

## Individual Provider Enrollment Quick Reference

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

| Action                             | Enroll as Individual Provider – Select Provider Type  | Notes   |
|------------------------------------|---|---|
| Select Provider Type               | <ol style="list-style-type: none"> <li>Navigate to the Medicaid Portal</li> <li>Navigate to Provider tab</li> <li>Choose the "Become and Provider" link</li> <li>Scroll down to the Individual Enrollment link</li> <li>Choose enrollment type: Individual 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   |
| Step 1: Provider Basic Information | <p><b>Tax Identifier is FEIN</b><br/><b>Section 1 Tab</b></p> <ol style="list-style-type: none"> <li>Add Organization Name</li> <li>Add Organization Business Name</li> <li>Add FEIN</li> <li>Record or print the FEIN number for future reference</li> </ol> <p><b>Section 3 Tab</b></p> <ol style="list-style-type: none"> <li>Add NPI*</li> <li>Select W-9 entity type* from drop down menu</li> <li>If Other is selected as W-9 entity type above, add W-9 Entity Type (If Other)</li> <li>Select Other Organizational Information from drop down menu</li> <li>Add Email Address</li> <li>Add Enrollment Request Date*</li> <li>Select FINISH to generate Application Basic Information Status</li> <li>Record or print the application number for future reference</li> <li>Select Ok</li> </ol> <p><b>Tax Identifier SSN</b><br/><b>Section 2 Tab</b></p> <ol style="list-style-type: none"> <li>Add First Name</li> <li>Add Middle Name or Middle Initial</li> <li>Add Last Name</li> <li>Select Suffix</li> <li>Select Gender</li> <li>Add SSN</li> <li>Select Title</li> <li>Add Date of Birth</li> </ol> | <p><b>Complete Section 1 and Section 3 if Tax Identifier Type is FEIN, complete Section 2 and Section 3 if Tax Identifier Type is SSN.</b></p> <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>Date format must be MMDDYYYY or MM/DD/YYYY. (10)</p> <p>Depending on the Servicing Type selected, additional steps in the business process wizard may be not required.</p> |

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|                                 | <p>9. Select Servicing Type<br/><b>Section 3 Tab</b><br/>10. Add NPI*<br/>11. Select W-9 entity type*<br/>12. If Other is selected as W-9 entity type above, enter W-9 Entity Type (If Other)<br/>13. Add Other Organizational Information<br/>14. Add Email Address<br/>15. Add Enrollment Request Date*<br/>16. Select FINISH to generate Application Basic Information Status<br/>17. Record or print the application number for future reference<br/>18. Select OK</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>   |
|---------------------------------|--|--|
| Action                          | Step 2: Locations – Required/Not Required  | Notes  |
| <p><b>Step 2: Locations</b></p> | <p>1. Select Step 2: Location hyperlink<br/><b>Create a Base Location:</b><br/>2. Select ADD from Locations List page<br/>3. Location Type* defaults to Base Location<br/>4. Select Accept New Recipient* from drop down menu<br/>5. Add Business Name at this Location*<br/>6. Add Contact First Name*<br/>7. Add Contact Last Name*<br/>8. Add Fax Number<br/>9. Add Phone Number*<br/>10. Select Office Hours from drop down menu<br/>11. Add Cell Phone Number<br/>12. Add Other Office Hours<br/>13. Add Email Address<br/>14. Add Web Page<br/>15. Add Languages Spoken<br/>16. Select VFC Provider* from drop down menu<br/>17. Select Do you have Malpractice Insurance at this Location* from drop down menu<br/>18. Select Communication Preference from drop down menu<br/>19. Select Do you see Patients at this location?* from drop down menu<br/>20. Select PCP at this Location from drop down box<br/>21. Select Next to enter addresses<br/><b>If you choose Manually Input,</b><br/>22. Add Address Line 1*<br/>23. Add Zip Code*<br/>24. Select VALIDATE ADDRESS<br/>25. Verify City/Town in drop down menu<br/>26. Select Next to enter all addresses and Ok to return to Locations List page</p> | <p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>End Date is the date the address will no longer be in effect, such as Provider moving to a new location. 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><b>Tip:</b> Key in just the digits for Phone Numbers. The system automatically reformats to (###) ###-####. (8, 9, 11)</p> <p>Email Address is a conditionally required field based on Communication Preference. If the Select Communication Preference field is set to Email, then the Add Email Address field is required. (13)</p> <p>Use CTRL and mouse click to select multiple languages. (15)</p> <p><b>PCP is Primary Care Physician</b></p> <p><b>VFC is Vaccines For Children</b></p> <p>After entering the base location information, it is necessary to provide location details for the following additional addresses for a Group Practice enrollment (21):</p> <ul style="list-style-type: none"> <li>▪ Mailing</li> <li>▪ Pay-To</li> <li>▪ Prior Authorization</li> </ul> <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> |

