

PRIMARY CARE PROVIDER PROGRAM

OVERVIEW

South Dakota Medicaid's Primary Care Provider (PCP) Program is based on the primary care case management (PCCM) model. The Program operates statewide. Approximately, 80 percent of South Dakota Medicaid recipients are required to enroll in the program. The program includes both Medicaid and CHIP recipients. The PCP Program is one of two of South Dakota Medicaid's Care Management programs. The other Care Management Program is the Health Home Program.

The PCP Program is designed to improve access, availability, and continuity of care while reducing inappropriate utilization, over-utilization, and duplication of South Dakota Medicaid covered services.

Participating recipients select a PCP to be their health care case manager. This program creates a partnership between the PCP and the recipient. The PCP is responsible for providing or directing most services provided to the recipient.

MANAGING A RECIPIENT'S HEALTH CARE

Per the PCP addendum, PCPs are required to provide comprehensive primary health care services to Medicaid recipients who are enrolled in the provider's practice and listed on their caseload. PCPs are paid a monthly case management fee for managing the health care of each recipient listed on their caseload. This payment is in addition to reimbursement for any covered services the PCP provides. PCPs receive a list of current Medicaid recipients on their caseload each month via the Online Portal.

Preventative Care

South Dakota Medicaid expects PCPs to utilize various strategies to help ensure recipients receive recommended preventative care such as well-child visits, well-adult visits, recommended vaccines/immunizations, and recommended screenings. Provider should consider using the following strategies to ensure Medicaid recipients receive recommended preventative care services:

- For recipient age 0 to 3, schedule the next well-child visit at the end of their current well-child visit.
- For recipient age 3 and older, send an annual or periodic reminder to recipients about scheduling a well-child or well-adult visit.
- Include alerts for preventative care in your Electronic Health Record system or otherwise screen recipients to determine if a well-child visit, well-adult visit, or age-appropriate vaccine or screening is recommended.
- Perform a well-child or well-adult visit at a problem focused visit. Both services are reimbursable on the same day if the abnormality or problem is significant enough to require additional work to perform the key components of a problem-oriented and separately identifiable E/M service by appending modifier 25 to the applicable CPT code on the claim form.
- If you do not have time to do a well-child or well-adult visit in addition to a problem focused visit, encourage the recipient to schedule a well visit before they leave the clinic.

- Perform a well-child visit when a recipient comes in for a sports physical. A sports physical is not a reimbursable service.
- Use an appointment reminder system such as texts, phone calls, or emails.
- If you send missed appointment letters, include contact information and instructions for rescheduling appointments.
- Encourage parents/guardians to take their child to a dentist by age 1 and encourage recipients to make a dental appointment if they have not been to the dentist recently. Recipients can find a dentist by visiting insurekidsnow.gov. Providers and recipients may refer to the [children](#) and [adult](#) dental benefit overviews for more information about covered dental services.
- Encourage parents/guardians to take their child for an eye exam by an optometrist between age 3 and 5 years and encourage recipients to have an eye examination annually or as recommended.

If you have other approaches that have been successful in your clinic, please share them with us by sending an email to DSS.Medicaid@state.sd.us.

PCPs should refer recipients for other care only if medically necessary. For a list of services that require a referral, please review the [Referral](#) manual. PCP Program covered services not referred by the recipient's PCP are not covered by South Dakota Medicaid.

24/7 Access

PCPs must provide 24-hour, 7 day a week access by telephone which will immediately page an on-call medical professional to handle medical situations during non-office hours. If affiliated with a calling network to serve as the non-office hour's contact, this may not be utilized for PCP referral. Any referrals given to recipients through these calling networks (e.g., referring individuals to seek medical attention at the emergency room) must be approved by the recipient's PCP or the Designated Covering Provider (DCP). Referrals may be made by the recipient's PCP or DCP retroactively if appropriate. Refer to the [Referrals](#) manual for additional information.

ELIGIBLE PROVIDERS

Providers wishing to enroll as a PCP must complete the [PCP Addendum](#) to the South Dakota Medicaid Provider Agreement as part of the enrollment process. Providers can enroll at any time to be a PCP.

