

Online Provider Selection Tool

1. Go to pcphhselection.appssd.sd.gov

The screenshot shows the 'Provider Portal' interface for the 'Primary Care and Health Home Program Selection/Change'. At the top, a red notice states: 'Currently, there are updates being made to the provider selection tools that are causing a delay for newly enrolled providers to show as available. This should be corrected within the next couple of weeks. Thank you for your patience and understanding.' Below this, there are two radio button options: 'Select a new PCP and HH' (selected) and 'Change an existing PCP and HH'. Under the 'Recipient Verification' section, it says 'You must provide the following recipient information:'. There are three input fields: 'Recipient ID' and 'Recipient DOB' (with a calendar icon), 'Case #' (with a checkbox for 'This is a future case number'), and 'Last 4 SSN'. At the bottom, there are 'Verify' and 'Cancel' buttons. The footer contains copyright information for the State of South Dakota MMIS, a list of links (Home, State Home Page, Disclaimer, Accessibility, Privacy Policy, Contact Us, HIPAA), the address '700 Governors Drive | Pierre, SD 57501', and the phone number '605.773.3495'.

2. Click the radio button for “Select a new PCP and HH.”
3. Enter the following information:
 - a. Recipient ID (Medicaid #)
 - b. Recipient DOB
 - c. Case # OR Last 4 of SSN
 - i. NOTE: Instructions on how to locate the case # are found after the Online Selection Tool directions.
4. Select green “Verify” button.



Currently, there are updates being made to the provider selection tools that are causing a delay for newly enrolled providers to show as available. This should be corrected within the next couple of weeks. Thank you for your patience and understanding.

Medicaid Primary Care And Health Home Program Selection

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.

Step 5 →

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:

*

Step 6 →

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

*Note: You are required to select the closest PCP and HH to your location. You may select any provider. However, travel to 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 with the following formats PDF, JPEG and GIF.

I 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.

*
 *
 *

5. Select the checkbox to accept the above conditions and proceed to the selection information.
 - a. HINT: If step 5 is missed, it will not allow the form to be submitted.
6. Click the "County" dropdown arrow and select the county the provider is located in.
7. Click the green "Search" button.

Select a Provider in Minnehaha

↑	Status	PCP/HH Name	Provider Type	PCP/HH Telephone	PCP/HH Address
<input type="radio"/>		Abdulwahab, Adeem	Family Practice	605-328-9100	Sanford 34th and Kivanas Family Medicine - 2701 S Kivanas Avenue Sioux Falls, SD
<input type="radio"/>		Agaba, Comfort	Internal medicine	605-322-5750	Avera Medical Group - Internal Medicine - 1301 S Cliff Avenue Sioux Falls, SD 57105
<input type="radio"/>		Anderson, Stuart	Internal medicine	605-504-1700	Avera Medical Group Internal Medicine - 6100 S Louise STE 1120 Sioux Falls,, SD 5
<input type="radio"/>		Anel, Robert	Family Practice	(605) 336-2140	McGreevy Clinic - 1200 S 7th Avenue Sioux Falls, SD 57105
<input type="radio"/>		Backer, Courtney	Pediatrics	(605) 336-2140	McGreevy Clinic - 1200 S 7th Avenue Sioux Falls, SD 57105
<input type="radio"/>		Baden-Miles, Jamie	Family Practice	605-322-1010	Avera Medical Group - Family Health Center - 2100 S Marion Road Sioux Falls, SD 5
<input type="radio"/>		Bannwarth, Jonathon	Family Practice	(605) 322-1010	Avera Medical Group - Family Health Center - 2100 S Marion Road Sioux Falls, SD 5
<input type="radio"/>		Bauer, Barry	Pediatrics	(605) 328-7800	Sanford Children's Clinic - 1205 S Grange Avenue Sioux Falls, SD 57105
<input type="radio"/>	*	Bauer, Elizabeth	Pediatrics	(605) 328-9080	Sanford Children's Clinic 26th and Sycamore - 4405 E 26th St Sioux Falls, SD 57103
<input type="radio"/>		Baumann, Danette	PA	605-582-5820	Sanford Brandon Family Medicine - 1105 E Holly Boulevard Brandon, SD 57005
<input type="radio"/>		Baumbach, Christopher	Family Practice	605-322-1010	Avera Medical Group - Family Health Center - 2100 S Marion Road Sioux Falls, SD 5
<input type="radio"/>	*	Beckstrand, Scott	Internal medicine	(605) 322-5750	Avera Medical Group - Internal Medicine - 1301 S Cliff Avenue Sioux Falls, SD 57105
<input type="radio"/>	*	Behrend, Robert	Internal medicine	(605) 404-4000	Sanford Internal Medicine Clinic - 1321 W 22nd Street Sioux Falls, SD 57105
<input type="radio"/>		Beiers, Jeremy	Family Practice	605-328-5800	Sanford 69th and Minnesota Family Medicine - 6110 S Minnesota Avenue Sioux Falls
<input type="radio"/>		Beninga, April	NP	605-322-3300	McGreevy Clinic - 1200 S 7th Avenue Sioux Falls, SD 57105

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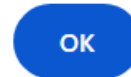
Other status indicators are:

- 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.


