

Billing Agent/Clearinghouse Enrollment Quick Reference

The Notes section identifies the applicable step within parentheses at the end of the statement.

Action	Enroll as Group Provider – Select Provider Type	Notes
Select Provider Type	<ol style="list-style-type: none"> Navigate to the Medical Assistance Portal Navigate to Provider tab Choose the “Become and Provider” link Scroll down to the Billing Agent/Clearinghouse Enrollment link Choose enrollment type: Billing Agent/Clearinghouse from the radio selection list Select SUBMIT to start enrollment business process wizard 	
Action	Step 1: Provider Basic Information - Required	Notes
Step 1: Provider Basic Information	<p>Section 1 Tab</p> <ol style="list-style-type: none"> Select County Provider checkbox if applicable Add Organization Name Add Organization Business Name Add FEIN Record or print the FEIN number for future reference <p>Section 3 Tab</p> <ol style="list-style-type: none"> Add NPI Select Other Organizational Information from drop down menu Add Email Address* Add Enrollment Request Date* Select NEXT 	<p>Fields designated with an asterisk (*) require data entry to be completed before system proceeds to next page. In some cases fields can be required based on the specific data provided. These fields are defined as being conditionally mandatory.</p> <p>Tip: The Tab key can be used to navigate to the next applicable field for data entry.</p> <p><i>Section 2 is used for Individual enrollment type and not available for a Billing Agent/Clearinghouse enrollment type.</i></p> <p>NPI is a conditionally required field and is active when County Provider is selected. (6)</p> <p>The NPI hyperlink goes to National Plan Provider Enumeration System website which can be use to validate a Provider’s NPI. (6)</p> <p>Date format must be MMDDYYYY or MM/DD/YYYY. Date can not be a future date. (9)</p>
Action	Provider Address Details - Required	Notes
Provider Address Details	<ol style="list-style-type: none"> Add Address Line 1* This should be the street address or P.O. Box of the Billing Agent/Clearinghouse only. Add Address Line 2 and Address Line 3 information as appropriate. Add Zip Code Select VALIDATE ADDRESS 	<p>The End Date for active records is the system default of 12/31/2999. If a record is to be deactivated the End Date can be modified.</p> <p>Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (4)</p>

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	<ol style="list-style-type: none"> 5. Verify City/Town from drop down menu 6. Add Fax Number 7. Add Phone Number* 8. Select Communication Preference from drop down menu 9. Add Cell Phone Number 10. Select FINISH 11. Record or print the Application number for future reference 12. Select Ok 	<p>With a valid address, the City/Town, State/Province, County, and Country drop-down selection boxes are automatically populated based on the Zip Code that is provided.</p> <p>If the address entered is a valid address according to the validation software, a message will appear indicating the address validation was successful.</p> <p>Warning: If the address is not valid according to the validation software, an error message will appear indicating the address is invalid. If the address information is invalid, the location information may not be added and the application process will be stopped until valid address information can be gained from the Provider.</p> <p>Tip: Key in just the digits for Phone Numbers. The system automatically reformats to (###) ###-####. (6. 7. 9)</p> <p><u>It is important to record the application number for future reference to be able to retrieve this enrollment.</u></p>
<p>Action</p>	<p>Step 2: Add Ownership Details - Optional</p>	<p>Notes</p>
<p>Step 2: Add Ownership Details</p>	<p>Add Owners</p> <ol style="list-style-type: none"> 1. Select Step 2 Add Ownership Details hyperlink 2. Select ADD to open Add Provider Owner page 3. Select Owner Type* from drop down menu 4. Add SSN/FEIN* 5. Select Parent Organization* from drop down menu 6. If Other is selected as Parent Organization, then add Parent Organization (If Other) information. 7. Add Doing Business As 8. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable 9. Add Organization Name 10. Add Percentage Owned* 11. Add First Name 12. Add Last Name 13. Select Suffix from drop down menu 14. Select Relationship to Provider* from drop down menu 15. Add Ownership Start Date* 16. Add Address Line 1* <p>This should be the street address or P.O. Box of the Provider only.</p> <ol style="list-style-type: none"> 17. Add Address Line 2 and Address Line 3 information as appropriate. 18. Add Zip Code 19. Select VALIDATE ADDRESS 20. Select Ok <p>To add multiple owners, select ADD again and provide owner details.</p>	<p>Owner Type is a conditionally required field based on the Organization Type (3)</p> <p>Organization Name is a conditionally required field and is active when Owner Type is Organization Ownership. (9)</p> <p>Percentage Owned must be 5% or more. The percentage owned cannot exceed a total of 100%. If multiple Provider owners are to be added, the combined percentage does not have to equal 100%. (10)</p> <p>The End Date for active records is the system default of 12/31/2999. If a record is to be deactivated the End Date can be modified.</p> <p>Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (19)</p> <p>With a valid address, the City/Town, State/Province, County, and Country drop-down selection boxes are automatically populated based on the Zip Code that is provided.</p> <p>The system prevents the addition of a second owner if the first owner is designated has having 100% of the ownership. To add a second owner, the percentage owned must be less than 100% for the first owner.</p>

