

Tribal or Indian Health Services Re-enrollment Quick Reference

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

Action	Enroll as Tribal or Indian Health Services – 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"> Organization Name Organization Business Name FEIN NPI W-9 Entity 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>Tip: The Tab key can be used to navigate to the next applicable 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. (4)</p>
Action	Step 2: Locations - 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 Add Business Name at this Location* Add Contact First Name* Add Contact Last Name* Select Accept New Recipient* from drop down menu Add Phone Number* Add Fax Number Add Email Address Add Cell Phone Number Select Office Hours from drop down menu Add Other Office Hours Add Web Page Add Languages Spoken Select Communication Preference from drop down menu Select Do you have Malpractice Insurance at this Location* from drop down menu Select VFC Provider* from drop down menu Select PCP at this Location* 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 (###) ###-####. (6, 7, 9)</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. (8)</p> <p>Use CTRL and mouse click to select multiple languages. (13)</p> <p>VFC is Vaccines For Children</p> <p>PCP is Primary Care Physician</p> <p>After entering the base location information, it is necessary to provide location</p>

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	<p>18. Select Do you see patients at this Location* from drop down menu</p> <p>Verify Location Details Verify the Mailing, Prior-Authorization, Pay-To addresses are present:</p> <p>19. Scroll down to the bottom of the page and verify the addresses are present.</p> <p>20. Select the save button when all information has been updated/verified.</p> <p>21. Select OK to complete the review of base location</p> <p>Create a Servicing Location</p> <ol style="list-style-type: none"> 1. Select ADD from Locations List page 2. Location Type* defaults to Servicing Location 3. Add Business Name at this Location* 4. Select Accept New Recipient* from drop down menu 5. Start Date* 6. Add Contact First Name* 7. Add Contact Last Name* 8. Add Fax Number 9. Add Phone Number* 10. Select Office Hours from drop down menu 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 PCP at this Location* from drop down menu 20. Select Next to enter addresses <p>If you choose to Manually Input an address,</p> <ol style="list-style-type: none"> 21. Add Address Line 1* 22. Add Zip Code* 23. Select VALIDATE ADDRESS 24. Verify City/Town in drop down menu 25. Select next to enter all addresses and OK to return to Locations details page 	<p>details for the following additional addresses for a Tribal or Indian Health Services enrollment (21):</p> <ul style="list-style-type: none"> ▪ Mailing ▪ Pay-To ▪ Prior Authorization <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>After entering the servicing location information, it is necessary to provide location details for the following additional addresses for a Tribal or Indian Health Services enrollment:</p> <ul style="list-style-type: none"> ▪ Mailing <p>Tip: If you select Copy from Location Address, SD MEDX copies the information from the location address previously entered. (20)</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.(23)</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: 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. The</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>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: Licenses and Certifications – Required/Optional	Notes
Step 4: Licenses and Certifications	<p>Licenses and Certifications Select Step 4: Licenses and Certifications hyperlink To review what Credentials are required for a Provider Enrollment:</p> <ol style="list-style-type: none"> 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 Ok <p>To add multiple License/Certifications select ADD again and provide License/Certification details.</p> <ol style="list-style-type: none"> 11. 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 Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (5)</p> <p>End Date is the date the license or certification expires.(9)</p>
Action	Step 5: Identifiers – Optional	Notes
Step 5: Identifiers	<p>Select Step 5: Identifiers hyperlink</p> <ol style="list-style-type: none"> 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 <p>To add multiple Identifiers select ADD again and provide Identifier details.</p> <ol style="list-style-type: none"> 7. Select PAGE CLOSE 	<p>This is an optional step for Tribal or Indian Health Services Enrollment.</p> <p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (2)</p> <p>Depending on the Identifier type, Identifier Value will have conditional business rules. (3)</p> <p>The Start Date is the first day the provider's identifier goes in effect. The Start Date can be modified. (5)</p> <p>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.</p>
Action	Step 6: Indicators - Required	Notes

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<p>Step 6: Indicators</p>	<p>Select Step 6: Indicators hyperlink</p> <ol style="list-style-type: none"> 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 	<p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (2)</p> <p>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>Action</p>	<p>Step 7: Malpractice Insurance Information – Required/Optional</p>	<p>Notes</p>
<p>Step 7: Malpractice Insurance Information</p>	<p>Select Step 7: 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: Add Locations for Do you have Malpractice Insurance at this Location, then Step 7: Add Malpractice Insurance Information is required to complete enrollment.</p> <p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (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 \$###,###.##</p> <p>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>Action</p>	<p>Step 8: Federal Tax Details - Required</p>	<p>Notes</p>
<p>Step 8: Federal Tax Details</p>	<p>Select Step 8: 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 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 drop down menus 	<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>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (5)</p> <p>Selecting Pay-To Address will automatically populate the address and phone number information.</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.(4)</p> <p>Warning: If the address is not valid according to the validation software, an</p>

