



**DEPARTMENT OF SOCIAL SERVICES**  
 DIVISION OF MEDICAL SERVICES  
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This checklist should be used as a general guide to assist with the revalidation process; it is not all-inclusive. Your particular situation may require additional steps as necessary for your organization. Be sure to contact the **Provider Revalidation Hotline at 866-718-0084** if you have any questions or need additional assistance.

<b>PROVIDER REVALIDATION CHECKLIST – FAOIP</b>		
All Steps require that you confirm and/or update content for each item as indicated.		
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Locations	Required
<input type="checkbox"/>	Step 3: Specializations	Required
<input type="checkbox"/>	Step 4: Ownership Details	Required
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required
<input type="checkbox"/>	Step 6: Identifiers	Optional
<input type="checkbox"/>	Step 7: Indicators	Optional
<input type="checkbox"/>	Step 8: Malpractice Insurance Information	Required
<input type="checkbox"/>	Step 9: Federal Tax Details	Required
<input type="checkbox"/>	Step 10: Claim Submission Method	Required
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional
<input type="checkbox"/>	Step 15: Payment Details	Required
<input type="checkbox"/>	Step 16: View/Upload Attachments	Not Available*
<input type="checkbox"/>	Step 17: Submit Modification for Review	Required
<input type="checkbox"/>	Complete and send the applicable supporting documentation as indicated on the Revalidation website.	

**Checklist notes:**

\*The upload option indicated in the system is not available. Documents will need to be emailed, faxed, or mailed to our office.

\*End dates other than malpractice insurance and licenses should reflect '12/31/2999' to indicate 'ongoing'.

**Step 1** - FEIN changes would require a new enrollment and an email to [SDMEDXGeneral@state.sd.us](mailto:SDMEDXGeneral@state.sd.us) to identify the current NPI and FEIN, along with a reason for the change. State action is required prior to the start of a new application. Confirm/Update legal and DBA names. Confirm/Update enrollment contact email address.

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**Step 2** – The Provider Enrollment Contact is the person that must request any password resets or credentials through [SDMEDXSecurity@state.sd.us](mailto:SDMEDXSecurity@state.sd.us). Contact information must be updated under each location. Update addresses by typing over existing addresses. The system will end date the old address behind the scenes. All servicing locations must be a street address. Make sure you click “validate” and save on each address to progress through to the location step.

**Step 4** – Populate with all applicable owners (top portion) and managing employees (bottom portion) as this information is federally mandated and is currently blank. Refer to the applicable Supplemental Disclosure document for your enrollment type for additional how-to details. School Districts must include the superintendent at a minimum.

**Step 5** – Update existing licenses/certifications. If additional specialization was added (Step 3), use the “required credentials” button in the upper left hand corner to determine what license/certification is required.

**Step 10** – Ensure that Claim Submission Method captures if and how you are able to submit claims. This step has changed so please note the following:

- **Direct data entry** – Historically this has meant paper and pharmacy point of sale. If a provider desires to receive paper remits, this step should be selected. If a provider desires to only receive electronic remits through an 835 transaction, it should be left blank. Population of both direct data entry and another claim mechanism with 835s noted as “yes” will result in paper and electronic remits. All providers are able to send in paper claims regardless of whether direct data entry is selected.
  - **Web Batch** – The provider is able to send in final electronic transactions and/or receive electronic transactions themselves via web batch.
  - **Billing Agent/Clearinghouse** – A third party is authorized to send in final electronic transactions and/or receives electronic transactions from SD Medicaid. Any entity you use must be listed on your record and clearly indicate which transactions they are authorized to participate in. The EDI Submitter Details step must indicate which specific transactions the entity is authorized to send and/or receive. If you don’t know the seven-digit SD MEDX for your vendor you must outreach them directly to obtain it.
  - **FTP Secured Batch** – The provider is able to send in final electronic transactions and/or receive electronic transactions themselves via FTP secured batch. The specific transactions that are handled must be listed under the EDI Contact Information step.
- 835/277U** – You should denote 277U as “Yes” whenever you have 835 listed as “Yes.” It is the intent of SD Medicaid to send 277U to the entity’s capable of receiving 835s

**Step 14** – Applies only to Federally Qualified Health Centers or Rural Health Clinics (CMS designated), School Districts, Community Mental Health Centers & Substance Use Disorder Facilities. – Confirm that any individual listed under this Step reflects individuals who are eligible to enroll and are appropriately associated with you.

- You must denote which location(s) and corresponding dates an individual was with your organization by clicking on the SDMEDX ID of that individual. An individual who is no longer with your organization must have at least one location populated as a “yes” along with their appropriate begin and end date.
- You must also click on the name of each individual listed. This takes you to their individual enrollment record. See Revalidation Checklist for Servicing Individuals.
- Ensure individual provider’s information (address and specialization) is current on NPPEs (National Plan and Provider Enumeration System).

**Step 15** – Confirm/Update payment details with the appropriate financial institution, routing number for ACH payments, account number, and account type.

**Step 18** – Click on “Submit Modification for State Review” in the last Step, and then click on the “Submit” button to complete your revalidation. You can track the status of revalidation activities by logging into your online enrollment record. You will be given “read only” access until the updates made by you have been reviewed and approved by the Department of Medical Services.