



Primary Care Case Management (PCCM) Questions and Answers

If you have additional questions after reviewing these questions and answers, refer to the Who to Call section at the end of this document.

Member Assignment:

Q: Can a member choose PCCM or is it something they are assigned to by the State?

A: The State assigns members to PCCM, which is determined by what the member qualifies for during their enrollment or annual update. Changes to MaineCare eligibility may cause a member to be entered into/removed from PCCM.

Q: What is causes the auto-assign process?

A: When MaineCare members become eligible for PCCM, a member enrollment packet is generated. Instructions in the packets direct members to choose a Primary Care Provider (PCP) from a list of providers included in the packet. Members are directed to return the information to MaineCare Services by mail, or call Member Services to be assigned to the provider of their choice. If members do not choose a provider within 28 days, they are automatically assigned to a provider located near their home.

Q: Whose responsibility is it to select/change the PCP?

A: Members are responsible for contacting Member Services to select or to change their PCP. If a member is not able to update their PCP through Members Services and the provider is unable to generate/obtain medically necessary referrals, the provider should contact PCP Network Services for assistance.

Q: What if the member assignment is not correct?

A: If the member assignment is not correct, ask the member to contact Member Services to update their PCP assignment. If the member is

unable or unwilling to call Member Services the provider should contact PCP Network services for assistance.

Q: Who can change PCP assignments?

A: The member, the member's guardian, or the person listed as the Authorized Representative on the member's record.

Q: Can a member select more than one PCP at the same time?

A: No. A member can only select one PCP at a time.

Q: Can a member select a PCP who is not participating in the PCCM program?

A: A PCCM member must choose a PCP that participates in the PCCM program.

Q: When PCP assignments are not accurate and the member does not respond to a request for information, what should the provider do?

A: The member must contact Member Services to update their PCP. If members are unable or unwilling to call Member Services, the provider should contact PCP Network services for assistance.

Q: Do Provider Services and Member Services see the member's assignment as a practice location name or do they see the assignment to a specific PCP?

A: This depends on the provider that the member is assigned to. If the member is assigned to an FQHC/RHC/Individual (Type 1NPI), they can see the practice/service location name. The Health PAS Online Portal will show the PCP as the "Pay-To" name. If the member is assigned to a physician group or hospital-based practice, then the portal will show the specific PCP the member is assigned to.

Q: If a provider moves from one service location to another, and members choose to follow that provider, do the members need to call Member Services to update their information in order to continue seeing the provider at the new location?

A: Members do not need to call because they will still be assigned to the same provider as long as the provider continues to work under the

same “Pay-To.” If the provider moves to a different “Pay-To,” they should contact PCP Network Services.

Q: Can a foster parent call to update a child’s PCP?

A: If the foster parent is listed as the child’s authorized representative, he/she can make updates. Foster parents should contact the eligibility office to ensure their information is updated.

Q: How soon will providers see changes on the interactive Primary Care Roster on the Health PAS Online Portal?

A: Changes are reflected immediately.

Q: If a PCCM MaineCare member self refers, has an appointment, and then wants a referral for the service they have already had, are they responsible for the bill?

A: PCCM members should not self-refer for services that are managed services. Specialists should not agree to see PCCM members without a referral under ordinary circumstances. The provider should ask the member to call their PCP for a referral. If the PCP assignment is inaccurate, the provider should ask the member to call Member Services to have his/her PCP changed. These claims will be denied if there is no referral present or if the PCP does not match the PCP in the Health PAS Online Portal. Participating providers are not allowed to bill MaineCare members for covered services.

Q: What education materials have members received regarding PCCM?

A: Members are sent information about PCCM when they become eligible for the program. More resources will be available to providers so they can give additional information about PCCM to the members in their office. These informational materials are currently being created for.

PCCM Eligibility

Q: Is it possible for a member to enroll in PCCM if they have Medicare or a commercial insurance primary to MaineCare?

