Selecting a PCP and updating the Enrollment Application

Your Primary Care Provider (PCP) is your family doctor - the one you see for regular check-ups, general health problems and referrals to specialists. A PCP is a provider in family practice, internal medicine, pediatric, or geriatric medicine.

There are three steps to complete your PCP selection:

1. Navigate to the PCP selection page of the Enrollment Application
2. Apply filters to the directory to narrow down the list of possibilities.
3. After reviewing the filtered list, select your choice and paste into the enrollment application.

Step 1 – Navigate to the PCP selection page of the Enrollment Application

When you click the "THT Online Directory" link on the middle of the page, our entire directory of providers will appear in a new browser window.
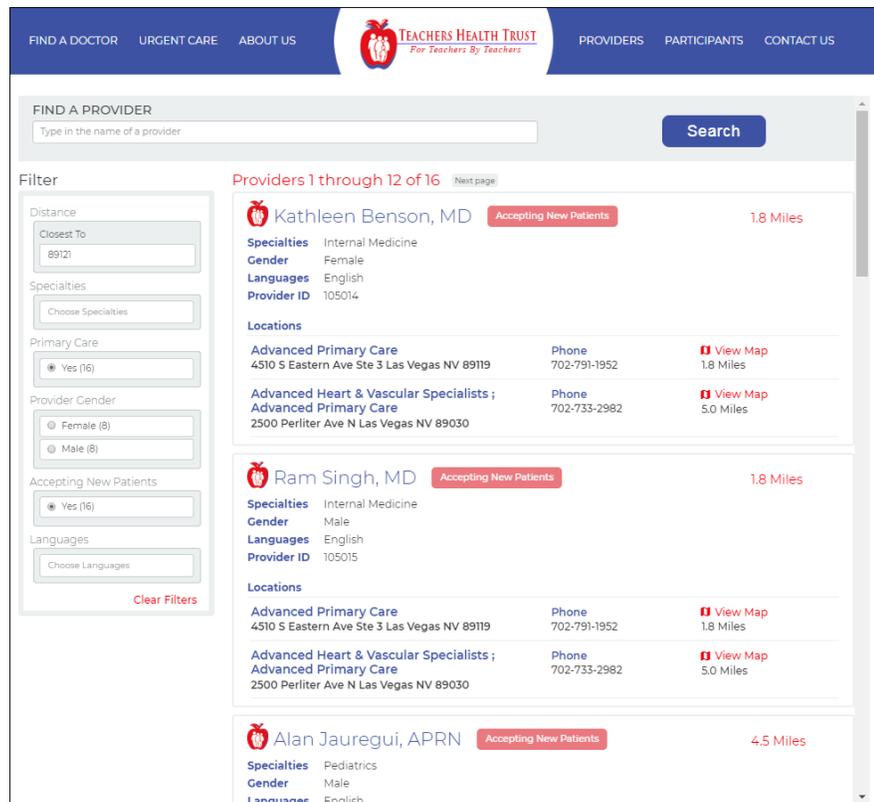
Step 2 - Apply the Filters to the Directory

From within the online directory window, you will apply three required filters:

1. Zip Code – Input a zip code convenient to you.
2. Primary Care – This filter shows you providers who qualify as a PCP.
3. Accepting New Patients – This filter shows you providers who can accommodate new patients.

Optional filters can tailor your search: Specialties, Gender, and Language.

Step 3 - Select your PCP and paste into the enrollment application

The enrollment application needs two items: The Name of the PCP and the Provider ID.

Once you find a PCP that fits your needs, select these two fields from the online directory

Return to the enrollment application page and paste these two items into the enrollment application. Your selection process is complete!

1. Follow this link THT Online Directory and a new browser window will appear.
2. The full provider directory will appear
3. On the left side of the screen, **apply a Filter** for "Primary Care" , "Accepting New Patients", and a Zip Code convenient to you.
4. A filter list of PCPs will appear.
5. When you have determined the right PCP for you, copy the Provider Name and Provider ID from the THT Online Directory search page into the table below.

When you are finished, click on the **"NEXT"** button at bottom of this screen to continue.

Plan Name: Health Plan

Coverage Level: Employee+Family

To Be Covered?	Name	Age	Provider ID (6 Digit Number)	PCP Name	Existing Patient
☑					☐
☑					☐
☑					☐
☑					☐

Online Directory: Find