

**WHICH FORMS SHOULD I COMPLETE?**

- [Provider Enrollment Portal Registration](#)
  - o Click [here](#) for Portal Instructions
- Under claim submission method:
  - o Trading Partner ID: **111111337**
  - o Transactions: **837P. 835. 277U**

**WHERE SHOULD I SEND THE FORM(S)?**

- Provider enrollment is completed online

**WHAT IS THE TURNAROUND TIME?**

- Standard processing time is 7-10 business days

**HOW DO I CHECK STATUS?**

- To check the status of your enrollment, log into the Medicaid portal and verify your modifications were approved
- Once you receive confirmation that you have been linked to Office Ally for **837P** transactions, you **MUST** email [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com) with the below information **PRIOR** to submitting claims electronically. Notification is not required for 835/277U activation.
  - o **Email of Subject:** Medicaid South Dakota (MCDSD) – EDI Approval NPI (Insert NPI)
  - o **Body of Email:**
    - Please log my EDI approval for Medicaid South Dakota:
      - Provider Name:
      - NPI:
      - TIN: