

## FAOIP Enrollment Quick Reference

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

Action	Enroll as FAOIP – Select Provider Type	Notes
<b>Select Provider Type</b>	<ol style="list-style-type: none"> <li>1. Log into SD MEDX</li> <li>2. Navigate to Provider tab</li> <li>3. Choose the NEW ENROLLMENT link from Provider page</li> <li>4. Choose enrollment type: Fac/Agncy/Orgn/Inst/Pharm from the radio selection list</li> <li>5. Select SUBMIT to start enrollment business process wizard</li> </ol>	
Action	Step 1: Provider Basic Information - Required	Notes
<b>Step 1: Provider Basic Information</b>	<p><b>Section 1 Tab</b></p> <ol style="list-style-type: none"> <li>1. Add Organization Name*</li> <li>2. Add Organization Business Name*</li> <li>3. Add FEIN*</li> </ol> <p><b>Section 2 Tab</b></p> <ol style="list-style-type: none"> <li>4. Add NPI*</li> <li>5. Select W-9 entity type*</li> <li>6. If Other is selected as W-9 entity type above, enter W-9 Entity Type (If Other)</li> <li>7. Add Other Organizational Information</li> <li>8. Add Email Address</li> <li>9. Add Enrollment Request Date*</li> <li>10. Select FINISH to generate Application Basic Information Status</li> <li>11. Record or print the application number for future reference</li> <li>12. Select Ok</li> </ol>	<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><b>Tip:</b> The Tab key can be used to navigate to the next field for data entry.</p> <p>The NPI hyperlink goes to National Plan Provider Enumeration System website which can be use to validate a Provider's NPI.</p> <p>Date format must be MMDDYYYY or MM/DD/YYYY. (9)</p> <p><b><u>It is important to record the application number for future reference to be able to retrieve this enrollment.</u></b></p>
Action	Step 2: Add Locations - Required	Notes
<b>Step 2: Add Locations</b>	<ol style="list-style-type: none"> <li>1. Select Step 2: Add Locations hyperlink</li> </ol> <p><b>Create a Base Location:</b></p> <ol style="list-style-type: none"> <li>2. Select Add from Locations List page</li> <li>3. Location Type* defaults to Base Location</li> <li>4. Select Accept New Recipient* from drop down menu</li> <li>5. Add Business Name at this Location*</li> <li>6. Add Contact First Name*</li> <li>7. Add Contact Last Name*</li> <li>8. Add Fax Number</li> <li>9. Add Phone Number*</li> <li>10. Select Office Hours from drop down menu</li> <li>11. Add Cell Phone Number</li> <li>12. Add Other Office Hours</li> </ol>	<p>End Date is the date the address will not longer be in effect, such as Provider moving to a new location. 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><b>Tip:</b> Key in just the digits for Phone Numbers. The system automatically reformats to (###) ###-####. (8, 9, 11)</p> <p>Email Address is a conditionally required field based on Communication Preference. If the Select Communication Preference field is set to Email, then the Add Email Address field is required. (13)</p> <p><b>Fiscal Year End Date and Distinct Part Unit require information for all</b></p>

