

Individual Provider Re-enrollment Quick Reference

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

Action	Enroll as Individual Provider – Select Provider Type	Notes
Select Provider Type	<ol style="list-style-type: none"> Navigate to the SDMEDX Webpage and click on the Provider tab Click the “Log In” button Enter Domain, User ID and Password Select appropriate profile Select “Manage Provider Information link 	
Action	Step 1: Provider Basic Information - Required	Notes
Step 1: Provider Basic Information	<p>Verify the pre-populated information</p> <ol style="list-style-type: none"> First Name Last Name SSN NPI W-9 Entity Type* Servicing Type Email Address* 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>Some of the fields on the basic information page are not accessible. Any changes to these fields must be requested directly from State Provider Enrollment after the modifications have been submitted for approval.</p> <p>Tip: The Tab key can be used to navigate to the next applicable field for data entry.</p>
Action	Step 2: Locations – Required/Not Required	Notes
Step 2: Locations	<p>Verify Base Location information:</p> <ol style="list-style-type: none"> Select a location from the Locations List page 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 Add Cell Phone Number Add Other Office Hours Add Email Address Add Web Page Add Languages Spoken Add Communication Preference Select Do you have Malpractice Insurance at this Location from drop down 	<p>This step is not required for Servicing Type of Servicing Only.</p> <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>After entering the base location information, it is necessary to provide location details for the following additional addresses for a Individual enrollment (1):</p> <ul style="list-style-type: none"> ▪ Mailing ▪ Pay-To ▪ Prior Authorization <p>Use CTRL and mouse click to select multiple languages. (13)</p> <p>Tip: Key in just the digits for Phone Numbers. The system automatically</p>

	<p>menu*</p> <ol style="list-style-type: none"> 16. Select VFC Provider from drop down menu* 17. Select Do You See Patients at this Location from the drop down menu* 18. Select PCP at this Location from drop down menu* <p>Verify Location Details Verify the Mailing, Prior-Authorization, Pay-To addresses are present:</p> <ol style="list-style-type: none"> 19. Scroll down to the bottom of the page and verify the addresses are present. 20. Select the save button when all information has been updated/verified. 21. Select OK to complete the review of base location <p>Create a Servicing Location</p> <ol style="list-style-type: none"> 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 Fax Number 6. Add Phone Number* 7. Select Office Hours from drop down menu 8. Add Cell Phone Number 9. Add Other Office Hours 10. Add Email Address 11. Add Web Page 12. Add Languages Spoken 13. Select VFC Provider from drop down menu* 14. Select Do you have Malpractice Insurance at this Location from drop down menu* 15. Select Communication Preference from drop down menu 16. Select PCP at this Location from drop down box* 17. Select Next to enter addresses <p>If you choose to Manually Input an address,</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 add additional addresses or Ok to return to Locations details page 	<p>reformats to (###) ###-####.</p> <p>VFC is Vaccines For Children</p> <p>PCP is Primary Care Physician</p> <p style="text-align: center;">IMPORTANT</p> <p>Click on each Address Type to view the information that has been populated in the fields. When all information on the address screen has been verified, click on the validate address button.</p> <p>Adding a Servicing Location is optional for Individual enrollment.</p> <p>After entering the servicing location information, it is necessary to provide location details for the following additional addresses for a Individual enrollment (17):</p> <ul style="list-style-type: none"> ▪ Mailing <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. (10)</p> <p>Use CTRL and mouse click to select multiple languages. (12)</p> <p>Tip: If you select Copy from Location Address, SD MEDX copies the information from the location address previously entered. (17)</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.(3)</p> <p>Warning: If the address is not valid according to the validation software, an error message will appear indicating the address is invalid. The address should be reviewed for any correction prior to selecting the "Next" button.</p>
Action	Step 3: Specializations - Required	Notes
<p>Step 3: Specializations</p>	<p>Select Step 3: Add Specializations hyperlink</p> <ol style="list-style-type: none"> 1. Verify pre-populated Specializations <p>Adding a new Specialty</p> <ol style="list-style-type: none"> 2. Select ADD to open Add Specialty/Subspecialty page 3. Select Location from drop down menu* 4. Select Administration from drop down menu* 	<p>SDMA is the only administration currently available. (4)</p> <p>Specialty is a conditional drop-down menu which is based on Provider Type selection. (6)</p> <p>The End Date is the last day the specialty/subspecialty code is in effect. This is</p>

