

Department of Social Services
Joint Appropriations Committee

As requested by the committee, following is a summary of the Primary Care Case Management (PCCM) program.

The recipient is informed at the time of Medicaid determination that they meet the criteria of participating in the PCCM program and often work with their caseworker to complete the forms and select a PCP, or a letter is subsequently sent to them advising them to select a PCP. The PCP selection can also be completed on-line or the recipient can call the Medical Services staff for assistance and selection. If the recipient does not select a PCP, a PCP will be assigned automatically through the system or the Medical Services staff will assign a PCP in the vicinity. The recipient is sent a letter notifying them of the assigned PCP. If the recipient chooses to change their PCP, they can do so on-line or by calling the Medical Services staff for assistance.

The PCP is responsible for providing health care case management and provides referrals to other providers as needed. The recipient is given a referral for the needed service that they are responsible to take with them at the time of the service. If the recipient does not have a referral card, and they are a PCP client, the cost of the service will be the recipient's responsibility. A provider can verify if the recipient is a PCP client via a card swipe which indicates the recipient's status, or the provider can call the Medical Services staff for verification. Qualifying emergency care does not require a referral.