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|                                  | <p>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.</p> <p>27. Select Page Close to return to business process wizard</p> <p><b>Create a Servicing Location</b></p> <p>28. Follow the Base Location steps to add the Servicing Location</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. If this message appears, address needs to be manually verified and any corrections needed should be made prior to selecting the "Next" button. (23)</p> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p> <p>After entering the servicing location information, it is necessary to provide location details for the following additional addresses for an Individual enrollment:</p> <ul style="list-style-type: none"> <li>▪ Mailing</li> </ul>   |
|----------------------------------|---|---|
| Action                           | Step 3: Specializations - Required  | Notes   |
| <b>Step 3: Specializations</b>   | <ol style="list-style-type: none"> <li>1. Select Step 3: Specializations hyperlink</li> <li>2. Select ADD to open Add Specialty/Subspecialty page</li> <li>3. Select Location* from drop down menu</li> <li>4. Select Administration* from drop down menu</li> <li>5. Select Provider Type* from drop down menu</li> <li>6. Select Specialty* from drop down menu</li> <li>7. Select Available Subspecialties from selection list using the Move and Remove buttons.</li> <li>8. Select OK</li> <li>9. Select PAGE CLOSE</li> </ol>   | <p>SDMA is the only administration currently available. (4)</p> <p>Specialty is a conditional drop-down menu which is based on Provider Type selection. (6)</p> <p>The End Date is the last day the specialty/subspecialty code is in effect. This is the last day it is associated to the Provider at the location indicated. 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><b>Tip:</b> Hold the CTRL key when clicking options to add multiple selections of subspecialties. To select multiple options in a row, click the first option, hold the SHIFT key and click the last desired option. (7)</p> <p>Available Subspecialty is a conditional selection list which is based on Specialty selection. (7)</p> |
| Action                           | Step 4: Ownership Details – Required/Not Required   | Notes   |
| <b>Step 4: Ownership Details</b> | <p><b>Add Owners</b></p> <ol style="list-style-type: none"> <li>1. Select Step 4: 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> </ol> | <p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</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>   |

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|        | <ol style="list-style-type: none"> <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.</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.</p> <ol style="list-style-type: none"> <li>12. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>13. Add Zip Code</li> <li>14. Select Validate Address</li> <li>15. Select Ok</li> </ol> <p>To add multiple operators select ADD again and provide operator details.</p> <p><b>Add Employees</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Add Employee page</li> <li>2. Select Employee Type* from drop down menu</li> <li>3. Add Employee Name*</li> <li>4. If a convicted Employee Type is selected, add Conviction Description</li> <li>5. If a "Managing Non-Convicted" employee Type is selected, add SSN</li> <li>6. Select Ok</li> </ol> <p>To add multiple employees, select ADD again and provide employee details.</p> <ol style="list-style-type: none"> <li>7. Select PAGE CLOSE</li> </ol> | <p>First Name and Last Name are conditionally required fields and are active when Owner Type is Individual Ownership. (11, 12)</p> <p>Ownership End Date is the last day on which individual/business entity was the owner. 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>Address must be validated with the validation software by selecting Validate Address button.</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. If this message appears, address needs to be manually verified and any corrections needed should be made prior to selecting the "Next" button. (19)</p> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p> <p>The names of all managing employees must be entered. (3)</p> <p>The names of all convicted employees must be entered. (3)</p> |
| Action | Step 5: Licenses and Certifications – Required   | Notes   |

