clinic, hospital, or other provider. Ask them to explain exactly which services you are being billed for. Did you forget to pay a copayment, or are you responsible for part of this bill because of your recipient liability?

What happens if I need medical care when I'm away from home?

If you need emergency services, go to the nearest hospital. Otherwise, you should call a doctor's office or clinic and explain the problem. If you must seek medical services when you are away from home, show your Medicaid ID card and tell the doctor the name of your primary care provider. In order for North Dakota Medicaid to assist in paying for the services, that doctor's office should contact your PCP to arrange for a referral. It is a good idea to verify that the doctor has contacted your PCP.

What if I have other health insurance in addition to Medicaid?

Your other health insurance is the first source of payment. The doctor, clinic, or hospital must bill your insurance first, before billing Medicaid. You are responsible for reporting insurance to your eligibility worker and the doctor, clinic, or hospital where you receive medical care.

Should my Medicaid PCP and my PCP under my other insurance be the same person?

Yes, you should select the same PCP. Medicaid requires that you follow your private insurance company's guidelines first.

Questions and Answers

If the charges are for services you received without a referral from your primary care provider, or for services not covered by North Dakota Medicaid, you will be responsible for the bill. 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>. If you still have questions about your bill, contact your eligibility worker and explain the situation.

Does Medicaid pay for transportation to my doctor's office?

Transportation problems should not keep people from receiving medical care. 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 county social service agencies. If you have questions, contact your 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 of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the North Dakota Human Rights Act of 1983 may file a written complaint within 180 days of the alleged discrimination with the county social service board, the North Dakota Department of Human Services, or the U.S. Department of Health and Human Services Regional Office, 1961 Stout Street, Denver, CO 80294-3538.

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