

SD MEDX

South Dakota Medical Electronic Data Exchange
SD Department of Social Services 

UPDATING LICENSE/CERTIFICATION INFORMATION

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 checked="" 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 5: Licenses and Certifications

Note: Step numbers may vary by one number based on the enrollment type.

UPDATING LICENSE/CERTIFICATION INFORMATION

The screenshot displays the SD MEDX web application interface for managing provider licenses and certifications. The top navigation bar includes 'SD MEDX' and various menu items like 'My Inbox', 'Admin', 'Provider', 'Claims', etc. The breadcrumb trail indicates the current path: 'Pages visited : MyInbox/ Provider List/ Provider General/ Location List/ Provider List/ Individual Modification/ License/Certification List'. The main content area features a search bar for 'License/Certification List' with fields for 'SD MEDX ID/NPI' and 'Name'. Below the search bar is a 'Filters' section with several input fields and a 'Go' button. A table of license/certification records is displayed below the filters. The table has columns for 'License/Certification', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. A single record is visible: 'PROFESSIONAL LICENSE' with ID '1212', start date '04/05/2008', end date '05/31/2011', status 'APPROVED', and operational status 'Active'. A callout box with the text 'Click on the hyperlink.' points to the 'PROFESSIONAL LICENSE' text in the table. The bottom of the page shows a footer with 'Page ID: pgLicenseCertificationList(Provider)', 'Environment: PROD', 'Release# 03:PROD3:R1-1.36.00', and 'Server Time: 10/03/2011 03:45:40 CDT'.

To update License or Certification, click on the hyperlink requiring the update.

UPDATING LICENSE/CERTIFICATION INFORMATION

The screenshot shows the SD MEDX web application interface. At the top, there is a navigation menu with options like 'My Inbox', 'Admin', 'Provider', 'Claims', 'Reference', 'Recipient', 'TPR', 'Drug Rebate', 'Rate Setting', 'PA', 'Managed Care', 'Financials', and 'Case Management'. Below the navigation, there is a breadcrumb trail: 'Pages visited: My Inbox/Used List/Provider List/ Provider General/ License/Certification List/ Manage License/Certification'. The main content area is titled 'Manage License/Certification' and contains the following information:

- Location:
- License/Certification Type: Professional License
- Effective Date: 04/05/2008 *
- Status: Appro
- License/Certification #: 1212
- End Date: 05/31/2011 *

At the bottom of the page, there is a footer with 'Page ID: pgCLIAInfoGeneral(Provider)', 'Environment: PROD Release# 03:PROD3:R1-1.36.00', and 'Server Time: 10/03/2011 09:59:42 CDT'. The browser's status bar at the very bottom shows 'Done' and 'Trusted sites'.

Update the End Date with new expiration date.

Save changes using diskette icon.

Use the red "X" to close the Manage License/Certification page.

UPDATING LICENSE/CERTIFICATION INFORMATION

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: 'MyInbox/ Provider List/ Provider General/ Location List/ Provider List/ Individual Modification/ License/Certification List'. The main content area is titled 'License/Certification List' and includes search fields for 'SD MEDX ID/NPI' and 'Name'. A 'Filters' section contains several input fields and a 'Go' button. Below the filters is a table with the following data:

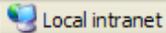
License/Certification Type	License/Certification #	Effective Date	End Date	Status	Operational Status	Inactivation Date
PROFESSIONAL LICENSE	1212	04/05/2008	05/31/2012	APPROVED	Active	

At the bottom of the table, there are navigation controls including '<< Prev', 'Viewing Page 1', 'Next >>', '1', 'Go', 'Page Count', and 'SaveToXLS'.

End Date will be updated. The updated license will have a status of "In Review." To exit, click on the red "X" button on the left to return to the Business Process Wizard.

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<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: pgBPWGroupPracticeOperatorProvider Environment: UAT Release# R1-0.4.79 Server Time: 05/11/2010 10:00:00 AM


When to modification status shows “updated” the record is still available for the provider to make updates. The State is not aware of these updates. Make sure that **all** steps for the provider are current.

Select the last Step: Submit Modification for Review.

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Final Submission SD MEDX ID/NPI : [redacted] Name: [redacted] [Provider Lis...](#) [Provider Sel...](#)

SD MEDX ID: [redacted] Enrollment Type: [redacted]

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:R1-1.35.00 Server Time: 10/03/2011 02:17:32 CDT

Click on the button "Submit Provider Modification."

A pop-up message will confirm that the modification has been sent to the State for review.

If a license/certification update has been made, copies of the license/certification from the expiration date to the current system date are required and must have the NPI documented on the copy. This information can be sent to:

Email: SDMEDXGeneral@state.sd.us

Subject: "Enrollment type: Mod NPI"

Where "enrollment type" is replaced by "FAOIP," "Group," "Individual," or "Tribal/IHS" and "NPI" is replaced by the provider's ten-digit NPI. Ex: Group Mod:1234567890

Fax: 605-773-8520. Include subject info as shown above.