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	<ol style="list-style-type: none"> 6. Add Phone Number* 7. Select Ok 8. Select PAGE CLOSE 	error message will appear indicating the address is invalid. The address needs to be reviewed for any corrections prior to selecting the "Next" button.
Action	Step 9: Claim Submission Method - Optional	Notes
Step 9: Claim Submission Method	<p>Select Step 9: 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 Tribal or Indian Health Services 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 10: Add EDI Billing Software Details ▪ Step 12: Add EDI Contact Information <p>Billing Agent</p> <ul style="list-style-type: none"> ▪ Step 11: Add EDI Submitter Details <p>FTP Secure Batch</p> <ul style="list-style-type: none"> ▪ Step 10: Add EDI Billing Software Details
Action	Step 10: EDI Billing Software Details - Required/Optional	Notes
Step 10: EDI Billing Software Details	<p>Select Step 10: 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 14. Add Email Address 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 21. Select PAGE CLOSE 	<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 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.(18)</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 11: EDI Submitter Details - Required/Optional	Notes
Step 11: EDI Submitter	<p>Select Step 11: EDI Submitter Details hyperlink</p> <ol style="list-style-type: none"> 1. Select ADD to open Associate Billing Agent/Clearinghouse page 	The Provider obtains Billing Agent/Clearinghouse SD MEDX ID from the Billing Agent/Clearinghouse.

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<p>Details</p>	<p>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</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. (4)</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>
<p>Action</p>	<p>Step 12: EDI Contact Information - Required/Optional</p>	<p>Notes</p>
<p>Step 12: EDI Contact Information</p>	<p>Select Step 12: 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. 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 Electronic Transactions 10. Select Available Transactions from selection list using the Move and Remove buttons. 11. Select OK 12. Select PAGE CLOSE</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 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>
<p>Action</p>	<p>Step 13: Billing Provider Details - Optional</p>	<p>Notes</p>
<p>Step 13: Billing Provider Details</p>	<p>Select Step 13: Billing Provider Details 1. Select ADD to open Add Billing Provider page 2. Add SD MEDX ID / NPI* 3. Select CONFIRM PROVIDER If the Billing Provider is recognized: 17. Add the Working Location details 18. Add the PCP Location details 19. Select Ok To add multiple Billing Providers, select ADD again and provide SD MEDX ID or NPI.</p>	<p>This is an optional step for Tribal or Indian Health Services Enrollment.</p> <p>A Billing Provider must have either a NPI or SD MEDX ID to be validated and associated to a Provider. (2)</p> <p>Each Billing Provider must have completed an enrollment and their application has been approved by the State before they can be associated.(3)</p> <p>If the SD MEDX ID or NPI does not match a Billing Provider with appropriate validation, the system displays a message. Failed validation may occur</p>

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	<ol style="list-style-type: none"> 20. Select Ok 21. Select PAGE CLOSE 	<p>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 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. Select Confirm Provider button <p>If Servicing Provider is recognized:</p> <ol style="list-style-type: none"> 5. Add Working Location details 6. Add PCP Location Details 7. Select Ok <p>To add multiple Service Providers, select ADD again and provide SD MEDX ID or NPI.</p> <ol style="list-style-type: none"> 8. Select PAGE CLOSE 	<p>A Servicing Provider must have either an NPI or SD MEDX ID to be validated and associated to a Group Practice. (2)</p> <p>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. (3)</p> <p>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.</p> <p>If Servicing Provider does not exist in the database, the new Servicing providers need to initiate a new enrollment and can then be associated to the Group Practice. Review the New Enrollment Individual (Servicing Only) and associated quick reference guide and checklist. (4)</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 the location code to verify the pre-populated information 2. Update information as appropriate. 3. Select ADD to open Payment Details page <p>Payment Details</p> <ol style="list-style-type: none"> 4. Selection Location* from drop down menu 5. Select Payment Method* from drop down menu <p>Electronic Funds Transfer Details (Direct Deposit)</p> <ol style="list-style-type: none"> 6. Add Bank Name* 7. Add Routing Transit Number* 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> <ol style="list-style-type: none"> 12. Select RA Preference checkbox 13. Select Ok 14. Select PAGE CLOSE 	<p>The locations are specific to the Tribal or Indian Health Services and were provided in Step 2: Add Locations of the business process wizard for Tribal or Indian Health Services. (4)</p> <p>Note: When information is updated the account number must be re-entered.</p> <p>All Payment Methods default to Electronic Funds Transfer. Tribal or Indian Health Services Providers requesting 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 16: Tribal Health Details - Required	Notes
Step 16: Tribal	Select Step 16: Tribal Health Details	Tip: Hold the CTRL key when clicking options to add multiple selections of

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Health Details	<ol style="list-style-type: none"> 1. Select Type* 2. Select Available Tribal Affiliations from selection list using the Move and Remove buttons. 3. Select Ok 	Tribal Affiliations. To select multiple options in a row, click the first option, hold the SHIFT key and click the last desired option. (2)
Action	Step 17: View/Upload Attachments – Optional	Notes
Step 17: View/Upload Attachments – Optional	<p>Select Step 17: View/Upload Attachments</p> <ol 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> <ol style="list-style-type: none"> 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 	<p>This is an optional step for Tribal or Indian Health Services 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
Step 18: Submit Modification for Review - Required	<p>Select Step 18: Submit Modification for Review hyperlink</p> <ol 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>Tribal or Indian Health Services Enrollment business process wizard is complete.</p>	All required steps must have a status of Complete before the business process wizard allows submission.