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	<p>Add Operators After adding the ownership details, operators can be added to the ownership record.</p> <ol style="list-style-type: none"> 1. Select ADD OPERATOR to open Add Operator page 2. Select Operator Type* from drop down menu 3. Add SSN/FEIN* 4. Add Doing Business As* 5. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable 6. Add Organization Name* 7. Add First Name 8. Add Last Name 9. Select Suffix from drop down menu 10. Add Operator Start Date* 11. Add Address Line 1* This should be the street address or P.O. Box of the Provider only. 12. Add Address Line 2 and Address Line 3 information as appropriate. 13. Add Zip Code 14. Select VALIDATE ADDRESS 15. Select Ok <p>To add multiple operators select ADD again and provide operator details.</p> <p>Add Employees</p> <ol style="list-style-type: none"> 1. Select ADD to open Add Employee page 2. Select Employee Type* from drop down menu 3. Add Employee Name* 4. If a convicted Employee Type is selected, add Conviction Description 5. If a Managing employee is selected, add the SSN 6. Select Ok <p>To add multiple employees, select ADD again and provide employee details.</p> <ol style="list-style-type: none"> 1. Select PAGE CLOSE 	<p>The names of all managing employees must be entered. (3)</p> <p>The names of all convicted employees must be entered. (3)</p>
<p>Action</p>	<p>Step 3: Add Identifiers – Optional</p>	<p>Notes</p>
<p>Step 3: Add Identifiers</p>	<p>Select Step 3: Add Identifiers hyperlink</p> <ol style="list-style-type: none"> 1. Select ADD to open Add New Identifier page 2. Select Location* from drop down menu 3. Select Identifier Type* from drop down menu 4. Select Identifier Value* from drop down menu 5. Add Start Date* 6. Select Ok <p>To add multiple Identifiers select ADD again and provide Identifier details.</p> <ol style="list-style-type: none"> 7. Select PAGE CLOSE 	<p>The locations are specific to the Billing Agent/Clearinghouse and were provided in Step 1: Provider Basic Information of the business process wizard for Billing Agent/Clearinghouse. (2)</p> <p>Depending on the Identifier type, Identifier Value will have conditional business rules. (4)</p> <p>The Start Date is the first day the provider's identifier goes in effect. The Start Date can be modified. (5)</p> <p>The End Date is the last day the provider's identifier is in effect. The End Date for active records is the system default of 12/31/2999. If a record is to be deactivated the End Date can be modified.</p>
<p>Action</p>	<p>Step 4: Add Claim Submission Method - Required</p>	<p>Notes</p>