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| <p><b>Step 5:<br/>Licenses and<br/>Certifications</b></p> | <p><b>Required Credentials</b><br/>To review what Credentials are required for a Provider Enrollment:<br/><b>Add Licenses and Certifications</b></p> <ol style="list-style-type: none"> <li>1. Select Step 5: Add Licenses and Certifications hyperlink</li> <li>2. Select REQUIRED CREDENTIALS near the top of the page</li> <li>3. Record or print Credentials List</li> <li>4. Select CANCEL</li> <li>5. Select ADD to open Add License/Certification page</li> <li>6. Select Location* from drop down menu (if applicable)</li> <li>7. Select License/Certification Type* from drop down menu</li> <li>8. Add License/Certification #*</li> <li>9. Add Effective Date*</li> <li>10. Add End Date*</li> <li>11. Select Confirm* (if applicable)</li> <li>12. Select Ok</li> </ol> <p>To add multiple License/Certifications select ADD again and provide License/Certification details.</p> <ol style="list-style-type: none"> <li>13. Select PAGE CLOSE</li> </ol> | <p>The Required Credentials are based on the Specializations specific to the Provider. (3)</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Provider. Location is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (6)</p> <p>Certain licenses will require a confirmation to determine if the license is correct. When this license type is selected, the confirm button will appear and needs to be clicked prior to selecting the OK button. (11)</p> <p>End Date is the date the license or certification expires.</p> |
| <p><b>Action</b></p>                                      | <p><b>Step 6: Training and Education – Optional</b></p>  | <p><b>Notes</b></p>   |
| <p><b>Step 6:<br/>Training and<br/>Education</b></p>      | <p><b>Select Step 6: Training and Education hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Add Training/Education List page</li> <li>2. Select Location*</li> <li>3. Select Training/Education Type*</li> <li>4. Add Name of Institution*</li> <li>5. Add Place Completed*</li> <li>6. Add Date Completed*</li> <li>7. Select Ok</li> </ol> <p>To add multiple Training and Education items select ADD again and provide Training/Education details.</p> <ol style="list-style-type: none"> <li>8. Select PAGE CLOSE</li> </ol>  | <p>This is an optional step for Individual enrollment.</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Provider.</p> <p>Location is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (2)</p>  |
| <p><b>Action</b></p>                                      | <p><b>Step 7: Identifiers – Optional</b></p>   | <p><b>Notes</b></p>   |
| <p><b>Step 7:<br/>Identifiers</b></p>                     | <p><b>Select Step 7: Identifiers hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Add New Identifier page</li> <li>2. Select Location* from drop down menu</li> <li>3. Select Identifier Type* from drop down menu</li> <li>4. Add Identifier Value*</li> <li>5. Add Start Date*</li> <li>6. Select Ok</li> </ol> <p>To add multiple Identifiers select ADD again and provide Identifier details.</p> <ol style="list-style-type: none"> <li>7. Select PAGE CLOSE</li> </ol>   | <p>This is an optional step for Individual enrollment.</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Provider. (2)</p> <p>Location is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (2)</p> <p>The End Date is the last day the Identifier is in effect at the location selected.</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>   |

