SD MEDX

South Dakota Medical Electronic Data Exchange
SD Department of Social Services

Group Practice Enrollment Quick Reference

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

Action	Enroll as Group Practice – 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 Group Practice Enrollment link 5. Choose enrollment type: Group Practice from the radio selection list 6. Select SUBMIT to start enrollment business process wizard	
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 4. Record or print the FEIN number for future reference **Section 3 Tab** 5. Add NPI* 6. Select W-9 entity type* from drop down menu 7. If Other is selected as W-9 entity type above, add W-9 Entity Type (If Other) 8. Select Other Organizational Information from drop down menu 9. Add Email Address 10. Add Enrollment Request Date* 11. Select FINISH to generate Application Basic Information Status 12. Record or print the application number for future reference 13. 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 mandatory. **Tip:** The Tab key can be used to navigate to the next applicable field for data entry. *Section 2 is used for Individual enrollment type and not available for a Group Practice enrollment type.* The NPI hyperlink goes to National Plan Provider Enumeration System website which can be used to validate a Provider’s NPI. (5) Date format must be MMDDYYYY or MM/DD/YYYY. (10) **<u>It is important to record the application number for future reference to be able to retrieve this enrollment.</u>**
Action	**Step 2: Locations - Required**	**Notes**
Step 2: Locations	**Select Step 2: Location hyperlink** **Create a Base Location:** 1. Select ADD from Locations List page 2. Location Type* defaults to Base Location 3. Select Accept New Recipient* from drop down menu 4. Add Business Name at this Location* 5. Add Contact First Name* 6. Add Contact Last Name* 7. Add Fax Number 8. Add Phone Number*	End Date is the date the address will no 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. **Tip:** Key in just the digits for Phone Numbers. The system automatically reformats to (###) ###-####. (7, 8, 10) Email Address is a conditionally required field based on Communication

	9. Select Office Hours from drop down menu 10. Add Cell Phone Number 11. Add Other Office Hours 12. Add Email Address 13. Add Web Page 14. Add Languages Spoken 15. Select VFC Provider* from drop down menu 16. Select Do you have Malpractice Insurance at this Location* from drop down menu 17. Select Communication Preference from drop down menu 18. Select PCP at this Location from drop down menu 19. Select Next to enter addresses **If you choose Manually Input,** 1. Add Address Line 1* 2. Add Zip Code* 3. Select VALIDATE ADDRESS 4. Verify City/Town in drop down menu 5. 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. 6. Select Page Close to return to business process wizard **Create a Servicing Location** 1. Follow the Base Location steps to add the Servicing Location	Preference. If the Select Communication Preference field is set to Email, then the Add Email Address field is required. (12) Use CTRL and mouse click to select multiple languages. (14) **Important: For "PCP at this Location", select "No" from the dropdown menu. (18)** **PCP is Primary Care Physician** **VFC is Vaccines For Children** After entering the base location information, it is necessary to provide location details for the following additional addresses for a Group Practice enrollment (19): ▪ Mailing ▪ Pay-To ▪ Prior Authorization 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. 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 this message appears, address needs to be manually verified and any corrections needed should be made prior to selecting the "Next" button. After entering the servicing location information, it is necessary to provide location details for the following additional addresses for a Group Practice enrollment: ▪ Mailing
Action	**Step 3: Specializations - Required**	**Notes**
Step 3: Specializations	**Select Step 3: Specializations hyperlink** 1. Select ADD to open Add Specialty/Subspecialty page 2. Select Location* from drop down menu 3. Select Administration* from drop down menu 4. Select Provider Type* "Group" from drop down menu 5. Select Specialty* from drop down menu 6. Select Available Subspecialties from selection list using the Move and	SDMA is the only administration currently available. (3) **Important: For Provider Type, select "Group" to ensure your claims are processed correctly. (4)** Specialty is a conditional drop-down menu which is based on Provider Type selection. (5)