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Step 4: Add Claim Submission Method	Select Step 4: Add Claim Submission Method hyperlink 1. Select Mode of Submission check box(es) if applicable 2. Select Ok	
Action	Step 5: Add EDI Billing Software Details - Required	Notes
Step 5: Add EDI Billing Software Details	Select Step 5: Add EDI Billing Software Details 1. Select Add to open Add Billing Software Information page 2. Add Software Vendor Company Name* 3. Add Software Product Name* 4. Add Software Version* 5. Add Software Protocol* 6. Select Element Delimiter from drop down menu 7. Select Segment Delimiter from drop down menu 8. Select Sub - Element Delimiter from drop down menu Software Vendor Contact Information 1. Add Contact Title* 2. Add Contact First Name* 3. Add Contact Last Name* 4. Add Phone Number* 5. Add Fax Number 6. Add Email Address 7. Add Address Line 1* This should be the street address or P.O. Box of the Provider only. 8. Add Address Line 2 and Address Line 3 information as appropriate. 9. Add Zip Code 10. Select VALIDATE ADDRESS 11. Select Ok 12. Select PAGE CLOSE	Only alphanumeric characters are allowed for Software Product Name. (3) The End Date for active records is the system default of 12/31/2999. If a record is to be deactivated the End Date can be modified. Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (10) With a valid address, the City/Town, State/Province, County, and Country drop-down selection boxes are automatically populated based on the Zip Code that is provided.
Action	Step 6: Add EDI Contact Information - Required	Notes
Step 6: Add EDI Contact Information	Select Step 6: Add EDI Contact Information hyperlink 1. Select Add to open Add EDI Contact Information 2. Add EDI Contact Information 3. Add Contact Title* 4. Add Contact First Name* 5. Add Contact Last Name* 6. Add Phone Number* 7. Add Fax Number 8. Add Email Address 9. Add Address Line 1* This should be the street address or P.O. Box of the Provider only. 10. Add Address Line 2 and Address Line 3 information as appropriate. 11. Add Zip Code 12. Select VALIDATE ADDRESS	The End Date for active records is the system default of 12/31/2999. If a record is to be deactivated the End Date can be modified. Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (12) With a valid address, the City/Town, State/Province, County, and Country drop-down selection boxes are automatically populated based on the Zip Code that is provided. Tip: Hold the CTRL key when clicking options to add multiple transaction selections. To select multiple options in a row, click the first option, hold the SHIFT key and click last option. (14)

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	<p>13. Select Ok</p> <p>Electronic Transactions</p> <p>14. Select Available Transactions from selection list using the Move and Remove buttons.</p> <p>15. Select OK</p> <p>16. Select PAGE CLOSE</p>	
Action	Step 7: Complete Enrollment Checklist – Required	Notes
Step 7: Complete Enrollment Checklist	<p>Select Step 7: Complete Enrollment Checklist Instructions</p> <ol style="list-style-type: none"> Select Answer from drop down menu Select Save icon to save questionnaire Select PAGE CLOSE 	<p>All fifteen questions must be answered with a Yes or No response in order for the step to be completed. (1)</p> <p>Any questions answered with Yes require a comment.</p>
Action	Step 8: View/Upload Attachments – Optional	Notes
Step 8: View/Upload Attachments – Optional	<p>Select Step 8: View/Upload Attachments</p> <ol style="list-style-type: none"> Select UPLOAD ATTACHMENTS to provide documentation Select Document Type* from drop down menu Select BROWSE to locate file Navigate to File and select desired file Click OPEN Click OK to upload file <p>To View Attachments</p> <ol style="list-style-type: none"> Select VIEW ALL ATTACHMENTS to open Images/Attachment Retrieval page View all attachments Validate the successful upload of document Select PAGE CLOSE to return to the Application Document Checklist Select PAGE CLOSE 	<p>This is an optional step for Billing Agent/Clearinghouse enrollment.</p> <p>Document type list is conditional populated based on the enrollment type and information provided in the application. (2)</p>
Action	Step 9: Submit Enrollment Application for Review - Required	Notes
Step 9: Submit Enrollment Application for Review - Required	<p>Select Step 9: Submit Enrollment Application for Review hyperlink</p> <ol style="list-style-type: none"> Select SUBMIT ENROLLMENT Record or print the Application number for reference <p>A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail.</p> <p>Billing Agent/Clearinghouse Enrollment business process wizard is complete.</p>	<p>All required steps must have a status of Complete before the business process wizard allows submission.</p> <p><u>It is important to record the application number for future reference to be able to retrieve this enrollment.</u></p>