<p>13. Add Email Address 14. Add Web Page 15. Add Languages Spoken 16. Select VFC Provider* from drop down menu 17. Select Do you have Malpractice Insurance at this Location* from drop down menu 18. Select Communication Preference from drop down menu</p> <p><b>Facility Details</b></p> <p>1. Add State Facility ID 2. Select Accreditation from drop down menu 3. Add Fiscal Year End Date* 4. Add Licensed Medicaid Bed(s) 5. Add Licensed Medicare Bed(s) 6. Add Licensed Medicaid/Medicare Bed(s) (Dual Certified) 7. Add Ventilator Dependent Unit(s) 8. Add Swing Bed(s) 9. Add Acute Care Bed(s) 10. Add Licensed LTC Unit(s) (Long Term Care) 11. Add Moratorium Beds(s) (Long Term Care) 12. Select Distinct Part Unit* from drop down menu 13. Add Available Bed Count (Long Term Care) 14. Select Ok</p> <p><b>Pharmacy Details</b></p> <p>1. Add Pharmacy Store Number 2. Add NCPDP Number 3. Select Unit Dose Pharmacy from drop down menu 4. Select 340B from drop down menu 5. Select Pharmacy Type from drop down menu 6. Select Pharmacy Group from drop down menu 7. Select Next to enter addresses</p> <p><b>If you choose Manually Input,</b></p> <p>1. Add Address Line 1* 2. Add Zip Code* 3. Select VALIDATE ADDRESS 4. Verify City/Town in drop down menu 5. Select Next to enter all addresses and Ok to return to Locations List page</p> <p>Continue to add Prior Authorization and Pay-To Location details by repeating the steps to manually input the address or select copy from Location Address to automatically populate the address information.</p> <p>6. Select Page Close to return to business process wizard</p>	<p><b>enrolling as an FAOIP. If Distinct Part Unit is not applicable then enter none</b></p> <p>The Facilities Detail section should only be completed by the following:</p> <ul style="list-style-type: none"><li>▪ Hospital</li><li>▪ Long term care facility</li></ul> <p>The Pharmacy Detail section should only be completed by the following:</p> <ul style="list-style-type: none"><li>▪ Pharmacy</li></ul> <p>After entering the base location information, it is necessary to provide location details for the following additional addresses for a FAOIP enrollment (3):</p> <ul style="list-style-type: none"><li>▪ Mailing</li><li>▪ Pay-To</li><li>▪ Prior Authorization</li></ul> <p>Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (11)</p> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p>
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	<p><b>Create a Servicing Location</b> Follow the Base Location steps to add the Servicing Location</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><b>Warning:</b> 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>Adding a service location is optional for FAOIP enrollment.</p> <p>After entering the servicing location information, it is necessary to provide location details for the following additional addresses for an FAOIP enrollment:</p> <ul style="list-style-type: none"> <li>Mailing</li> </ul>
Action	Step 3: Add Specializations - Required	Notes
<p><b>Step 3: Add Specializations</b></p>	<ol style="list-style-type: none"> <li>Select Step 3: Add Specializations hyperlink</li> <li>Select ADD to open Add Specialty/Subspecialty page</li> <li>Select Location* from drop down menu</li> <li>Select Administration* from drop down menu</li> <li>Select Provider Type* from drop down menu</li> <li>Select Specialty* from drop down menu</li> <li>Select Available Subspecialties from selection list using the Move and Remove buttons.</li> <li>Select OK</li> <li>Select PAGE CLOSE</li> </ol>	<p>SDMA is the only administration currently available. (4)</p> <p>Specialty is a conditional drop-down menu which is based on Provider Type selection. (6)</p> <p>The End Date is the last day the specialty/subspecialty code 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><b>Tip:</b> Hold the CTRL key when clicking options to add multiple selections of subspecialties. To select multiple options in a row, click the first option, hold the SHIFT key and click the last desired option. (7)</p> <p>Available Subspecialty is a conditional selection list which is based on Specialty selection. (7)</p>

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Action	Step 4: Add Ownership Details - Required	Notes
<p><b>Step 4: Add Ownership Details</b></p>	<p><b>Add Owners</b></p> <ol style="list-style-type: none"> <li>1. Select Step 4 Add Ownership Details hyperlink</li> <li>2. Select Add to open Add Provider Owner page</li> <li>3. Select Owner Type*</li> <li>4. Add SSN/FEIN*</li> <li>5. Select Parent Organization* from drop-down menu</li> <li>6. Add Doing Business As</li> <li>7. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable</li> <li>8. Add Organization Name</li> <li>9. Add Percentage Owned*</li> <li>10. Add First Name</li> <li>11. Add Last Name</li> <li>12. Select Suffix from drop-down menu</li> <li>13. Add Relationship to Provider*</li> <li>14. Add Ownership Start Date*</li> <li>15. Add Address Line 1 *</li> </ol> <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> <li>16. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>17. Add Zip Code</li> <li>18. Select VALIDATE ADDRESS</li> <li>19. Verify City/Town from drop down menu</li> <li>20. Select OK</li> </ol> <p>To add multiple owners, select Add again and provide owner details.</p> <p><b>Add Operators</b></p> <p>After saving the ownership details, operators can be added to the ownership record.</p> <ol style="list-style-type: none"> <li>1. Select Add Operator to open Add Operator page</li> <li>2. Select Operator Type* from drop-down menu:</li> <li>3. Add SSN/FEIN*</li> <li>4. Add Doing Business As*</li> <li>5. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable</li> <li>6. Add Organization Name*</li> <li>7. Add First Name</li> <li>8. Add Last Name</li> <li>9. Select Suffix from drop-down menu</li> <li>10. Add Operator Start Date*</li> <li>11. Add Address Line 1 *</li> </ol> <p>This should be the street address or P.O. Box.</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%. (9)</p> <p>Ownership End Date is the last day on which individual/business entity was the owner. 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. (18)</p> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p>

