

FAOIP Re-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
Select Provider Type	<ol style="list-style-type: none"> Log into SD MEDX Choose the Manage Provider Information link 	
Action	Step 1: Provider Basic Information - Required	Notes
Step 1: Provider Basic Information	<p>Verify the pre-populated information</p> <ol style="list-style-type: none"> Organization Name Organization Business Name FEIN NPI W-9 Entity Type Servicing Type Input Enrollment Request date Select Ok 	<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>Some of the fields on the basic information page are not accessible. Any changes to these fields must be requested directly from State Provider Enrollment after the modifications have been submitted for approval.</p> <p><i>Section 2 is used for Individual enrollment type and is not available for a Group Practice enrollment type.</i></p> <p>The NPI hyperlink goes to National Plan Provider Enumeration System website which can be used to validate a Provider's NPI. (6)</p> <p>Date format must be MMDDYYYY or MM/DD/YYYY. (9)</p>
Action	Step 2: Locations - Required	Notes
Step 2: Locations	<p>Verify Base Location information:</p> <ol style="list-style-type: none"> Select a location from the Locations List page Select Accept New Recipient* from drop down menu Add Business Name at this Location* Add Contact First Name* Add Contact Last Name* Add Fax Number Add Phone Number* Select Office Hours from drop down menu Add Cell Phone Number Add Other Office Hours 	<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>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</p>

<ol style="list-style-type: none"> 11. Add Email Address 12. Add Web Page 13. Add Languages Spoken 14. Select VFC Provider* from drop down menu 15. Select Do you have Malpractice Insurance at this Location* from drop down menu 16. Select Communication Preference from drop down menu <p>Facility Details</p> <ol style="list-style-type: none"> 17. Add State Facility ID 18. Select Accreditation from drop down menu 19. Add Fiscal Year End Date* 20. Add Licensed Medicaid Bed(s) 21. Add Licensed Medicare Bed(s) 22. Add Licensed Medicaid/Medicare Bed(s) (Dual Certified) 23. Add Ventilator Dependent Unit(s) 24. Add Swing Bed(s) 25. Add Acute Care Bed(s) 26. Add Licensed LTC Unit(s) (Long Term Care) 27. Add Moratorium Beds(s) (Long Term Care) 28. Select Distinct Part Unit* from drop down menu 29. Add Available Bed Count (Long Term Care) 30. Select Ok <p>Pharmacy Details</p> <ol style="list-style-type: none"> 31. Add Pharmacy Store Number 32. Add NCPDP Number 33. Select Unit Dose Pharmacy from drop down menu 34. Select 340B from drop down menu 35. Select Pharmacy Type from drop down menu 36. Select Pharmacy Group from drop down menu 37. Select Ok <p>Verify Location Details</p> <p>Verify the Mailing, Prior-Authorization, Pay-To addresses are present:</p> <ol style="list-style-type: none"> 38. Scroll down to the bottom of the page and verify the addresses are present. 39. Select the save button when all information has been updated/verified. 40. Select Ok to complete the review of base location <p>Create a Servicing Location</p> <ol style="list-style-type: none"> 1. Select ADD from Locations List page 2. Location Type* defaults to Servicing Location 3. Select Accept New Recipient* from drop down menu 4. Add Business Name at this Location* 5. Add Contact First Name* 	<p>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>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. (11)</p> <p>The Facilities Detail section should be completed by the following:</p> <ul style="list-style-type: none"> ▪ Hospital ▪ Long term care facility <p>Fiscal Year End Date and Distinct Part Unit require information for all enrolling as an FAOIP. If Distinct Part Unit is not applicable then enter none</p> <p>The Pharmacy Detail section should only be completed by the following:</p> <ul style="list-style-type: none"> ▪ Pharmacy <p>After entering the base location information, it is necessary to provide location details for the following additional addresses for a FAOIP enrollment (38):</p> <ul style="list-style-type: none"> ▪ Mailing ▪ Pay-To ▪ Prior Authorization <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"> ▪ Mailing
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	<ol style="list-style-type: none"> 6. Add Contact Last Name* 7. Add Fax Number 8. Add Phone Number* 9. Select Office Hours from drop down menu 10. Add Cell Phone Number 11. Add Other Office Hours 12. Add Email Address 13. Add Web Page 14. Add Languages Spoken 15. Select VFC Provider* from drop down menu 16. Select Do you have Malpractice Insurance at this Location* from drop down menu 17. Select Communication Preference from drop down menu 18. Select Next to enter addresses <p>If you choose to Manually Input an address,</p> <ol style="list-style-type: none"> 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 additional addresses or Ok to return to Locations details page 	<p>Tip: If you select Copy from Location Address, SD MEDX copies the information from the location address previously entered.(18)</p>
Action	Step 3: Specializations - Required	Notes
<p>Step 3: Specializations</p>	<ol style="list-style-type: none"> 1. Select Step 3: Specializations hyperlink 2. Verify pre-populated Specializations <p>Adding a new Specialty</p> <ol style="list-style-type: none"> 3. Select ADD to open Add Specialty/Subspecialty page 4. Select Location* from drop down menu 5. Select Administration* from drop down menu 6. Select Provider Type* from drop down menu 7. Select Specialty* from drop down menu 8. Select Available Subspecialties from selection list using the Move and Remove buttons. 9. Select OK 10. Select PAGE CLOSE 	<p>SDMA is the only administration currently available. (5)</p> <p>Specialty is a conditional drop-down menu which is based on Provider Type selection. (7)</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>Tip: 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. (8)</p> <p>Available Subspecialty is a conditional selection list which is based on Specialty selection. (8)</p>
Action	Step 4: Ownership Details - Required	Notes
<p>Step 4: Ownership Details</p>	<p>Add Owners</p> <ol style="list-style-type: none"> 1. Select Step 4 Ownership Details hyperlink 2. Select ADD to open Add Provider Owner page 3. Select Owner Type* 4. Add SSN/FEIN* 	<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>