The following providers are eligible to enroll to be a PCP:

- Family and General Practitioners including Medical Doctors (MD or DO), Physician Assistants (PA) or Certified Nurse Practitioners (CNP);
- Pediatricians;
- Internal Medicine;
- Obstetrics and gynecologists (OB/GYN);
- Certified Nurse Midwives;
- Clinics certified as a Rural Health Clinic (RHC);
- Clinics certified as a Federally Qualified Health Center (FQHC);
- Clinics designated as an Indian Health Services Clinic/Tribal 638; and

- Other licensed physicians or osteopaths who agree to provide primary health care and case management services according to program requirements.

Out-of-state providers must be within 50 miles of the South Dakota border to enroll as a PCP, with the exception of Bismarck, ND.

RECIPIENTS REQUIRED TO PARTICIPATE

The following recipients are required to be in the PCP Program and must choose an enrolled PCP provider:

- Temporary Assistance to Needy Families (TANF)/Low Income Families (LIF);
- Children's Health Insurance Program (CHIP);
- Low-Income Children and Pregnant Women;
- SSI-Blind/Disabled;
- Expansion Adults.

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using the South Dakota Medicaid [online provider portal](#). Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

EXEMPT RECIPIENTS

The following Medicaid eligible recipients are not required to participate in PCP Program:

- Individuals on a Home and Community-Based Services Waiver;
- Nursing Home Residents;
- Recipients receiving services from Community Support Providers;
- Medicare/Medicaid dual eligible individuals;
- Foster Care Children;
- Former Foster Care Youth; and
- Subsidized Adoption Children.

Other Exemptions

Recipients may be exempted from PCP Program if they are placed in a Psychiatric Residential Treatment Facility (PRTF), Group Care Facility, or Boarding School. Requests that the recipient be removed from PCP Program must be faxed to South Dakota Medicaid Attn: PCP Program at (605) 773-5246 or sent via secure email to DSS.Medicaid@state.sd.us. Requests must include the recipient's name and recipient ID. Providers requesting an exemption must inform South Dakota Medicaid when the recipient is discharged from the PRTF, Group Care Facility, or Boarding School.

PCP Program enrollment may be delayed for newborns that are in the NICU. Requests must be made by providers to South Dakota Medicaid. Requests may be made via the following methods:

- Calling (605) 773-3495;
- Faxing (605) 773-5246, Attn: PCP Program; or

- Sending a secure email to DSS.Medicaid@state.sd.us.

PCP SELECTION AND CHANGE

Recipients are provided a list of participating PCPs and are informed of the responsibility to select a PCP for each eligible Medicaid PCP Program recipient in the household. South Dakota Medicaid also provides recipients the opportunity to locate PCPs in their area via a [GIS map](#). Recipients who fail to select a PCP are assigned a provider by South Dakota Medicaid.

Auto Assignments

Assignments are first run through an auto assignment process which looks at provider history, claims data, family history, IHS eligibility, and the recipient address to choose the most appropriate provider. If an appropriate provider cannot be found, DSS uses a manual assignment process to randomly assign the recipient to a provider.

PCP Change

A PCP selection or assignment may be changed at any time by the recipient. The PCP can also change the PCP with consent from the recipient which must be documented in the medical record. The PCP selection or assignment remains in effect until the recipient or PCP submits a written or verbal request to South Dakota Medicaid requesting a PCP change. Recipients can submit a change request on the DSS [website](#).

PCP Change Effective Date

Changes to a recipient's assigned PCP are made at the beginning of the month following the month that the request was made. If the change is processed prior to the Per Member Per Month (PMPM) payment date, the most recent PCP assignment may be removed or ended at the end of the previous month. If the request is received after the PMPM payment date, the assignment must remain and will be ended at the end of the current month. For example:

- Recipient Sue Jones' current PCP is Dr. Smith. Sue wishes to change PCPs from Dr. Smith to Dr. Johnson in the month of May.
- South Dakota Medicaid will process the PMPM payment for the month of May on May 28.
- If Sue contacts South Dakota Medicaid prior to May 28 to change PCPs, Sue's assignment to Dr. Smith will be ended dated to April 30. Sue will be assigned to Dr. Johnson beginning June 1.
- If Sue contacts South Dakota Medicaid after May 28, Sue's assignment to Dr. Smith will conclude at the end of the current month, May 31 and she will be assigned to Dr. Johnson beginning June 1st.

If a provider, recipient, or caseworker can provide written documentation that the PCP selection was a South Dakota Medicaid error, occurrences may be removed when payment has been processed.

