

## Tribal or Indian Health Services Enrollment Quick Reference

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

Action	Enroll as Tribal or Indian Health Services – 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 Tribal or Indian Health Services Enrollment link</li> <li>Choose enrollment type: Tribal or Indian Health Services 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>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>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>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 Tribal or Indian Health Services enrollment type.</i></p> <p>The NPI hyperlink goes to National Plan Provider Enumeration System website which can be use to validate a Provider’s NPI. (5)</p> <p>Date format must be MMDDYYYY or MM/DD/YYYY. (10)</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	Notes
<b>Step 2: Locations</b>	<p><b>Select Step 2: Location hyperlink</b></p> <p><b>Create a Base Location:</b></p> <ol style="list-style-type: none"> <li>Select ADD from Locations List page</li> <li>Location Type* defaults to Base Location</li> <li>Select Accept New Recipient* from drop down menu</li> <li>Add Business Name at this Location*</li> <li>Add Contact First Name*</li> <li>Add Contact Last Name*</li> <li>Add Fax Number</li> </ol>	<p>End Date is the date the address will not 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 (###) ###-####. (7, 8, 10)</p>

# SD MEDX

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SD Department of Social Services

	<ol style="list-style-type: none"> <li>8. Add Phone Number*</li> <li>9. Select Office Hours from drop down menu</li> <li>10. Add Cell Phone Number</li> <li>11. Add Other Office Hours</li> <li>12. Add Email Address</li> <li>13. Add Web Page</li> <li>14. Add Languages Spoken</li> <li>15. Select VFC Provider* from drop down menu</li> <li>16. Select Do you have Malpractice Insurance at this Location* from drop down menu</li> <li>17. Select Communication Preference from drop down menu</li> <li>18. Select Next to enter addresses</li> </ol> <p><b>If you choose Manually Input,</b></p> <ol style="list-style-type: none"> <li>1. Add Address Line 1*</li> <li>2. Add Zip Code*</li> <li>3. Select VALIDATE ADDRESS</li> <li>4. Verify City/Town in drop down menu</li> <li>5. Select Next to enter all addresses and OK to return to Locations List page</li> </ol> <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> <ol style="list-style-type: none"> <li>6. Select Page Close to return to business process wizard</li> </ol> <p><b>Create a Servicing Location</b></p> <ol style="list-style-type: none"> <li>1. Follow the Base Location steps to add the Servicing Location</li> </ol>	<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. (12)</p> <p>Use CTRL and mouse click to select multiple languages. (14)</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 Tribal or Indian Health Services enrollment (18):</p> <ul style="list-style-type: none"> <li>▪ Mailing</li> <li>▪ Pay-To</li> <li>▪ Prior Authorization</li> </ul> <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>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. If this message appears, address needs to be manually verified and any corrections needed should be made prior to selecting the "Next" button. (3)</p> <p>After entering the servicing location information, it is necessary to provide location details for the following additional addresses for a Tribal or Indian Health Services enrollment:</p> <ul style="list-style-type: none"> <li>▪ Mailing</li> </ul>
Action	Step 3: Specializations - Required	Notes
<p><b>Step 3: Specializations</b></p>	<p><b>Select Step 3: Specializations hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Add Specialty/Subspecialty page</li> <li>2. Select Location* from drop down menu</li> <li>3. Select Administration* from drop down menu</li> <li>4. Select Provider Type* from drop down menu</li> <li>5. Select Specialty* from drop down menu</li> <li>6. Select Available Subspecialties from selection list using the Move and Remove buttons.</li> <li>7. Select OK</li> <li>8. Select PAGE CLOSE</li> </ol>	<p>SDMA is the only administration currently available. (3)</p> <p>Specialty is a conditional drop-down menu which is based on Provider Type selection. (5)</p> <p>The End Date is the last day the specialty/subspecialty code 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><b>Tip:</b> Hold the CTRL key when clicking options to add multiple selections of</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

