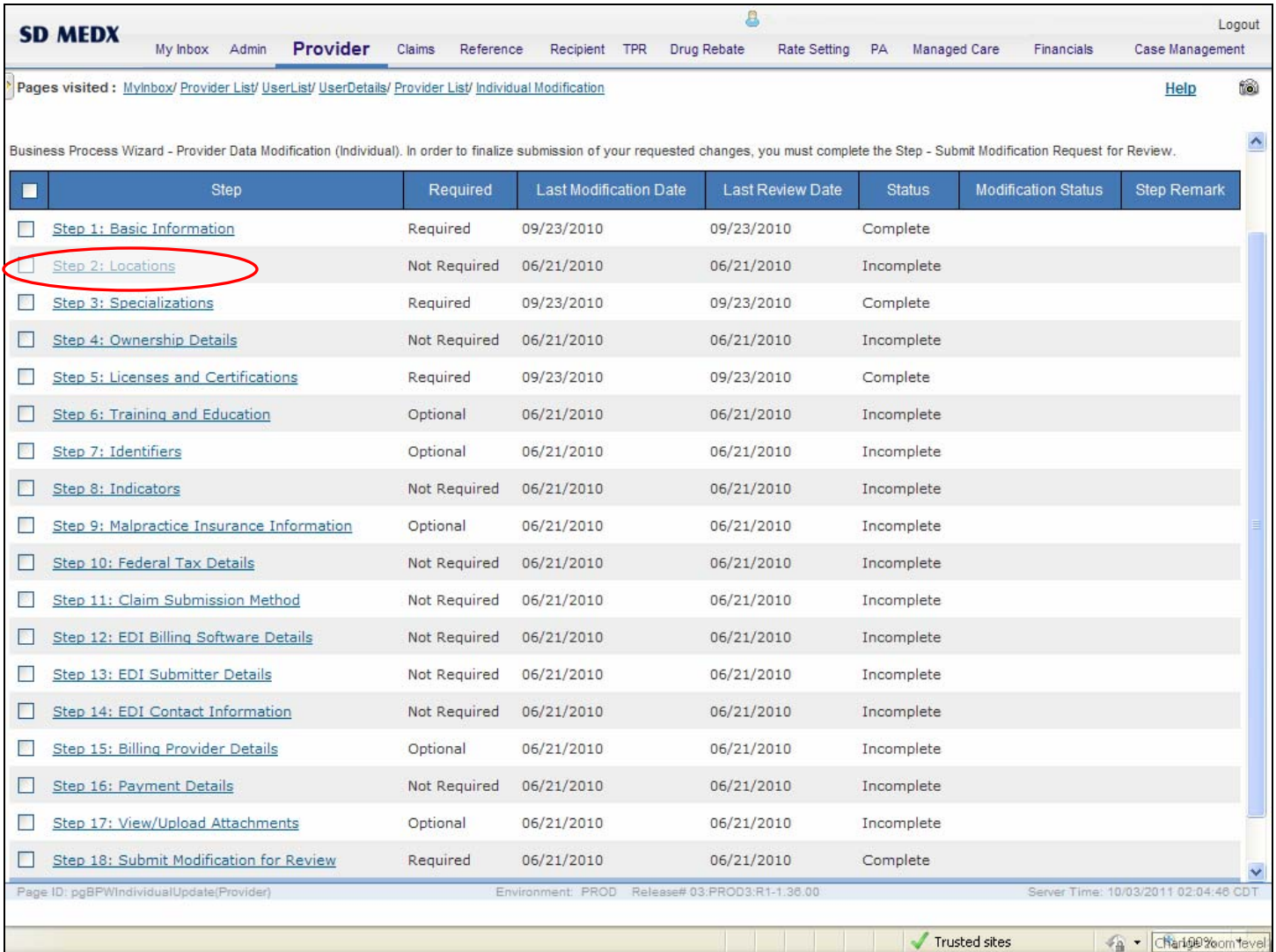


SD MEDX

South Dakota Medical Electronic Data Exchange
SD Department of Social Services 

UPDATING ADDRESSES



SD MEDX Logout

My Inbox Admin **Provider** Claims Reference Recipient TPR Drug Rebate Rate Setting PA Managed Care Financials Case Management