A: No. Members with other comprehensive health insurance should not be in PCCM.

Q: If the member has temporary MaineCare coverage, would providers treat that as straight MaineCare, and not PCCM?

A: Always check the member's eligibility before providing any service. If the member is in PCCM, the portal will indicate the member is in PCCM and will list the member's PCP. If there are additional questions, providers can contact Provider Services.

Q: Why does a member move back and forth between PCCM and regular MaineCare?

A: A member's situation can change at any time. For example, they may marry, divorce, get a job, lose a job, become eligible for Medicare or some form of disability insurance, or enroll in primary commercial insurance. Members who are eligible for comprehensive health insurance coverage are ineligible for PCCM.

Q: If a provider enters a referral for an extended period, what happens if the member's eligibility changes?

A: A new referral will be needed if the member loses his/her eligibility and then returns to the PCCM program.

Q: Will the member's card show they are enrolled with PCCM?

A: No. MaineCare cards do not indicate PCCM enrollment. This information is shown on the Health PAS Online Portal and can be seen when checking the member's eligibility. Also, if a provider is a PCCM PCP, the member's name will be included on the provider's PCP Roster.

Q: How often should PCPs and specialists check the MIHMS site for changes regarding member status?

A: PCPs and Specialists should check the member's status prior to providing services each and every time they provide services.

Q: What are the criteria for PCCM member eligibility?

A: The member's eligibility for PCCM depends on the member's MaineCare eligibility category. Generally, most members are eligible for PCCM. The categories that exclude members from PCCM include: members with other insurance, members under the age of 19 with special health needs, members residing in nursing facilities or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), and Alaskan natives or Native American who are members of

a federally recognized tribe, and members who are receiving Home and Community Benefits.

Q: What are the benefits of PCCM for members?

A: A member may experience improved continuity of care, relationship with a provider, and coordination of services when enrolled in PCCM.

Referrals vs. Prior Authorization (PA):

Q: Who is responsible for an Out-of-State PA or referral; the specialist or the PCP?

A: A Maine provider needs to submit a letter of medical necessity for a PA. Only the member's PCP may submit a referral. Both the PA and referral must be in place prior to claim payment. The PCP and specialist need to coordinate the initial PA.

Q: Will the Health PAS Online Portal show that either a PA or referral is required when entering one or the other?

A: No. There are no prompts in the portal to indicate that another step is required when a PA or referral is entered. Please refer to the [MaineCare Benefits Manual](#) and to information on the My HealthPAS Online Portal regarding services that require referrals and PAs.

Q: When are both a PA and a referral needed?

A: There are certain services that require both a PA and referral. For example, Physical Therapy for members over the age of 21 requires both a PA and referral. Please refer to the [MaineCare Benefits Manual](#) and to information on the My Health PAS Online Portal regarding services that require referrals and PAs.

Q: Where are PA and referral forms located?

A: They are located on the [My Health PAS Portal](#). Log in to the Trading Partner page in order to access the specific criteria sheets. The cover sheets, both for initial requests and for supporting documents, can be found in the same area as the criteria sheets or online at the unsecure provider area under Provider Documents>Forms>Provider Forms>Authorizations and Referrals.

Retroactive /Urgent/Emergent referrals

Q: Sometimes members go to the walk-in clinic over the weekend and referrals are done the following business day. What if providers are unaware that the member went to the walk-in clinic until the claim is denied and the member calls because he/she was billed for that service?

A: Members are expected to notify their PCP if they visit an urgent care center when the PCP is not available. Please contact PCP Network Services if these claims are denied and if these were urgent or emergent situations.

Q: Can providers submit retroactive referrals?

A: Only in urgent or emergent situations can providers submit retroactive referrals. In these cases, they should be completed as soon as possible.

Q: Can providers see a member in the office on the same day the member is referred by the Emergency Department (ED) and no referral is yet in the Health PAS online portal?

