



Online Selection/Change Demo



A Safer Way to Submit Approval Forms/Letters with PHI

- Today, I am going to walk viewers/attendees through how to use easy it is to submit selections with this system.
- In 2019, DSS introduced a forward-facing website allowing recipients, providers and local caseworkers to update a recipient's provider.
- Effective June 1, 2021, DSS will require clinics whose providers require permission to use this system to submit the selection with the attached approval form/letter.
- Benefits
 - Approval forms/letters containing PHI are submitted securely.
 - Approval forms attached to the electronic document. No chance of getting stuck between two large faxes for prior authorizations.
 - Providers should not receive duplicate requests for Approval forms/letter from the recipient.
 - Providers will no longer receive calls from the State office about unreadable forms/letters.
 - Recipients should no longer get auto assigned to the incorrect provider.

Why?

- Around 16% of the providers in the PCP program have a closed caseload requiring recipients to obtain an approval form/letter.
- The recipient is unable to use the online system to select unless they can attach an approval form/letter.
- When the recipient fails, they call either the local office or the state office to receive assistance. The local office can submit the selection with a dummy approval, the state office directs them to the providers office to get the approval letter/form.
- Next the recipient tries to submit on paper.
- Both paper forms and online selections from the local office without the approval require the state to manually generate a letter asking the recipient to seek approval from their provider.
- If the approval is not received in the allotted time frame, the recipient is auto assigned.
- Places the provider in a position to not get paid by Medicaid for services provided.
- Submission of the approval form/letter online ensures that the task is completed, and the recipient is on the caseload of the correct provider.

Verify Recipient

- Go to <https://dss.sd.gov/pcphhselection>.
- System can be used for either Care Management Programs.
- Choose Select a new PCP and HH
- Enter recipient ID, case number and DOB and hit verify
- Case Number found on Eligibility Portal. See next slide 3-7 for demo.

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

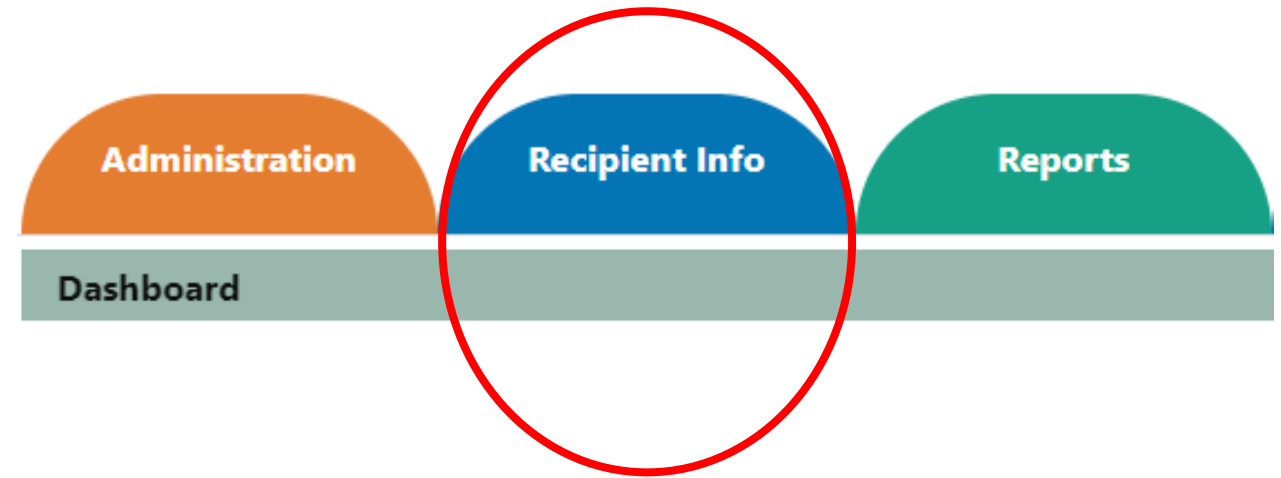
<input type="text" value="Recipient ID"/>	*	<input type="text" value="Case #"/>	*	<input type="text" value="Recipient DOB"/>	<input type="text" value="📅"/>	*
<input type="checkbox"/> This is a future case number						

To continue, select "Verify" button below.