		<p>subspecialties. To select multiple options in a row, click the first option, hold the SHIFT key and click the last desired option. (6)</p> <p>Available Subspecialty is a conditional selection list which is based on Specialty selection. (6)</p>
Action	Step 4: Licenses and Certifications – Required/Optional	Notes
<p><b>Step 4: Licenses and Certifications</b></p>	<p><b>Select Step 4: Licenses and Certifications hyperlink</b> To review what Credentials are required for a Provider Enrollment:</p> <ol style="list-style-type: none"> <li>1. Select REQUIRED CREDENTIALS near the top of the page</li> <li>2. Record or print Credentials List</li> <li>3. Select CANCEL</li> <li>4. Select ADD to open Add License/Certification page</li> <li>5. Select Location* from drop down menu</li> <li>6. Select License/Certification Type* from drop down menu</li> <li>7. Add License/Certification #*</li> <li>8. Add Effective Date*</li> <li>9. Add End Date*</li> <li>10. Select Ok</li> </ol> <p>To add multiple License/Certifications select ADD again and provide License/Certification details. Select PAGE CLOSE</p>	<p>The Required Credentials are based on the Specializations specific to the Provider. (1)</p> <p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (5)</p> <p>End Date is the date the license or certification expires.</p>
Action	Step 5: Identifiers – Optional	Notes
<p><b>Step 5: Identifiers</b></p>	<p><b>Select Step 5: 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. 7. Select PAGE CLOSE</p>	<p>This is an optional step for Tribal or Indian Health Services Enrollment.</p> <p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (2)</p> <p>Depending on the Identifier type, Identifier Value will have conditional business rules. (3)</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 6: Indicators - Required	Notes
<p><b>Step 6: Indicators</b></p>	<p><b>Select Step 6: Indicators hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Add Location Indicator page</li> <li>2. Select Location Code* from drop down menu</li> <li>3. Select Indicator Type* from drop down menu</li> <li>4. Select Indicator Value* from drop down menu</li> </ol>	<p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (2)</p> <p>The End Date for active records is the system default of 12/31/2999. If a</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

	<ol style="list-style-type: none"> <li>5. Add Start Date*</li> <li>6. Select OK</li> <li>7. Select PAGE CLOSE</li> </ol>	record is to be deactivated the End Date can be modified.
<b>Action</b>	<b>Step 7: Malpractice Insurance Information – Required/Optional</b>	<b>Notes</b>
<b>Step 7: Malpractice Insurance Information</b>	<p><b>Select Step 7: Malpractice Insurance hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Select ADD to open Add Insurance page</li> <li>2. Select Location* from drop down menu</li> <li>3. Add Policy Number</li> <li>4. Add Malpractice Insurance Name*</li> <li>5. Add Malpractice Insurance Amount</li> <li>6. Add Insurance Start Date</li> <li>7. Add Insurance End Date</li> <li>8. Select Ok</li> </ol> <p>To add multiple malpractice insurances select ADD again and provide insurance details.</p> <ol style="list-style-type: none"> <li>9. Select PAGE CLOSE</li> </ol>	<p>If the Provider selected Yes in Step 2: Add Locations for Do you have Malpractice Insurance at this Location, then Step 7 Add Malpractice Insurance Information is required to complete enrollment.</p> <p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (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>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>
<b>Action</b>	<b>Step 8: Federal Tax Details - Required</b>	<b>Notes</b>
<b>Step 8: Federal Tax Details</b>	<p><b>Select Step 8: Federal Tax Details hyperlink</b></p> <ol style="list-style-type: none"> <li>1. Select W-9 Form hyperlink</li> <li>2. Add Business Name</li> <li>3. Select Exempt from Backup Withholding checkbox if applicable</li> <li>4. Select USE PAY-TO ADDRESS FROM THE FOLLOWING LOCATION* from drop down menu</li> </ol> <p>Pay-to Address will be pre-populated with information provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services.</p> <ol style="list-style-type: none"> <li>5. Add Phone Number*</li> <li>6. Select Ok</li> <li>7. Select PAGE CLOSE</li> </ol> <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 drop down menus</li> <li>6. Add Phone Number*</li> <li>7. Select Ok</li> <li>8. Select PAGE CLOSE</li> </ol>	<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 Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (4)</p> <p>Selecting Pay-To Address will automatically populate the address and phone number information.</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. (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</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

