

## Billing Agent/Clearinghouse Enrollment Quick Reference

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

Action	Enroll as Billing Agent – Select Provider Type	Notes
<b>Select Provider Type</b>	<ol style="list-style-type: none"> <li>Navigate to the Medical Assistance Portal</li> <li>Navigate to Provider tab</li> <li>Choose the “Become and Provider” link</li> <li>Scroll down to the Billing Agent/Clearinghouse Enrollment link</li> <li>Choose enrollment type: Billing Agent/Clearinghouse from the radio selection list</li> <li>Select SUBMIT to start enrollment business process wizard</li> </ol>	
Action	Step 1: Provider Basic Information - Required	Notes
<b>Step 1: Provider Basic Information</b>	<p><b>Section 1 Tab</b></p> <ol style="list-style-type: none"> <li>Select County Provider checkbox if applicable</li> <li>Add Organization Name</li> <li>Add Organization Business Name</li> <li>Add FEIN</li> </ol> <p><b>Section 3 Tab</b></p> <ol style="list-style-type: none"> <li>Select Other Organizational Information from drop down menu</li> <li>Add Email Address*</li> <li>Add Enrollment Request Date*</li> <li>Select NEXT</li> </ol>	<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><b>Tip:</b> The Tab key can be used to navigate to the next applicable field for data entry.</p> <p><i>Section 2 is used for Individual enrollment type and not available for a Billing Agent/Clearinghouse enrollment type.</i></p> <p>Date format must be MMDDYYYY or MM/DD/YYYY.</p>
Action	Provider Address Details - Required	Notes
<b>Provider Address Details</b>	<ol style="list-style-type: none"> <li>Add Address Line 1* This should be the street address or P.O. Box of the Billing Agent/Clearinghouse only.</li> <li>Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>Add Zip Code</li> <li>Select VALIDATE ADDRESS</li> <li>Verify City/Town from drop down menu</li> <li>Add Fax Number</li> <li>Add Phone Number*</li> <li>Select Communication Preference from drop down menu</li> <li>Add Cell Phone Number</li> <li>Select FINISH</li> <li>Record or print the Application number for future reference</li> <li>Select Ok</li> </ol>	<p>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>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. (4)</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><b>Warning:</b> 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 will need to verify the address for corrections before selecting the “Next” button.</p> <p><b>Tip:</b> Key in just the digits for Phone Numbers. The system automatically</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

		reformats to (###) ###-####. (6. 7. 9)  <b>It is important to record the application number for future reference to be able to retrieve this enrollment.</b>
Action	Step 2: Ownership Details - Optional	Notes
<b>Step 2: Ownership Details</b>	<p><b>Add Owners</b></p> <ol style="list-style-type: none"> <li>1. Select Step 2: Ownership Details hyperlink</li> <li>2. Select ADD to open Add Provider Owner page</li> <li>3. Select Owner Type* from drop down menu</li> <li>4. Add SSN/FEIN*</li> <li>5. Select Parent Organization* from drop down menu</li> <li>6. If Other is selected as Parent Organization, then add Parent Organization (If Other) information.</li> <li>7. Add Doing Business As</li> <li>8. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable</li> <li>9. Add Organization Name</li> <li>10. Add Percentage Owned*</li> <li>11. Add First Name</li> <li>12. Add Last Name</li> <li>13. Select Suffix from drop down menu</li> <li>14. Select Relationship to Provider* from drop down menu</li> <li>15. Add Ownership Start Date*</li> <li>16. Add Address Line 1*</li> </ol> <p>This should be the street address or P.O. Box of the Provider only.</p> <ol style="list-style-type: none"> <li>17. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>18. Add Zip Code</li> <li>19. Select VALIDATE ADDRESS</li> <li>20. Select Ok</li> </ol> <p>To add multiple owners, select ADD again and provide owner details.</p> <p><b>Add Operators</b></p> <p>After adding the ownership details, operators can be added to the ownership record.</p> <ol style="list-style-type: none"> <li>1. Select ADD OPERATOR to open Add Operator page</li> <li>2. Select Operator Type* from drop down menu</li> <li>3. Add SSN/FEIN*</li> <li>4. Add Doing Business As*</li> <li>5. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable</li> <li>6. Add Organization Name*</li> <li>7. Add First Name</li> <li>8. Add Last Name</li> <li>9. Select Suffix from drop down menu</li> <li>10. Add Operator Start Date*</li> <li>11. Add Address Line 1*</li> </ol> <p>This should be the street address or P.O. Box of the Provider only.</p>	<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> <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>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>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. (19)</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. <b>Warning:</b> 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 will need to verify the address for corrections before selecting the "Next" button</p> <p>The system prevents the addition of a second owner if the first owner is designated has having 100% of the ownership. To add a second owner, the percentage owned must be less than 100% for the first owner.</p> <p>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</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

