

CARE MANAGEMENT BUSINESS AREA PCCM AND GATEKEEPER MANAGED CARE (MG) CHECKLIST

STATE:	DATE OF REVIEW:	REVIEWER:
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PCCM AND GATEKEEPER MANAGED CARE (MG) CHECKLIST

PCCM AND GATEKEEPER MANAGED CARE (MG) CHECKLIST BACKGROUND

Background for this checklist:

1. This checklist covers models of managed care that center on a primary care case manager with whom a member enrolls or is assigned.
2. Primary Care Case Manager (PCCM) as defined in 42 CFR 438.2 means a physician, a physician group practice, an entity that employs or arranges with physicians to furnish primary care case management services or, at State option, any of the following:
 - A physician assistant
 - A nurse practitioner
 - A certified nurse midwife
3. The majority of these programs use a PCCM to provide primary care physician services and to authorize other services, including, but not limited to prescriptions, laboratory, radiology, specialist services, and certain hospital procedures.
4. The PCCM is usually paid on a fee-for-service basis for the services he or she provides and may receive a small management fee per enrollee to cover the coordination of the enrollee's care referral service. Referral services will not be covered if the PCCM does not provide authorization.
5. A limited number of PCCM programs place the PCCM at risk for a limited package of primary care services (e.g., physician and outpatient hospital). For this coverage, the PCCM receives a per-member per-month (PMPM) capitation fee.

Sources for the criteria in this checklist are as follows:

CFR – Code of Federal Regulations, available from <http://www.access.gpo.gov/uscode/title42/title42.html>

IBP – Industry Best Practice. Items are selected from RFPs for MMISs developed by states and approved by CMS.

HIPAA – HIPAA act, available from

http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp#TopOfPage

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BUSINESS OBJECTIVES		
Reference #	Business Objectives	Comments
MG1	Support enrollment of Medicaid eligibles into Primary Care Case Management (PCCM) or Gatekeeper program.	
MG2	Increase Beneficiary access to care and qualified PCCM providers.	
MG3	Process accurate and timely payment to PCCM for gatekeeper services	
MG4	Make accurate and timely payments to providers.	
MG5	Generate reports to monitor quality and cost of care provided to enrollees.	
MGSS1	<i>Add State-specific business objectives for the PCCM and Gatekeeper Managed Care Checklist here.</i>	

MG1 – SUPPORT ENROLLMENT INTO PCCM PROGRAM					
Ref #	System Review Criteria	Source	Yes	No	Comments
MG1.1	Captures enrollee choice of PCCM on Beneficiary record.	CFR			
MG1.2	Auto-assigns enrollees to a PCCM who fail to choose a PCCM, and completes provider lock-in process.	CFR			
MG1.3	Displays enrollees associated with PCCM.	IBP			

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MG1 – SUPPORT ENROLLMENT INTO PCCM PROGRAM					
Ref #	System Review Criteria	Source	Yes	No	Comments
MG1.4	Disenrolls member from PCCM.	CFR			
MG1.5	Allows enrollee to disenroll from a PCCM without cause during the 90 days following the date of the enrollee's initial enrollment and at least once every 12 months thereafter.	CFR			
MG1.6	Automatically disenrolls enrollees from a terminated PCCM provider and places the Beneficiary in regular fee-for-service status.	CFR			
MG1.7	Performs mass reassignment of enrollees if contract with PCCM is terminated or Beneficiary disenrolls for any reason other than ineligibility for Medicaid.	CFR			
MG1.8	Generates notices to Beneficiary of enrollment or disenrollment from PCCM.	CFR			
MG1.9	Produces ID card data for PCCM enrollees indicating that referral services must be authorized by the PCCM in order for the provider to receive payment.	IBP			
MG1.10	Identifies Beneficiaries excluded from enrollment, subject to mandatory enrollment, or free to voluntarily enroll in PCCM.	CFR			
MG1.11	Prioritizes enrollment for Beneficiaries to continue enrollment if the PCCM does not have the capacity to accept all those seeking enrollment under the program.	CFR			

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MG1 – SUPPORT ENROLLMENT INTO PCCM PROGRAM