PCP Change Notification

Once South Dakota Medicaid enters the PCP information onto the recipient's PCP record the recipient will receive a system-generated notice informing the recipient of the change. At the bottom of each

notice there is a perforated paper card which indicates each recipient's PCP for the following month along with the PCP's phone number.

Recipient Dismissal

When a recipient exhibits behavioral issues such as, failure to establish care, consistently bypassing the referral requirement, missing appointments without advance notice or abusive language, a provider has the right to request the recipient be removed from their caseload.

The following must occur to remove a recipient from caseload:

- Send a notice of termination to the recipient and Cc cmforms@state.sd.us telling the recipient that they are being dismissed from the caseload and why; or
- Complete the [Online Provider Selection Tool](#) to assist the recipient in selecting a new provider.

When the recipient receives a notice of termination, the Care Management staff will send a letter to the recipient to choose a new provider, if a new PCP has not yet been chosen.

MEDICAID ONLINE PORTAL

Primary care provider clinics can use the [Portal](#) to perform many functions of the Primary Care Provider Program. Information about how to sign-up or login to the Portal is available here:

<https://dss.sd.gov/medicaid/portal.aspx>. Medicaid online portal functions include the following:

Reviewing and/or Printing Caseload Reports

A Caseload report provides important information about each recipient on each provider's panel.

There are three types of caseload reports available in the [Portal](#):

1. Printable Report which provides all the information about each recipient in a format that can be printed;
2. The Recipient and Family Information which provides all the information about each recipient in a format which can be exported to Excel and stored in an electronic format or exported into some other system; and
3. The Export to Health Information Exchange which provides a limited set of information that can be exported into the HIE e to allow clinics to receive notifications on certain recipients.

Portal Instructions for Caseload Reports

Users with permission can pull a month caseload report using the following instructions:

1. Under Reports, Health Homes, Caseload
2. Select the report year and month
3. Select the type of report. Printable Report, Recipient & Family Information, or Export to HIE as they are defined above. The system will generate the Billing NPIs (BNPI) for which the user has access and the User will need to either select a BNPI or BNPIs and then NPIs of the providers for which they wish to generate a caseload.
4. Click on Generate Report

5. The system will generate the type of report or download you requested and display the report for the user to be printed or downloaded.

Claims Paid Report

The Claims Paid Report provides information about the claims filed for each recipient on the caseload report. This report can be generated by Claim Type and user can also choose to generate the report by paid date or date of service. Report can be generated for one provider or a group of providers under a BNPI.

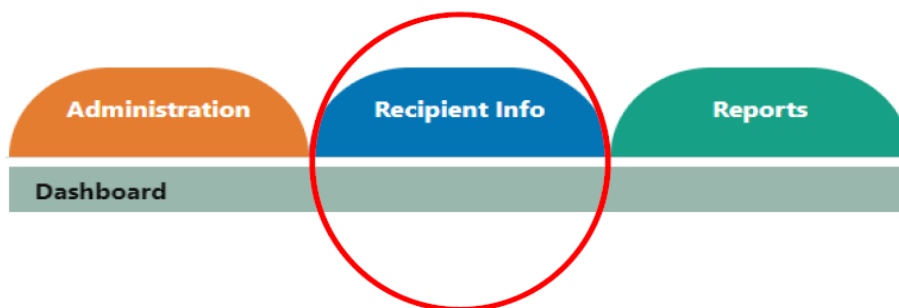
Portal Instructions for Claims Paid Report

Users with Permission can also download the Claims Paid Report described above using the following steps:

1. Select Reports, PCP, Claims Paid
2. Select All or choose specific claim types
3. Choose between Report by Paid Date or Report by Date of Service.
4. The system will display the accessible BNPI/s, select the BNPI/s to be displayed then either select all or specific Servicing NPI/s (SNPI) to be displayed. Claims can also be identified by recipient
5. Select Generate Report.
6. Select Export to Excel

Recipient Eligibility Inquiry

Determine if you have access to the eligibility inquiry functionality in the portal. If you see that you have the Recipient Info half-moon tab as shown below, you can access the information. If you do not see the half-moon tab you will need to request access to that functionality from the individual within your clinic or Health System who has Provider Admin permission in the portal.



