

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 caseload list of Medicaid recipients each month via the Online Portal.

Preventative Care

As part of the requirement that PCPs provide comprehensive primary health care services to Medicaid recipients on their caseload, 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 they are significant and separately identified 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;
- Pediatricians;
- Internal Medicine;
- OB/GYN;
- 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);
- Child Health Insurance Program (CHIP);
- Low-Income Children and Pregnant Women; and
- SSI-Blind/Disabled.

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.

All other requests for exemptions should be completed on the [PCP Program website](#).

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 by the recipient or the PCP at any time. 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 be ended at the end of the current month, May 31.

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.

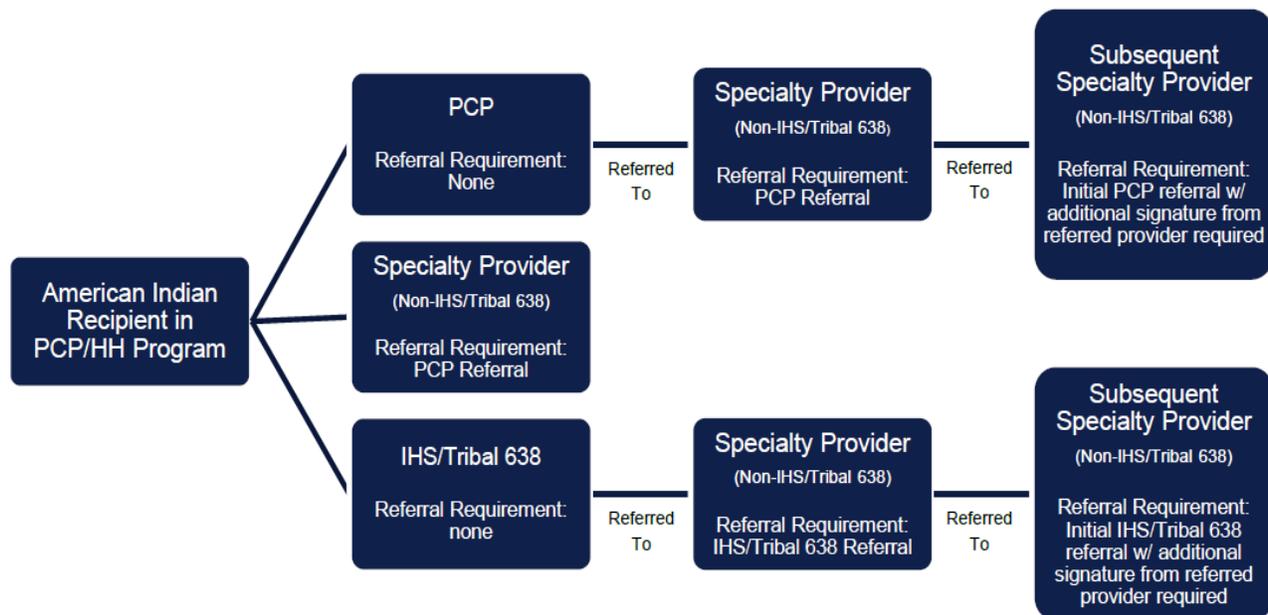
RECIPIENT EDUCATION ABOUT THE PCP PROGRAM

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.

IHS/TRIBAL 638 RECIPIENTS

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.

When the IHS/Tribal 638 provider is unable to treat the recipient because they require more specialized services, they may refer the recipient to another provider by using one of the listed referral methods above. The referral is not required to come from the recipient's PCP; however, it must come from a provider in the IHS/Tribal 638 facility. The original IHS/Tribal 638 referral covers any subsequent referrals including referrals made to providers out of the IHS/Tribal 638 facility. Claims for services referred by IHS must be submitted with the IHS/Tribal 638 referral information on the claim form. The following flowchart explains the referral process



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

Primary Care Provider Referral

Emergency care determined to meet the prudent layperson standard does not require a PCP referral. Urgent care must be referred for PCP recipients. 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.

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 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 in SD MEDX, 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 arrive. Providers may also call the PCP program staff to help with any trouble shooting.

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 your 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 recipient the option to select a new PCP. Log into the SD MEDX portal and complete a modification and submit the changes for review by the state office 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 form 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. Log into the SD MEDX portal and make the appropriate changes on the provider's SD MEDX 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?

All CNPs and PA-C must be listed under a supervising physician. On the PCP list they will appear beneath their supervising physician. Per ARSD 67:16:39:05 a PCP must be licensed as a physician or osteopath by the state in which the physician or osteopath is located or be a rural health clinic, a federally qualified health care center, or an Indian Health Service/ Tribal 638 clinic and have agreed to provide primary health care services.

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. Log into the provider's SD MEDX portal 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.