<input type="button" value="✓ Verify"/>	<input type="button" value="✗ Cancel"/>
---	---



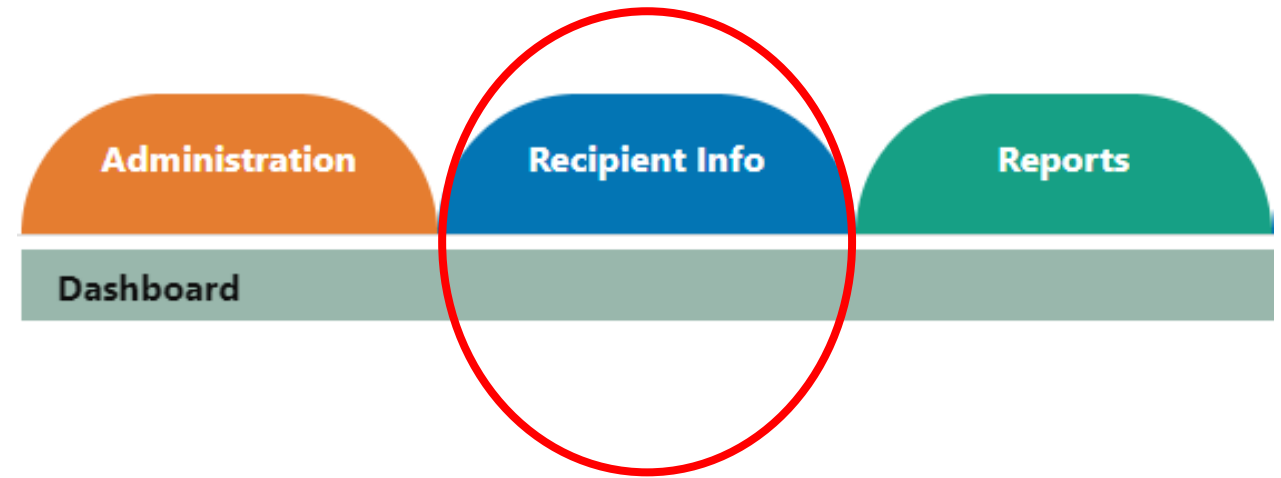
Determine if you have access



- 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.



Checking Eligibility for a Recipient



- Click on the recipient Info half moon and select Eligibility

Find Case Number

- Choose the Service Type and the Dates of Service
- Enter the Recipient ID
- Select Add

Cost Share Type

Physician Services

Dates of Service

03/01/2021



03/31/2021



Search Option # 1 :

Recipient ID

+ Add

Search Option # 2 :

Recipient First Name

Recipient Last Name

3 out of 4 are required for a search.

Last 4 of SSN

Date of Birth




+ Add

Reset

Check Eligibility

- Click on the Check Eligibility button

Recipient Eligibility Inquiry										
IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
								03/01/2021	03/31/2021	


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](#)

Quick View of Eligibility

- Click on the View button to pull back eligibility return document

Recipient Eligibility Inquiry

IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
N	ACTIVE	Full						03/01/2021	03/31/2021	

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](#)

Review the Return Document

Insured Information

Recipient ID: [redacted] Recipient Name: [redacted]
 Gender: [redacted]
 Date of Birth: [redacted] [redacted]
 Case Number: [redacted]



Eligibility Dates are valid for current query.

31-Active Coverage: Medicaid - Full Coverage

Eligibility: 3/1/2021 - 3/31/2021

Primary Care Provider/Health Home Provider

Health Home Location	Health Home Provider	Eligibility :
SOUTHEASTERN BEHAV HEALTHCARE 2000 S SUMMIT AVE SIOUX FALLS, SD 57105-2727 (605) 336-0510	SOUTHEASTERN BEHAV HEALTHCARE,	3/1/2021 - 3/31/2021 Primary Care Co-pay: \$0.00



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

- Document Case number See red arrow.
- Verify Primary Care Provider/Health Home Provider.
- Obtain referral if needed.
- Help change if needed.

Verify Recipient

- Go to <https://dss.sd.gov/pcphhselection>.
- Enter recipient ID, case number and DOB and hit verify

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

<input type="text" value="Recipient ID"/>	*	<input type="text" value="Case #"/>	*	<input type="text" value="Recipient DOB"/>		*
---	---	-------------------------------------	---	--	---	---

This is a future case number

To continue, select "Verify" button below.

<input type="button" value="✓ Verify"/>	<input type="button" value="✗ Cancel"/>
---	---

Continue with Online Entry for a Selection of a New provider

- Select the check box at the bottom and most of this screen will disappear

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.**

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: * *

Pick the Provider

- 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

<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 57110
<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

Page 1 of 4 40

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.

Finalize Selection

- Click OK in the pop up to select a provider for the recipient
- If provider requires permission, the attachment can be added by clicking on the Add Attachment button. Format types include: PDF, JPEG and GIF
- Complete the signature and phone number
- Click on Submit only or Submit/Print if the user would like to maintain a copy
- **Make sure the system confirms submission.**

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

Message from webpage

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

OK

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

What happens once you hit submit?



Forms with attached approvals will be reviewed to ensure that they are actual approvals.



Clinics can rethink the approval documents and simplify. DSS just needs a form that states approval.



Beyond that, no other human intervention occurs.



Data is moved according to DSS policies and updated in our system. Recipient receives letter.



Using this automated process will save everyone time and decrease errors.



Thank You

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dss.sd.gov

