SD MEDX

South Dakota Medical Electronic Data Exchange
SD Department of Social Services

Atypical Individual Provider Enrollment Quick Reference

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

Action	Enroll as Atypical Individual Provider – Select Provider Type	Notes
Select Provider Type	1. Navigate to the Medical Assistance Portal 2. Navigate to Provider tab 3. Choose the "Become a Provider" link 4. Scroll down to the Atypical Individual Enrollment link 5. Choose enrollment type: Atypical Individual from the radio selection list 6. Select SUBMIT to start enrollment business process	
Action	**Step 1: Provider Basic Information - Required**	**Notes**
Step 1: Provider Basic Information	**Section 1 Tab** 1. Add First Name* 2. Add Middle Name or Middle Initial 3. Add Last Name* 4. Select Suffix from drop down menu 5. Select Gender from drop down menu 6. Add SSN* 7. Select Title from drop down menu 8. Add Date of Birth **Section 2 Tab** 9. Select Servicing Type* 10. Select W-9 entity type* 11. If Other is selected as W-9 entity type above, enter W-9 Entity Type (If Other) 12. Add Email Address 13. Add Enrollment Request Date* 14. Select Tax Exempt Payee checkbox if applicable 15. Select FINISH to generate Application Basic Information Status 16. Record or print the application number for future reference 17. Select OK	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. **Tip:** The Tab key can be used to navigate to the next applicable field for data entry. Date format must be MMDDYYYY or MM/DD/YYYY. (8, 13) **It is important to record the application number for future reference to be able to retrieve this enrollment.**
Action	**Step 2: Locations - Required**	**Notes**
Step 2: Locations	**Select Step 2: Locations hyperlink** **Create a Base Location:** 1. Select ADD from Locations List page 2. Select Location Type* Base Location from drop down menu 3. Add Business Name at this Location* 4. Add Contact First Name* 5. Add Contact Last Name*	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. 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.

6. Add Fax Number
7. Add Phone Number
8. Add Cell Phone Number
9. Select Next to enter addresses
If you choose Manually Input,
10. Add Address Line 1*
11. Add Zip Code*
12. Select VALIDATE ADDRESS
13. Verify City/Town in drop down menu
14. Select Next to enter all addresses and OK to return to Locations List page
 	
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.
15. Select Page Close to return to business process wizard
 	
Create a Servicing Location
Follow the Base Location steps to add the Servicing Location
	If the address entered is a valid address according to the validation software, a message will appear indicating the address validation was successful.
	Warning: If the address is not valid according to the validation software, an error message will appear indicating the address is invalid. This address will be accepted by clicking the "Next" button. You need to verify the address for corrections before selecting the "Next" button.
	
	Tip: Key in just the digits for Phone Numbers. The system automatically reformats to (###) ###-####. (6, 7, 8)
	
	After entering the base location information, it is necessary to provide details for the following additional addresses for a Atypical FAOI enrollment (9):
	  ▪ Mailing
	  ▪ Pay-To
	
	Tip: If you select Copy from Location Address, SD MEDX copies the information from the location address previously entered. (9)
	
	After entering the servicing location information, it is necessary to provide details for the following additional addresses for an Atypical FAOI enrollment:
	  ▪ Mailing

Action	**Step 3: Claim Submission Method - Required**	**Notes**
Step 3: Claim Submission Method	**Select Step 3: Claim Submission Method hyperlink** 1. Select Mode of Submission check box(es) if applicable 2. Select OK	

Action	**Step 4: Payment Details - Required**	**Notes**
Step 4: Payment Details	**Select Step 4: Payment Details hyperlink** 1. Select ADD to open Payment Details page **Payment Details** 2. Selection Location* from drop down menu 3. Select Payment Method* from drop down menu **Electronic Funds Transfer Details (Direct Deposit)** 4. Add Bank Name* 5. Add Routing Transit Number* 6. Add Account Number* 7. Select Account Type* from drop down menu 8. Select Payment Notification Preference* from drop down menu 9. Add Email Address **Remittance Advice Preference** 10. Select RA Preference checkbox	The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Provider. (2) All Payment Methods default to Electronic Funds Transfer. Providers requesting a paper check must contact DSS for authorization. If paper check is authorized, no Banking information is required. (3) 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)

Action		Notes
	11. Select OK 12. Select PAGE CLOSE	
Action	**Step 5: View/Upload Attachments – Optional**	**Notes**
Step 5: View/Upload Attachments – Optional	**Select Step 5: View/Upload Attachments** 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 **To View Attachments** 1. Select VIEW ALL ATTACHMENTS to open Images/Attachment Retrieval page 2. View all attachments 3. Validate the successful upload of document 4. Select PAGE CLOSE to return to the Application Document Checklist 5. Select PAGE CLOSE	Document type list is conditional populated based on the enrollment type and information provided in the application. (2)
Action	**Step 6: Submit Enrollment Application for Review - Required**	**Notes**
Step 6: Submit Enrollment Application for Review - Required	**Select Step 6: Submit Enrollment Application for Review hyperlink** 1. Read Terms and Conditions 2. Select checkbox at bottom of page to agree with terms and conditions 3. Select NEXT at top of page to advance 4. Record or print the Application number for reference 5. Select Submit Enrollment A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail. Atypical Individual Provider Enrollment business process wizard is complete.	All required steps must have a status of Complete before the business process wizard allows submission. **It is important to record the application number for future reference to be able to retrieve this enrollment.**