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<ol style="list-style-type: none">5. Select Parent Organization* from drop-down menu6. If Other is selected as Parent Organization, then add Parent Organization (If Other) information.7. Add Doing Business As8. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable9. Add Organization Name10. Add Percentage Owned*11. Add First Name12. Add Last Name13. Select Suffix from drop-down menu14. Add Relationship to Provider*15. Add Ownership Start Date*16. Add Address Line 1 * <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none">17. Add Address Line 2 and Address Line 3 information as appropriate.18. Add Zip Code19. Select VALIDATE ADDRESS20. Verify City/Town from drop down menu21. Select OK <p>To add multiple owners, select Add again and provide owner details.</p> <p>Add Operators</p> <p>After saving 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 page2. 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 applicable6. Add Organization Name*7. Add First Name8. Add Last Name9. Select Suffix from drop-down menu10. Add Operator Start Date*11. Add Address Line 1 * <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none">12. Add Address Line 2 and Address Line 3 information as appropriate.13. Add Zip Code14. Select VALIDATE ADDRESS15. Verify City/Town from drop down menu16. Select OK <p>To add multiple operators select Add again and provide operator details.</p> <p>Add Employees</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>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. (19)</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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	<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 Non-Convicted" Employee Type is selected, add SSN 6. Select Ok <p>To add multiple employees, select Add again and provide employee details.</p> <ol style="list-style-type: none"> 7. 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>
Action	Step 5: Licenses and Certifications – Required/Optional	Notes
<p>Step 5: Licenses and Certifications</p>	<p>Add Licenses and Certifications</p> <p>Select Step 5: Licenses and Certifications hyperlink</p> <ol style="list-style-type: none"> 1. Verify pre-populated information. <p>Required Credentials</p> <ol style="list-style-type: none"> 2. Select REQUIRED CREDENTIALS near the top of the page 3. Select GO to view Credentials List 4. Record or print Credentials List 5. Select CANCEL 6. Select ADD to open Add License/Certification page 7. Select Location* from drop-down menu 8. Select License/Certification Type* from drop-down menu 9. Add License/Certification #* 10. Add Effective Date* 11. Add End Date* 12. Select Ok <p>To add multiple License/Certifications select ADD again and provide License/Certification details.</p> <ol style="list-style-type: none"> 13. Select PAGE CLOSE 	<p>The Required Credentials are based on the Specializations specific to the Provider. (4)</p> <p>The locations are specific to the FAOIP and were provided in Step 2: Locations of the business process wizard for FAOIP. (7)</p> <p>End Date is the date the license or certification expires.(11)</p>
Action	Step 6: Training and Education – Optional	Notes
<p>Step 6: Training and Education</p>	<ol style="list-style-type: none"> 1. Select Step 6: Training and Education hyperlink 2. Select ADD to open Add Training/Education List page 3. Select Location* 4. Select Training/Education Type* 5. Add Name of Institution* 6. Add Place Completed* 7. Add Date Completed* 8. Select Ok <p>To add multiple Training and Education items select ADD again and provide Training/Education details.</p> <ol style="list-style-type: none"> 9. Select PAGE CLOSE 	<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>
Action	Step 7: Identifiers – Optional	Notes
<p>Step 7:</p>	<p>Select Step 7: Identifiers hyperlink</p>	<p>This step is optional for FAOIP enrollment</p>