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	<p>12. Add Address Line 2 and Address Line 3 information as appropriate. 13. Add Zip Code 14. Select VALIDATE ADDRESS 15. Verify City/Town from drop down menu 16. Select OK</p> <p>To add multiple operators select Add again and provide operator details.</p> <p><b>Add Employees</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Add Employee page</li> <li>2. Select Employee Type* from drop-down menu</li> <li>3. Add Employee Name*</li> <li>4. If a convicted Employee Type is selected, add Conviction Description after completing Add Employee Information</li> <li>5. Select Ok</li> </ol> <p>To add multiple employees, select Add again and provide employee details.</p> <ol style="list-style-type: none"> <li>6. Select Page Close</li> </ol>	<p>The names of all managing employees must be entered. (3)</p> <p>The names of all convicted employees must be entered. (3)</p>
Action	Step 5: Add Licenses and Certifications – Required/Optional	Notes
<p><b>Step 5: Add Licenses and Certifications</b></p>	<p><b>Required Credentials</b> To review what Credentials are required for a Provider Enrollment.</p> <ol style="list-style-type: none"> <li>1. Select REQUIRED CREDENTIALS near the top of the Business Process Wizard page</li> <li>2. Select Go to view Credentials List</li> <li>3. Record or print Credentials List</li> <li>4. Select CANCEL to return to business process wizard steps.</li> </ol> <p><b>Add Licenses and Certifications</b></p> <ol style="list-style-type: none"> <li>1. Select Step 5: Add Licenses and Certifications hyperlink</li> <li>2. Select ADD to open Add License/Certification page</li> <li>3. Select Location* from drop-down menu</li> <li>4. Select License/Certification Type* from drop-down menu</li> <li>5. Add License/Certification #*</li> <li>6. Add Effective Date*</li> <li>7. Add End Date*</li> <li>8. Select Ok</li> </ol> <p>To add multiple License/Certifications select ADD again and provide License/Certification details.</p> <ol style="list-style-type: none"> <li>9. Select PAGE CLOSE</li> </ol>	<p>The Required Credentials are based on the Specializations specific to the Provider. (3)</p> <p>The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (3)</p> <p>End Date is the date the license or certification expires.</p>
Action	Step 6: Add Training and Education – Optional	Notes
<p><b>Step 6: Add Training and Education</b></p>	<ol style="list-style-type: none"> <li>1. Select Step 6: Add Training and Education hyperlink</li> <li>2. Select Add to open Add Training/Education List page</li> <li>3. Select Location* from drop-down menu</li> <li>4. Select Training/Education Type* from drop-down menu</li> <li>5. Add Name of Institution*</li> </ol>	<p>This step is optional for FAOIP enrollment.</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Facility/Agency/Organization/Institution/Pharmacy.</p>

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	6. Add Place Completed* 7. Add Date Completed* To add multiple Training and Education items select ADD again and provide Training/Education details.	
Action	Step 7: Add Identifiers – Optional	Notes
<b>Step 7: Add Identifiers</b>	1. Select Step 7: Add Identifiers hyperlink 2. Select ADD to open Add New Identifier page 3. Select Location* from drop down menu 4. Select Identifier Type* from drop down menu 5. Add Identifier Value* 6. Add Start Date* 7. Select OK To add multiple Identifiers select ADD again and provide Identifier details. 8. Select PAGE CLOSE	<p>This step is optional for FAOIP enrollment The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Facility/Agency/Organization/Institution/Pharmacy.</p> <p>Depending on the Identifier type, Identifier Value will have conditional business rules.</p> <p>The Start Date is the first day the provider's identifier goes in effect. The Start Date can be modified. (6)</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>
Action	Step 8: Add Indicators - Required	Notes
<b>Step 8: Add Indicators</b>	1. Select Step 8 Add Indicators hyperlink 2. Select ADD to open Add Location Indicator page 3. Select Location Code* from drop down menu 4. Select Indicator Type* from drop down menu 5. Add Indicator Value* 6. Add Start Date* 7. Select OK 8. Select PAGE CLOSE	<p>The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (3)</p> <p>The End Date is the last day the Indicator is in effect at the location selected. 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>
Action	Step 9: Add Malpractice Insurance Information – Required/Optional	Notes
<b>Step 9: Add Malpractice Insurance Information</b>	1. Select Step 9: Add Malpractice Insurance hyperlink 2. Select ADD to open Add Insurance page 3. Select Location* from drop down menu 4. Add Policy Number 5. Add Malpractice Insurance Name* 6. Add Malpractice Insurance Amount 7. Add Insurance Start Date 8. Add Insurance End Date 9. Select OK To add multiple malpractice insurances select ADD again and provide insurance details. 10. Select PAGE CLOSE	<p>If the Provider selected Yes in Step 2: Add Locations for Do you have Malpractice Insurance at this Location, then Step 9 Add Malpractice Insurance Information is required to complete enrollment.</p> <p>The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (3)</p> <p><b>Tip:</b> Valid characters for Malpractice Insurance Amount are integers (i.e., whole numbers – not fractions), symbols (i.e., dollar sign, plus, minus) and punctuation (i.e., comma, decimal point.) Entering just digits for system will reformat to dollar format \$###,###.##</p>

