

HEALTHY CONNECTIONS PRIMARY CARE CASE MANAGEMENT (PCCM) FREQUENTLY ASKED QUESTIONS

Question	Answer
<p>What is the Primary Care Case Management (PCCM) model?</p>	<p>The Idaho Medicaid PCCM program is known as the Healthy Connection Program. This is a managed fee-for-service arrangement, utilizing a network of primary care physicians and health care providers to serve as the "medical home" for Medicaid patients. Under this arrangement, the Primary Care Provider (PCP) is responsible for monitoring and managing the members' care, providing primary care services and making timely referrals to other providers to ensure medically necessary services are provided promptly and without compromise to quality of care. Healthy Connections (HC) is not a Medicaid HMO; it involves no financial risk or capitation.</p>
<p>Is a provider required to submit an application to participate in Healthy Connections?</p>	<p>Healthy Connections participation is limited to individual primary care providers or organizations that are enrolled as Idaho Medicaid billing providers. Those desiring to participate in the Healthy Connections Program must contract with the Department by meeting the requirements and executing a Healthy Connections Coordinated Care Agreement. In addition, providers also receive an addendum to the Coordinated Care Agreement indicating their 'Network' or 'Tier' placement. A provider's Network or Tier placement is based on their level of Patient Centered Medical Home capabilities. More information can be found on the Healthy Connections website at www.healthyconnections.idaho.gov or by phone at 1 (888) 528-5861.</p> <p><i>Specialists participating in Medicaid are not required to submit additional information unless they want to be designated a PCP.</i></p>
<p>What is a Patient Centered Medical Home (PCMH)?</p>	<p>PCMH is an approach to providing comprehensive primary care for patients. This model focuses on prevention and coordination of care for all patients. The PCMH coordinates care for the "whole person" including medical, behavioral and social</p>

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	needs. In this model patients and families are encouraged to be more engaged in their care and improving their overall health.
What does my 'Network' or 'Tier placement' mean?	Healthy Connections approves which Network or Tier a provider applies for based upon criteria that include expanded patient access, transformation to and recognition as a Patient Centered Medical Home (PCMH). There are four Networks or Tiers with increasing levels of patient access to care and sophistication in the PCMH model. Additional information, as well as applications to advance Tiers, may be found on the Healthy Connections website at www.healthyconnections.idaho.gov
How are primary care physicians reimbursed within PCCM? How are specialists reimbursed?	Both Specialists and PCPs receive fee for service payments made by the State's current fiscal agent, DXC Technology, according to the current Medicaid fee schedule. PCPs are paid the current Medicaid fee schedule plus a per member/per month (PMPM) case management fee. This PMPM amount is determined by which Network or Tier the provider/clinic is enrolled. PCPs should submit claims according to current guidelines. The monthly case management fee will be sent automatically at the beginning of each month.
PCPs are paid an additional case management for each patient enrolled with the practice. How do I know how many patients are assigned to my practice each month?	Each month, DXC Technology publishes a patient roster of those enrolled with the practice, effective the first of the month. This patient roster is available for download from the DXC Technology website. You can select to download your patient roster in PDF or Excel format.
Will all Medicaid recipients be required to enroll in PCCM?	Most Medicaid patients will be required to enroll, including pregnant individuals, children, low income parents, and aged, blind or disabled. Patients receiving long-term care services, such as patients in nursing homes, are not required to enroll. Enrollment is voluntary for: <ul style="list-style-type: none"> • individuals in the State of Idaho foster care program, • members of a federally recognized tribe or,