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	<ol style="list-style-type: none"> 5. Select Provider Type from drop down menu* 6. Select Specialty from drop down menu* 7. Select Available Subspecialties from selection list using the Move and Remove buttons. 8. Select OK 9. Select PAGE CLOSE 	<p>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.</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. (7)</p> <p>Available Subspecialty is a conditional selection list which is based on Specialty selection. (7)</p>
Action	Step 4: Ownership Details – Required/Not Required	Notes
<p>Step 4: Ownership Details</p>	<p>Add Owners</p> <ol style="list-style-type: none"> 1. If Ownership is a Sole Proprietor, verify pre-populated information 2. Select Ok <p>Add Operators</p> <p>After adding the ownership details, operators can be added to the ownership record.</p> <ol style="list-style-type: none"> 3. Select ADD OPERATOR to open Add Operator page 4. Select Operator Type* from drop down menu 5. Add SSN/FEIN* 6. Add Doing Business As* 7. Select Minority/Women Owned Business Enterprise (MWOBE) if applicable 8. Add Organization Name* 9. Add First Name 10. Add Last Name 11. Select Suffix from drop down menu 12. Add Operator Start Date* 13. Add Address Line 1* <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> 14. Add Address Line 2 and Address Line 3 information as appropriate. 15. Add Zip Code 16. Select Validate Address 17. 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"> 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 Type is selected, add SSN 6. Select Ok <p>To add multiple employees, select ADD again and provide employee details.</p> <ol style="list-style-type: none"> 7. Select PAGE CLOSE 	<p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</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%.</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>If the address entered is a valid address according to the validation software, a message will appear indicating the address validation was successful. 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.(16)</p> <p>Warning: If the address is not valid according to the validation software, an error message will appear indicating the address is invalid. The address needs to be reviewed for any corrections prior to selecting the "Next" button.</p> <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	Notes

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<p>Step 5: Licenses and Certifications</p>	<p>Add Licenses and Certifications Select Step 5: Licenses and Certifications hyperlink 1. Verify pre-populated information. Required Credentials 2. Select REQUIRED CREDENTIALS near the top of the page 3. Select Go to view Credentials List 4. Record or print Credentials List 5. Select CANCEL 6. Select ADD to open Add License/Certification page 7. Select Location* from drop-down menu 8. Select License/Certification Type* from drop-down menu 9. Add License/Certification #* 10. Add Effective Date* 11. Add End Date* 12. Select Ok To add multiple License/Certifications select ADD again and provide License/Certification details. 13. Select PAGE CLOSE</p>	<p>The Required Credentials are based on the Specializations specific to the Provider. (4)</p> <p>The locations are specific to the FAOIP and were provided in Step 2: Locations of the business process wizard for FAOIP. (7)</p> <p>End Date is the date the license or certification expires.(11)</p>
<p>Action</p>	<p>Step 6: Training and Education – Optional</p>	<p>Notes</p>
<p>Step 6: Training and Education</p>	<p>Select Step 6: Training and Education hyperlink 1. Select Add to open Add Training/Education List page 2. Select Location* 3. Select Training/Education Type* 4. Add Name of Institution* 5. Add Place Completed* 6. Add Date Completed* 7. Select Ok To add multiple Training and Education items select ADD again and provide Training/Education details. 8. Select PAGE CLOSE</p>	<p>This is an optional step for Individual enrollment.</p> <p>The locations are specific to the Provider and were provided in Step 2: Locations of the business process wizard for Provider.</p> <p>Location is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (2)</p>
<p>Action</p>	<p>Step 7: Identifiers – Optional</p>	<p>Notes</p>
<p>Step 7: Identifiers</p>	<p>Select Step 7: Identifiers hyperlink 1. Verify pre-populated information. 2. Select ADD to open Add New Identifier page 3. Select Location* from drop down menu 4. Select Identifier Type* from drop down menu 5. Add Identifier Value* 6. Add Start Date* 7. Select Ok To add multiple Identifiers select ADD again and provide Identifier details. 8. Select PAGE CLOSE</p>	<p>This is an optional step for Individual enrollment.</p> <p>The locations are specific to the Provider and were provided in Step 2: Locations of the business process wizard for Provider. (3)</p> <p>Location is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (3)</p> <p>)</p> <p>The End Date is the last day the Identifier is in effect at the location selected.</p> <p>The End Date for active records is the system default of 12/31/2999. If a</p>

