BILLING AND POLICY MANUAL

PCP & HH Selection/Change Form Guide

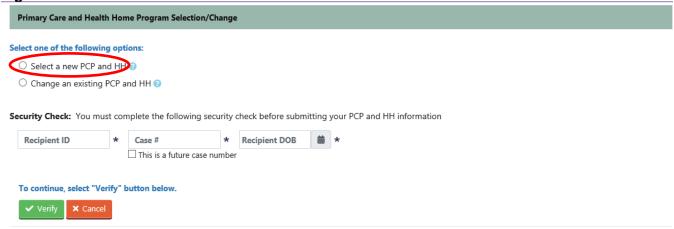
PRIMARY CARE PROVIDER (PCP) AND HEALTH HOME (HH) SELECTION/CHANGE FORM GUIDE

CHOOSING A NEW PROVIDER

Recipients, and providers can use choose or help a recipient choose their provider on-line for either the PCP or HH program at https://dss.sd.gov/pcphhselection. This link will take you to a website. The following pieces of information are required to successfully submit a request: Recipient ID, Case Number, and Date of Birth (DOB).

To select a new provider, click on circle beside Select a new PCP and HH. Then enter the Recipient ID, Case number and DOB of the recipient for whom you are selecting or changing a provider. Click on the Verify button.

Figure 1



Once the information provided in **Figure 1** is verified by the system. It will take the user to the next screen identified below as **Figure 2**. The Benefit Special is an option field and can be skipped.

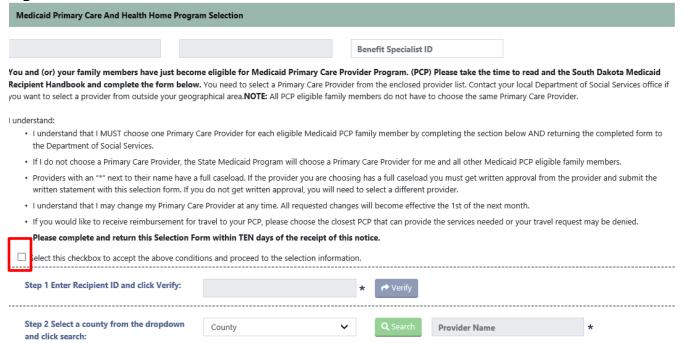
Users must click on the I accept check box identified in **Figure 2** by the red box. Once the box is checked, this portion of the screen will disappear. The system will pull the name for the information provided, and bring forth the verified Case # and Recipient ID.

In Step 2, enter the county of the provider and click on Search. This will bring up a list of providers available for the specific program for the user to choose. Click on the circle beside the provider as seen in Figure 3 on the next page.

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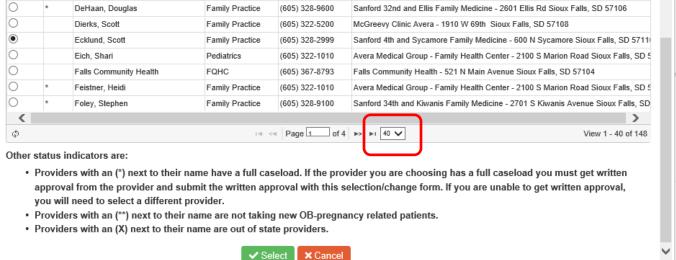
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Figure 2



User can maximize the number of providers on the screen by change the number of providers listed for each screen to 30 or 40. Once the provider is chosen click on the Select button. Take note of the other status indicators on the page.





See **Figure 4** below. Once the provider is chosen, a message will pop up to direct you to click add in Step 3 to populate the screen if approval is required, attachments can be added by clicking on add

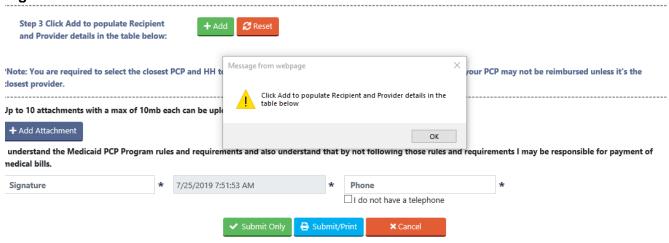
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attachment. Information can not be submitted if approval is required and there is no attachment. Enter the signature and phone number. The phone number can be left blank by clicking the box in front of I do not have a phone.

