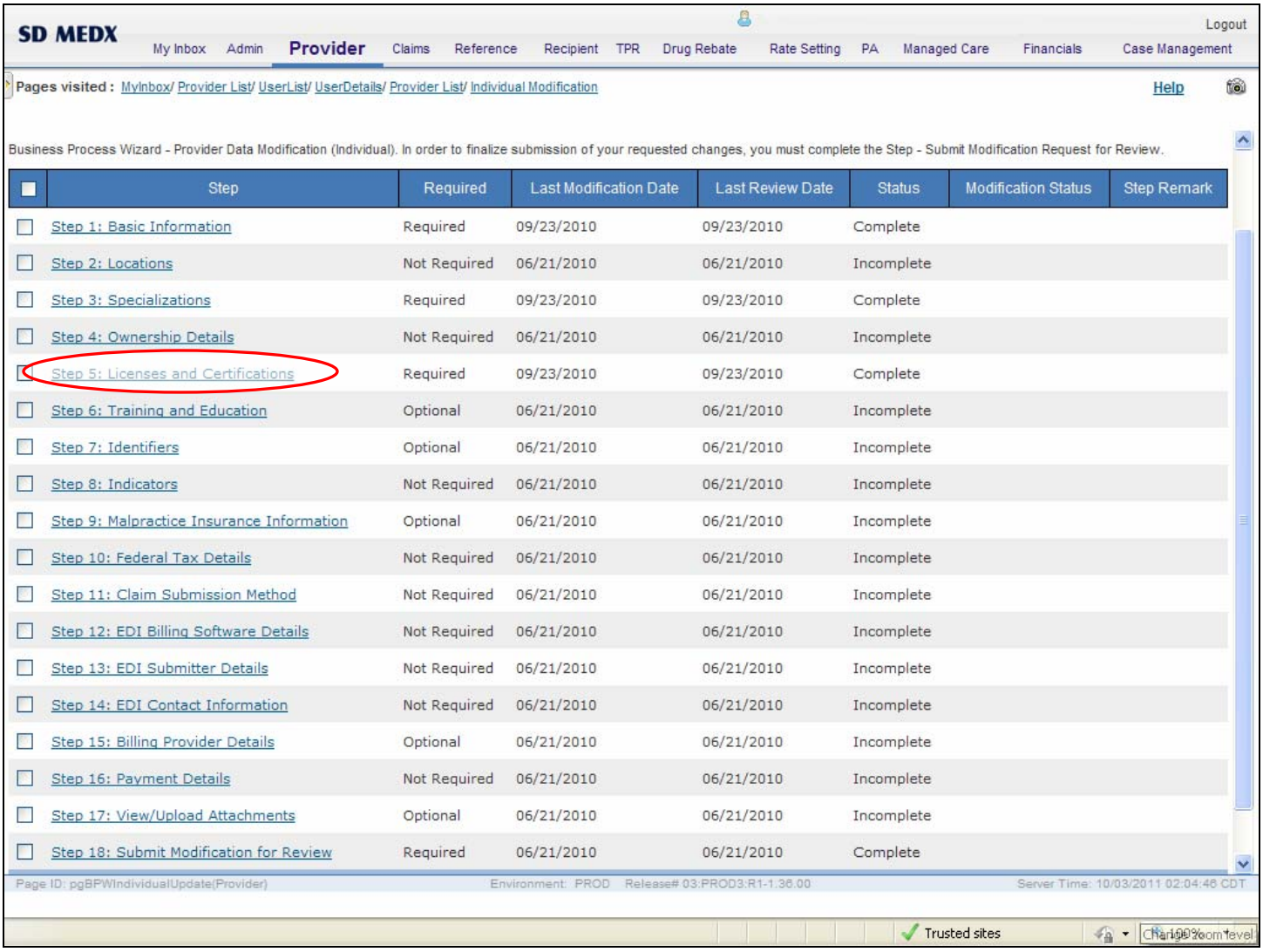
SD MEDX

South Dakota Medical Electronic Data Exchange
SD Department of Social Services

UPDATING LICENSE/CERTIFICATION INFORMATION

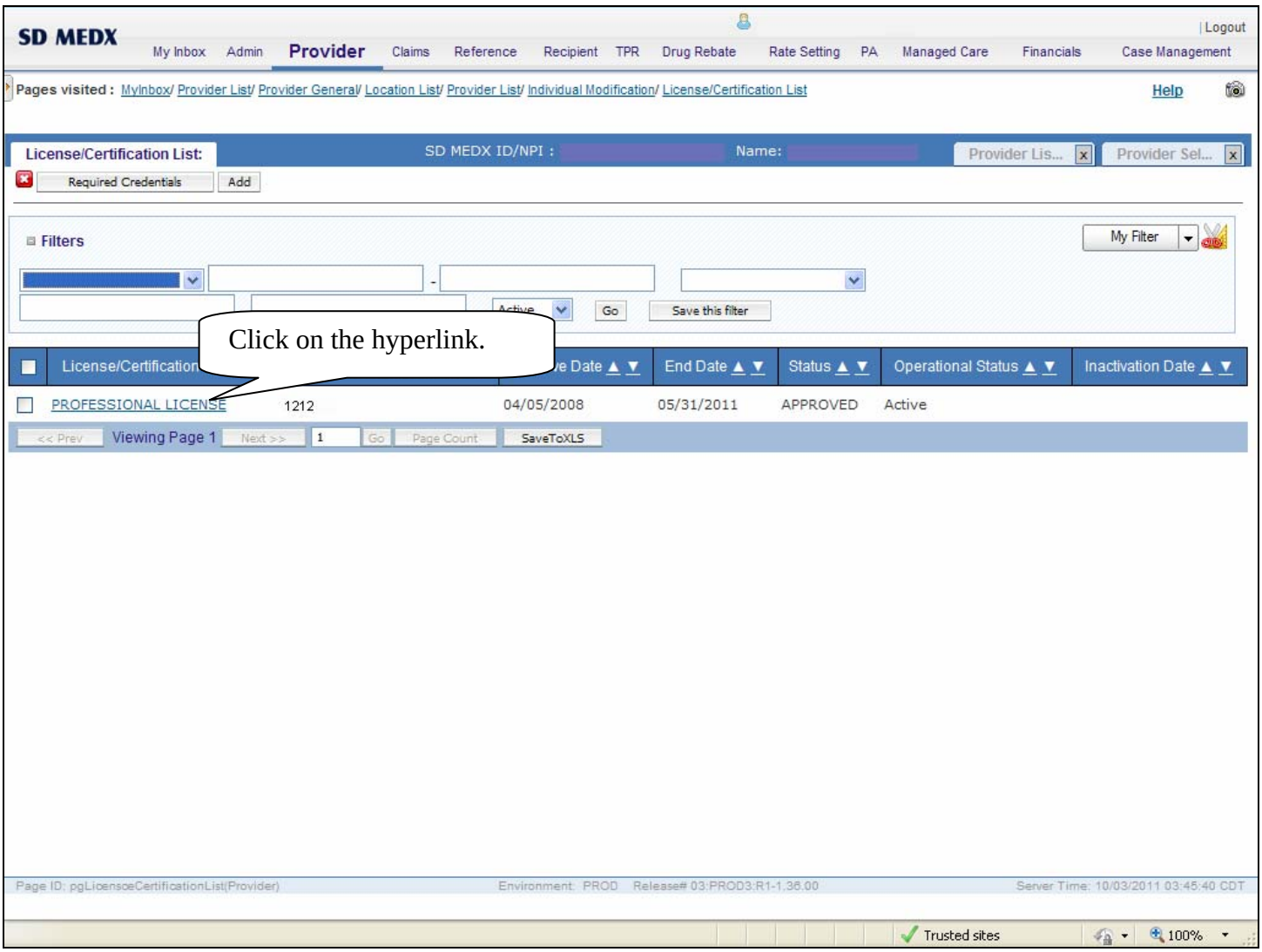


Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required	09/23/2010	09/23/2010	Complete		
Step 2: Locations	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 3: Specializations	Required	09/23/2010	09/23/2010	Complete		
Step 4: Ownership Details	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 5: Licenses and Certifications	Required	09/23/2010	09/23/2010	Complete		