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		Insurance End Date is the last date the malpractice insurance is in effect for location selected. 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.
Action	Step 10: Add Federal Tax Details - Required	Notes
<b>Step 10: Add Federal Tax Details</b>	<ol style="list-style-type: none"> <li>1. Select Step 10: Add Federal Tax Details hyperlink</li> <li>2. Select W-9 Form hyperlink</li> <li>3. Select Exempt from Backup Withholding checkbox if applicable</li> <li>4. Select USE PAY-TO ADDRESS FROM THE FOLLOWING LOCATION* from drop down menu</li> </ol> <p>Pay-to Address will be pre-populated with information provided in Step 2: Add Locations of the business process wizard for FAOIP.</p> <ol style="list-style-type: none"> <li>5. Add Phone Number*</li> <li>6. Select OK</li> <li>7. Select PAGE CLOSE</li> </ol> <p>To manually add an address:</p> <ol style="list-style-type: none"> <li>1. Add Address Line 1* This should be the street address or P.O. Box.</li> <li>2. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>3. Add Zip Code</li> <li>4. Select VALIDATE ADDRESS</li> <li>5. Verify City/Town from drop down menu</li> <li>6. Add Phone Number*</li> <li>7. Select OK</li> <li>8. Select PAGE CLOSE</li> </ol>	<p>Form W-9 Section tab has the Legal Name, SSN/FEIN, and W-9 Entity Type pre-populated. The Legal Name, SSN/FEIN, and W-9 Entity Type fields cannot be altered on this page. The Business Name can be entered.</p> <p>The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (3)</p> <p>Selecting Pay-To Address will automatically populate the address and phone number information.</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> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p>
Action	Step 11: Add Claim Submission Method - Optional	Notes
<b>Step 11: Add Claim Submission Method</b>	<ol style="list-style-type: none"> <li>1. Select Step 11: Add Claim Submission Method hyperlink</li> <li>2. Select Mode of Submission check box(es) if applicable</li> <li>3. Select OK</li> </ol>	<p>This is an optional step for the enrollment process. If this step is completed, then the business process wizard steps listed below change from Optional to Required.</p> <p>Web Batch</p> <ul style="list-style-type: none"> <li>▪ Step 12: Add EDI Billing Software Details</li> <li>▪ Step 14: Add EDI Contact Information Step</li> </ul> <p>Billing Agent</p> <ul style="list-style-type: none"> <li>▪ Step 13: Add EDI Submitter Details</li> </ul> <p>FTP Secure Batch</p> <ul style="list-style-type: none"> <li>▪ Step 12: Add EDI Billing Software Details</li> </ul>
Action	Step 12: Add EDI Billing Software Details - Required/Optional	Notes
<b>Step 12: Add</b>	<ol style="list-style-type: none"> <li>1. Select Step 12: Add EDI Billing Software Details</li> </ol>	Only alphanumeric characters are allowed for Software Product Name. (4)

