

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

Primary Care and Health Home Program Selection/Change

Select one of the following options:

Select a new PCP and HH

Change an existing PCP and HH

Security Check: You must complete the following security check before submitting your PCP and HH information

Recipient ID * Case # * Recipient DOB *

This is a future case number

To continue, select "Verify" button below.

Verify Cancel

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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Figure 2

Medicaid Primary Care And Health Home Program Selection

Benefit Specialist ID

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:

- 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.

select this checkbox to accept the above conditions and proceed to the selection information.

Step 1 Enter Recipient ID and click Verify: *

Step 2 Select a county from the dropdown and click search: *

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.

Figure 3

<input type="radio"/>	*	DeHaan, Douglas	Family Practice	(605) 328-9600	Sanford 32nd and Ellis Family Medicine - 2601 Ellis Rd Sioux Falls, SD 57106
<input type="radio"/>		Dierks, Scott	Family Practice	(605) 322-5200	McGreevy Clinic Avera - 1910 W 69th Sioux Falls, SD 57108
<input checked="" type="radio"/>		Ecklund, Scott	Family Practice	(605) 328-2999	Sanford 4th and Sycamore Family Medicine - 600 N Sycamore Sioux Falls, SD 57111
<input type="radio"/>		Eich, Shari	Pediatrics	(605) 322-1010	Avera Medical Group - Family Health Center - 2100 S Marion Road Sioux Falls, SD 57105
<input type="radio"/>		Falls Community Health	FQHC	(605) 367-8793	Falls Community Health - 521 N Main Avenue Sioux Falls, SD 57104
<input type="radio"/>	*	Feistner, Heidi	Family Practice	(605) 322-1010	Avera Medical Group - Family Health Center - 2100 S Marion Road Sioux Falls, SD 57105
<input type="radio"/>	*	Foley, Stephen	Family Practice	(605) 328-9100	Sanford 34th and Kiwanis Family Medicine - 2701 S Kiwanis Avenue Sioux Falls, SD 57105

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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

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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

Step 3 Click Add to populate Recipient and Provider details in the table below:

+ Add Reset

*Note: You are required to select the closest PCP and HH to the recipient's home address. Your PCP may not be reimbursed unless it's the closest provider.

Up to 10 attachments with a max of 10mb each can be uploaded.

+ Add Attachment

Understand the Medicaid PCP Program rules and requirements and also understand that by not following those rules and requirements I may be responsible for payment of medical bills.

Signature * 7/25/2019 7:51:53 AM * Phone *

I do not have a telephone

Submit Only Submit/Print Cancel

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

Primary Care and Health Home Program Selection/Change

Select one of the following options:

Select a new PCP and HH ?

Change an existing PCP and HH ?

Security Check: You must complete the following security check before submitting your PCP and HH information

*
 *
 *

This is a future case number

To continue, select "Verify" button below.

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

REASON FOR CHANGING YOUR PCP

When requesting a change in your Primary Care Provider selections please state your main reason for requesting a change.

- Long waiting period to see the Doctor
- Not being referred (authorized) to specialists when medically necessary
- Doctor (or on-call staff) not available 24 hours a day, 7 days a week
- Dissatisfaction with PCP
- PCP not accepting new patients
- Moved to new area
- Additional other information should be included below

Enter your comments here. Each comment has a 2500 character limitation. Comments are mandatory.

NOTE: IF YOUR CHANGE REQUEST IS APPROVED, YOUR NEW PCP DOES NOT TAKE EFFECT IMMEDIATELY. CHANGE APPROVALS ARE EFFECTIVE ON THE FIRST DAY OF THE MONTH AFTER APPROVAL. IF YOU WISH TO RECEIVE REIMBURSEMENT FOR TRAVEL TO YOUR PCP, PLEASE CHOOSE THE PCP CLOSEST TO YOUR RESIDENCE THAT IS CAPABLE OF PROVIDING THE NEEDED SERVICES OR YOUR TRAVEL REQUEST MAY BE DENIED.

Step 1 Enter Recipient ID and click Verify: *

Step 2 Select a county from the dropdown and click search: *

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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.

Figure 7

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- 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.

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Figure 8

Step 3 Click Add to populate Recipient and Provider details in the table below:

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Up to 10 attachments with a max of 10mb each can be uploaded.

Message from webpage: Click Add to populate Recipient and Provider details in the table below.

understand the Medicaid PCP Program rules and requirements and also understand that by not following those rules and requirements I may be responsible for payment of medical bills.

Signature * 7/25/2019 7:51:53 AM * Phone * I do not have a telephone