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| Action   | Step 8: Indicators – Required/Not Required   | Notes   |
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| <b>Step 8: Indicators</b>                        | <b>Select Step 8: Indicators hyperlink</b><br>1. Select ADD to open Add Location Indicator page<br>2. Select Location Code* from drop down menu<br>3. Select Indicator Type* from drop down menu<br>4. Select Indicator Value* from drop down menu<br>5. Add Start Date*<br>6. Select Ok<br>7. Select PAGE CLOSE   | <p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Provider. (2)</p> <p>The Start Date is the first day the provider's identifier goes in effect. The Start Date can be modified. (5)</p> <p>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 9: Malpractice Insurance Information – Required/Optional  | Notes   |
| <b>Step 9: Malpractice Insurance Information</b> | <b>Select Step 9: Malpractice Insurance hyperlink</b><br>1. Select ADD to open Add Insurance page<br>2. Select Location* from drop down menu<br>3. Add Policy Number<br>4. Add Malpractice Insurance Name*<br>5. Add Malpractice Insurance Amount<br>6. Add Insurance Start Date<br>7. Add Insurance End Date<br>8. Select Ok<br>To add multiple malpractice insurances select ADD again and provide insurance details.<br>8. Select PAGE CLOSE  | <p>If the Provider selected Yes in Step 2: Add Locations for Do you have Malpractice Insurance at this Location, then Step 9 Add Malpractice Insurance Information is required to complete enrollment.</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Provider. (2)</p> <p>Location is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (2)</p> <p><b>Tip:</b> Valid characters for Malpractice Insurance Amount are integers (i.e., whole numbers – not fractions), symbols (i.e., dollar sign, plus, minus) and punctuation (i.e., comma, decimal point.) Entering just digits for system will reformat to dollar format \$###,###.##</p> <p>Insurance End Date is the last date the malpractice insurance is in effect for location selected. 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 10: Federal Tax Details - Required  | Notes   |
| <b>Step 10: Federal Tax Details</b>              | <b>Select Step 10: Federal Tax Details hyperlink</b><br>1. Select W-9 Form hyperlink<br>2. Add Business Name<br>3. Select Exempt from Backup Withholding checkbox if applicable<br>4. Select USE PAY-TO ADDRESS FROM THE FOLLOWING LOCATION* from drop down menu<br>Pay-to Address will be pre-populated with information provided in Step 2: Add Locations of the business process wizard for Provider.<br>5. Add Phone Number*<br>6. Select Ok | <p>Form W-9 Section tab has the Legal Name, SSN/FEIN, and W-9 Entity Type pre-populated. The Legal Name, SSN/FEIN, and W-9 Entity Type fields cannot be altered on this page.</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Provider. (4)</p> <p>Selecting Pay-To Address will automatically populate the address and phone number information.</p>   |

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|                                       | <p>7. Select PAGE CLOSE</p> <p>To manually add an address:</p> <ol style="list-style-type: none"> <li>1. Add Address Line 1*</li> </ol> <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> <li>2. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>3. Add Zip Code</li> <li>4. Select VALIDATE ADDRESS</li> <li>5. Verify City/Town from drop down menu</li> <li>6. Add Phone Number*</li> <li>7. Select OK</li> <li>8. Select PAGE CLOSE</li> </ol>  | <p>Pay-To Address is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (4)</p> <p>Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (4)</p> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p>  |
|---------------------------------------|---|---|
| Action                                | Step 11: Claim Submission Method – Optional/Not Required  | Notes   |
| Step 11: Claim Submission Method      | <p><b>Select Step 11: Claim Submission Method hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Select Mode of Submission check box(es) if applicable</li> <li>2. Select Ok</li> </ol>  | <p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>This is an optional step for Individual enrollment. If this step is completed, then the business process wizard steps listed below change from Optional to Required.</p> <p>Web Batch</p> <ul style="list-style-type: none"> <li>▪ Step 12: Add EDI Billing Software Details</li> <li>▪ Step 14: Add EDI Contact Information Step</li> </ul> <p>Billing Agent</p> <ul style="list-style-type: none"> <li>▪ Step 13: Add EDI Submitter Details</li> </ul> <p>FTP Secure Batch</p> <ul style="list-style-type: none"> <li>▪ Step 12: Add EDI Billing Software Details</li> </ul> |
| Action                                | Step 12: EDI Billing Software Details - Required/Optional/Not Required  | Notes   |
| Step 12: EDI Billing Software Details | <p><b>Select Step 12: EDI Billing Software Details</b></p> <ol style="list-style-type: none"> <li>1. Select Add to open Add Billing Software Information page</li> <li>2. Add Software Vendor Company Name*</li> <li>3. Add Software Product Name*</li> <li>4. Add Software Version*</li> <li>5. Add Software Protocol*</li> <li>6. Select Element Delimiter from drop down menu</li> <li>7. Select Segment Delimiter from drop down menu</li> <li>8. Select Sub - Element Delimiter from drop down menu</li> </ol> <p><b>Software Vendor Contact Information</b></p> <ol style="list-style-type: none"> <li>9. Add Contact Title*</li> <li>10. Add Contact First Name*</li> <li>11. Add Contact Last Name*</li> <li>12. Add Phone Number*</li> </ol> | <p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>Only alphanumeric characters are allowed for Software Product Name. (3)</p> <p>Only alphanumeric characters are allowed for Software Protocol. (5)</p> <p>The End Date is the last day the software contact 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> <p>Address must be validated with the validation software by selecting Validate Address button.</p> <p><b>Warning:</b> If the address is not valid according to the validation software, an</p>              |