Action	Step 9: Claim Submission Method - Optional	Notes
Step 9: Claim Submission Method	<p><b>Select Step 9: Claim Submission Method hyperlink</b></p> <ol style="list-style-type: none"> <li>Select Mode of Submission check box(es) if applicable</li> <li>Select Ok</li> </ol>	<p>that is provided.</p> <p>This is an optional step for Tribal or Indian Health Services 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 10: Add EDI Billing Software Details</li> <li>Step 12: Add EDI Contact Information Step</li> </ul> <p>Billing Agent</p> <ul style="list-style-type: none"> <li>Step 11: Add EDI Submitter Details</li> </ul> <p>FTP Secure Batch</p> <ul style="list-style-type: none"> <li>Step 10: Add EDI Billing Software Details</li> </ul>
Action	Step 10: EDI Billing Software Details - Required/Optional	Notes
Step 10: EDI Billing Software Details	<p><b>Select Step 10: EDI Billing Software Details</b></p> <ol style="list-style-type: none"> <li>Select Add to open Add Billing Software Information page</li> <li>Add Software Vendor Company Name*</li> <li>Add Software Product Name*</li> <li>Add Software Version*</li> <li>Add Software Protocol*</li> <li>Select Element Delimiter from drop down menu</li> <li>Select Segment Delimiter from drop down menu</li> <li>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>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> </ol> <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> <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>Select Ok</li> <li>Select PAGE CLOSE</li> </ol>	<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 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 selection are automatically populated based on the Zip Code that is provided.</p>
Action	Step 11: EDI Submitter Details - Required/Optional	Notes
Step 11: EDI	<p><b>Select Step 11: EDI Submitter Details hyperlink</b></p>	<p>The Provider obtains Billing Agent/Clearinghouse SD MEDX ID from the Billing</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

<p><b>Submitter Details</b></p>	<ol style="list-style-type: none"> <li>Select ADD to open Associate Billing Agent/Clearinghouse page</li> <li>Add Billing Agent/Clearinghouse SD MEDX ID*</li> <li>Add Start Date*</li> </ol> <p><b>Authorized Transaction Responses</b> For each of the Transaction Responses listed the following must be provided:</p> <ol style="list-style-type: none"> <li>Select Authorized from drop down menu</li> <li>Add Start Date if applicable.</li> <li>Select OK</li> <li>Select PAGE CLOSE</li> </ol>	<p>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>
<p><b>Action</b></p>	<p><b>Step 12: EDI Contact Information - Required/Optional</b></p>	<p><b>Notes</b></p>
<p><b>Step 12: EDI Contact Information</b></p>	<p><b>Select Step 12: 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> </ol> <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> <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>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 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.</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. (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> <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>
<p><b>Action</b></p>	<p><b>Step 13: Billing Provider Details - Optional</b></p>	<p><b>Notes</b></p>
<p><b>Step 13: Billing Provider Details</b></p>	<p><b>Select Step 13: Billing Provider Details</b></p> <ol style="list-style-type: none"> <li>Select ADD to open Add Billing Provider page</li> <li>Add SD MED ID / NPI*</li> <li>Select CONFIRM PROVIDER</li> <li>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>Select OK</li> <li>Select PAGE CLOSE</li> </ol>	<p>This is an optional step for Tribal or Indian Health Services 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 enrollment and their application has been approved by the State before they can be associated.</p> <p>A Billing Provider must have either a NPI or SD MEDX ID to be validated and</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services 

