

FAOIP Enrollment Quick Reference

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

Action	Enroll as FAOIP – Select Provider Type	Notes
Select Provider Type	<ol style="list-style-type: none"> Navigate to the Medical Assistance Portal Navigate to Provider tab Choose the “Become a Provider” link Scroll down to the Facility/Agency/Organization/Institution/Pharmacy (FAOIP) Enrollment link Choose enrollment type: “Fac/Agncy/Orgn/Inst/Pharm” from the radio selection list Select SUBMIT to start enrollment business process 	
Action	Step 1: Provider Basic Information - Required	Notes
Step 1: Provider Basic Information	<p>Section 1 Tab</p> <ol style="list-style-type: none"> Add Organization Name* Add Organization Business Name* Add FEIN* <p>Section 2 Tab</p> <ol style="list-style-type: none"> Add NPI* Select W-9 entity type* If Other is selected as W-9 entity type above, enter W-9 Entity Type (If Other) Add Other Organizational Information Add Email Address Add Enrollment Request Date* Select FINISH to generate Application Basic Information Status Record or print the application number for future reference 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>Tip: The Tab key can be used to navigate to the next field for data entry.</p> <p>The NPI hyperlink goes to National Plan Provider Enumeration System website which can be use to validate a Provider’s NPI.</p> <p>Date format must be MMDDYYYY or MM/DD/YYYY. (9)</p> <p><u>It is important to record the application number for future reference to be able to retrieve this enrollment.</u></p>
Action	Step 2: Locations - Required	Notes
Step 2: Locations	<ol style="list-style-type: none"> Select Step 2: Locations hyperlink <p>Create a Base Location:</p> <ol style="list-style-type: none"> Select ADD from Locations List page Location Type* defaults to Base Location Select Accept New Recipient* from drop down menu Add Business Name at this Location* Add Contact First Name* Add Contact Last Name* Add Fax Number Add Phone Number* Select Office Hours from drop down menu 	<p>End Date is the date the address will not 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.</p> <p>Tip: Key in just the digits for Phone Numbers. The system automatically reformats to (###) ###-####. (8, 9, 11)</p> <p>Email Address is a conditionally required field based on Communication Preference. If the Select Communication Preference field is set to Email, then the Add Email Address field is required. (13)</p>

	<ol style="list-style-type: none"> 11. Add Cell Phone Number 12. Add Other Office Hours 13. Add Email Address 14. Add Web Page 15. Add Languages Spoken 16. Select VFC Provider* from drop down menu 17. Select Do you have Malpractice Insurance at this Location* from drop down menu 18. Select Communication Preference from drop down menu 19. Select Do you see patients at this location* from drop down menu 20. Select PCP at this location* from drop down menu <p>Facility Details</p> <ol style="list-style-type: none"> 1. Add State Facility ID 2. Select Accreditation from drop down menu 3. Add Fiscal Year End Date* 4. Add Licensed Medicaid Bed(s) 5. Add Licensed Medicare Bed(s) 6. Add Licensed Medicaid/Medicare Bed(s) (Dual Certified) 7. Add Ventilator Dependent Unit(s) 8. Add Swing Bed(s) 9. Add Acute Care Bed(s) 10. Add Licensed LTC Unit(s) (Long Term Care) 11. Add Moratorium Beds(s) (Long Term Care) 12. Select Distinct Part Unit* from drop down menu 13. Add Available Bed Count (Long Term Care) 14. Select Ok <p>Pharmacy Details</p> <ol style="list-style-type: none"> 1. Add Pharmacy Store Number 2. Add NCPDP Number 3. Select Unit Dose Pharmacy from drop down menu 4. Select 340B from drop down menu 5. Select Pharmacy Type from drop down menu 6. Select Pharmacy Group from drop down menu 7. Select Next to enter addresses <p>If you choose Manually Input,</p> <ol style="list-style-type: none"> 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 <p>Continue to add Prior Authorization and Pay-To Location details by repeating the steps to manually input the address or select copy from Location</p>	<p>VFC is Vaccines For Children</p> <p>PCP is Primary Care Provider</p> <p>Fiscal Year End Date and Distinct Part Unit require information for all enrolling as an FAOIP. If Distinct Part Unit is not applicable then enter none</p> <p>Fiscal Year End Date format must be MM/DD. (3)</p> <p>The Facilities Detail section should only be completed by the following:</p> <ul style="list-style-type: none"> ▪ Hospital ▪ Long term care facility <p>The Pharmacy Detail section should only be completed by the following:</p> <ul style="list-style-type: none"> ▪ Pharmacy <p>After entering the base location information, it is necessary to provide location details for the following additional addresses for a FAOIP enrollment (5):</p> <ul style="list-style-type: none"> ▪ Mailing ▪ Pay-To ▪ Prior Authorization <p>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.</p>
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	<p>Address to automatically populate the address information.</p> <p>6. Select Page Close to return to business process wizard</p> <p>Create a Servicing Location Follow the Base Location steps to add the Servicing Location</p>	<p>If the address entered is a valid address according to the validation software, a message will appear indicating the address validation was successful.</p> <p>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 will be added when the "Next" button is selected. If an invalid address message appears, you should verify the address and make any corrections before selecting the "Next" button.</p> <p>Adding a service location is optional for FAOIP enrollment.</p> <p>After entering the servicing location information, it is necessary to provide location details for the following additional addresses for an FAOIP enrollment:</p> <ul style="list-style-type: none"> ▪ Mailing
Action	Step 3: Specializations - Required	Notes
<p>Step 3: Specializations</p>	<p>Select Step 3: Specializations hyperlink</p> <ol style="list-style-type: none"> 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* from drop down menu 5. Select Specialty* from drop down menu 6. Select Available Subspecialties from selection list using the Move and Remove buttons. 7. Select OK 8. Select PAGE CLOSE 	<p>SDMA is the only administration currently available. (3)</p> <p>Specialty is a conditional drop-down menu which is based on Provider Type selection. (5)</p> <p>The End Date is the last day the specialty/subspecialty code 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.</p> <p>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)</p> <p>Available Subspecialty is a conditional selection list which is based on Specialty selection. (6)</p>