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Action	Step 8: Indicators - Required	Notes
		record is to be deactivated the End Date can be modified.
Step 8: Indicators	<p>Select Step 8 Indicators hyperlink</p> <ol style="list-style-type: none"> 1. Select ADD to open 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 	<p>The locations are specific to the Provider and were provided in Step 2: Locations of the business process wizard for Provider. (2)</p> <p>Location is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (2)</p> <p>The Start Date is the first day the provider's indicator goes in effect. The Start Date can be modified. (5)</p> <p>The End Date is the last day the provider's indicator 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>
Action	Step 9: Malpractice Insurance Information – Required/Optional	Notes
Step 9: Malpractice Insurance Information	<p>Select Step 9: Malpractice Insurance hyperlink</p> <ol style="list-style-type: none"> 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 <p>To add multiple malpractice insurances select ADD again and provide insurance details.</p> <ol style="list-style-type: none"> 9. Select PAGE CLOSE 	<p>If the Provider selected Yes in Step 2: Locations for Do you have Malpractice Insurance at this Location, then Step 9 Malpractice Insurance Information is required to complete enrollment.</p> <p>The locations are specific to the Provider and were provided in Step 2: Locations of the business process wizard for Provider. (2)</p> <p>Location is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (2)</p> <p>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 \$###,###.##(5)</p> <p>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.(7)</p>
Action	Step 10: Federal Tax Details - Required	Notes
Step 10: Federal Tax Details	<p>Select Step 10: Federal Tax Details hyperlink</p> <ol style="list-style-type: none"> 1. Select W-9 Form hyperlink 2. Verify pre-populated information 3. Add Business Name 4. Select Exempt from Backup Withholding checkbox if applicable 5. Select USE PAY-TO ADDRESS FROM THE FOLLOWING LOCATION* from drop down menu <p>Pay-to Address will be pre-populated with information provided in Step 2: Locations of the business process wizard for Provider.</p>	<p>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.</p> <p>Selecting Pay-To Address will automatically populate the address and phone number information.</p>

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	<ol style="list-style-type: none"> 6. Add Phone Number* 7. Select OK 8. 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>If the address entered is a valid address according to the validation software, a message will appear indicating the address validation was successful. 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.(4)</p> <p>Warning: If the address is not valid according to the validation software, an error message will appear indicating the address is invalid. The address needs to be reviewed for any corrections prior to selecting the "Next" button.</p> <p>Pay-To Address is not visible for Servicing Type of Servicing Only which is provided in Step 1: Basic Information. (5)</p>
Action	Step 11: Claim Submission Method – Optional/Not Required	Notes
Step 11: Claim Submission Method	<p>Select Step 11: 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 step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>This is an optional step for Individual enrollment. If this step is completed, then the business process wizard steps listed below change from Optional to Required.</p> <p>Web Batch</p> <ul style="list-style-type: none"> ▪ Step 12: Add EDI Billing Software Details ▪ Step 14: Add EDI Contact Information Step <p>Billing Agent</p> <ul style="list-style-type: none"> ▪ Step 13: Add EDI Submitter Details <p>FTP Secure Batch</p> <ul style="list-style-type: none"> ▪ Step 12: Add EDI Billing Software Details
Action	Step 12: EDI Billing Software Details - Required/Optional/Not Required	Notes
Step 12: EDI Billing Software Details	<p>Select Step 12: 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 	<p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>Only alphanumeric characters are allowed for Software Product Name. (3)</p> <p>Only alphanumeric characters are allowed for Software Protocol. (5)</p> <p>The End Date is the last day the software contact is in effect. The End Date for</p>

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	<p>8. Select Sub - Element Delimiter from drop down menu</p> <p>Software Vendor Contact Information</p> <ol style="list-style-type: none"> Add Contact Title* Add Contact First Name* Add Contact Last Name* Add Phone Number* Add Fax Number Add Email Address Add Address Line 1* <p>This should be the street address or P.O. Box.</p> <ol style="list-style-type: none"> Add Address Line 2 and Address Line 3 information as appropriate. Add Zip Code Select Validate Address Select Ok Select PAGE CLOSE 	<p>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>If the address entered is a valid address according to the validation software, a message will appear indicating the address validation was successful. 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.(10)</p> <p>Warning: If the address is not valid according to the validation software, an error message will appear indicating the address is invalid. The address needs to be reviewed for any corrections prior to selecting the "Next" button.</p>
Action	Step 13: EDI Submitter Details - Required/Optional/Not Required	Notes
<p>Step 13: EDI Submitter Details</p>	<p>Select Step 13: EDI Submitter Details hyperlink</p> <ol style="list-style-type: none"> Select ADD to open Associate Billing Agent/Clearinghouse page Add Billing Agent/Clearinghouse SD MEDX ID* Add Start Date* <p>Authorized Transaction Responses</p> <p>For each of the Transaction Responses listed the following must be provided:</p> <ol style="list-style-type: none"> Select Authorized from drop down menu Add Start Date if applicable Select Ok Select PAGE CLOSE 	<p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</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 14: EDI Contact Information - Required/Optional/Not Required	Notes
<p>Step 14: EDI Contact Information</p>	<p>Select Step 14: EDI Contact Information hyperlink</p> <ol style="list-style-type: none"> Select ADD to open Add EDI Contact Information Add EDI Contact Information Add Contact Title* Add Contact First Name* Add Contact Last Name* Add Phone Number* Add Fax Number Add Email Address Add Address Line 1* <p>This should be the street address or P.O. Box.</p>	<p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</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>If the address entered is a valid address according to the validation software, a message will appear indicating the address validation was successful. 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</p>