Question	Answer
	<ul style="list-style-type: none"> • individuals with Medicare as their primary healthcare plan. However, the clinic may require the individual to be enrolled in the Healthy Connections program.
<p>What is the Healthy Connections (HC) Primary Care Provider's (PCP) responsibility to ensure HC enrolled members have timely access to primary and specialty care?</p>	<p>As agreed upon in section 2.1 of the HC Coordinated Care Agreement:</p> <p>The PROVIDER shall be responsible for making all reasonable efforts to monitor and manage ENROLLEES' care, providing primary care services, having arrangements with, and/or making referrals to, sufficient numbers of physicians and other practitioners to ensure that medically necessary Covered Services provided by other than PROVIDER can be furnished to ENROLLEES promptly and without compromise to quality of care, and allowing ENROLLEE choice of health professional to the extent possible and appropriate Covered Services are defined as the services covered under the State Medicaid Plan as set forth in Title 3, Chapter 9, and Title 3, Chapter 10 of 16 IDAPA.</p>
<p>How does the HC Team assist PCPs in engaging newly enrolled members to establish care in a timely manner?</p>	<p>The monthly on-line (HealthPAS) HC roster designates newly enrolled members and is available in an exportable Excel, mail merge format. HC clinics are encouraged to reach out to new members to establish care timely.</p> <p>Healthy Connections sends the member a confirmation letter when enrolled with an HC clinic which emphasizes the importance of establishing care timely.</p>
<p>If a patient does not select a PCP within the allotted time frame, what will the patient default mechanism be?</p>	<p>Patients who do not select a primary care physician will be assigned to one by Healthy Connections. Criteria used in making the assignment are previous or existing patient-provider relationships, family-provider relationships, and geographic access. Patients who are dissatisfied with their assignment may request a change by contacting Healthy Connections at 1 (888) 528-5861.</p>
<p>How frequently can a patient change his or her PCP?</p>	<p>Patients can change their PCP at any time.</p>

Question	Answer
If a patient changes his or her PCP, when will the change become effective?	PCP changes are effective the same day as the request is received.
Is there a limit on the number of patients that can be assigned to a PCP practice?	No, there is no limit imposed by the state.
Can I limit the PCCM patients I accept?	Yes. Primary care physicians can limit their practices to current/established patients only, indicate they will accept new patients, or specify an age range for patients, example pediatric practices 0-18 years.
What specialties are eligible to become primary care providers within PCCM?	General practice, family practice, OB-Gyn, internal medicine, and pediatrics. Additionally, certified nurse midwives, advanced nurse practitioners (pediatrics/family practice), physician assistants (PAs), rural health clinics, and federally qualified health centers can be designated as PCPs. Specialists may also opt to act as PCPs for patients with chronic illnesses if they provide primary care.
Can a family physician provide OB services under PCCM?	Yes. PCCM maintains existing Medicaid rules regarding the services physicians may provide.
Patients often do not know who their PCP is. What should I do if a patient schedules an appointment with me and I am not the PCP? Will I be paid if services are provided?	A letter is sent to all Medicaid members informing them of the PCP of record. If you are not the PCP of record, but the patient is seeking services, you may contact the PCP of record to obtain a referral. If the patient's PCP prefers to treat the patient, you should refer the patient back to the PCP, unless there is an emergency requiring immediate attention.

Question	Answer
	<p>If the member wishes to change their PCP of record they may do so at that time. Changes are to be made effective prior to your office rendering services to the member. Non-emergency services rendered without a referral may be subject to recoupment.</p>
<p>What happens if a referral request is received for a patient who hasn't established care with the clinic yet whether assigned or voluntarily enrolled?</p>	<p>If your clinic is unable to schedule an appointment to ensure medically necessary services will be provided timely, you have an obligation to ensure access to care by providing a one-time referral until the patient establishes care. Using the online referral process enables you to access documentation of the referral if you do not have a chart for the patient yet.</p> <p>A patient new to your clinic may have ongoing/urgent medically necessary services with specialists. A referral for an appropriate timeframe to the specialist should be granted to allow for continuity of care.</p>
<p>Does a referral need to be obtained if the HC patient has primary insurance and Medicaid is secondary?</p>	<p>Yes. Per the Provider Handbook (section 2.5.5.1 General Referral Guidelines):</p> <p>"Referral requirements apply for members enrolled in the Healthy Connections Program with Medicare or other primary/secondary insurance coverage."</p> <p>For detailed information regarding Referral Requirements see Provider Handbook; section 2.5.5.2 Referral Requirements.</p>
<p>If a patient presents at my office in a medical emergency, is a referral required prior to rendering services?</p>	<p>No. PCCM utilization management guidelines abide by the "prudent layperson" definition of an emergency and care should be rendered immediately. Follow-up, non-emergency care will require a referral.</p>
<p>Are hospitals required to obtain PCP approval prior to</p>	<p>No. Federal law requires hospitals to screen and stabilize emergency patients before seeking prior authorization or inquiring about insurance status. After the patient is screened and stabilized, the emergency department may contact the PCP to discuss</p>