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Action	Step 4: Ownership Details - Required	Notes
<p>Step 4: Ownership Details</p>	<p>Add Owners</p> <ol style="list-style-type: none"> 1. Select Step 4: Ownership Details hyperlink 2. Select Add to open Add Provider Owner page 3. Select Owner Type* 4. Add SSN/FEIN* 5. Select Parent Organization* from drop-down menu 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. Add Relationship to Provider* 14. Add Ownership Start Date* 15. Add Address Line 1 * <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> 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 <p>To add multiple owners, select Add again and provide owner details.</p> <p>Add Operators</p> <p>After saving the ownership details, operators can be added to the ownership record.</p> <ol style="list-style-type: none"> 1. Select Add Operator to open Add Operator page 2. Select Operator Type* from drop-down menu: 3. Add SSN/FEIN* 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 * <p>This should be the street address or P.O. Box.</p>	<p>Owner Type is a conditionally required field based on the Organization Type (3)</p> <p>Organization Name is a conditionally required field and is active when Owner Type is Organization Ownership. (8)</p> <p>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)</p> <p>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.</p> <p>Address must be validated with the validation software by selecting Validate Address button. Location information should not be updated without a valid address. If error an invalid address error message appears, you should verify the address and make any corrections prior to selecting the "Next" button. (18)</p> <p>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.</p>

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	<p>Add Address Line 2 and Address Line 3 information as appropriate.</p> <ol style="list-style-type: none"> Add Zip Code Select VALIDATE ADDRESS Verify City/Town from drop down menu Select OK <p>To add multiple operators select Add again and provide operator details.</p> <p>Add Employees</p> <ol style="list-style-type: none"> Select ADD to open Add Employee page Select Employee Type* from drop-down menu Add Employee Name* If a convicted Employee Type is selected, add Conviction Description If a "Managing Non-Convicted" Employee Type is selected, add SSN Select OK <p>To add multiple employees, select Add again and provide employee details.</p> <ol style="list-style-type: none"> Select Page Close 	<p>The names of all managing employees must be entered. (3)</p> <p>The names of all convicted employees must be entered. (3)</p>
Action	Step 5: Licenses and Certifications – Required/Optional	Notes
<p>Step 5: Licenses and Certifications</p>	<p>Select Step 5: Licenses and Certifications hyperlink</p> <p>To review what Credentials are required for a Provider Enrollment:</p> <ol style="list-style-type: none"> Select REQUIRED CREDENTIALS near the top of the page Record or print Credentials List Select CANCEL <p>ADDING CREDENTIALS</p> <ol style="list-style-type: none"> Select ADD to open Add License/Certification page Select Location* from drop-down menu Select License/Certification Type* from drop-down menu Add License/Certification #* Add Effective Date* Add End Date* Select Confirm* (if applicable) Select Ok <p>To add multiple License/Certifications select ADD again and provide License/Certification details.</p> <ol style="list-style-type: none"> Select PAGE CLOSE 	<p>The Required Credentials are based on the Specializations specific to the Provider. (1)</p> <p>The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (5)</p> <p>End Date is the date the license or certification expires.(9)</p> <p>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.</p>
Action	Step 6: Identifiers – Optional	Notes
<p>Step 6: Identifiers</p>	<p>Select Step 6: Identifiers hyperlink</p> <ol style="list-style-type: none"> Select ADD to open Add New Identifier page Select Location* from drop down menu Select Identifier Type* from drop down menu Add Identifier Value* Add Start Date* Select OK 	<p>This step is optional for FAOIP enrollment</p> <p>The locations are specific to the Provider and were provided in Step 2: Add Locations of the business process wizard for Facility/Agency/Organization/Institution/Pharmacy.</p> <p>Depending on the Identifier type, Identifier Value will have conditional business rules.</p>