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<p><b>EDI Billing Software Details</b></p>	<ol style="list-style-type: none"> <li>2. Select Add to open Add Billing Software Information page</li> <li>3. Add Software Vendor Company Name*</li> <li>4. Add Software Product Name*</li> <li>5. Add Software Version*</li> <li>6. Add Software Protocol*</li> <li>7. Select Element Delimiter from drop down menu</li> <li>8. Select Segment Delimiter from drop down menu</li> <li>9. Select Sub-Element Delimiter from drop down menu</li> </ol> <p><b>Software Vendor Contact Information</b></p> <ol style="list-style-type: none"> <li>10. Add Contact Title*</li> <li>11. Add Contact First Name*</li> <li>12. Add Contact Last Name*</li> <li>13. Add Phone Number*</li> <li>14. Add Fax Number</li> <li>15. Add Email Address</li> <li>16. Add End Date</li> <li>17. Add Address Line 1*</li> </ol> <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> <li>18. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>19. Add Zip Code</li> <li>20. Select VALIDATE ADDRESS</li> <li>21. Verify City/Town from drop down menu</li> <li>22. Select Ok</li> <li>23. Select PAGE CLOSE</li> </ol>	<p>Only alphanumeric characters are allowed for Software Protocol. (6)</p> <p>The End Date is the last day the software contact 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>Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (10)</p> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p>
<p><b>Action</b></p>	<p><b>Step 13: Add EDI Submitter Details - Required/Optional</b></p>	<p><b>Notes</b></p>
<p><b>Step 13: Add EDI Submitter Details</b></p>	<ol style="list-style-type: none"> <li>1. Select Step 13: Add EDI Submitter Details hyperlink</li> <li>2. Select Add to open Associate Billing Agent/Clearinghouse page</li> <li>3. Add Billing Agent/Clearinghouse SD MEDX ID*</li> <li>4. Add Start Date*</li> <li>5. Add End Date</li> </ol> <p><b>Authorized Transaction Responses</b></p> <p>For each of the Transaction Responses listed the following must be provided:</p> <ol style="list-style-type: none"> <li>6. Select Authorized from drop down menu</li> <li>7. Add Start Date if applicable.</li> <li>8. Add End Date</li> <li>9. Select Ok</li> <li>10. Select PAGE CLOSE</li> </ol>	<p>The Provider obtains Billing Agent/Clearinghouse SD MEDX ID from the Billing Agent/Clearinghouse.</p> <p>The End Date is the last day the association 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>The Authorized Transaction Start Date is the first day of the authorization period. It is required when Authorized equals Yes. (6)</p> <p>The Authorized Transaction End Date is the last day of the authorization period. The End Date for active records is the system default of 12/31/2999.</p>
<p><b>Action</b></p>	<p><b>Step 14: Add EDI Contact Information - Required/Optional</b></p>	<p><b>Notes</b></p>
<p><b>Step 14: Add EDI Contact Information</b></p>	<ol style="list-style-type: none"> <li>1. Select Step 14: Add EDI Contact Information hyperlink</li> <li>2. Select Add to open Add EDI Contact Information</li> <li>3. Add EDI Contact Information</li> </ol>	<p>The End Date is the last day the EDI contact 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>

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	<ol style="list-style-type: none"> <li>4. Add Contact Title*</li> <li>5. Add Contact First Name*</li> <li>6. Add Contact Last Name*</li> <li>7. Add Phone Number*</li> <li>8. Add Fax Number</li> <li>9. Add Email Address</li> <li>10. Add Address Line 1*</li> </ol> <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> <li>11. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>12. Add Zip Code</li> <li>13. Select VALIDATE ADDRESS</li> <li>14. Verify City/Town from drop down menu</li> <li>15. Select OK</li> </ol> <p><b>Electronic Transactions</b></p> <ol style="list-style-type: none"> <li>16. Select Available Transactions from selection list using the Move and Remove buttons.</li> <li>17. Select OK</li> <li>18. Select PAGE CLOSE</li> </ol>	<p>Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (13)</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><b>Tip:</b> 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. (16)</p>
<b>Action</b>	<b>Step 15: Add Servicing Provider Information - Optional</b>	<b>Notes</b>
<b>Step 15: Add Servicing Provider Information</b>	<p>Select Step 15: Add Servicing Provider Information hyperlink</p> <ol style="list-style-type: none"> <li>1. Select ADD to open Associate Servicing Provider page</li> <li>2. Add SSN*</li> <li>3. Add NPI or Add SD MEDX ID</li> <li>4. Add Start Date*</li> <li>5. Add End Date</li> <li>6. Select Ok</li> </ol> <p>To add multiple Service Providers, select Add again and provide SSN or NPI.</p> <ol style="list-style-type: none"> <li>1. Select Page Close</li> </ol>	<p>A Servicing Provider must have a SSN and either a NPI or SD MEDX ID to be validated and associated to an FAOIP. (3)</p> <p>The Start Date is the first day the Servicing Provider can perform service for the FAOIP at the selected location. The Start Date must be on or after the Start Date of the FAOIP. (5)</p> <p>The End Date is the last day the Servicing Provider can perform services for the FAOIP at the selected location. 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>When entering Servicing Provider information, the system validates the information and if a match is found the information is added to the Service Provider list for the FAOIP.</p> <p>If Servicing Provider does not exist in the database, SD MEDX asks if you want to add the Servicing Provider now. If you select to continue with adding Service Provider, SD MEDX will start an Individual enrollment application to be completed and submitted for State review.</p> <p><b>Note: To complete the application for the newly added Servicing</b></p>