Pages visited : [MyInbox/](#) [Provider List/](#) [UserList/](#) [UserDetails/](#) [Provider List/](#) [Individual Modification](#) [Help](#)

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	09/23/2010	09/23/2010	Complete		
<input type="checkbox"/>	Step 2: Locations	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 3: Specializations	Required	09/23/2010	09/23/2010	Complete		
<input type="checkbox"/>	Step 4: Ownership Details	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	09/23/2010	09/23/2010	Complete		
<input type="checkbox"/>	Step 6: Training and Education	Optional	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 7: Identifiers	Optional	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 8: Indicators	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 9: Malpractice Insurance Information	Optional	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 10: Federal Tax Details	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 11: Claim Submission Method	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 13: EDI Submitter Details	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 14: EDI Contact Information	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 15: Billing Provider Details	Optional	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 16: Payment Details	Not Required	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 17: View/Upload Attachments	Optional	06/21/2010	06/21/2010	Incomplete		
<input type="checkbox"/>	Step 18: Submit Modification for Review	Required	06/21/2010	06/21/2010	Complete		

Page ID: pgBPWIndividualUpdate(Provider) Environment: PROD Release# 03.PROD3:R1-1.36.00 Server Time: 10/03/2011 02:04:46 CDT

Trusted sites

After logging in and selecting "Manage Provider Information" from the Provider Portal, you will be taken to the Business Process Wizard

Select Step 2: Locations

UPDATING ADDRESSES

Provider Locations: SD MEDX ID/NPI : Name: Provider Lis... Provi

Filters

- -

<input type="checkbox"/>	Location Code ▲ ▢	Location Name ▲ ▼	Location Type ▲ ▼	Location Details ▲ ▼	Start Date ▼	End Date ▼	Status ▼	Busin
<input type="checkbox"/>	00	Smith Clinic	Base Location	25 N Main Street, Minneapolis MINNESOTA 55404	05/01/1990	12/31/2999	Approved	Active/

<< Prev Viewing Page 1 Next >> Page Count:

Click on the Location Code hyperlink to open Location Details screen.

UPDATING ADDRESSES

The screenshot displays the SD MEDX web application interface. At the top, the navigation bar includes 'SD MEDX' and various menu items like 'My Inbox', 'Admin', 'Provider', 'Claims', etc. Below the navigation bar, there's a breadcrumb trail showing the current page path. The main content area is titled 'Manage P...' and contains a form for updating a provider's address. The form is divided into two columns. The left column contains fields for 'Type of Address: Pay-To', 'Start Date: 05/01/1990', 'Address Line 1: PO Box 25', 'Address Line 2: (Enter Street Address or PO Box Only)', 'Address Line 3:', 'State/Province: MINNESOTA', and 'Country: UNITED STATES'. The right column contains fields for 'Status: Approved', 'End Date: 12/31/2999', 'Address Line 2:', 'City/Town: MINNEAPOLIS', 'County: HENNEPIN', and 'Zip Code: 55404 - 4291'. A 'Validate Address' button is located at the bottom right of the form. Three callouts are present: 'Save change' pointing to a button on the left, 'Update address' pointing to the 'Address Line 1' field, and 'Click Validate Address' pointing to the 'Validate Address' button. At the bottom of the page, there's a footer with page ID, environment, release number, and server time.

Update the Address Line 1, 2 and 3 if required. After updating an address, click the Validate Address button. Be sure to Save the changes. To exit, click on the red "X" button on the left to return to the Address List page.

UPDATING ADDRESSES

Address List

Add Address

Please remember to enter the Pay-To, Mailing and Prior Authorization addresses for Base Location and Mailing address only for Servicing Location.