	Remove buttons. 7. Select Ok 8. Select Page Close	The End Date is the last day the specialty/subspecialty code is in effect. This is the last day it is associated to the Provider at the location indicated. 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. **Tip:** Hold the CTRL key when clicking options to add multiple selections of subspecialties. To select multiple options in a row, click the first option, hold the SHIFT key and click the last desired option. (6) Available Subspecialty is a conditional selection list which is based on Specialty selection. (6)
Action	**Step 4: Ownership Details - Required**	**Notes**
Step 4: Ownership Details	**Select Step 4: Ownership Details hyperlink** **Add Owners** 1. Select Add to open Add Provider Owner page 2. Select Owner Type* from drop down menu 3. Add SSN/FEIN* 4. Select Parent Organization* from drop down menu 5. If Other is selected as Parent Organization, then add Parent Organization (If Other) information. 6. Add Doing Business As 7. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable 8. Add Organization Name 9. Add Percentage Owned* 10. Add First Name 11. Add Last Name 12. Select Suffix from drop down menu 13. Select Relationship to Provider* from drop down menu 14. Add Ownership Start Date* 15. Add Address Line 1* This should be the street address or P.O. Box. 16. Add Address Line 2 and Address Line 3 information as appropriate. 17. Add Zip Code 18. Select Validate Address 19. Verify City/Town from drop down menu 20. Select Ok To add multiple owners, select Add again and provide owner details. **Add Operators** After adding the ownership details, operators can be added to the ownership record. 1. Select Add Operator to open Add Operator page 2. Select Operator Type* from drop down menu 3. Add SSN/FEIN*	Organization Name is a conditionally required field and is active when Owner Type is Organization Ownership. (8) Percentage Owned must be 5% or more. The percentage owned cannot exceed a total of 100%. If multiple Provider owners are to be added, the combined percentage does not have to equal 100%. (9) First Name and Last Name are conditionally required fields and are active when Owner Type is Individual Ownership. (10, 11) Ownership End Date is the last day on which individual/business entity was the owner. 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. Address must be validated with the validation software by selecting Validate Address button. **Warning:** 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) 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.

	4. Add Doing Business As* 5. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable 6. Add Organization Name* 7. Add First Name 8. Add Last Name 9. Select Suffix from drop down menu 10. Add Operator Start Date* 11. Add Address Line 1* This should be the street address or P.O. Box. 12. Add Address Line 2 and Address Line 3 information as appropriate. 13. Add Zip Code 14. Select VALIDATE ADDRESS 15. Verify City/Town from drop down menu 16. Select OK To add multiple operators select ADD again and provide operator details. **Add Employees** 1. Select ADD to open Add Employee page 2. Select Employee Type* from drop down menu 3. Add Employee Name* 4. If a convicted Employee Type is selected, add Conviction Description 5. If a "Managing Non-Convicted" employee is selected, add SSN 6. Select OK To add multiple employees, select ADD again and provide employee details. 7. Select PAGE CLOSE	Operator End date is the last day on which individual/business entity was the operator. 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. The names of all managing employees must be entered. (3) The names of all convicted employees must be entered. (3)
Action	**Step 5: Licenses and Certifications – Required/Optional**	**Notes**
Step 5: Licenses and Certifications	**Select Step 5: Licenses and Certifications hyperlink** To review what Credentials are required for a Provider Enrollment: 1. Select REQUIRED CREDENTIALS near the top of the page 2. Record or print Credentials List 3. Select CANCEL 4. Select ADD to open Add License/Certification page 5. Select Location* from drop down menu 6. Select License/Certification Type* from drop down menu 7. Add License/Certification #* 8. Add Effective Date* 9. Add End Date* 10. Select Confirm* (if applicable) 11. Select OK To add multiple License/Certifications select ADD again and provide License/Certification details. 12. Select PAGE CLOSE	The Required Credentials are based on the Specializations specific to the Provider. (1) The locations are specific to the Group Practice and were provided in Step 2: Add Locations of the business process wizard for Group Practice. (5) Certain licenses will require a confirmation to determine if the license is correct. When this license type is selected, the confirm button will appear and needs to be clicked prior to selecting the OK button. (10) End Date is the date the license or certification expires.
Action	**Step 6: Identifiers – Optional**	**Notes**
Step 6:	**Select Step 6: Identifiers hyperlink**	This is an optional step for Group Practice Enrollment.