Step 6: Training and Education	Optional	06/21/2010	06/21/2010	Incomplete		
Step 7: Identifiers	Optional	06/21/2010	06/21/2010	Incomplete		
Step 8: Indicators	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 9: Malpractice Insurance Information	Optional	06/21/2010	06/21/2010	Incomplete		
Step 10: Federal Tax Details	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 11: Claim Submission Method	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 12: EDI Billing Software Details	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 13: EDI Submitter Details	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 14: EDI Contact Information	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 15: Billing Provider Details	Optional	06/21/2010	06/21/2010	Incomplete		
Step 16: Payment Details	Not Required	06/21/2010	06/21/2010	Incomplete		
Step 17: View/Upload Attachments	Optional	06/21/2010	06/21/2010	Incomplete		
Step 18: Submit Modification for Review	Required	06/21/2010	06/21/2010	Complete		

After logging in and selecting “Manage Provider Information” from the Provider Portal, you will be taken to the Business Process Wizard

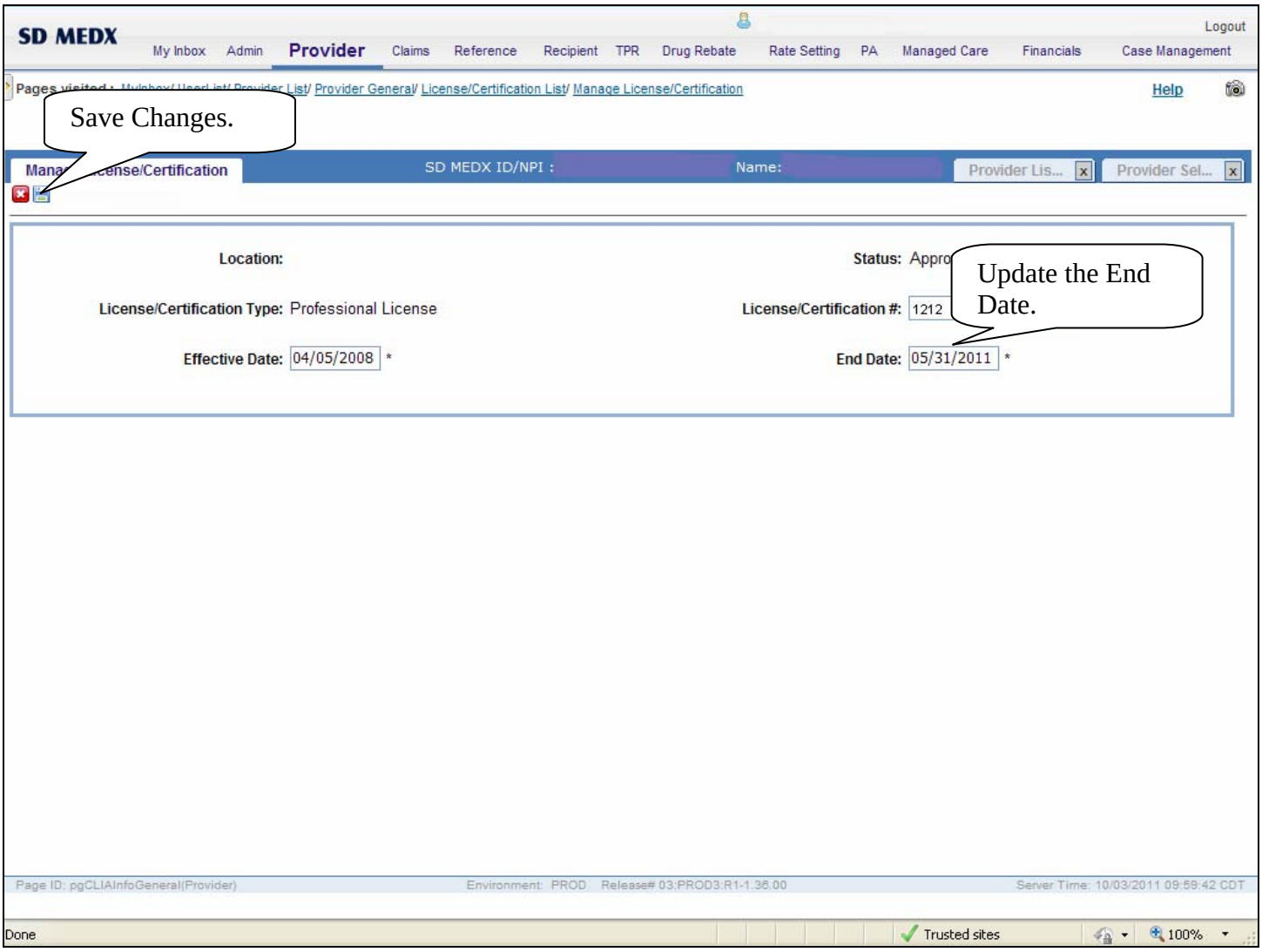
Select Step 5: Licenses and Certifications

