

# SD MEDX

South Dakota Medical Electronic Data Exchange  
SD Department of Social Services 

## END DATING SERVING PROVIDERS

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

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Local intranet

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

Select Step 14: Servicing Provider Details

# END DATING SERVING PROVIDERS

SD MEDX Robert Smith, You have logged-in with EXT Provider Credentialing profile. | Logout

Pages visited : [Provider Portal/](#) [Modification](#) [Help](#)

**Servicing Providers:**

Filters

Search:  -

<input type="checkbox"/>	SD MEDX ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	<a href="#">2000003</a>	<a href="#">Bren, Angie</a>	1041041045	11/01/2009	12/31/2999	Approved	Active	
<input type="checkbox"/>	<a href="#">2000004</a>	<a href="#">Beck, Nicole</a>	1031031034	11/01/2009	12/31/2999	Approved	Active	
<input type="checkbox"/>	<a href="#">2000005</a>	<a href="#">Westover, Kerry</a>	1021021023	11/01/2009	12/31/2999	Approved	Active	

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Click on the SD MEDX ID number hyperlink of the provider needing to be end dated.

## END DATING SERVING PROVIDERS

**Associate Servicing Provider**

Provide Servicing Provider ID Details.

SD MEDX ID / NPI:  \*

Provider Name: Beck, Nicole

Start Date:  \*      End Date:

**Working Location**

Location Name	Location Address	Practicing Location	Start Date	End Date
Jones Group East	220 West 10th St, Sioux Falls, South Dakota 57104	Yes <input type="button" value="v"/>	<input type="text" value="04/19/2010"/>	<input type="text" value="12/31/2999"/>
Jones Group West	700 9th st, RAPID CITY, SOUTH DAKOTA 57701	Yes <input type="button" value="v"/>	<input type="text" value="04/19/2010"/>	<input type="text" value="12/31/2999"/>
Robert I Jones	200 W 10th St, Sioux Falls, SOUTH DAKOTA 57104	Yes <input type="button" value="v"/>	<input type="text" value="04/19/2010"/>	<input type="text" value="12/31/2999"/>

**PCP Location**

Location Name	Location Address	PCP Option	Start Date	End Date
Jones Group East	220 West 10th St, Sioux Falls, South Dakota 57104	--Select-- <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
Jones Group West	700 9th st, RAPID CITY, SOUTH DAKOTA 57701	--Select-- <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
Robert I Jones	200 W 10th St, Sioux Falls, SOUTH DAKOTA 57104	--Select-- <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>

Change End Date

Change End Date(s)

Update the end dates to when the provider left the Group or Facility and click OK.

# END DATING SERVING PROVIDERS

Click red "X"

Date is updated.

SD MEDX ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Operational Status	Inactivation Date
2000003	Bren, Angie	1041041045	11/01/2009	12/31/2999	Approved Active	
2000004	Beck, Nicole	1031031034	11/01/2009	09/30/2011	Approved Active	
2000005	Westover, Kerry	1021021023	11/01/2009	12/31/2999	Approved Active	

You will see the list of Servicing Providers, and note the record has been updated. The updated address will have a status of "In Review."

To exit, click on the red "X" button on the left to return to the Group or FAOIP Business Process Wizard.

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<input type="checkbox"/>	<a href="#">Step 7: Indicators</a>	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	<a href="#">Step 8: Malpractice Insurance Information</a>	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	<a href="#">Step 9: Federal Tax Details</a>	Required	05/03/2010	05/03/2010	Complete	Updated
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<input type="checkbox"/>	<a href="#">Step 12: EDI Submitter Details</a>	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	<a href="#">Step 13: EDI Contact Information</a>	Optional	05/03/2010	05/03/2010	Complete	Updated
<input type="checkbox"/>	<a href="#">Step 14: Servicing Provider Information</a>	Required	05/03/2010	05/03/2010	Incomplete	
<input type="checkbox"/>	<a href="#">Step 15: Payment Details</a>	Required	05/03/2010	05/03/2010	Incomplete	
<input type="checkbox"/>	<a href="#">Step 16: View/Upload Attachments</a>	Optional	05/03/2010	05/03/2010	Incomplete	
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When returning to the Business Process Wizard of the Group or FAOIP, you will need to submit the Group or FAOIP record by selecting Step 17: Submit Modification for Review.

# END DATING SERVING PROVIDERS

The screenshot shows the SD MEDX web application interface. At the top, there is a navigation menu with 'Provider' selected. Below the menu, a breadcrumb trail shows the path: 'Pages visited : MyInbox/ Provider List/ UserList/ UserDetails/ Provider List/ Individual Modification/ Provider List/ FAOI Modification/ Submit Provider Modification'. A red circle highlights the 'Submit Provider Modification' button. Below this, there is a 'Final Submission' section with fields for 'SD MEDX ID/NPI' and 'Name'. A text box contains instructions for submitting documentation, including a list of steps: 1. Click on a link to display the cover sheet, 2. Print the cover sheet, 3. Write the NPI or SD MEDX ID on the cover sheet, and 4. Include the cover sheet with documentation. Below the instructions is an 'Application Document Checklist' table.

Forms/Documents ▲ □	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Wheelchair Addendum	Please provide a copy of all required Wheelchair Addendums	<a href="http://dss.sd.gov/sdmedx/docs/providers/WheelchairAdd.pdf">http://dss.sd.gov/sdmedx/docs/providers/WheelchairAdd.pdf</a>	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	<a href="http://dss.sd.gov/sdmedx/docs/providers/schooladdendum.pdf">http://dss.sd.gov/sdmedx/docs/providers/schooladdendum.pdf</a>	NO
PCP Addendum	Please provide a copy of all required PCP Addendums	<a href="http://dss.sd.gov/sdmedx/docs/providers/PCPAddendum.pdf">http://dss.sd.gov/sdmedx/docs/providers/PCPAddendum.pdf</a>	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications		YES

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Click on the button “Submit Provider Modification.”