

North Dakota Department of Human Services-Medical Services

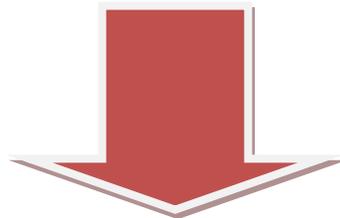
Selecting a Primary Care Provider/ Coordination of Benefits

What is a Primary Care Provider in Medicaid?

A Primary Care Provider (PCP) is a health care practitioner who is responsible for case management related services that include location, coordination, and monitoring of health care services. This person may be a physician or nurse practitioner. Individuals may alternately choose a clinic as a Primary Care Provider. For example, a Rural Health Clinic, Federally Qualified Health Clinic or Indian Health Services can serve as a PCP.

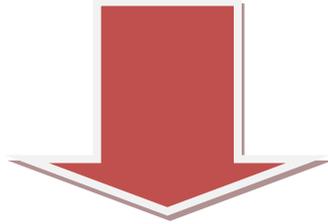
A Primary Care Provider is often involved in a recipients care for a long time, so it is important to select someone with whom the recipient is comfortable working with on an ongoing basis. The location of the Primary Care Provider should be in close proximity of the recipient for ease of access to their medical provider.

If I am on Medicaid, do I have to elect a Primary Care Provider (PCP)?



Yes. Most North Dakota Medicaid Recipients must enroll with a Primary Care Provider (PCP) within the Primary Care Case Management Program. Medicaid recipients will be notified by their County Eligibility Worker and receive a letter from the Department of Human Services informing them to select a Primary Care Provider. If Medicaid recipients do not select a PCP within 14 days of receipt of the letter, a PCP will be chosen for them. Recipients also receive a Primary Care Provider handbook describing the program.

If I decide I want to switch my Primary Care Provider, can I do that?



Yes. Primary Care Providers can be changed within the first 90 days of the selection of a PCP, without good cause. After the first 90 days, recipients may request a change in their PCP every six months or if they have 'good cause'. Good cause includes, but is not limited to: the PCP or the recipient relocating, health reasons, or the PCP no longer participates in Medicaid. To complete this reselection process, Medicaid recipients must contact their eligibility worker at their local county social services office.

What if I need to see a specialist, what does my Primary Care Provider need to do?



Most services provided by those other than the Primary Care Provider require a referral. Referrals can be made in a number of ways:

- The ND Medicaid PCCM Referral Form (located at www.nd.gov/dhs/services/medicalserv/medicaid/managedcare.html)
- A statement in a patient's medical records dictated and recorded by the designated PCP
- Telephone referrals which are documented in the patient's medical record
- Referral letters or customized referral forms
- Electronically signed referral forms
- Other insurance referral forms

What is the Medicaid Coordinated Services Program (CSP) in North Dakota Medicaid?

The North Dakota Medicaid CSP (formerly known as the Lock-in Program) is used to improve the continuity and quality of medical care for recipients, to improve utilization patterns to control Medicaid expenditures, and to provide education on proper access of services at the appropriate level.

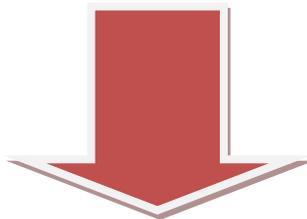
Medicaid uses parameters to determine if a recipient may be a candidate for CSP. These parameters include, but are not limited to: usage of multiple providers and clinics, early prescription refills, the practice of multiple pharmacy providers, visits for Emergency Room Services other than emergent care or prescription use that is excessive or potentially threatening to the health of the recipient. Generally, excessive prescription use is indicated by multiple prescribing providers, use of multiple controlled drugs and/or overlapping prescription refills.

The CSP Medicaid recipient must choose a primary care provider of their choice. They can select one family practice, general practice, nurse practitioner or internal medicine provider. The CSP recipient must also choose one pharmacy. All decisions are subject to approval by the Department of Human Services, Medical Services Division.

Recipients who select a provider from Indian Health Services to manage their care are encouraged to use the same IHS facility pharmacy for prescriptions. In all instances, the recipient's selection of service providers is subject to approval by the Department of Human Services, Medical Services Division.

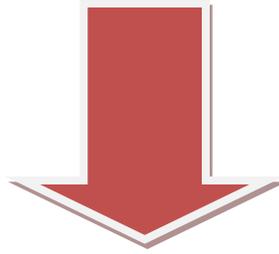
Medicaid will not pay for services obtained from a non-designated provider, services obtained without a referral from the recipients CSP provider, or visits to the emergency room that are determined non-emergent. The CSP client is responsible for these costs.

If I am in the CSP program, can I get a referral to see a specialist?



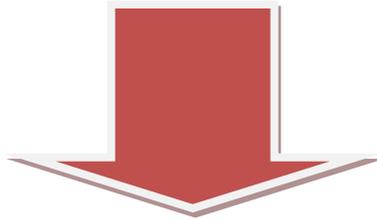
Yes. Only the recipient's CSP can authorize a referral to a specialist. Referrals must be medically necessary, and be received PRIOR to the date of service. Referral forms are available by calling Medicaid at 1.800.755.2604.

Can I select an Indian Health Services provider as my Coordinated Services Provider (CSP)?



Yes. Coordinated Service Providers must choose a primary care provider by selecting one family practice, general practice, nurse practitioner or internal medicine provider. This selection can be an Indian Health Services or a general practitioner. CSP recipients are restricted to one pharmacy of their choice to manage their prescription drug usage. Recipients who select a provider from Indian Health Services to manage their care are encouraged to use the same IHS facility pharmacy for prescriptions.

If I decide I want to switch my CSP provider, can I do that?



Yes. A CSP recipient may request a change in provider (s) by contacting the county eligibility worker of their intent in writing. The request must contain reasons for the requested change (s) along with the applicable supportive documentation including a written acceptance by the new CSP of the client. The county worker submits the request to the Medicaid Surveillance Utilization Review Section for evaluation by the medical review team. The recipient is notified of the decision in writing with a copy sent to the County Eligibility Worker.

Further information can be located at the Department's website:

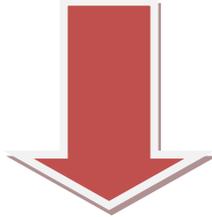
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Medicaid Managed Care manual:

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

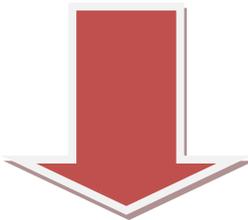
Coordination of Benefits-Who Pays First?

I am over 65, live on a reservation, am not eligible for Medicaid, have Medicare and use my tribal physician. Who pays?



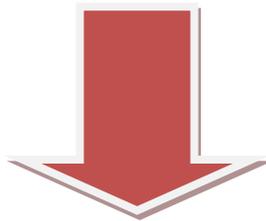
Primary- Medicare
Secondary- Indian Health Services

I am under 65, live on a reservation, I am eligible for Medicaid, and use my tribal physician. Who pays?



Primary-Medicaid
Secondary-Indian Health Services

I am 40 and am employed at the local casino and live on the reservation. I have an employer group health plan (EGHP) and do not qualify for Medicaid. Who pays if I want to go to a large hospital off the reservation?



Primary-Employer group health plan (EGHP)
Secondary-Indian Health Services