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Identifiers	<ol style="list-style-type: none"> 1. Verify pre-populated information. 2. If additional License/Certification are required, proceed to next step 3. Select ADD to open Add New Identifier page 4. Select Location* from drop down menu 5. Select Identifier Type* from drop down menu 6. Add Identifier Value* 7. Add Start Date* 8. Select Ok <p>To add multiple Identifiers select ADD again and provide Identifier details.</p> <ol style="list-style-type: none"> 1. Select PAGE CLOSE 	<p>The locations are specific to the Provider and were provided in Step 2: 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. (7)</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: Indicators - Required	Notes
Step 8: Indicators	<p>Select Step 8 Indicators hyperlink</p> <ol style="list-style-type: none"> 1. Select ADD to open Add Location Indicator page 2. Select Location Code* from drop down menu 3. Select Indicator Type* from drop down menu 4. Add Indicator Value* 5. Add Start Date* 6. Select Ok 7. Select PAGE CLOSE 	<p>The locations are specific to the FAOIP and were provided in Step 2: Locations of the business process wizard for FAOIP. (2)</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: Malpractice Insurance Information – Required/Optional	Notes
Step 9: Malpractice Insurance Information	<ol style="list-style-type: none"> 1. Select Step 9: 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 <p>To add multiple malpractice insurances select ADD again and provide insurance details.</p> <ol style="list-style-type: none"> 10. Select PAGE CLOSE 	<p>If the Provider selected Yes in Step 2: Locations for Do you have Malpractice Insurance at this Location, then Step 9 Malpractice Insurance Information is required to complete enrollment.</p> <p>The locations are specific to the FAOIP and were provided in Step 2: Locations of the business process wizard for FAOIP. (3)</p> <p>Tip: 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> <p>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.</p>
Action	Step 10: Federal Tax Details - Required	Notes
Step 10:	<ol style="list-style-type: none"> 1. Select Step 10: Federal Tax Details hyperlink 	<p>Form W-9 Section tab has the Legal Name, SSN/FEIN, and W-9 Entity Type</p>

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<p>Federal Tax Details</p>	<ol style="list-style-type: none"> 2. Select W-9 Form hyperlink 3. Select Exempt from Backup Withholding checkbox if applicable 4. Select USE PAY-TO ADDRESS FROM THE FOLLOWING LOCATION* from drop down menu <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"> 1. Add Phone Number* 2. Select OK 3. Select PAGE CLOSE <p>To manually add an address:</p> <ol style="list-style-type: none"> 1. Add Address Line 1* <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> 2. Add Address Line 2 and Address Line 3 information as appropriate. 3. Add Zip Code 4. Select VALIDATE ADDRESS 5. Verify City/Town from drop down menu 6. Add Phone Number* 7. Select Ok 8. Select PAGE CLOSE 	<p>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: Locations of the business process wizard for FAOIP. (4)</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>
<p>Action</p>	<p>Step 11: Claim Submission Method - Optional</p>	<p>Notes</p>
<p>Step 11: Claim Submission Method</p>	<ol style="list-style-type: none"> 1. Select Step 11: Claim Submission Method hyperlink 9. Select Mode of Submission check box(es) if applicable 10. Select Ok 	<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"> ▪ Step 12: Add EDI Billing Software Details ▪ Step 14: Add EDI Contact Information Step <p>Billing Agent</p> <ul style="list-style-type: none"> ▪ Step 13: Add EDI Submitter Details <p>FTP Secure Batch</p> <ul style="list-style-type: none"> ▪ Step 12: Add EDI Billing Software Details
<p>Action</p>	<p>Step 12: EDI Billing Software Details - Required/Optional</p>	<p>Notes</p>
<p>Step 12: EDI Billing Software Details</p>	<p>Select Step 12: EDI Billing Software Details</p> <ol style="list-style-type: none"> 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 	<p>Only alphanumeric characters are allowed for Software Product Name. (3)</p> <p>Only alphanumeric characters are allowed for Software Protocol. (5)</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>