UPDATING LICENSE/CERTIFICATION INFORMATION



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

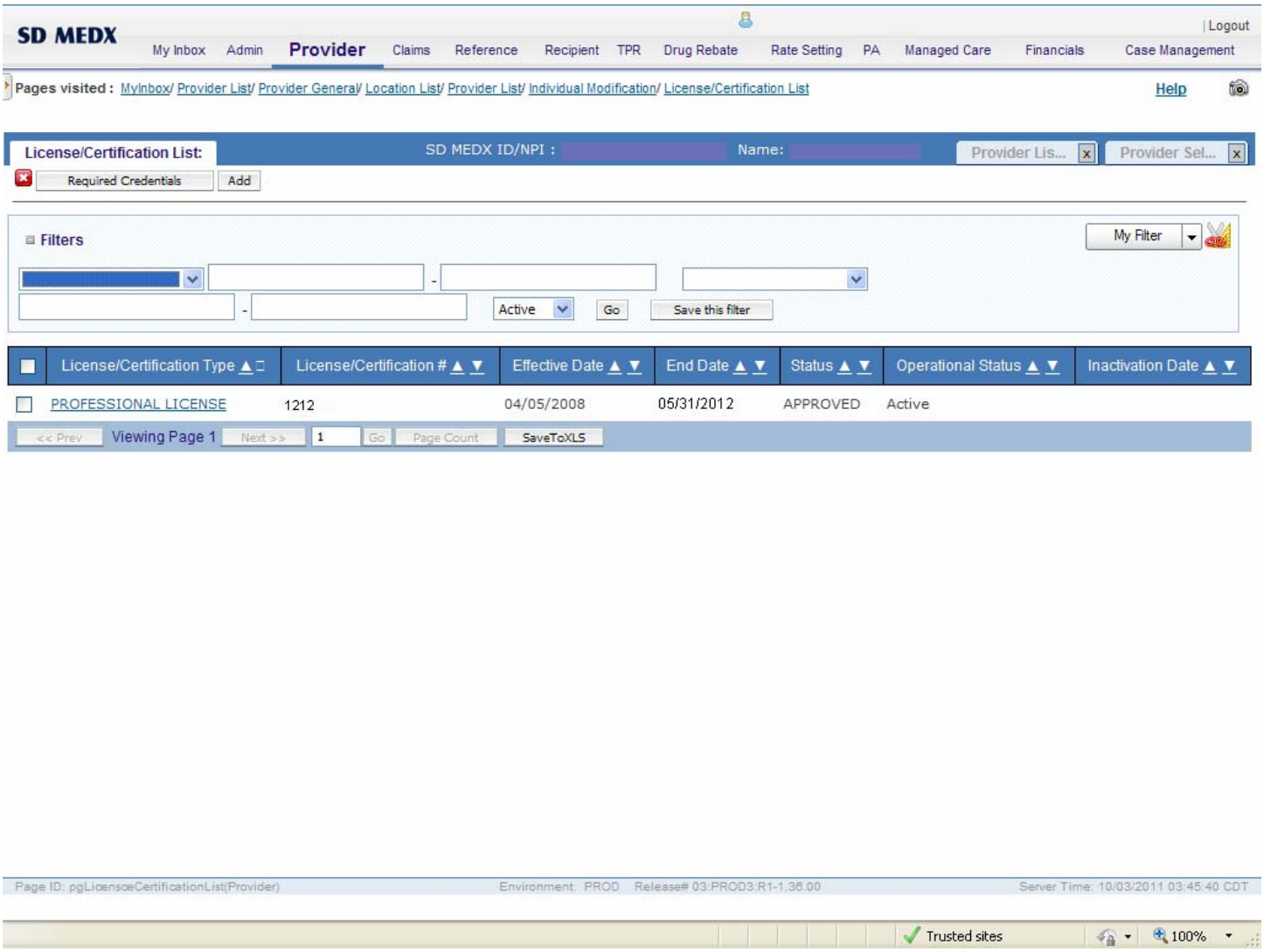
UPDATING LICENSE/CERTIFICATION INFORMATION



Update the End Date with new expiration date.

Save changes prior to exiting away from Manage License/Certification page.

UPDATING LICENSE/CERTIFICATION INFORMATION



End Date will be updated. The updated address 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.