A: Providers should provide medically necessary covered services to members on a timely basis. Specialists should try to obtain a referral from the PCCM member's PCP prior to seeing the member in the office, even if the member was directed to the practice by the hospital's ED. If the specialist is unable to obtain the referral because the PCP will not request a referral because he/she has not seen the member, or if the member is not yet established with their PCP listed in the Health PAS Online Portal, please contact the PCCM Nurse for assistance with obtaining the necessary referral.

Q: What is the reconsideration process for denied claims?

A: If the claim was denied for a referral not being in place, please contact PCP Network Services.

General Referral Questions:

Q: Is a referral required when a member sees a PCP within the same practice as their assigned PCP?

A: When a member sees another PCP (not their assigned PCP) within the same practice (same NPI), a referral is not required. If the PCP is not located within that practice, then a referral is required.

Q: What should a provider do if he/she is unable to submit referrals using Direct Data Entry (DDE)? Is it okay to fax a referral?

A: No. If a provider is unable to submit a referral using DDE, he/she should contact Provider Services to get this issue corrected. If the referral is faxed because the provider is not able to enter it using DDE, Provider Services will not be able to enter the referral.

Q: Are OB/GYN specialists exempt from the referral requirement per the ACA?

A: Our policy unit is currently reviewing this provision, and clarification will be sent to providers once the review is complete.

Q: Can a specialist issue a sub-referral?

A: A specialist can refer the member to another practitioner within the specialist's office as long as the services are covered by the initial referral. The system does not recognize "sub-referrals." The additional referrals are covered by the original referral from the member's PCP. If the "sub-referral" services are different from those requested by the PCP in the original referral, or require additional days for services, the PCP will need to initiate a new referral.

Q: How does a provider submit referrals to/from RHC/FQHC?

A: Referrals will be at the PAY-TO level for these providers. Providers will not see a rendering provider on the referral; they will only see the PAY-TO name on the referral from/to this type of provider.

Q: If the member is referred to a specialist, which then determines the member needs surgery, is a hospital referral required?

A: Yes.

Q: How does a provider submit multiple visits on a referral?

A: Providers should check "other" on the referral template and then add a note explaining the request. The note can be as simple as writing "eval and treat." If "single" is selected, the default is one visit.

Q: How do providers determine the start and end dates of the PCP assignment?

A: Providers can go to the interactive Primary Care Roster to submit the referral and it lists the start/end date for the member's assignment to the PCP. Log in to the provider's Trading Partner account at: [My Health PAS-Online](#) then click on Primary Care Roster. Reports can be accessed by clicking on File Exchange>Reports>PCP Roster Reports.

Q: If a member is referred to a specialist, then the member has surgery and is now in a global period, does each follow up visit now count against the number of visits?

A: Since global visits are not typically billed, each follow-up will not count against the referral. Please contact a Provider Relations Specialist for additional details related to global visits.

Q: Most referrals received are from a specialist, but referrals are supposed to come from the PCP. Which name should go on the claim form: the PCP or provider who prescribes the Durable Medical Equipment (DME)?

A: The name of the PCP/PCP Pay-To must be on the claim form. Referrals cannot come from specialists. If a specialist believes that a member needs a particular piece of DME, the specialist will have to work with the member's PCP to obtain the appropriate referral.

For DME suppliers, the prescription may be from the specialist, but the referral is from the PCP and the PCP's name must be listed on the claim form as the referring provider.

Q: If a specialist receives a referral for evaluation and treatment allowing a certain number of visits and a procedure is needed, does the specialist need to get an additional referral for the procedure or is it covered in the original referral?

A: Providers do not need to get an additional referral for the procedure as long as the procedure is directly related to the reason for the referral and as long as the procedure is performed in the provider's office.

Q: After the WARN period ends for referrals, if there is no referral in the Health PAS Online Portal and the PCP office says they did the

referral and provide an approval number, what should the specialist do?

A: They should contact Provider Services to see if they are able to locate a referral. If Provider Services cannot see the referral in the system and the specialist feels it is urgent, they can contact the PCCM nurse for assistance.