Filters My Filter

-

<input type="checkbox"/>	Address Type <input type="checkbox"/>		Start Date <input type="checkbox"/>	End Date <input type="checkbox"/>	Status
<input type="checkbox"/>	Location	25 N Main Street	05/01/1990	12/31/2999	APPROVE
<input type="checkbox"/>	Mailing	25 N Main Street, Minneapolis, MINNESOTA 55404	05/01/1990	12/31/2999	APPROVE
<input type="checkbox"/>	Pay-To	PO Box 25, Minneapolis, MINNESOTA 55404	05/01/1990	12/31/2999	APPROVE
<input type="checkbox"/>	Prior Authorization	25 N Main Street, Minneapolis, MINNESOTA 55404	05/01/1990	12/31/2999	APPROVE

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Page ID: pgLocationGeneral(Provider) Environment: PROD Release# 03:PROD3:R1-1.36.00 Server Time: 10/05/2011 1

Updated address will be listed.

You will see the updated address listed. The updated address will have a status of "In Review." Scroll back to the top of page. To exit, click on the red "X" button on the left to return to the Business Process Wizard.


UPDATING ADDRESSES

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status
<input type="checkbox"/>	Step 1: Basic Information	Required	05/03/2010	05/03/2010	Complete	
<input type="checkbox"/>	Step 2: Locations	Required	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 3: Specializations	Required	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 4: Ownership Details	Required	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 6: Identifiers	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 7: Indicators	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 8: Malpractice Insurance Information	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 10: Claim Submission Method	Required	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	Step 14: Servicing Provider Information	Required	05/03/2010	05/03/2010	Incomplete	
<input type="checkbox"/>	Step 15: Payment Details	Required	05/03/2010	05/03/2010	Incomplete	
<input type="checkbox"/>	Step 16: View/Upload Attachments	Optional	05/03/2010	05/03/2010	Incomplete	
<input type="checkbox"/>	Step 17: Submit Modification for Review	Required	05/03/2010	05/03/2010	Incomplete	

Page ID: pgBPWGroupPracticeUpdate(Provider)

Environment: UAT Release# R1-0.4.79

Server Time: 05/1

 Local intranet

Select Step 17: Submit Modification for Review.

UPDATING ADDRESSES

SD MEDX | Logout

My Inbox Admin P TPR Drug Rebate Rate Setting PA Managed Care Financials Case Management

Pages visited : MyInbox/ Provider List/ UserLis Provider List/ FAOI Modification/ Submit Provider Modification Help

Submit Provider Modification

Click Submit Provider Modification

Final Submission SD MEDX ID/NPI : Name: Provider Lis... Provider Sel...

SD MEDX ID: Enrollment Type:

The requested modifications submitted shall be verified and reviewed by the South Dakota Medical Assistance Program. During this time, you may not make additional changes.

By clicking on the button "Submit Provider Modification", you are agreeing that the information submitted for modification is correct (Privacy and Confidentiality).

Please use your NPI in all the documentation sent to South Dakota Medical Assistance Program. If you do not use an NPI please use your SD MEDX ID.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the the NPI number or SD MEDX ID number in the Provider ID field on the cover sheet.
4. Include the cover sheet, with the NPI number or SD MEDX ID number, when mailing or faxing documentation to the South Dakota Medical Assistance Program.

Application Document Checklist:

Forms/Documents ▲ □	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Wheelchair Addendum	Please provide a copy of all required Wheelchair Addendums	http://dss.sd.gov/sdmedx/docs/providers/WheelchairAdd.pdf	NO
Verification of Service(Out of State Provider)	Out of State Medical providers must submit required documentation (claim for services)		YES
Verification Of Electronic Funds Transfer	Please Provide a voided check or letter from bank indicating correct routing number and account number.		YES
School Addendum	Please provide a copy of all required School Addendums	http://dss.sd.gov/sdmedx/docs/providers/schooladdendum.pdf	NO
PCP Addendum	Please provide a copy of all required PCP Addendums	http://dss.sd.gov/sdmedx/docs/providers/PCPAddendum.pdf	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications		YES

Page ID: pgSubmitModification(Provider) Environment: PROD Release# 03:PROD3:R1-1,36.00 Server Time: 10/03/2011 02:17:32 CDT

Trusted sites 100%

To submit record to Provider Enrollment, click on the button "Submit Provider Modification."