



**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.

**PROVIDER REVALIDATION CHECKLIST – INDIVIDUAL SERVICING**

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	Not Required
<input type="checkbox"/>	Step 3: Specializations	Required
<input type="checkbox"/>	Step 4: Ownership Details	Not Required
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required
<input type="checkbox"/>	Step 6: Training and Education	Optional
<input type="checkbox"/>	Step 7: Identifiers	Optional
<input type="checkbox"/>	Step 8: Indicators	Not Required
<input type="checkbox"/>	Step 9: Malpractice Insurance Information	Optional
<input type="checkbox"/>	Step 10: Federal Tax Details	Not Required
<input type="checkbox"/>	Step 11: Claim Submission Method	Not Required
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Not Required
<input type="checkbox"/>	Step 13: EDI Submitter Details	Not Required
<input type="checkbox"/>	Step 14: EDI Contact Information	Not Required
<input type="checkbox"/>	Step 15: Billing Provider Details	Required
<input type="checkbox"/>	Step 16: Payment Details	Not Required
<input type="checkbox"/>	Step 17: View/Upload Attachments	Not Available*
<input type="checkbox"/>	Step 18: 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.

- Step 1** - Confirm/Update first and last name along with SSN. Confirm/Update enrollment contact email address. The email should belong to one of the individual’s billing associations.
- Step 3** – End date should reflect ‘12/31/2999’ to indicate ‘ongoing’.
- Step 5** – Update existing licenses/certifications. All Individuals with prescribing authority for controlled substances should list their DEA number in addition to their professional license. With the exception of IHS the issuing state for the license(s) should also be the location of the

servicing location(s). Advance practice nurses only need to list their advanced license and not their RN license.

**Step 15** – Confirm/Update provider’s associated billing NPIs/entities, association dates and working locations.

**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.