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|                                  | <ul style="list-style-type: none"> <li>13. Add Fax Number</li> <li>14. Add Email Address</li> <li>15. Add Address Line 1*<br/>This should be the street address or P.O. Box.</li> <li>16. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>17. Add Zip Code</li> <li>18. Select Validate Address</li> <li>19. Select Ok</li> <li>20. Select PAGE CLOSE</li> </ul>   | <p>error message will appear indicating the address is invalid. If this message appears, address needs to be manually verified and any corrections needed should be made prior to selecting the "Next" button. (18)</p> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p>   |
|----------------------------------|---|---|
| Action                           | Step 13: EDI Submitter Details - Required/Optional/Not Required   | Notes   |
| Step 13: EDI Submitter Details   | <p><b>Select Step 13: EDI Submitter Details hyperlink</b></p> <ul style="list-style-type: none"> <li>1. Select ADD to open Associate Billing Agent/Clearinghouse page</li> <li>2. Add Billing Agent/Clearinghouse SD MEDX ID*</li> <li>3. Add Start Date*</li> </ul> <p><b>Authorized Transaction Responses</b><br/>For each of the Transaction Responses listed the following must be provided:</p> <ul style="list-style-type: none"> <li>4. Select Authorized from drop down menu</li> <li>5. Add Start Date if applicable.</li> <li>6. Select Ok</li> <li>7. Select PAGE CLOSE</li> </ul>   | <p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>The Provider obtains Billing Agent/Clearinghouse SD MEDX ID from the Billing Agent/Clearinghouse.</p> <p>The End Date is the last day the association 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> <p>The Authorized Transaction Start Date is the first day of the authorization period. It is required when Authorized equals Yes. (5)</p> <p>The Authorized Transaction End Date is the last day of the authorization period. The End Date for active records is the system default of 12/31/2999.</p>   |
| Action                           | Step 14: EDI Contact Information - Required/Optional/Not Required   | Notes   |
| Step 14: EDI Contact Information | <p><b>Select Step 14: EDI Contact Information hyperlink</b></p> <ul style="list-style-type: none"> <li>1. Select ADD to open Add EDI Contact Information</li> <li>2. Add EDI Contact Information</li> <li>3. Add Contact Title*</li> <li>4. Add Contact First Name*</li> <li>5. Add Contact Last Name*</li> <li>6. Add Phone Number*</li> <li>7. Add Fax Number</li> <li>8. Add Email Address</li> <li>9. Add Address Line 1*<br/>This should be the street address or P.O. Box.</li> <li>10. Add Address Line 2 and Address Line 3 information as appropriate.</li> <li>11. Add Zip Code</li> <li>12. Select VALIDATE ADDRESS</li> <li>13. Verify City/Town drop down menu</li> <li>14. Select Ok</li> </ul> <p><b>Electronic Transactions</b></p> | <p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>The End Date is the last day the EDI contact 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> <p>Address must be validated with the validation software by selecting Validate Address button.<br/><b>Warning:</b> If the address is not valid according to the validation software, an error message will appear indicating the address is invalid. If this message appears, address needs to be manually verified and any corrections needed should be made prior to selecting the "Next" button. (12)</p> <p>With a valid address, the City/Town, State/Province, County, Country, and Zip + 4 digits drop down menus are automatically populated based on the Zip Code that is provided.</p> |