Ref #	System Review Criteria	Source	Yes	No	Comments
MG1.12	Provides a default enrollment process for those Beneficiaries who do not choose a PCCM.	CFR			
MG1.13	Automatically re-enrolls a Beneficiary who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less (optional if State Plan so specifies).	CFR			
MG1.14	Supports ANSI X12N 834 transaction as required by HIPAA.	HIPAA			
MG1SS.1	<i>Add State-specific criteria for this objective here.</i>				

MG2 – IMPROVE BENEFICIARY ACCESS TO QUALIFIED PROVIDERS
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Ref #	System Review Criteria	Source	Yes	No	Comments
MG2.1	Identifies physicians who have agreed to provide gatekeeper services, geographic location(s), number of assigned Beneficiaries, and capacity to accept additional patients.	CFR			
MG2.2	Accepts and processes updates information about the PCCM as changes are reported.	IBP			
MG2.3	Captures termination information when a PCCM provider contract is cancelled.	IBP			

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MG2 – IMPROVE BENEFICIARY ACCESS TO QUALIFIED PROVIDERS
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Ref #	System Review Criteria	Source	Yes	No	Comments
MG2.4	Monitors adequacy of PCCM network (e.g., number and types of physicians and provider locations).	IBP			
MG2.5	Generates reports to monitor enrolled providers to prohibit affiliations with individuals debarred by Federal agencies.	CFR			
MG2SS.1	<i>Add State-specific criteria for this objective here.</i>				

MG3 – MAKE ACCURATE AND TIMELY PAYMENT TO PCCM

Ref #	System Review Criteria	Source	Yes	No	Comments
MG3.1	Calculates administrative payment per-member per-month for primary care gatekeeper services.	IBP			
MG3.2	Supports ANSI X12N 837 transaction as required by HIPAA.	HIPAA			
MG3.3	Supports ANSI X12N 835 transaction as required by HIPAA	HIPAA			
MG3SS.1	<i>Add State-specific criteria for this objective here.</i>				

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MG4 – MAKE ACCURATE AND TIMELY PAYMENTS TO PROVIDERS

Ref #	System Review Criteria	Source	Yes	No	Comments
MG4.1	Edits and denies payment to fee-for-service (FFS) providers for services without PCCM referral/prior authorization.	IBP			
MG4.2	Allows payment to providers for services carved out of the PCCM benefit package (e.g., family planning, women health specialist).	CFR			
MG4.3	Allows payment for emergency medical condition without authorization from PCCM.	CFR			
MG4.4	Edits and denies payment to referral providers (pharmacy, lab, radiology, specialty physician, etc.) if service is not authorized by a PCCM gatekeeper.	IBP			
MG4.5	Allows payment to fee-for-service (FFS) providers for services rendered in pre-enrollment periods or other periods of transition.	IBP			
MG4SS.1	<i>Add State-specific criteria for this objective here.</i>				

MG5 – GENERATES REPORTS FOR MONITORING SERVICES PROVIDED TO ENROLLEES
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Ref #	System Review Criteria	Source	Yes	No	Comments
MG5.1	Generates reports for monitoring enrollee access to medical services.	IBP			

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MG5 – GENERATES REPORTS FOR MONITORING SERVICES PROVIDED TO ENROLLEES
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Ref #	System Review Criteria	Source	Yes	No	Comments
MG5.2	Generates reports to compare fee-for-service (FFS) claims statistics and PCCM data, re: cost of care, timeliness of care, quality of care, grievance and appeals; outcomes.	IBP			
MG5.3	Generates reports to monitor PCCM referrals to specialty care.	IBP			
MG5.4	Produces report for each primary care case manager identifying the PCCM's enrollees and the total payment per month per enrollee.	IBP			
MG5SS.1	<i>Add State-specific criteria for this objective here.</i>				

MGSS1 – FIRST STATE-SPECIFIC OBJECTIVE

Ref #	System Review Criteria	Source	Yes	No	Comments
MGSS1.1	<i>Add criteria based on the APD, RFP, etc., that are relevant to this State-specific objective.</i>				