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	To add multiple Identifiers select ADD again and provide Identifier details. 7. Select PAGE CLOSE	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. 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 - Required	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. Add Indicator Value* 5. Add Start Date* 6. Select OK 7. Select Page Close	The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (3) 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 FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (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. Select Exempt from Backup Withholding checkbox if applicable 3. 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 FAOIP. 4. Add Phone Number*	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. The Business Name can be entered. The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP.

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	<ol style="list-style-type: none"> 5. Select Ok 6. Select PAGE CLOSE <p>To manually add an address:</p> <ol style="list-style-type: none"> 1. Add Address Line 1* <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> 2. Add Address Line 2 and Address Line 3 information as appropriate. 3. Add Zip Code 4. Select VALIDATE ADDRESS 5. Verify City/Town from drop down menu 6. Add Phone Number* 7. Select Ok 8. Select PAGE CLOSE 	<p>Selecting Pay-To Address will automatically populate the address and phone number information.</p> <p>Address must be validated with the validation software by selecting Validate Address button. If an Invalid Address message appears, you should verify the address for selecting the "Next" button any needed corrections before.(4)</p> <p>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.</p>
Action	Step 10: Claim Submission Method - Optional	Notes
Step 10: Claim Submission Method	<p>Select Step 10: Claim Submission Method hyperlink</p> <ol style="list-style-type: none"> 1. Select Mode of Submission check box(es) if applicable 2. Select Ok 	<p>This is an optional step for the enrollment process. If this step is completed, then, based on the option(s) selected, the business process wizard steps listed below may change from Optional to Required.</p> <p>Web Batch</p> <ul style="list-style-type: none"> ▪ Step 11: Add EDI Billing Software Details ▪ Step 13: Add EDI Contact Information Step <p>Billing Agent</p> <ul style="list-style-type: none"> ▪ Step 12: Add EDI Submitter Details <p>FTP Secure Batch</p> <ul style="list-style-type: none"> ▪ Step 11: Add EDI Billing Software Details
Action	Step 11: EDI Billing Software Details - Required/Optional	Notes
Step 11: EDI Billing Software Details	<p>Select Step 11: EDI Billing Software Details</p> <ol style="list-style-type: none"> 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 <p>Software Vendor Contact Information</p> <ol style="list-style-type: none"> 9. Add Contact Title* 10. Add Contact First Name* 11. Add Contact Last Name* 12. Add Phone Number* 13. Add Fax Number 	<p>Only alphanumeric characters are allowed for Software Product Name. (4)</p> <p>Only alphanumeric characters are allowed for Software Protocol. (6)</p> <p>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.</p> <p>Address must be validated with the validation software by selecting Validate Address button. Location information should not be updated without a valid address. If an Invalid address appears, you should verify the address for any needed corrections before selecting the "Next" button. (20)</p>