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|  | <ol style="list-style-type: none"> <li>15. Select Available Transactions from selection list using the Move and Remove buttons.</li> <li>16. Select OK</li> <li>17. Select PAGE CLOSE</li> </ol>   | <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. (15)</p>   |
|--|--|--|
| Action                                       | Step 15: Billing Provider Information – Optional   | Notes  |
| <b>Step 15: Billing Provider Information</b> | <p><b>Select Step 15: Billing Provider Details</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Add Billing Provider page</li> <li>2. Add SD MEDX ID / NPI*</li> <li>3. Select CONFIRM PROVIDER</li> <li>4. Select Ok</li> </ol> <p>To add multiple Billing Providers, select ADD again and provide SD MEDX ID or NPI.</p> <ol style="list-style-type: none"> <li>5. Select Ok</li> <li>6. Select PAGE CLOSE</li> </ol>  | <p>This is an optional step for Individual enrollment.</p> <p>To associate a Billing Provider the Provider must have a completed and approved Billing Agent/Clearinghouse Enrollment.</p> <p>Each Billing Provider must have completed an Individual enrollment and their application has been approved by the State before they can be associated with a Provider enrollment.</p> <p>A Billing Provider must have either a NPI or SD MEDX ID to be validated and associated to a Provider. (2, 3)</p> <p>When entering Billing Provider information, the system validates the information and if a match is found the information is added to the Billing Provider list for the Provider.</p> <p>If the NPI does not match a Billing Provider with appropriate validation, the system displays a message. Failed validation may occur because:</p> <ul style="list-style-type: none"> <li>▪ The Provider is not active</li> <li>▪ The Provider does not have Billing Provider status</li> <li>▪ The Provider Specialties/Subspecialties do not match</li> </ul> |
| Action                                       | Step 16: Payment Details – Required/Not Required   | Notes  |
| <b>Step 16: Payment Details</b>              | <p><b>Select Step 16: Payment Details hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Payment Details page</li> </ol> <p><b>Payment Details</b></p> <ol style="list-style-type: none"> <li>2. Selection Location* from drop down menu</li> <li>3. Select Payment Method* from drop down menu</li> </ol> <p><b>Electronic Funds Transfer Details (Direct Deposit)</b></p> <ol style="list-style-type: none"> <li>4. Add Bank Name*</li> <li>5. Add Routing Transit Number*</li> <li>6. Add Account Number*</li> <li>7. Select Account Type* from drop down menu</li> <li>8. Select Payment Notification Preference* from drop down menu</li> <li>9. Add Email Address</li> </ol> <p><b>Remittance Advice Preference</b></p> <ol style="list-style-type: none"> <li>10. Select RA Preference checkbox</li> <li>11. Select Ok</li> </ol> | <p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Provider. (2)</p> <p>All Payment Methods default to Electronic Funds Transfer. Providers requesting a paper check must contact DSS for authorization. (3)</p> <p>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)</p>   |

# SD MEDX

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|   | 12. Select PAGE CLOSE   |   |
|---|---|---|
| Action  | Step 17: View/Upload Attachments – Optional   | Notes   |
| <b>Step 17:<br/>View/Upload<br/>Attachments –<br/>Optional</b>                          | <p><b>Select Step 17: View/Upload Attachments</b></p> <ol style="list-style-type: none"> <li>1. Select UPLOAD ATTACHMENTS to provide documentation</li> <li>2. Select Document Type* from drop down menu</li> <li>3. Select BROWSE to locate file</li> <li>4. Navigate to File and select desired file</li> <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>7. Select VIEW ALL ATTACHMENTS to open Images/Attachment Retrieval page</li> <li>8. View all attachments</li> <li>9. Validate the successful upload of document</li> <li>10. Select PAGE CLOSE</li> </ol> | <p>This is an optional step for Individual enrollment.</p> <p>Document type list is conditional populated based on the enrollment type and information provided in the application. (2)</p>   |
| Action  | Step 18: Submit Enrollment Application for Review - Required  | Notes   |
| <b>Step 18:<br/>Submit<br/>Enrollment<br/>Application for<br/>Review -<br/>Required</b> | <p><b>Select Step 18: Submit Enrollment Application for Review hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Read Terms and Conditions</li> <li>2. Select checkbox at bottom of page to agree with terms and conditions</li> <li>3. Select NEXT at top of page to advance</li> <li>4. Record or print the Application number for reference</li> <li>5. Select Submit Enrollment</li> </ol> <p>A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail.</p> <p>Individual Provider 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> |