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 (next page). The Benefit Special is an optional 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.
You and/or your family members have just become eligible for Medicaid Primary Care Provider Program (PCP). Please take the time to read and the South Dakota Medicaid Recipient Handbook and complete the form below. You need to select a Primary Care Provider from the enclosed provider list. Contact your local Department of Social Services office if you want to select a provider from outside your geographical area. **NOTE:** All PCP eligible family members do not have to choose the same Primary Care Provider.

- I understand that I MUST choose one Primary Care Provider for each eligible Medicaid PCP family member by completing the section below AND returning the completed form to the Department of Social Services.
- If I do not choose a Primary Care Provider, the State Medicaid Program will choose a Primary Care Provider for me and all other Medicaid PCP eligible family members.
- Providers with an ‘*’ next to their name have a full caseload. If the provider you are choosing has a full caseload you must get written approval from the provider and submit the written statement with this selection form. If you do not get written approval, you will need to select a different provider.
- I understand that I may change my Primary Care Provider at any time. All requested changes will become effective the 1st of the next month.
- If you would like to receive reimbursement for travel to your PCP, please choose the closest PCP that can provide the services needed or your travel request may be denied.

Please complete and return this Selection Form within TEN days of the receipt of this notice.

Users can maximize the number of providers on the screen by changing the number of providers listed for each screen to 30 or 40 as noted in the screen below. Once the provider is chosen, click on the Select button. Take note of the other status indicators on the page.

**Figure 3**

Other status indicators are:
- Providers with an ‘*’ next to their name have a full caseload. If the provider you are choosing has a full caseload you must get written approval from the provider and submit the written approval with this selection/change form. If you are unable to get written approval, you will need to select a different provider.
- Providers with an ‘**’ next to their name are not taking new OB-pregnancy related patients.
- Providers with an ‘X’ next to their name are out of state providers.

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.
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.

**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/pcph SSELECTION](https://dss.sd.gov/pcphselection). 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** next page. 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.
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.
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.

Figure 7

Other status indicators are:
- Providers with an (*) next to their name have a full caseload. If the provider you are choosing has a full caseload you must get written approval from the provider and submit the written approval with this selection/change form. If you are unable to get written approval, you will need to select a different provider.
- Providers with an (**) next to their name are not taking new OB-pregnancy related patients.
- Providers with an (X) next to their name are out of state providers.

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.

Figure 8