The system will also walk the user through the process of adding a more recipients to the form. Finalize the selection by selecting either Submit only or Submit and Print.

Figure 4



CHANGING YOUR PROVIDER

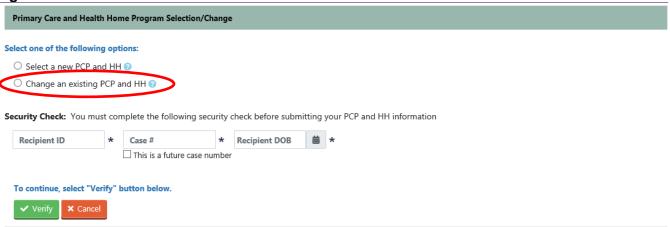
Recipients, and providers can change or help a recipient change their provider on-line for either the PCP or HH program at https://dss.sd.gov/pcphhselection. This link will take you to a website. The following pieces of information are required to successfully submit a request: Recipient ID, Case Number, and Date of Birth.

To change a recipient's provider, click on the button beside the Change an existing PCP and HH as seen in **Figure 5** below. Then enter the Recipient ID, Case number (found on letter received from SD Medicaid) and DOB of the recipient for whom you are changing their provider. Click the Verify button.

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Figure 5



Once the information provided in **Figure 5** is verified by the system. It will take the user to the next screen identified below as **Figure 6**. The Benefit Specialist field is optional. Select a reason for changing the provider or click on additional information and enter a reason in the box below. In Step 2, enter the county of the provider and click on the Search button. This will bring up a list of providers available for the specific program for the user to choose. Click on the circle beside the provider as seen in **Figure 7** on the next page and Click on the Select button.

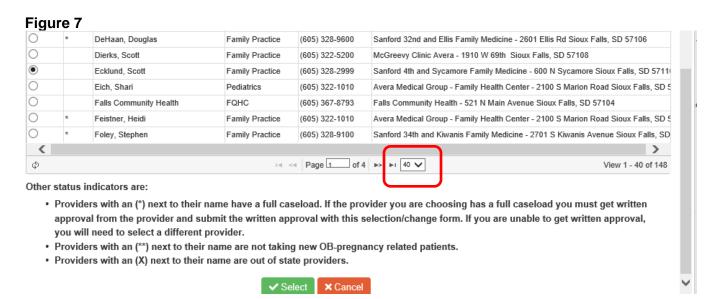
Figure 6

		Ben	efit Specialist II	D		
REASON FOR CHANGING YOUR PCP When requesting a change in your Primary Care Provid Long waiting period to see the Doctor	der selections please state your main reas	on for r	equesting a char	nge.		
Not being referred (authorized) to specialists when □ Doctor (or on-call staff) not available 24 hours a day □ Dissatisfaction with PCP □ PCP not accepting new patients						
☐ Moved to new area ☐ Additional other information should be included be	elow					
Enter your comments here. Each comment has a	2500 character limitation. Comments a	ire man	datory.			
NOTE: IF YOUR CHANGE REQUEST IS APPROVED, Y	OUR NEW PCP DOES NOT TAKE EFFEC	т іммі	DIATELY. CHAI	NGE APPROVALS AR	E EFFECTIVE ON THE	FIRST DAY OF THE
MONTH AFTER APPROVAL. IF YOU WISH TO RECEI CAPABLE OF PROVIDING THE NEEDED SERVICES O	VE REIMBURSEMENT FOR TRAVEL TO	YOUR F				
Step 1 Enter Recipient ID and click Verify:		*	◆ Verify			

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The user can maximize the number of providers on the screen by changing the number of providers listed for each screen to 30 or 40. See the area identified with the red box in **Figure** 7. Once the provider has been selected, click on the Select button. Take note of the other status indicators on the page.



See **Figure 8** below. Once the provider has been selected, a message will pop up to direct you to click add button in Step 3 to populate the screen if approval is required, attachments can be added by clicking on add attachment. Information cannot be submitted if approval is required and there is no attachment. Enter the signature and phone number the phone number can be left blank by clicking the box in front of I do not have a phone.

The system will also walk the user through the process of adding a more recipients to the form. Finalize the selection by selecting either Submit only or Submit and Print.