Q: If the PCP refers the member to a specialist and the specialist then refers the member to a Physical Therapy clinic, should there be a new referral for the Physical Therapist (PT) at the clinic to treat this member?

A: This depends on what the referral was for. If the referral was for PT and the PT provider has the member see a PT that is under the same PAY-TO, then this is okay. However, if the referral was for something other than PT (for example, the PCP referred the member for evaluation and treatment by an orthopedist and the orthopedist recommends that the member see a PT), then the PCP must submit another referral for the PT services.

Q: If a PCP refers a member to an OB/GYN who writes a Prescription for a maternity belt, does the referral for the belt need to come from the PCP or can the OB/GYN make the referral?

A: If the maternity belt is considered a Durable Medical Equipment (DME), then a referral is needed from the PCP.

Q: As a specialty provider, is it our responsibility to get a referral for the member if we refer to another specialist?

A: Specialists cannot make referrals for PCCM members. Specialists must obtain a referral from the PCP for a second specialist. This is the case unless, the specialist is referring the member to a specialist within his/her own office for a service that is already covered under the original referral.

Q: If a referral is for one year, but the member loses PCCM eligibility, does the referral become invalid?

A: If the member is no longer in PCCM, they will not need a referral for services.

Q: Are ultrasounds in pregnancy exempt or not exempt from a referral?

A: OB/GYN services related to pregnancy are exempt from referrals.

Q: Can a PCP submit a referral for a date prior to the date they are entering it into the portal? Example: if a member is seen over the weekend and the PCP enters it into the portal on a Monday, can they back date it to Saturday?

A: This is considered a retroactive referral and is only appropriate in urgent or emergent situations.

Q: What if the walk-in clinic has the same Tax ID as the PCP? Does the clinic still need a referral from the PCP?

A: Yes. A referral is still needed because the provider seeing the member will most likely not be a PCCM PCP and the clinic is not an approved PCCM service location.

Q: As a provider using a Stock and Bill program, member insurance information is often received after the services have been provided and DME dispensed. Can a referral request be submitted within one year? Or would that be more like a retro referral?

A: This is a retro-referral and can only occur in urgent/emergent situations. In a scenario like the one described above, a provider should contact a Provider Relations Representative.

Q: Does a diabetic eye exam need a referral?

A: A referral is needed for diabetic or medically necessary eye exams in excess of the one routine eye exam every three years that is allowed for adults and every year for members under 21. Providers also need to include a diagnosis code that identifies the justification for additional medically necessary eye exams on the claim.

Q: If a member is receiving Home Health Services and the Home Health agency is getting their Durable Medical Equipment (DME) from a supplier, who should the PCP make the referral for?

A: If the services are able to be billed to MaineCare by the DME supplier, then the referral would be made to the DME supplier. If the DME supplies are being billed to the Home Health agency, because they are supplies that are included in the covered services and charges, the

Home Health agency would need the referral. In this situation, the DME supplier would not be billing MaineCare and would not need a referral.

Q: If the PCP refers a member to a specialist but the member wants to go to a different specialist, what should the specialist do?

A: Ask the member to contact their PCP to request a different referral.

Q: Are only two visits allowed for Physical Therapy (PT)?

A: The policy for Physical Therapy in the [MaineCare Benefits Manual](#), Chapter II, Section 85, must be followed. The PCP can submit a referral for Physical Therapy for as many visits as they feel is necessary; however, in certain cases, PT also requires PA and there may be less visits approved than the referral was for. The member can only see a Physical Therapist for the Prior Authorized visits regardless of the amount of referral visits left.

Q: If a PCP makes a referral for a wheelchair rental, does the number of units need to reflect the number of months the member will need to have the wheelchair?

A: Please refer to DME policy in the [MaineCare Benefits Manual](#), Chapter II, Section 60, or the DME Provider Relations Specialist.