1. Click on the Recipient Info half-moon.
2. Click on Eligibility. The following screen will populate:

Cost Share Type Physician Services

Dates of Service 06/01/2023 06/30/2023

Search Option # 1 : Recipient ID + Add

Search Option # 2 : Recipient First Name Recipient Last Name

3 out of 4 are required for a search. Last 4 of SSN Date of Birth + Add Reset

3. Complete the information requested:

- Enter the Cost Share Type.
- Enter the Dates of Service.
- Enter recipient information using either:
 - Search Option 1 - Recipient ID and click the green Add button; or
 - Search Option 2 - First Name, Last Name, and Last 4 of SSN or Date of Birth and click the green Add button.
- The following screen will populate:

Recipient Eligibility Inquiry										
IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
			123456789	Jane	Doe			06/01/2023	06/30/2023	

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

[Check Eligibility](#)

4. Click on the Check Eligibility button. The following screen will populate:

Recipient Eligibility Inquiry										
IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
N	ACTIVE	Full	123456789	Jane	Doe		09/04/1968	06/01/2023	06/30/2023	View

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

[Check Eligibility](#)

5. The recipient/recipients will appear below the search options. Select View on the recipient you wish to verify. The following Recipient Eligibility Inquiry screen will populate:

06/05/2023	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
Page 1 of 1		

Insured Information

Recipient ID: 001234567	Recipient Name: JANE DOE
Gender: F	1234 RIVER RUN AVE,
Date of Birth: 09/26/1975	SIOUX FALLS, SD, 571101234
	Case Number: 123456789

Eligibility

Dates are valid for current query.

40-Active Coverage: Medicaid - Full Coverage

Eligibility : 6/1/2023 - 6/30/2023

Primary Care Provider/Health Home Provider

Primary Care Location	Primary Care Provider	Eligibility : 6/1/2023 - 6/30/2023
AVERA MEDICAL GROUP INTERNAL ME 1301 S CLIFF AVE STE 400 SIOUX FALLS, SD 57105-1023 (605) 322-5750	MILLER, RYAN	Primary Care Co-pay: \$0.00

* Cost share amounts exceeding \$0.00 apply to non-PCP/HH provider visits only.

Providers should use this screen to verify active eligibility. Providers may review the Primary Care Provider/Health Home Provider section to see if a recipient has or had a provider for the time span for which the search is completed. If there is a provider in this section and a referral is required, make sure a referral is obtained prior to seeing the recipient.

Suspension of Benefits

When the Medicaid Portal Recipient Eligibility Inquiry indicates possible suspension of benefits, eligibility for the specific date of service must be verified by contacting the South Dakota Medicaid Claims Advice and Processing (CAP) unit at 1-800-452-7691, option 2.

RECIPIENT EDUCATION ABOUT THE PCP PROGRAM

All recipients are provided a [Recipient Handbook](#) which explains their responsibilities under the PCP Program and lists phone numbers to call with questions. Recipients receive information about PCP Program covered services, exempt PCP Program services, emergency room services, and the referral process. Benefits specialists also provide recipients information about the PCP Program if the recipient applies in person at a DSS local office.

EMERGENCY CARE

Determination of Emergency Hospital Care

The physician or other licensed practitioner on duty or on call at a hospital must determine whether the recipient requires emergency hospital care using the prudent layperson standard.

Per the Prudent Layperson standard an “emergency medical condition” is a medical condition manifesting with acute symptoms of enough severity (including severe pain) \ that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Death;
- Additional serious jeopardy to the individual's health or with respect to a pregnant woman, the health of the woman or the unborn child;
- Serious impairment to the individual's bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency hospital care does not include treatment that is available and routinely provided in a clinic or licensed practitioner's office.

Emergency hospital care for a pregnant woman having contractions includes care provided when:

- There is inadequate time to safely transfer to another hospital before delivery, or
- Transfer may pose a threat to the health or safety of the woman or the unborn child.

Emergency care determined to meet the prudent layperson standard does not require a PCP referral. If care provided in the Emergency Room is determined to be a nonemergent or urgent medical condition a referral will be required. If no referral is provided, only the ER room and the physician or other licensed practitioner's screening services are covered. Elective care that is nonemergent or urgent must be referred by the PCP. Providers may elect to provide a retroactive referral for ER services as stated in the [Referral](#) manual.

Upon discharge all medically necessary follow-up services incidental to an ER visit must be PCP referred/authorized. The recipient's PCP will determine the need for specialty and follow-up treatment. Please refer to the [Emergency Services](#) manual for additional information.