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	<p>14. Add Email Address 15. Add End Date 16. Add Address Line 1* This should be the street address or P.O. Box. 17. Add Address Line 2 and Address Line 3 information as appropriate. 18. Add Zip Code 19. Select VALIDATE ADDRESS 20. Verify City/Town from drop down menu 21. Select Ok 22. Select PAGE CLOSE</p>	<p>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.</p>
Action	Step 12: EDI Submitter Details - Required/Optional	Notes
Step 12: EDI Submitter Details	<p>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* 4. Add End Date</p> <p>Authorized Transaction Responses For each of the Transaction Responses listed the following must be provided: 5. Select Authorized from drop down menu 6. Add Start Date if applicable. 7. Add End Date 8. Select Ok 9. Select PAGE CLOSE</p>	<p>The Provider obtains Billing Agent/Clearinghouse SD MEDX ID from the Billing Agent/Clearinghouse.</p> <p>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.</p> <p>The Authorized Transaction Start Date is the first day of the authorization period. It is required when Authorized equals Yes. (5)</p> <p>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.</p>
Action	Step 13: EDI Contact Information - Required/Optional	Notes
Step 13: EDI Contact Information	<p>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</p> <p>Electronic Transactions</p>	<p>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.</p> <p>Address must be validated with the validation software by selecting Validate Address button. Location information may be updated without a valid address so, if an Invalid Address message appears, you should review the address for any corrections prior to selecting the "Next" button. (12)</p> <p>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.</p> <p>Tip: Hold the CTRL key when clicking options to add multiple transaction selections. To select multiple options in a row, click the first option, hold the SHIFT key and click last option. (15)</p>

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	<ol style="list-style-type: none"> 15. Select Available Transactions from selection list using the Move and Remove buttons. 16. Select OK 17. Select PAGE CLOSE 	
Action	Step 14: Servicing Provider Information - Optional	Notes
Step 14: Servicing Provider Information	<p>Select Step 14: Servicing Provider Information hyperlink</p> <ol style="list-style-type: none"> 1. Select ADD to open Associate Servicing Provider page 2. Add NPI or Add SD MEDX ID 3. Add Start Date* 4. Add End Date 5. Select Confirm Provider 6. Complete Work Location 7. Complete PCP Location 8. Click OK <p>To add multiple Service Providers, select Add again and provide SSN or NPI.</p> <ol style="list-style-type: none"> 9. Select Page Close 	<p>A Servicing Provider must have an either a NPI or SD MEDX ID to be validated and associated to an FAOIP. (2)</p> <p>The Start Date is the first day the Servicing Provider can perform service for the FAOIP at the selected location. The Start Date must be on or after the Start Date of the FAOIP. (3)</p> <p>The End Date is the last day the Servicing Provider can perform services for the FAOIP 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.</p> <p>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 FAOIP.</p> <p>If Servicing Provider does not exist in the database, an enrollment application must be submitted and approved for this Provider. A Servicing Provider must be an approved SD MEDX Provider.(5)</p>
Action	Step 15: Payment Details - Required	Notes
Step 15: Payment Details	<p>Select Step 15: Payment Details hyperlink</p> <ol style="list-style-type: none"> 1. Select ADD to open Payment Details page <p>Payment Details</p> <ol style="list-style-type: none"> 2. Select Location* from drop down menu 3. Select Payment Method* from drop down menu <p>Electronic Funds Transfer Details (Direct Deposit)</p> <ol style="list-style-type: none"> 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 <p>Remittance Advice Preference</p> <ol style="list-style-type: none"> 10. Select RA Preference checkbox 1. Select Ok 11. Select PAGE CLOSE 	<p>The locations are specific to the FAOIP and were provided in Step 2: Add Locations of the business process wizard for FAOIP. (3)</p> <p>All Payment Methods default to Electronic Funds Transfer. FAOIP Providers requesting a paper check must contact DSS for authorization. (4)</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. (9)</p>

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Action	Step 16: View/Upload Attachments – Optional	Notes
Step 16: View/Upload Attachments – Optional	<p>Select Step 16: View/Upload Attachments</p> <ol style="list-style-type: none"> 2. Select UPLOAD ATTACHMENTS to provide documentation 3. Select Document Type* from drop down menu 4. Select BROWSE to locate file 5. Navigate to File and select desired file 6. Click OPEN 7. Click OK to upload file <p>To View Attachments</p> <ol style="list-style-type: none"> 1. Select VIEW ALL ATTACHMENTS to open Images/Attachment Retrieval page 2. View all attachments 3. Validate the successful upload of document 4. Select PAGE CLOSE to return to the Application Document Checklist 5. Select PAGE CLOSE 	<p>This step is optional for FAOIP enrollment.</p> <p>Document type list is conditional populated based on the enrollment type and information provided in the application. (2)</p>
Action	Step 17: Submit Enrollment Application for Review - Required	Notes
Step 17: Submit Enrollment Application for Review - Required	<p>Select Step 17: 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 Enrollment <p>A confirmation message is provided, indicating the application has been submitted and to provide all supporting documents by mail.</p> <p>FAOIP Enrollment business process wizard is complete.</p>	<p>All required steps must have a status of Complete before the business process wizard allows submission.</p> <p><u>It is important to record the application number for future reference to be able to retrieve this enrollment.</u></p>