Billing for Referred Services

Q: Should the name in box 17b of the CMS 1500 form be the PCP name, or group name and NPI if the member is assigned to a group?

A: If the PCP is an FQHC, RHC or individual provider then the group name and NPI should be entered in box 17b. If the PCP is a hospital-based provider or affiliated to a physician group, then the individual provider should be entered in box 17b. If entering the claim on the portal, these areas should auto-populate from the member's file.

Q: What if the referral has an inappropriate diagnosis code?

A: The diagnosis code on the referral may not match the claim diagnosis code and this is appropriate because in most cases, the PCP will not know the final diagnosis at time of the initial referral.

Q: Is the exempt diagnosis codes list still accurate?

A: This list is currently being updated.

What services require a referral?

A: Please refer PCCM policy in the [MaineCare Benefits Manual](#), Chapter VI, for details of what services need referrals.

Q: Is there a member education request form available for specialists? If not, can specialists use the PCP form and fax it to MaineCare?

A: Member Education Request Forms are available primarily for PCPs but if a specialist submits the form, the member follow-up will still occur.

Q: The PCCM policy states the referral number must be on the claim, but in the PCCM training, it says not to include the referral number on the claim. Should the referral number be on the claim?

A: No, referral numbers should not be listed on the claim. The policy is currently being updated to reflect this change.

Q: Does a member need a referral for refills on consumable supplies (i.e. incontinence/urological/ostomy supplies)?

A: If a member has PCCM coverage, then a referral would be required. If a provider has a question about a member with this eligibility, please contact a Provider Relations Specialist and/or refer to the [MaineCare Benefits Manual](#) for additional information.

Q: Please clarify that a routine well vision visit does not require a referral.

A: This is correct, as long as it does not exceed the limits outlined in the [MaineCare Benefits Manual](#) (annually for under age 21 and once every three years for 21 and over).

Q: If a referral cannot be processed because of a system issue, can the specialist provide the service and then back date the referral?

A: If providers are not able to submit referrals in the system, contact Provider Services to get this corrected.

Miscellaneous PCCM Questions

Q: Can a PCP choose to NOT participate in PCCM?

A: Yes.

Q: Are nurse practitioners eligible to be PCCM PCPs?

A: Yes.

Q: If someone is currently a MaineCare provider, can the provider enroll to be a PCCM PCP at any time or is there an end date to do this?

A: A providers can request to be a PCCM PCP at any time.

Q: If providers were previously signed up to be a Primecare Provider, are they automatically set up as a PCCM provider?

A: Yes.

Q: Have the PCPs been given a list of local specialists so they know who to refer members to?

A: The Provider Directory on the [MyHealth PAS portal](#) has a listing of all participating MaineCare providers that all PCPs have access to.

Q: Some members are set up for recurring rental items (beds/wheelchairs) but do not currently have referrals. Will DME suppliers have to pick up the equipment when the PCCM referral process goes live or will there be a window for the DME supplier to contact the PCPs and get the referral?

A: DME suppliers should get referrals now to avoid having claims deny once the referral WARN period ends. MaineCare will provide advance notice to providers before the referral WARN period will end. Members that have current equipment, would need to have their program eligibility checked, and if they have PCCM, the referral will need to be requested from the listed PCP, prior to the end of the WARN period.

Who to Call

MaineCare Members can call Member Services at: 1-800-977-6740

MaineCare Providers refer to the below table:

Molina Provider Services 1-866-690-5585	PCP Network Services 1-866-796-2463, Request PCP Network Services
Member Eligibility Verification	PCCM PCP/Site Enrollments
MIHMS Claims Issues	PCCM Management Fees
Provider Enrollment Maintenance	PCP Incentive Payments/ UR Reports
Technical Support	PCCM PCP Enroll/Disenroll Reports
PCCM Referral Submissions/Status	PCCM PCP Panel Reports
Prior Authorizations	PCCM Roster Reports
	PCCM Managed Services
	PCCM Policy, Chapter VI