Urgent Care Services

South Dakota Medicaid will exempt up to 4 clinic urgent care visits per state fiscal year (July 1 through June 30) from a PCP referral. This applies for individuals in the PCP or HH programs. Urgent or non-emergent use of the Emergency Room is not exempt from PCP referral.

Urgent care services must be billed according to the instructions by claim submission type as provided in the following table:

Claims Submission Type	Urgent Care Claims Instructions
Portal	Select “Urgent” in the drop-down option of item 24c.
Electronic	Enter “Y” in 24c (SV109) and use the situational loop 2300 REF*4N*1.
Paper	Enter “U” or a “2” in Block 10d (if necessary, the “U” or “2” may be added to Block 19 instead of 10d).

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Medical services for enrolled PCP Program recipients are reimbursed on a fee-for-service basis for most providers. FQHC/RHC services are reimbursed at a per diem rate. Claims for covered medical services provided by the PCP do not require additional PCP Program information on the claim. Covered PCP Program services provided by the provider referred to by the PCP, must have the PCP's NPI number included on the claim. For detailed claim instructions please refer to the applicable [claim instructions](#).

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

QUICK ANSWERS

1. **I have a new provider in my clinic, but the provider does not show up on the list of providers who are participating in the PCP Program. How do I add them to the list?**

The first step is to communicate with your health system or clinic credentialing office/staff and confirm that enrollment for this provider is complete. If the enrollment has been completed, please make sure that the credentialing staff indicated that the provider should be a PCP and that a PCP Addendum was also submitted. If the answer to these two questions are yes, please contact South Dakota Medicaid provider enrollment and inquire as to the status of these items with this provider. Please note that submission of paperwork does not equate to enrollment. Enrollment staff handle new applications in the order they are received ..

2. **I have a provider who is leaving. How do I remove them from the PCP list?**

The first step is to communicate with your health system or clinic credentialing office/staff to confirm the departure and the last date of employment with the facility. Submit written documentation to the Medicaid PCP program that includes the last date of employment for the provider as well as the intentions for the provider's current caseload.

There are two options for the caseload. 1) Flip all the patients on the caseload to one provider within your facility or 2) Close the provider's caseload and give recipients the option to select a new PCP. Please refer to [provider enrollment](#) and complete a modification and submit the changes for review by South Dakota Medicaid provider enrollment staff.

3. **What do I need to do to indicate my caseload is full?**

Provide written documentation to South Dakota Medicaid PCP Program that the PCP has a full caseload. The caseload can be closed using one of the two following options: 1) Add an

indicator on the list that shows recipients that they must have written consent from the provider before any action can be taken by PCP program staff. 2) Hide the provider from the list. This prevents recipients from selecting the provider. Please refer to [provider enrollment](#) and make the appropriate changes on the provider's record and submit the modification for review by South Dakota Medicaid provider enrollment staff.

4. I have a provider who is a CNP but does not appear on the PCP list, what do I need to do to add them to the list?

CNPs, PA-Cs, and CNM can enroll in the PCP program by completing the PCP Addendum to the South Dakota Medicaid Provider Agreement as part of the enrollment process. Providers can enroll at any time to be a PCP.

5. I have a provider who is moving to another location within our network, what should I do?

Provide written documentation to South Dakota Medicaid PCP program staff. Please include the date of the move as well as name, address, and phone number of the new PCP location. Please refer to [provider enrollment](#) and make the appropriate updates to the provider's record in the locations step and submit the modification for review by South Dakota Medicaid provider enrollment staff.

6. Can a PCP change a recipient's PCP without the recipient's consent?

No.

7. How do providers know if a recipient has a PCP?

Providers can determine a recipient's Primary Care Provider using the Medicaid Online Portal Eligibility Inquiry. Primary Care Providers can also review all Medicaid recipients on their caseload in the Medicaid Online Portal. Instructions on accessing eligibility and caseload information are included in the Medicaid Online Portal section of this manual.

8. Do American Indian recipients need a referral to see an IHS/Tribal 638 provider?

American Indian recipients may choose but are not required to choose Indian Health Services (IHS)/ Tribal 638 as their PCP. If they do not choose IHS/Tribal 638 as their PCP they can still receive services at any IHS/Tribal 638 facility without a referral from their PCP. For further instructions on referrals, see the [Referral Manual](#).