SD MEDX

South Dakota Medical Electronic Data Exchange
SD Department of Social Services

Atypical FAOI 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	1. Navigate to the Medical Assistance Portal 2. Navigate to Provider tab 3. Choose the "Become a Provider" link 4. Scroll down to the Atypical Fac/Agncy/Org/Inst Enrollment link 5. Choose enrollment type: Atypical Fac/Agncy/Org/Inst from the radio selection list 6. Select SUBMIT to start enrollment business process	
Action	**Step 1: Provider Basic Information - Required**	**Notes**
Step 1: Provider Basic Information	**Section 1 Tab** 1. Add Organization Name* 2. Add Organization Business Name* 3. Add FEIN* **Section 2 Tab** 4. Select Servicing Type 5. Select W-9 entity type* from drop down menu 6. If Other is selected as W-9 entity type above, add W-9 Entity Type (If Other) 7. Add Email Address 8. Add Enrollment Request Date* 9. Select Tax Exempt Payee checkbox if applicable 10. Select FINISH to generate Application Basic Information Status 11. Record or print the application number for future reference 12. Select OK	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 required. **Tip:** The Tab key can be used to navigate to the next applicable field for data entry. Date format must be MMDDYYYY or MM/DD/YYYY. **It is important to record the application number for future reference to be able to retrieve this enrollment.**
Action	**Step 2: Locations - Required**	**Notes**
Step 2: Locations	Select Step 2: Locations hyperlink **Create a Base Location:** 1. Select ADD from Locations List page 2. Select Location Type* Base Location from drop down menu 3. Add Business Name at this Location* 4. Add Contact First Name* 5. Add Contact Last Name* 6. Add Fax Number 7. Add Phone Number 8. Add Cell Phone Number **Facility Details** 9. Add State Facility ID	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. **Facility Details is only available for Adult Services and Aging Servicing Provider.(9-21)**

	10. Select Accreditation from drop down menu 11. Add Fiscal Year End Date 12. Add Licensed Medicaid Bed(s) 13. Add Licensed Medicare Bed(s) 14. Add Licensed Medicaid/Medicare Bed(s) (Dual Certified) 15. Add Ventilator Dependent Unit(s) 16. Add Swing Bed(s) 17. Add Acute Care Bed(s) 18. Add Licensed LTC Unit(s) (Long Term Care) 19. Add Moratorium Beds(s) (Long Term Care) 20. Select Distinct Part Unit from drop down menu 21. Add Available Bed Count (Long Term Care) 22. Select Next to enter addresses **If you choose Manually Input,** 23. Add Address Line 1* 24. Add Zip Code* 25. Select VALIDATE ADDRESS 26. Verify City/Town in drop down menu 27. Select Next to enter all addresses and OK to return to Locations List page 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. 28. Select Page Close to return to business process wizard **Create a Servicing Location** Follow the Base Location steps to add the Servicing Location	**Tip:** Key in just the digits for Phone Numbers. The system automatically reformats to (###) ###-####. (6, 7, 8) 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. 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. This address is accepted by clicking the "Next" button so you need to verify the address for corrections before selecting "Next". (25) After entering the base location information, it is necessary to provide location details for the following additional addresses for a Atypical FAOI enrollment (22): ▪ Mailing ▪ Pay-To **Tip:** If you select Copy from Location Address, SD MEDX copies the information from the location address previously entered. (22) After entering the servicing location information, it is necessary to provide location details for the following additional addresses for an Atypical FAOI enrollment: ▪ Mailing
Action	**Step 3: Claim Submission Method - Required**	**Notes**
Step 3: Claim Submission Method	**Select Step 3: Claim Submission Method hyperlink** 1. Select Mode of Submission check box(es) if applicable 2. Select OK	
Action	**Step 4: Payment Details - Required**	**Notes**
Step 4: Payment Details	**Select Step 4: Payment Details hyperlink** 1. Select ADD to open Payment Details page **Payment Details** 2. Selection Location* from drop down menu 3. Select Payment Method* from drop down menu **Electronic Funds Transfer Details (Direct Deposit)** 4. Add Bank Name* 5. Add Routing Transit Number* 6. Add Account Number* 7. Select Account Type* from drop down menu	The locations are specific to the Atypical FAOI and were provided in Step 2: Add Locations of the business process wizard for Atypical FAOI. (2) All Payment Methods default to Electronic Funds Transfer. Atypical FAOI Providers requesting a paper check must contact DSS for authorization. If paper check is selected, Banking information is not required. (3) 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)

	8. Select Payment Notification Preference* from drop down menu 9. Add Email Address **Remittance Advice Preference** 10. Select RA Preference checkbox 11. Select OK 12. Select PAGE CLOSE	
Action	**Step 5: View/Upload Attachments – Optional**	**Notes**
Step 5: View/Upload Attachments – Optional	**Select Step 5: View/Upload Attachments** 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 **To View Attachments** 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	Document type list is conditional populated based on the enrollment type and information provided in the application. (2)
Action	**Step 6: Submit Enrollment Application for Review - Required**	**Notes**
Step 6: Submit Enrollment Application for Review - Required	**Select Step 6: Submit Enrollment Application for Review hyperlink** 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 ENROLLMENT A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail. Atypical FAOI Enrollment business process wizard is complete.	All required steps must have a status of Complete before the business process wizard allows submission. **It is important to record the application number for future reference to be able to retrieve this enrollment.**