8. Select the radio button next to the provider the recipient would like to choose and click the green “Select” button.
 - a. HINT: If there is an asterisk in the Status column, that provider’s caseload is full and requires written consent to add the recipient to their caseload. You will have to upload this approval in the next step.
9. The following pop-up will generate, click “OK.”

pcphhselection.appssd.sd.gov says

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



10. Click the green “Add” button.



Currently, there are updates being made to the provider selection tools that are causing a delay for newly enrolled providers to show as available. This should be corrected within the next couple of weeks. Thank you for your patience and understanding.

Medicaid Primary Care And Health Home Program Selection

Last 4 SSN

SEH

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

Step 1 Enter Recipient ID and click Verify: * Verify

Step 2 Select a county from the dropdown and click search: 1 - Minnehaha Search Powell, Janell *

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

Step 10

*Note: You are required to select the closest PCP and HH to your location. You may select any provider. However, travel to 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 with the following formats PDF, JPEG and GIF.

+ Add Attachment

I 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

2/21/2024 4:27:22 PM

Phone

I do not have a telephone

✔ Submit Only
🖨 Submit/Print
✖ Cancel

11. The following pop-up will generate, click “OK.”

pcphhselection.appssd.sd.gov says

To add more recipients, go to step 1 to enter Recipient ID and click Verify





12. If approval is required, the following messaging will appear. Select “Add Attachment” and upload the approval document.

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



The provider you have selected has a full caseload. You must get written approval from the provider and attach the approval to this request. If you are unable to get written approval, you must select a different provider.

*Note: You are encouraged to select the closest provider to your location. You may select any provider. However, travel to your provider may not be reimbursed unless it's the closest provider.

Primary Care or Health Home Provider Selection			
Medicaid Recipient Name	Medicaid Recipient ID	Primary Care and Health Home Provider Name	Action
			 

<< < 1 > >> Go to page: 1 Row count: 10 Showing 1-1 of 1

Up to 10 attachments with a max of 10mb each can be uploaded with the following formats PDF, JPEG and GIF.



← Step 12

I 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.

13. If the PCP needs changed for multiple family members that are on the same case, type the Recipient ID (Medicaid #) of the next family member and select “Verify.” Repeat steps 6 -12. If the PCP does not need changed for any other family members, proceed to step 14.

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

Step 1 Enter Recipient ID and click Verify:
 *
Step 13

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

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

*Note: You are encouraged to select the closest provider to your location. You may select any provider. However, travel to your provider may not be reimbursed unless it's the closest provider.

Primary Care or Health Home Provider Selection			
Medicaid Recipient Name	Medicaid Recipient ID	Primary Care and Health Home Provider Name	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	

<< < 1 > >> Go to page: Row count: Showing 1-1 of 1

Up to 10 attachments with a max of 10mb each can be uploaded with the following formats PDF, JPEG and GIF.

I 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.

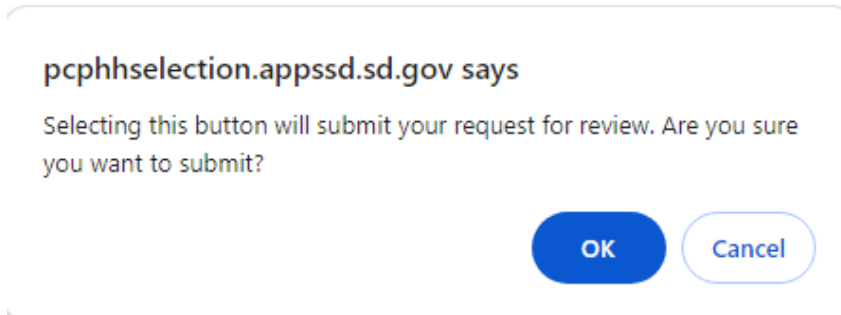
* * *

I do not have a telephone

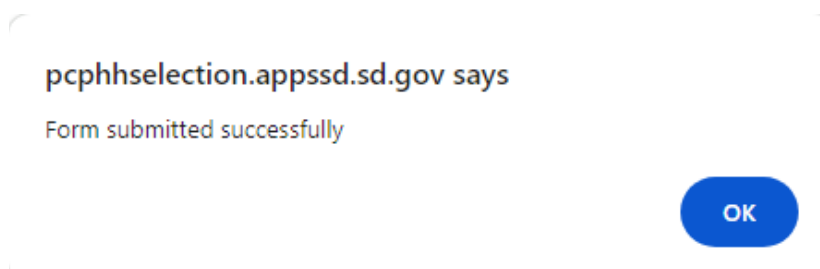
Step 14

Step 15

14. Once all recipients and documentation (if necessary) have been added, type the name of the person submitting the form in the "Signature" box.
15. Type the phone number of the person submitting the form in the "Phone" box.
16. Select the green "Submit Only" button.
17. The following pop-up will generate, click "OK."