Identifiers	1. Select ADD to open Add New Identifier page 2. Select Location* from drop down menu 3. Select Identifier Type* from drop down menu 4. Add Identifier Value* 5. Add Start Date* 6. Select OK To add multiple Identifiers select ADD again and provide Identifier details. 7. Select PAGE CLOSE	The locations are specific to the Group Practice and were provided in Step 2: Add Locations of the business process wizard for Group Practice. (2) Depending on the Identifier type, Identifier Value will have conditional business rules. (4) The Start Date is the first day the Provider's identifier goes in effect. The Start Date can be modified. (5) The End Date is the last day the Provider's identifier is in effect at the location selected. 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.
Action	**Step 7: Indicators - Optional**	**Notes**
Step 7: Indicators	**Select Step 7: Indicators hyperlink** 1. Select ADD to open Add Location Indicator page 2. Select Location Code* from drop down menu 3. Select Indicator Type* from drop down menu 4. Select Indicator Value* from drop down menu 5. Add Start Date* 6. Select OK 7. Select Page Close	The locations are specific to the Group Practice and were provided in Step 2: Add Locations of the business process wizard for Group Practice. (2) The End Date is the last day the Indicator is in effect at the location selected. 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.
Action	**Step 8: Malpractice Insurance Information – Required/Optional**	**Notes**
Step 8: Malpractice Insurance Information	**Select Step 8: Malpractice Insurance hyperlink** 1. Select ADD to open Add Insurance page 2. Select Location* from drop down menu 3. Add Policy Number 4. Add Malpractice Insurance Name* 5. Add Malpractice Insurance Amount 6. Add Insurance Start Date 7. Add Insurance End Date 8. Select OK To add multiple malpractice insurances select ADD again and provide insurance details. 9. Select PAGE CLOSE	If the Provider selected Yes in Step 2: Add Locations for Do you have Malpractice Insurance at this Location, then Step 8 Add Malpractice Insurance Information is required to complete enrollment. The locations are specific to the Group Practice and were provided in Step 2: Add Locations of the business process wizard for Group Practice. (2) **Tip**: 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 $###,###.## Insurance End Date is the last date the malpractice insurance is in effect for location selected. 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.
Action	**Step 9: Federal Tax Details - Required**	**Notes**
Step 9: Federal Tax Details	**Select Step 9: Federal Tax Details hyperlink** 1. Select W-9 Form hyperlink 2. Add Business Name 3. Select Exempt from Backup Withholding checkbox if applicable	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.

	4. Select USE PAY-TO ADDRESS FROM THE FOLLOWING LOCATION* from drop down menu Pay-to Address will be pre-populated with information provided in Step 2: Add Locations of the business process wizard for Group Practice. 5. Add Phone Number* 6. Select OK 7. Select PAGE CLOSE To manually add an address: 1. Add Address Line 1* This should be the street address or P.O. Box. 2. Add Address Line 2 and Address Line 3 information as appropriate. 3. Add Zip Code 4. Select VALIDATE ADDRESS 5. Verify City/Town drop down menus 6. Add Phone Number* 7. Select OK 8. Select PAGE CLOSE	The locations are specific to the Group Practice and were provided in Step 2: Add Locations of the business process wizard for Group Practice. (5) Selecting Pay-To Address will automatically populate the address and phone number information. Address must be validated with the validation software by selecting Validate Address button. **Warning:** 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) 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.
Action	**Step 10: Claim Submission Method - Optional**	**Notes**
Step 10: Claim Submission Method	**Select Step 10: Claim Submission Method hyperlink** 1. Select Mode of Submission check box(es) if applicable 2. Select OK	This is an optional step for Group Practice Enrollment. If this step is completed, then the business process wizard steps listed below change from Optional to Required. Web Batch ▪ Step 11: Add EDI Billing Software Details ▪ Step 13: Add EDI Contact Information Step Billing Agent ▪ Step 12: Add EDI Submitter Details FTP Secure Batch ▪ Step 11: Add EDI Billing Software Details
Action	**Step 11: EDI Billing Software Details - Required/Optional**	**Notes**
Step 11: EDI Billing Software Details	**Select Step 11: EDI Billing Software Details** 1. Select Add to open Add Billing Software Information page 2. Add Software Vendor Company Name* 3. Add Software Product Name* 4. Add Software Version* 5. Add Software Protocol* 6. Select Element Delimiter from drop down menu 7. Select Segment Delimiter from drop down menu 8. Select Sub - Element Delimiter from drop down menu **Software Vendor Contact Information** 1. Add Contact Title*	Only alphanumeric characters are allowed for Software Product Name. (3) Only alphanumeric characters are allowed for Software Protocol. (5) 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. Address must be validated with the validation software by selecting Validate Address button. **Warning:** If the address is not valid according to the validation software, an