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	<p>8. Select Sub-Element Delimiter from drop down menu</p> <p>Software Vendor Contact Information</p> <ol style="list-style-type: none"> Add Contact Title* Add Contact First Name* Add Contact Last Name* Add Phone Number* Add Fax Number Add Email Address Add End Date Add Address Line 1* <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> Add Address Line 2 and Address Line 3 information as appropriate. Add Zip Code Select VALIDATE ADDRESS Verify City/Town from drop down menu Select OK Select PAGE CLOSE 	<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>
Action	Step 13: EDI Submitter Details - Required/Optional	Notes
<p>Step 13: EDI Submitter Details</p>	<p>Select Step 13: EDI Submitter Details hyperlink</p> <ol style="list-style-type: none"> Select ADD to open Associate Billing Agent/Clearinghouse page Add Billing Agent/Clearinghouse SD MEDX ID* Add Start Date* Add End Date <p>Authorized Transaction Responses</p> <p>For each of the Transaction Responses listed the following must be provided:</p> <ol style="list-style-type: none"> Select Authorized from drop down menu Add Start Date if applicable. Add End Date Select OK Select PAGE CLOSE 	<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. (1)</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>
Action	Step 14: Add EDI Contact Information - Required/Optional	Notes
<p>Step 14: Add EDI Contact Information</p>	<p>Select Step 14: Add EDI Contact Information hyperlink</p> <ol style="list-style-type: none"> Select ADD to open Add EDI Contact Information Add EDI Contact Information Add Contact Title* Add Contact First Name* Add Contact Last Name* Add Phone Number* Add Fax Number Add Email Address Add Address Line 1* 	<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> <p>Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (12)</p> <p>With a valid address, the City/Town, State/Province, County, and Country drop-</p>

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	<p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> Add Address Line 2 and Address Line 3 information as appropriate. Add Zip Code Select VALIDATE ADDRESS Verify City/Town from drop down menu Select Ok <p>Electronic Transactions</p> <ol style="list-style-type: none"> Select Available Transactions from selection list using the Move and Remove buttons. Select OK Select PAGE CLOSE 	<p>down selection boxes are automatically populated based on the Zip Code that is provided.</p> <p>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. (15)</p>
Action	Step 15: Servicing Provider Information - Optional	Notes
Step 15: Servicing Provider Information	<p>Select Step 15: Servicing Provider Information hyperlink</p> <ol style="list-style-type: none"> Select ADD to open Associate Servicing Provider page Add NPI or SD MEDX ID Add Start Date* Add End Date Select Ok <p>To add multiple Service Providers, select Add again and provide SSN or NPI.</p> <ol style="list-style-type: none"> Select Page Close 	<p>A Servicing Provider must have an NPI or SD MEDX ID to be validated and associated to an FAOIP. (2)</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. (3)</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.(4)</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, the new Servicing providers need to initiate a new enrollment and can then be associated to the FAOIP. Review the New Enrollment Individual (Servicing Only) and associated quick reference guide and checklist.</p>
Action	Step 16: Payment Details - Required	Notes
Step 16: Payment Details	<p>Select Step 16: Payment Details hyperlink</p> <ol style="list-style-type: none"> Select the location code to verify the pre-populated information Update information as appropriate. If no payment details are present, select ADD to open Payment Details page <p>Payment Details</p> <ol style="list-style-type: none"> Select Location* from drop down menu Select Payment Method* from drop down menu 	<p>The locations are specific to the FAOIP and were provided in Step 2: Locations of the business process wizard for FAOIP. (1)</p> <p>Note: When information is updated the account number must be re-entered.</p> <p>All Payment Methods default to Electronic Funds Transfer. FAOIP Providers requesting a paper check must contact DSS for authorization. (5)</p>

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	<p>Electronic Funds Transfer Details (Direct Deposit)</p> <ol style="list-style-type: none"> 6. Add Bank Name* 7. Add Routing Transit Number* 8. Add Account Number* 9. Select Account Type* from drop down menu 10. Select Payment Notification Preference* from drop down menu 11. Add Email Address <p>Remittance Advice Preference</p> <ol style="list-style-type: none"> 12. Select RA Preference checkbox 13. Select Ok 14. Select Page Close 	<p>If paper check is selected, the Electronic Funds Transfer Details are not required.</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. (11)</p>
<p>Action</p>	<p>Step 17: View/Upload Attachments – Optional</p>	<p>Notes</p>
<p>Step 17: View/Upload Attachments – Optional</p>	<p>Select Step 17: View/Upload Attachments</p> <ol style="list-style-type: none"> 1. Select UPLOAD ATTACHMENTS to provide documentation 2. Select Document Type* from drop down menu 3. Select BROWSE to locate file 4. Navigate to File and select desired file 5. Click OPEN 6. Click Ok to upload file <p>To View Attachments</p> <p>Select VIEW ALL ATTACHMENTS to open Images/Attachment Retrieval page</p> <ol style="list-style-type: none"> 1. View all attachments 2. Validate the successful upload of document 3. Select PAGE CLOSE to return to the Application Document Checklist 4. Select PAGE CLOSE 	<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. (2)</p>
<p>Action</p>	<p>Step 18: Submit Modification for Review - Required</p>	<p>Notes</p>
<p>Step 18: Submit Modification for Review - Required</p>	<p>Select Step 18: Submit Modification for Review hyperlink</p> <ol style="list-style-type: none"> 1. Select Submit Provider Modification <p>A confirmation message is provided, indicating the modifications have been submitted and to provide all supporting documents by mail.</p> <p>FAOIP 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>