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providing emergency services?	and coordinate additional, medically necessary services. PCCM utilization management guidelines abide by the "prudent layperson" definition of an emergency. Follow-up, non-emergency care will require a referral.
Must primary care physicians and providers be on call 24 hours per day, seven days a week?	The state and the Code of Federal Regulations requires PCPs participating in the PCCM program to provide <i>or</i> arrange patient telephone access to needed medical information or care 24 hours per day, seven days a week. The intent of the requirement is to ensure that patients have continuous access to medical services or advice. Acceptable coverage requirements include the following: <ul style="list-style-type: none"> • Have an answering machine or professional answering service answer the phone after hours directing a patient how to reach you or a designated back-up, • Have your after-hours calls answered by an answering machine that directs the patient to another medical facility where he or she can discuss with a health professional whether emergency treatment is necessary or • Have your after-hours calls transferred to another location where you or a back-up provider can be reached.
I'm in a solo practice. When I'm temporarily away from the office, I refer my patients to a nearby physician to cover my practice. Will the physician who covers my practice have to obtain prior authorization before treating my patients?	Prior authorization is not needed in this situation; however, a referral is. Referral authority may be designated to another PCP but that authority must be stated for every patient seen during that referral designation timeframe. For further clarification, please refer to the <i>Provider Handbook- General Provider and Participant Information section 2.5.4.1 General Guidelines</i> which can be found at www.idmedicaid.com .
As an OB-Gyn, am I obligated to serve as a patient's primary care physician?	No. If you prefer, you may designate your practice as a specialist, allowing PCPs to direct pregnant patients to you. Ob-Gyn care may be rendered for the length of the pregnancy, but the patient would rely on their regular PCP for treatment not related

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What services require prior authorization?	Prior authorization is limited to high-cost or unusual services. For detailed information regarding services requiring prior authorization, physicians should refer to the <i>Provider Handbook- General Billing Instructions, section 2.3.5 Prior Authorization (PA)</i> which can also be found at www.idmedicaid.com .
What type of referral management to specialty care is anticipated?	PCPs can refer patients to any specialist participating in Medicaid. As the patient's medical home, PCPs are responsible for coordinating the referral. Specialists are required to share pertinent health information to the referring PCP. Healthy Connections has a referral form on their website but PCPs are not required to use the form. PCPs may authorize one visit, a specific number of visits, or a specified period of time. For additional information, refer to the <i>Provider Handbook- General Provider and Participant Information, section 2.5.4 Referrals</i> which can also be found at www.idmedicaid.com .
Can I refer to specialists out-of-state?	PCPs can refer to any specialist outside the state who accepts Idaho Medicaid. For example, if you practice along the Utah border but want to refer a patient to a specialist in Salt Lake City, you may do so if they accept Idaho Medicaid. PCPs must follow the referral guidelines listed above.
I am a specialist. If a patient seeks my services without a PCP referral, what should I do?	Referrals are required for many specialty services. You may contact the PCP via phone to obtain a referral. If the patient presents with an emergency condition, physicians should not delay medically necessary services.
I still have questions, who do I call?	If you have any questions about Healthy Connections you can contact 1-888-528-5861 and someone will be able to assist you.