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 H	ealth Ho	me Program Select	tion/Change	•		
lect one of the follo	wing op	tions:				
O Select a new PCI	P and PH	10				
O Change an existi	ing PCP	and HH 🕝				
					-	*
Recipient ID	*	Case #	*	Recipient DOB	曲	^

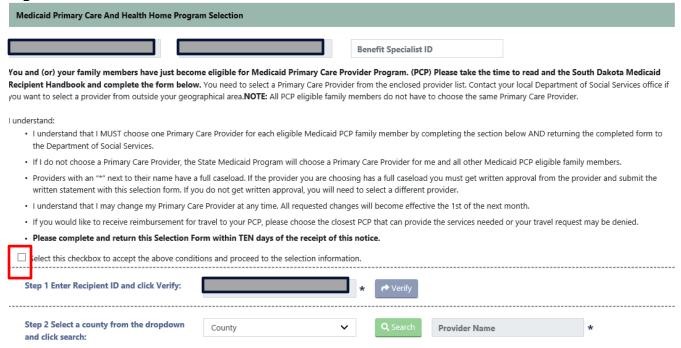
Once the information provided in **Figure 1** is verified by the system. It will take the user to the next screen identified below as **Figure 2** (next page). The Benefit Special is an optional field and can be skipped.

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.

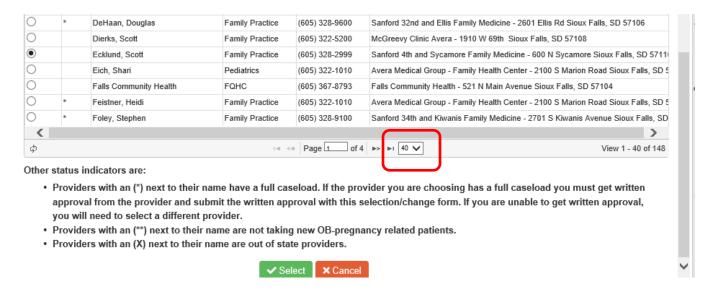


Figure 2



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



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

Step 3 Click Add to populate Recipic and Provider details in the table bel		+ Add	Ø F	Reset								
Note: You are required to select the clo :losest provider.	sest l	PCP and HH to	Message	from webpage Click Add to pop	ulate Re	cipient an	d Provider de	etails in the	× /0	our PCP may not	be reimbursed (unless it's the
Jp to 10 attachments with a max of 10m	ıb ea	ch can be uple	4	table below								
+ Add Attachment								OK	1			
understand the Medicaid PCP Program nedical bills.	rules	and requireme	ents and	d also understar	d that	by not fo	ollowing th	nose rules a	and re	quirements I ma	y be responsible	for payment of
Signature	*	7/25/2019 7:51	1:53 AM		*	Phone	Phone			*	*	
						☐ I do not have a telephone						
			✓ Sub	mit Only	Submit/	Print	× Can	ncel				

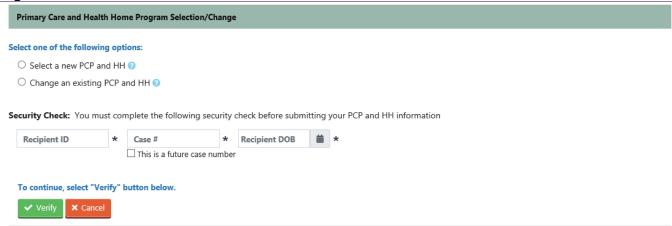
CHANGING YOUR PROVIDER

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** 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.



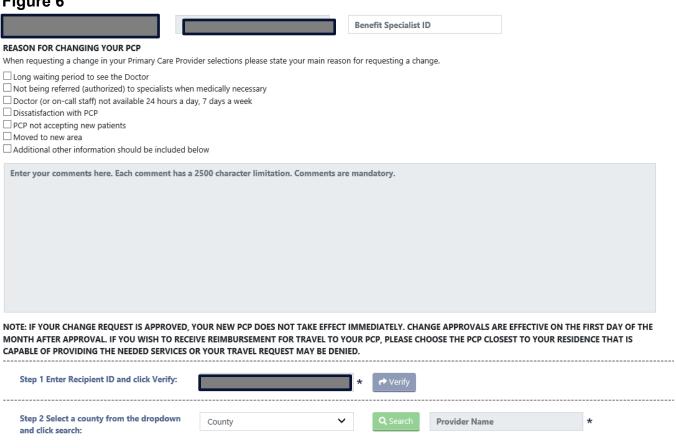
Figure 5



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.

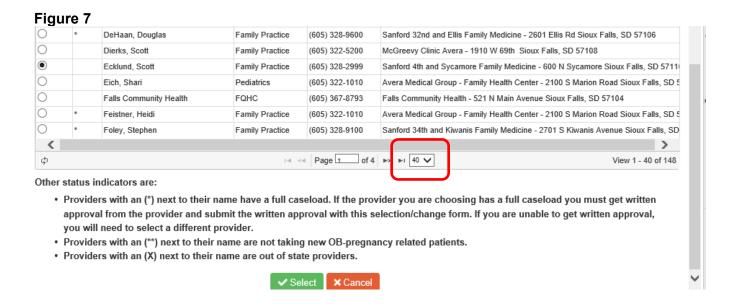
In Step 2, enter the county of the provider and click on the Search button. This will bring up a list of providers available for the specific program for the user to choose. Click on the circle beside the provider as seen in Figure 7 on the next page and Click on the Select button.

Figure 6





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.





