

Atypical FAOI Re-enrollment Quick Reference

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

Action	Enroll as Atypical FAOI – Select Provider Type	Notes
Select Provider Type	<ol style="list-style-type: none"> Log into SD MEDX Choose the Manage Provider Information link 	
Action	Step 1: Provider Basic Information - Required	Notes
Step 1: Provider Basic Information	<p>Verify the pre-populated information</p> <ol style="list-style-type: none"> Organization Name Organization Business Name FEIN Servicing Type W-9 Entity Type Input Enrollment Request date Input E-Mail Address Select Ok 	<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>FEIN information entered in the field is only used as a placeholder and is not correct. This information is not needed for an Atypical FAOI Provider.</p> <p>Some of the fields on the basic information page are not accessible. Any changes to these fields must be requested directly from State Provider Enrollment after the modifications have been submitted for approval.</p> <p>Tip: 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. (7)</p>
Action	Step 2: Locations - Required	Notes
Step 2: Locations	<p>Select Step 2: Locations Hyperlink</p> <p>Verify Base Location information:</p> <ol style="list-style-type: none"> Select a location from the Locations List page Contact First Name* Contact Last Name* Fax Number Phone Number* Cell Phone Number <p>Facility Details</p> <ol style="list-style-type: none"> State Facility ID Select Accreditation from drop down menu Fiscal Year End Date Licensed Medicaid Bed(s) Licensed Medicare Bed(s) 	<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>Tip: Key in just the digits for Phone Numbers. The system automatically reformats to (###) ###-####. (7, 8, 9)</p> <p>After entering the base location information, it is necessary to provide location details for the following additional addresses for a Atypical FAOI enrollment (23):</p> <ul style="list-style-type: none"> Mailing Pay-To <p>Facility Details is only available for Adult Services and Aging Servicing Provider. (7-21)</p>

12. Licensed Medicaid/Medicare Bed(s) (Dual Certified)
 13. Ventilator Dependent Unit(s)
 14. Swing Bed(s)
 15. Acute Care Bed(s)
 16. Licensed LTC Unit(s) (Long Term Care)
 17. Moratorium Beds(s) (Long Term Care)
 18. Select Distinct Part Unit from drop down menu
 19. Available Bed Count (Long Term Care)
 20. Verify the Mailing and Pay-To addresses:
 21. Scroll down to the bottom of the page and verify the addresses are correct.
 22. Select the save button when all information has been updated/verified.
 23. Select OK to complete the review of base location
- Create a Servicing Location (if applicable)**
1. Select a location from the Locations List page
 2. Add Contact First Name*
 3. Add Contact Last Name*
 4. Add Fax Number
 5. Add Phone Number*
 6. Add Cell Phone Number
- Facility Details**
7. Add State Facility ID
 8. Select Accreditation from drop down menu
 9. Add Fiscal Year End Date
 10. Add Licensed Medicaid Bed(s)
 11. Add Licensed Medicare Bed(s)
 12. Add Licensed Medicaid/Medicare Bed(s) (Dual Certified)
 13. Add Ventilator Dependent Unit(s)
 14. Add Swing Bed(s)
 15. Add Acute Care Bed(s)
 16. Add Licensed LTC Unit(s) (Long Term Care)
 17. Add Moratorium Beds(s) (Long Term Care)
 18. Select Distinct Part Unit from drop down menu
 19. Add Available Bed Count (Long Term Care)
 20. Add Mailing and Pay-To addresses:
 21. Select Next to add the addresses
- If you choose Manually Input,**
22. Add Address Line 1*
 23. Add Zip Code*
 24. Select VALIDATE ADDRESS
 25. Verify City/Town in drop down menu
 26. Select Next to enter all addresses and Ok to return to Locations List page
- Select copy from Location Address to automatically populate the address

Address must be validated with the validation software by selecting Validate Address button. Location information may not be updated without a valid address. (24)

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.

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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. If the address information is invalid, the location information may not be added and the application process will be stopped until valid address information can be gained from the Provider.

Tip: If you select Copy from Location Address, SD MEDX copies the information from the location address previously entered.

After entering the servicing location information, it is necessary to provide location details for the following additional addresses for an Atypical FAOI enrollment:

- Mailing

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	<p>information.</p> <ol style="list-style-type: none"> 27. Select the save button when all information has been entered. 28. Select Page Close 29. Select Page Close to return to business process wizard 	
Action	Step 3: Claim Submission Method - Required	Notes
Step 3: Claim Submission Method	<p>Select Step 3: Add Claim Submission Method hyperlink</p> <ol style="list-style-type: none"> 1. Click on the "EDI Submission Method" to verify the correct claim submission method has been selected 2. If no Claim Submission method is present, Select ADD 3. Select Mode of Submission check box(es) if applicable 4. Select Ok 	
Action	Step 4: Payment Details - Required	Notes
Step 4: Payment Details	<p>Select Step 4: Payment Details hyperlink</p> <ol style="list-style-type: none"> 1. Select the location code to verify the pre-populated information 2. Update information as appropriate. 3. Select Ok 4. Select Page Close <p>To add new Payment Details</p> <ol style="list-style-type: none"> 5. Select Add to open Payment Details page 6. Select Location* from drop down menu 7. Select Payment Method* from drop down menu <p>Electronic Funds Transfer Details (Direct Deposit)</p> <ol style="list-style-type: none"> 8. Add Bank Name* 9. Add Routing Transit Number* 10. Add Account Number* 11. Select Account Type* from drop down menu 12. Select Payment Notification Preference* from drop down menu 13. Add Email Address <p>Remittance Advice Preference</p> <ol style="list-style-type: none"> 14. Select RA Preference checkbox 15. Select Ok 16. Select Page Close 	<p>Note: When information is updated the account number must be re-entered.</p> <p>The locations are specific to the Provider and were provided in Step 2: Locations of the business process wizard for Provider. (3)</p> <p>All Payment Methods default to Electronic Funds Transfer. Providers requesting a paper check must contact DSS for authorization. (5)</p> <p>If paper check is selected, the banking details are not 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. (11)</p>
Action	Step 5: View/Upload Attachments – Optional	Notes
Step 5: View/Upload Attachments – Optional	<p>Select Step 5: View/Upload Attachments</p> <ol style="list-style-type: none"> 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 <p>To View Attachments</p>	<p>Document type list is conditional populated based on the enrollment type and information provided in the application. (3)</p>

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	<ol style="list-style-type: none"> 7. Select VIEW ALL ATTACHMENTS to open Images/Attachment Retrieval page 8. View all attachments 9. Validate the successful upload of document 10. Select PAGE CLOSE to return to the Application Document Checklist 11. Select PAGE CLOSE 	
Action	Step 6: Submit Enrollment Application for Review - Required	Notes
Step 6: Submit Enrollment Application for Review - Required	<p>Select Step 6: Submit Enrollment Application for Review hyperlink</p> <ol style="list-style-type: none"> 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 Modification <p>A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail.</p> <p>Atypical FAOI Enrollment business process wizard is complete.</p>	All required steps must have a status of Complete before the business process wizard allows submission.

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