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	<p>10. Add Address Line 2 and Address Line 3 information as appropriate. 11. Add Zip Code 12. Select VALIDATE ADDRESS 13. Verify City/Town drop down menu 14. Select Ok</p> <p>Electronic Transactions 15. Select Available Transactions from selection list using the Move and Remove buttons. 16. Select OK 17. Select PAGE CLOSE</p>	<p>provided.(12)</p> <p>Warning: If the address is not valid according to the validation software, an error message will appear indicating the address is invalid. The address needs to be reviewed for any corrections prior to selecting the "Next" button.</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>
Action	Step 15: Billing Provider Information – Optional	Notes
<p>Step 15: Billing Provider Information</p>	<p>Select Step 15: Add Billing Provider Details</p> <ol style="list-style-type: none"> Select ADD to open Add Billing Provider page Add SD MEDX ID / NPI* Add Start Date* Select CONFIRM PROVIDER <p>IF BILLING PROVIDER IS RECOGNIZED:</p> <ol style="list-style-type: none"> ADD WORKING LOCATION DETAILS ADD PCP LOCATION DETAILS <ol style="list-style-type: none"> Select Ok <p>To add multiple Billing Providers, select ADD again and provide SD MEDX ID or NPI.</p> <ol style="list-style-type: none"> Select Ok Select PAGE CLOSE 	<p>This is an optional step for Individual enrollment.</p> <p>To associate a Billing Provider the Provider must have a completed and approved Billing Agent/Clearinghouse Enrollment.</p> <p>Each Billing Provider must have completed an enrollment and their application has been approved by the State before they can be associated with a Provider enrollment.(4)</p> <p>A Billing Provider must have either a NPI or SD MEDX ID to be validated and associated to a Provider. (2, 3)</p> <p>When entering Billing Provider information, the system validates the information and if a match is found the information is added to the Billing Provider list for the Provider.</p> <p>If the NPI does not match a Billing Provider with appropriate validation, the system displays a message. Failed validation may occur because:</p> <ul style="list-style-type: none"> The Provider is not active The Provider does not have Billing Provider status The Provider Specialties/Subspecialties do not match
Action	Step 16: Payment Details – Required/Not Required	Notes
<p>Step 16: Payment Details</p>	<p>Select Step 16: Payment Details hyperlink</p> <ol style="list-style-type: none"> Select the location code to verify the pre-populated information Update information as appropriate. Select ADD to open Payment Details page <p>Payment Details</p> <ol style="list-style-type: none"> Selection Location* from drop down menu Select Payment Method* from drop down menu <p>Electronic Funds Transfer Details (Direct Deposit)</p> <ol style="list-style-type: none"> Add Bank Name* Add Routing Transit Number* 	<p>This step is not required for Servicing Type of Servicing Only which is provided in Step 1: Basic Information.</p> <p>Note: When information is updated the account number must be re-entered.</p> <p>The locations are specific to the Provider and were provided in Step 2: Locations of the business process wizard for Provider. (4)</p> <p>All Payment Methods default to Electronic Funds Transfer. Providers requesting</p>

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	<ul style="list-style-type: none"> 8. Add Account Number* 9. Select Account Type* from drop down menu 10. Select Payment Notification Preference* from drop down menu 11. Add Email Address <p>Remittance Advice Preference</p> <ul style="list-style-type: none"> 12. Select RA Preference checkbox 13. Select OK 14. Select PAGE CLOSE 	<p>a paper check must contact DSS for authorization. (5)</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. (11)</p>
Action	Step 17: View/Upload Attachments – Optional	Notes
<p>Step 17: View/Upload Attachments – Optional</p>	<p>Select Step 17: View/Upload Attachments</p> <ul style="list-style-type: none"> 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 <p>To View Attachments</p> <ul 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 is an optional step for Individual enrollment.</p> <p>Document type list is conditional populated based on the enrollment type and information provided in the application. (2)</p>
Action	Step 18: Submit Modification for Review - Required	Notes
<p>Step 18: Submit Modification for Review - Required</p>	<p>Select Step 18: Submit Modification for Review hyperlink</p> <ul style="list-style-type: none"> 1. Select Submit Provider Modification <p>A confirmation message is provided, indicating the modifications have been submitted and to provide all supporting documents by mail.</p> <p>Individual Provider business process wizard is complete.</p>	<p>All required steps must have a status of Complete before the business process wizard allows submission.</p>