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DSS
Strong Families - South Dakota's Foundation and Our Future

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 – SCHOOL DISTRICTS

All Steps require that you confirm and/or update content for each item as indicated.

☐	Step 1: Basic Information	Required
☐	Step 2: Locations	Required
☐	Step 3: Specializations	Required
☐	Step 4: Ownership Details	Required
☐	Step 5: Licenses and Certifications**	Optional
☐	Step 6: Identifiers	Optional
☐	Step 7: Indicators	Optional
☐	Step 8: Malpractice Insurance Information	Optional
☐	Step 9: Federal Tax Details	Required
☐	Step 10: Claim Submission Method	Required
☐	Step 11: EDI Billing Software Details	Optional
☐	Step 12: EDI Submitter Details	Optional
☐	Step 13: EDI Contact Information	Optional
☐	Step 14: Servicing Provider Information	Optional
☐	Step 15: Payment Details	Required
☐	Step 16: View/Upload Attachments	Not Available*
☐	Step 17: Submit Modification for Review	Required
☐	Complete and send the applicable supporting documentation as indicated on the Revalidation website. All documentation should be obtained and packaged together on an NPI basis. If you have one district NPI and three servicing NPI you would use four checklists and four emails.	

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 (Basic Info) - Confirm/Update legal and DBA (organization business name) names. Confirm/Update enrollment contact email address. FEIN changes would require a new enrollment. If your FEIN is incorrect, email 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.

Step 2 (Location) –The Provider Enrollment Contact is the person that must request any password resets or credentials through SDMEDXSecurity@state.sd.us. Populate current contact information, if missing or inaccurate, under each location. Update addresses by typing over existing addresses. The system will end date the old address behind the scenes. The Base Location should be the administrative office, if one exists. All school locations where services are rendered must be captured as a servicing location with a street address. Make sure you click "validate" and save on each address to progress through to the location step.

Step 3 (Specialization) – This is the taxonomy code that will be on claims. School districts will always have 251300000X and the end date should be 12/31/2999. School districts that provide Birth to Three program services should also have 252Y00000X with an end date of 12/31/2999.

Step 4 (Ownership) – The school district should be listed as the organizational type owner (top portion). Managing employees (bottom portion) must list the superintendent at a minimum, with others as appropriate. 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.

Step 5 (Licenses & Certifications) – No information 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 277CA (formerly known as 277U) to the entity's capable of receiving 835s

Step 14 (Servicing Providers) – Confirm that any individual listed under this Step reflects individuals who are eligible to enroll and are appropriately associated with you. Any individuals who are not listed, but are eligible to enroll (PT, OT, SLP, audiologist, and psychologist) need to be added. Refer to the School District Webinar and the "Add Servicing Provider" document

under the maintenance portion of the website for additional details about how to add individual providers. a

- You must denote which location(s) and corresponding dates an individual was with your organization by clicking on the SD MEDX 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 - https://npiregistry.cms.hhs.gov/). This is the same website to utilize if the individuals do not yet have an NPI as this is required to enroll with SD Medicaid.

Step 15 – Confirm/Update payment details with the appropriate financial institution, routing number for ACH payments, account number, and account type (checking or savings).
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.

Supporting Documentation
SD Medicaid no longer requires original ink signatures on provider agreements. This allows supporting documentation to be sent in the most expedient and convenient manner for the provider. Complete documentation should be obtained and packaged together for each NPI and sent by ONE of the following methods:

Email to: SDMEDXGeneral@state.sd.us with subject either "Application," "Revalidation," or "Modification" followed by the applicable NPI. Use the coversheet available on the website.

Fax to: 605-773-8520. Use the coversheet provided on the website. Include NPI on all pages.

Mail to: SD DSS Medical Services – PE
700 Governors Dr
Pierre, SD 57532

Use the coversheet provided on the website and include the NPI on all pages.