	2. Add Contact First Name* 3. Add Contact Last Name* 4. Add Phone Number* 5. Add Fax Number 6. Add Email Address 7. Add Address Line 1* This should be the street address or P.O. Box. 8. Add Address Line 2 and Address Line 3 information as appropriate. 9. Add Zip Code 10. Select VALIDATE ADDRESS 11. Verify City/Town from drop down menu 12. Select Ok 13. Select PAGE CLOSE	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. (10) 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.
Action	**Step 12: EDI Submitter Details - Required/Optional**	**Notes**
Step 12: EDI Submitter Details	**Select Step 12: EDI Submitter Details hyperlink** 1. Select ADD to open Associate Billing Agent/Clearinghouse page 2. Add Billing Agent/Clearinghouse SD MEDX ID* 3. Add Start Date* **Authorized Transaction Responses** For each of the Transaction Responses listed the following must be provided: 4. Select Authorized from drop down menu 5. Add Start Date if applicable. 6. Select OK 7. Select PAGE CLOSE	The Provider obtains Billing Agent/Clearinghouse SD MEDX ID from the Billing Agent/Clearinghouse. 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. The Authorized Transaction Start Date is the first day of the authorization period. It is required when Authorized equals Yes. (5) 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.
Action	**Step 13: EDI Contact Information - Required/Optional**	**Notes**
Step 13: EDI Contact Information	**Select Step 13: EDI Contact Information hyperlink** 1. Select ADD to open Add EDI Contact Information 2. Add EDI Contact Information 3. Add Contact Title* 4. Add Contact First Name* 5. Add Contact Last Name* 6. Add Phone Number* 7. Add Fax Number 8. Add Email Address 9. Add Address Line 1* This should be the street address or P.O. Box. 10. Add Address Line 2 and Address Line 3 information as appropriate. 11. Add Zip Code 12. Select VALIDATE ADDRESS 13. Verify City/Town from drop down menu 14. Select OK	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. Address must be validated with the validation software by selecting Validate Address button. **Warning:** 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) 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. **Tip**: Hold the CTRL key when clicking options to add multiple transaction

	Electronic Transactions 15. Select Available Transactions from selection list using the Move and Remove buttons. 16. Select OK 17. Select PAGE CLOSE	selections. To select multiple options in a row, click the first option, hold the SHIFT key and click last option. (15)
Action	**Step 14: Servicing Provider Information - Required**	**Notes**
Step 14: Servicing Provider Information	**Select Step 14: Servicing Provider Information hyperlink** 1. Select ADD to open Associate Servicing Provider page 2. Add NPI or Add SD MEDX ID 3. Add Start Date* 4. Select CONFIRM PROVIDER 5. ADD THE WORKING LOCATION DATA 6. ADD THE PCP LOCATION DATA 7. CLICK THE OK BUTTON To add multiple Service Providers, repeat the above steps. 8. Select PAGE CLOSE	A Servicing Provider must have an NPI or SD MEDX ID to be validated and associated to a Group Practice. (2) 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 Group Practice. (4) The End Date is the last day the Servicing Provider can perform services for the Group Practice 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. 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 Group Practice. If a Servicing Provider does not exist in the database, an enrollment application will need to be initiated and approved by the State of South Dakota prior to that Servicing Provider submitting claims using that Groups Billing NPI.
Action	**Step 15: Payment Details - Required**	**Notes**
Step15: Payment Details	**Select Step 15: Payment Details hyperlink** 1. Select ADD to open Payment Details page **Payment Details** 2. Select 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 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	The locations are specific to the Group Practice and were provided in Step 2: Add Locations of the business process wizard for Group Practice. (2) All Payment Methods default to Electronic Funds Transfer. Group Practice Providers requesting a paper check must contact DSS for authorization. (3) If paper check is selected, the Electronic Funds Transfer Details are not required. 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)
Action	**Step 16: View/Upload Attachments – Optional**	**Notes**

Step 16: View/Upload Attachments – Optional	**Select Step 16: 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	This is an optional step for Group Practice Enrollment. Document type list is conditional populated based on the enrollment type and information provided in the application. (2)
Action	**Step 17: Submit Enrollment Application for Review - Required**	**Notes**
Step 17: Submit Enrollment Application for Review - Required	**Select Step 17: 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 future reference 5. Select SUBMIT ENROLLMENT A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail. Group Practice 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.**