

MEDICAID SOUTH DAKOTA PRE-ENROLLMENT INSTRUCTIONS – MCDSD



HOW LONG DOES PRE-ENROLLMENT TAKE?

- Less than 2 weeks

WHERE SHOULD I SEND THE FORMS?

- Trading Partner Agreement with the billing NPI noted must have an original ink signature and be mailed to:
DSS – Medical Services
Attn: Provider Enrollment
700 Governors Dr
Pierre, SD 57501

WHO CAN SIGN THE FORMS?

- The owner or other authorized personnel with legal binding authority.

WHAT DO I DO?

- Login to your SD Medicaid provider record in SD MEDX at <https://dss.sd.gov/sdmedx/login/login.aspx>. Make sure your record is up to date for all steps. The “Claim Submission Method” step needs to indicate “billing agent/clearinghouse” and you need to add Office Ally’s MEDX ID 2000037 under the “EDI Submitter Details” step. Note these transactions (835, 837P, 277U) Office Ally will be involved with. When record updates are complete, click on the last step to submit the changes for state review.
- In addition to the online updates, you need to complete the [Trading Partner Agreement](#). Enter your entity name associated to the billing NPI and have the form signed by authorized personnel. Office Ally’s information will not be noted on the form. Form must be mailed.

HOW DO I CHECK STATUS?

- Login to your SD Medicaid provider record in SD MEDX at <https://dss.sd.gov/sdmedx/login/login.aspx>. If your modifications are not in an approved status, they will be noted as such and you would not be permitted to make additional changes.

To complete your enrollment follow instructions on the “Note to My Clients Plus users” page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

WHAT PROVIDER NUMBER DO I USE?

- NPI#

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012