		<p>associated to a Provider. (2)</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>
<b>Action</b>	<b>Step 14: Servicing Provider Information - Optional</b>	<b>Notes</b>
<b>Step 14: Servicing Provider Information</b>	<p><b>Select Step 14: Servicing Provider Information hyperlink</b></p> <ol style="list-style-type: none"> <li>2. Select ADD to open Associate Servicing Provider page</li> <li>3. Add NPI or Add SD MEDX ID</li> <li>4. Add Start Date*</li> <li>5. Select CONFIRM PROVIDER BUTTON</li> <li>6. ADD WORKING LOCATION DETAILS</li> <li>7. ADD PCP LOCATION DETAILS</li> <li>8. SELECT OK</li> </ol> <p>To add multiple Service Providers, select ADD again and provide the NPI/SD MEDX ID.</p> <ol style="list-style-type: none"> <li>9. Select PAGE CLOSE</li> </ol>	<p>A Servicing Provider must have an NPI or SD MEDX ID to be validated and associated to a Tribal or Indian Health Services provider. (2)</p> <p>The Start Date is the first day the Servicing Provider can perform service for the Group Practice at the selected location. The Start Date must be on or after the Start Date of the Tribal or Indian Health Services provider. (3)</p> <p>The End Date is the last day the Servicing Provider can perform services for the Tribal or Indian Health Services provider at the selected 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>When entering Servicing Provider information, the system validates the information and if a match is found the information is added to the Service Provider list for the Tribal or Indian Health Services provider.</p> <p>If Servicing Provider does not exist in the database, a new enrollment application needs to be submitted and approved by the State before the Servicing Provider can be associated.</p>
<b>Action</b>	<b>Step 15: Payment Details - Required</b>	<b>Notes</b>
<b>Step 15: Payment Details</b>	<p><b>Select Step 15: 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. Select 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> </ol>	<p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (2)</p> <p>All Payment Methods default to Electronic Funds Transfer. Tribal or Indian Health Services Providers requesting a paper check must contact DSS for authorization. (3)</p> <p>If paper check is authorized, the Electronic Funds Transfer Details are not</p>

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services

	<ul style="list-style-type: none"> <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> </ul> <p><b>Remittance Advice Preference</b></p> <ul style="list-style-type: none"> <li>10. Select RA Preference checkbox</li> <li>11. Select Ok</li> <li>12. Select PAGE CLOSE</li> </ul>	<p>required.</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>
<b>Action</b>	<b>Step 16: Tribal Health Services Details - Required</b>	<b>Notes</b>
<b>Step 16: Tribal Health Services Details</b>	<p><b>Select Step 16: Tribal Health Services Details</b></p> <ul style="list-style-type: none"> <li>1. Select Type*</li> <li>2. Select Available Tribal Affiliations from selection list using the Move and Remove buttons.</li> <li>3. Select Ok</li> </ul>	<p><b>Tip:</b> Hold the CTRL key when clicking options to add multiple selections of Tribal Affiliations. To select multiple options in a row, click the first option, hold the SHIFT key and click the last desired option. (2)</p>
<b>Action</b>	<b>Step 17: View/Upload Attachments – Optional</b>	<b>Notes</b>
<b>Step 17: View/Upload Attachments – Optional</b>	<p><b>Select Step 17: View/Upload Attachments</b></p> <ul 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> </ul> <p><b>To View Attachments</b></p> <ul 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 to return to the Application Document Checklist</li> <li>11. Select PAGE CLOSE</li> </ul>	<p>This is an optional step for Tribal or Indian Health Services Enrollment.</p> <p>Document type list is conditional populated based on the enrollment type and information provided in the application. (2)</p>
<b>Action</b>	<b>Step 18: Submit Enrollment Application for Review - Required</b>	<b>Notes</b>
<b>Step 18: Submit Enrollment Application for Review - Required</b>	<p><b>Select Step 18: Submit Enrollment Application for Review hyperlink</b></p> <ul 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> </ul> <p>A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail.</p> <p>Tribal or Indian Health Services 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>