UPDATING LICENSE/CERTIFICATION INFORMATION

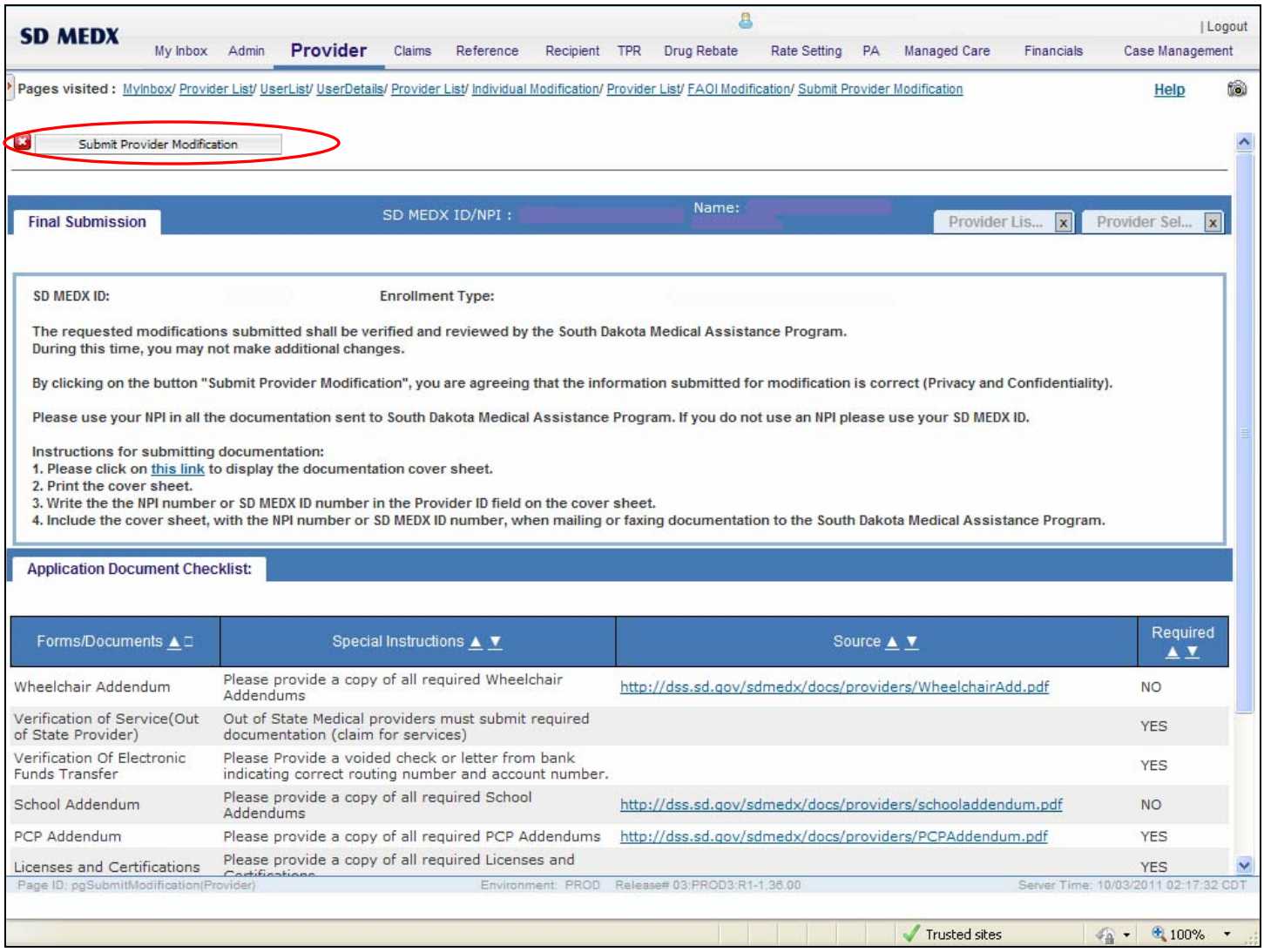
	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status
☐	Step 1: Basic Information	Required	05/03/2010	05/03/2010	Complete	
☐	Step 2: Locations	Required	05/03/2010	05/03/2010	Complete	Updated
☐	Step 3: Specializations	Required	05/03/2010	05/03/2010	Complete	Updated
☐	Step 4: Ownership Details	Required	05/03/2010	05/03/2010	Complete	Updated
☐	Step 5: Licenses and Certifications	Optional	05/03/2010	05/03/2010	Complete	Updated
☐	Step 6: Identifiers	Optional	05/03/2010	05/03/2010	Complete	Updated
☐	Step 7: Indicators	Optional	05/03/2010	05/03/2010	Complete	Updated
☐	Step 8: Malpractice Insurance Information	Optional	05/03/2010	05/03/2010	Complete	Updated
☐	Step 9: Federal Tax Details	Required	05/03/2010	05/03/2010	Complete	Updated
☐	Step 10: Claim Submission Method	Required	05/03/2010	05/03/2010	Complete	Updated
☐	Step 11: EDI Billing Software Details	Optional	05/03/2010	05/03/2010	Complete	Updated
☐	Step 12: EDI Submitter Details	Optional	05/03/2010	05/03/2010	Complete	Updated
☐	Step 13: EDI Contact Information	Optional	05/03/2010	05/03/2010	Complete	Updated
☐	Step 14: Servicing Provider Information	Required	05/03/2010	05/03/2010	Incomplete	
☐	Step 15: Payment Details	Required	05/03/2010	05/03/2010	Incomplete	
☐	Step 16: View/Upload Attachments	Optional	05/03/2010	05/03/2010	Incomplete	
☐	Step 17: Submit Modification for Review	Required	05/03/2010	05/03/2010	Incomplete	

Page ID: pgBPWGroupPracticeUpdate(Provider) Environment: UAT Release# R1-0.4.79 Server Time: 05/1

Local intranet

Select Step 17: Submit Modification for Review.

UPDATING LICENSE/CERTIFICATION INFORMATION



Click on the button “Submit Provider Modification.”

If a license/certification is updated, please fax a copy of the current license/certification to Provider Enrollment 605-773-5246 or mail to DSS Division of Medical Services, 700 Governors Drive, Pierre SD 57501.