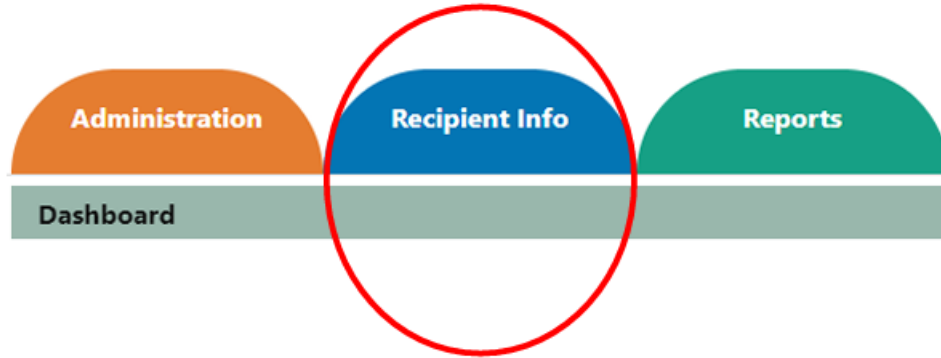


18. The following pop-up will generate. This is the **only** confirmation you will receive that the form has been submitted. Select "OK."

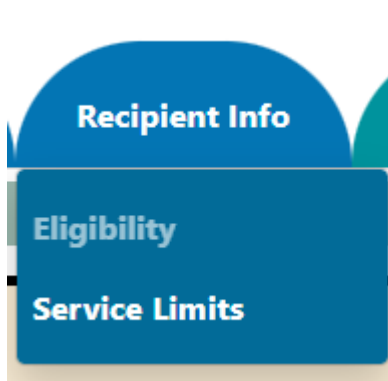


Locating the Recipient Case Number

- Checking the eligibility of a recipient requires the user to have access to the Eligibility portion of the Online Provider Portal.
- If the user has access, the user should have a “Recipient Info” half-moon on the dashboard of their portal screen
- If the “Recipient Info” half-moon does not appear on the dashboard, the user will need to request access from their Provider Admin.
 1. Within the Medicaid Portal, select the “Recipient Info” half-moon.



2. Select “Eligibility.”



3. On the Cost Share Type dropdown, select “Physician Services.”

Eligibility Inquiry

Searches are limited to 1 month at a time when Health Benefit Plan Coverage is selected. All other searches are limited up to 6 months at a time.
Search spans can be up to 3 years in the past. If no date is selected, results will be displayed for the current date through the end of the current month.

Note: Up to 5 recipients can be searched at a time.

Cost Share Type

Dates of Service From To

Search Option # 1 :

Search Option # 2 :

3 out of 4 are required for a search.

4. Enter the desired dates of service.
5. If the recipient ID is known, enter the recipient ID and select the green “Add” button next to the row. If the recipient ID is not known, go to the next step.
6. If the recipient ID is not known, enter the recipient’s first and last name and one of the following, then select the green “Add” button next to the row:
 - i. Last 4 digits of recipient’s Social Security Number
 - ii. Recipient’s Date of Birth
7. The following information will generate, select “Check Eligibility.”

Recipient Eligibility Inquiry										
IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
			[REDACTED]					10/01/2024	10/31/2024	

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

[Check Eligibility](#)

8. The following information will generate, select “View.”

Recipient Eligibility Inquiry										
IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
N	ACTIVE	Full	[REDACTED]					10/01/2024	10/31/2024	

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

[Check Eligibility](#)

9. The following PDF will generate.
 - a. Document the case #.
 - b. Verify the assigned provider.
 - c. Obtain a referral if needed.
 - d. Help change the provider if needed.

10/08/2024 **Recipient Eligibility Inquiry** South Dakota Medicaid Online Portal

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Insured Information

Recipient ID: [REDACTED] Recipient Name: [REDACTED]

Gender: [REDACTED] [REDACTED]

Date of Birth: [REDACTED] Case Number: [REDACTED]

→

Eligibility Dates are valid for current query.

45-Active Coverage: Medicaid - Full Coverage

Eligibility : 10/1/2024 - 10/31/2024

Care Management Provider

Primary Care Location	Primary Care Provider	Eligibility : 10/1/2024 - 10/31/2024
SANFORD CLINIC 3015 3RD AVE SE ABERDEEN, SD 57401-5418 (605) 226-5500	GOMER, CHELSEA	Primary Care Co-pay: \$0.00

* Cost share amounts exceeding \$0.00 apply to non-PCP/HH provider visits only.

Cost Share

Dates	Service Type	Amount
10/1/2024 - 10/31/2024	Physician Services	\$0.00 per visit

* Non-covered charges are patient's responsibility.