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Action	Step 16: Add Payment Details - Required	Notes
<b>Step 16: Add Payment Details</b>	<p>1. Select Step 16: Add Payment Details hyperlink</p> <p>1. Select Add to open Payment Details page</p> <p><b>Payment Details</b></p> <p>2. Select Location* from drop down menu</p> <p>3. Select Payment Method* from drop down menu</p> <p><b>Electronic Funds Transfer Details (Direct Deposit)</b></p> <p>4. Add Bank Name*</p> <p>5. Add Routing Transit Number*</p> <p>6. Add Account Number*</p> <p>7. Select Account Type* from drop down menu</p> <p>8. Select Payment Notification Preference* from drop down menu</p> <p>9. Add Email Address</p> <p><b>Remittance Advice Preference</b></p> <p>10. Select RA Preference checkbox</p> <p>1. Select Ok</p> <p>11. Select PAGE CLOSE</p>	<p><b>Provider, input the application number and SSN/FEIN in the track application page on the Medical Assistance Portal.</b></p> <p>The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (3)</p> <p>All Payment Methods default to Electronic Funds Transfer. FAOIP Providers requesting a paper check must contact DSS for authorization. (4)</p> <p>Email Address is a conditionally required field based on Payment Notification Preference. If Payment Notification Preference field is set to Email, then the Add Email Address field is required. (9)</p>
Action	Step 17: Complete Enrollment Checklist – Required	Notes
<b>Step 17: Complete Enrollment Checklist</b>	<p>Select Step 17: Complete Enrollment Checklist Instructions</p> <p>1. Select Answer from drop down menu</p> <p>2. Select Save icon to save questionnaire</p> <p>3. Select PAGE CLOSE</p>	<p>All fifteen questions must be answered with a Yes or No response in order for the step to be completed. (2)</p> <p>Any questions answered with Yes require a comment.</p>
Action	Step 18: View/Upload Attachments – Optional	Notes
<b>Step 18: View/Upload Attachments – Optional</b>	<p>Select Step 18: View/Upload Attachments</p> <p>1. Select UPLOAD ATTACHMENTS to provide documentation</p> <p>2. Select Document Type* from drop down menu</p> <p>3. Select BROWSE to locate file</p> <p>4. Navigate to File and select desired file</p> <p>5. Click OPEN</p> <p>6. Click Ok to upload file</p> <p><b>To View Attachments</b></p> <p>1. Select VIEW ALL ATTACHMENTS to open Images/Attachment Retrieval page</p> <p>2. View all attachments</p> <p>3. Validate the successful upload of document</p> <p>4. Select PAGE CLOSE to return to the Application Document Checklist</p> <p>5. Select PAGE CLOSE</p>	<p>This step is optional for FAOIP enrollment.</p> <p>Document type list is conditional populated based on the enrollment type and information provided in the application. (3)</p>
Action	Step 19: Submit Enrollment Application for Review - Required	Notes
<b>Step 19:</b>	<p>1. Select Step 19: Submit Enrollment Application for Review hyperlink</p>	<p>All required steps must have a status of Complete before the business process</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

<b>Submit Enrollment Application for Review - Required</b>	<ol style="list-style-type: none"><li>7. Read Terms and Conditions</li><li>8. Select checkbox at bottom of page to agree with terms and conditions</li><li>9. Select NEXT at top of page to advance</li><li>10. Record or print the Application number for reference</li><li>11. Select SUBMIT ENROLLMENT</li></ol> <p>A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail.</p> <p>FAOIP Enrollment business process wizard is complete.</p>	wizard allows submission.  <b><u>It is important to record the application number for future reference to be able to retrieve this enrollment.</u></b>
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