	<p>12. Add Address Line 2 and Address Line 3 information as appropriate. 13. Add Zip Code 14. Select VALIDATE ADDRESS 15. Select Ok To add multiple operators select ADD again and provide operator details. <b>Add Employees</b> 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 employee is selected, add the SSN 6. Select Ok To add multiple employees, select ADD again and provide employee details. 7. Select PAGE CLOSE</p>	<p>provided. (14)  If the address entered is a valid address according to the validation software, a message will appear indicating the address validation was successful. <b>Warning:</b> 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 will need to verify the address for corrections before selecting the "Next" button  The names of all managing employees must be entered. (3)  The names of all convicted employees must be entered. (3)</p>
Action	Step 3: Identifiers – Optional	Notes
<b>Step 3: Identifiers</b>	<p><b>Select Step 3: Identifiers hyperlink</b> 1. Select ADD to open Add New Identifier page 2. Select Location* from drop down menu 3. Select Identifier Type* from drop down menu 4. Select Identifier Value* from drop down menu 5. Add Start Date* 6. Select Ok To add multiple Identifiers select ADD again and provide Identifier details. 7. Select PAGE CLOSE</p>	<p>The locations are specific to the Billing Agent/Clearinghouse and were provided in Step 1: Provider Basic Information of the business process wizard for Billing Agent/Clearinghouse. (2)  Depending on the Identifier type, Identifier Value will have conditional business rules. (4)  The Start Date is the first day the provider's identifier goes in effect. The Start Date can be modified. (5)  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 4: Claim Submission Method - Required	Notes
<b>Step 4: Claim Submission Method</b>	<p><b>Select Step 4: Claim Submission Method hyperlink</b> 1. Select Mode of Submission check box(es) if applicable 2. Select Ok</p>	
Action	Step 5: EDI Billing Software Details - Required	Notes
<b>Step 5: EDI Billing Software Details</b>	<p><b>Select Step 5: EDI Billing Software Details</b> 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 8. Select Sub - Element Delimiter from drop down menu <b>Software Vendor Contact Information</b></p>	<p>Only alphanumeric characters are allowed for Software Product Name. (3)  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. (10)  If the address entered is a valid address according to the validation software, a</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

	<ol style="list-style-type: none"> <li>Add Contact Title*</li> <li>Add Contact First Name*</li> <li>Add Contact Last Name*</li> <li>Add Phone Number*</li> <li>Add Fax Number</li> <li>Add Email Address</li> <li>Add Address Line 1*</li> <li>Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>Add Zip Code</li> <li>Select VALIDATE ADDRESS</li> <li>Select Ok</li> <li>Select PAGE CLOSE</li> </ol>	<p>message will appear indicating the address validation was successful.</p> <p><b>Warning:</b> 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 will need to verify the address for corrections before selecting the “Next” button</p>
Action	Step 6: Add EDI Contact Information - Required	Notes
<p><b>Step 6: Add EDI Contact Information</b></p>	<p><b>Select Step 6: Add EDI Contact Information hyperlink</b></p> <ol style="list-style-type: none"> <li>Select ADD to open Add EDI Contact Information</li> <li>Add EDI Contact Information</li> <li>Add Contact Title*</li> <li>Add Contact First Name*</li> <li>Add Contact Last Name*</li> <li>Add Phone Number*</li> <li>Add Fax Number</li> <li>Add Email Address</li> <li>Add Address Line 1*</li> <li>Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>Add Zip Code</li> <li>Select VALIDATE ADDRESS</li> <li>Select Ok</li> </ol> <p><b>Electronic Transactions</b></p> <ol style="list-style-type: none"> <li>Select Available Transactions from selection list using the Move and Remove buttons.</li> <li>Select OK</li> <li>Select PAGE CLOSE</li> </ol>	<p>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>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. (12)</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><b>Warning:</b> 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 will need to verify the address for corrections before selecting the “Next” button</p> <p><b>Tip:</b> 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. (14)</p>
Action	Step 7: Complete Enrollment Checklist – Required	Notes
<p><b>Step 7: Complete Enrollment Checklist</b></p>	<p><b>Select Step 7: Complete Enrollment Checklist Instructions</b></p> <ol style="list-style-type: none"> <li>Select Answer from drop down menu</li> <li>Select Save icon to save questionnaire</li> <li>Select PAGE CLOSE</li> </ol>	<p>All questions must be answered with a Yes or No response in order for the step to be completed. (1)</p> <p>All questions answered with Yes requires a comment.</p>
Action	Step 8: View/Upload Attachments – Optional	Notes
<p><b>Step 8: View/Upload Attachments – Optional</b></p>	<p><b>Select Step 8: View/Upload Attachments</b></p> <ol style="list-style-type: none"> <li>Select UPLOAD ATTACHMENTS to provide documentation</li> <li>Select Document Type* from drop down menu</li> <li>Select BROWSE to locate file</li> <li>Navigate to File and select desired file</li> </ol>	<p>This is an optional step for Billing Agent/Clearinghouse enrollment.</p> <p>Document type list is conditional populated based on the enrollment type and information provided in the application. (2)</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services 

	<ol style="list-style-type: none"> <li>5. Click OPEN</li> <li>6. Click OK to upload file</li> </ol> <p><b>To View Attachments</b></p> <ol style="list-style-type: none"> <li>1. Select VIEW ALL ATTACHMENTS to open Images/Attachment Retrieval page</li> <li>2. View all attachments</li> <li>3. Validate the successful upload of document</li> <li>4. Select PAGE CLOSE to return to the Application Document Checklist</li> <li>5. Select PAGE CLOSE</li> </ol>	
Action	Step 9: Submit Enrollment Application for Review - Required	Notes
<b>Step 9: Submit Enrollment Application for Review - Required</b>	<p>Select Step 9: Submit Enrollment Application for Review hyperlink</p> <ol style="list-style-type: none"> <li>1. Select SUBMIT ENROLLMENT</li> <li>2. Record or print the Application number for reference</li> </ol> <p>A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail.</p> <p>Billing Agent/Clearinghouse 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> <p><b><u>It is important to record the application number for future reference to be able to retrieve this enrollment.</u></b></p>