

# MEDICAID SOUTH CAROLINA PRE-ENROLLMENT INSTRUCTIONS – SCIX



## HOW LONG DOES PRE ENROLLMENT TAKE?

- Standard Processing time is 7 business days.

## WHAT FORM(S) SHOULD I DO?

- Medicaid South Carolina requires that a Trading Partner Agreement must be submitted for both Office Ally and the Provider with every enrollment.
- SC Medicaid Trading Partner Agreement/ Remittance Advice Enrollment (FOR PROVIDERS)
  - You **MUST** complete all fields that are applicable to you
- SC Medicaid Trading Partner Agreement Enrollment Form (FOR OFFICE ALLY)
  - Most all fields are completed for you. The only fields that are required for the provider to complete are:
    - Authorized Signature and Name of Person Submitting Enrollment
    - Submission Date and Requested Effective Date

## WHERE SHOULD I SEND THE FORMS?

- Fax the form to 803-870-9021; or
- Mail the form to
  - SC Medicaid TPA
  - PO BOX 17
  - Columbia, SC 29202

IF FAXING THE FORM YOU MUST KEEP THE ORIGINAL ON FILE IN YOUR OFFICE!

## WHO CAN SIGN THE FORMS?

- Owner or authorized personnel

## HOW DO I CHECK STATUS OF PRE-ENROLLMENT?

- Call 888-289-0709, option 2 and ask if the provider has been enrolled.
- Once you have been enrolled you **MUST** contact Office Ally at 360-975-7000 option 1 **BEFORE** submitting claims for electronic transmission.
  - Office Ally is not notified of approvals by the payer.

# Trading Partner Agreement Enrollment Instructions for Providers

The Trading Partner Agreement (TPA) Enrollment form may be found in the “Forms” section under “Provider Quick Links” on the SCDHHS website, <http://provider.scdhhs.gov>.

Please use the instructions outlined below to complete the TPA. Incomplete or incorrect TPAs will not be processed.

Field	Instructions
<b>Reason for Submission</b>	Select the appropriate transaction type being submitted: New Enrollment, Change Enrollment, or Cancel Enrollment. ( <i>Select only one</i> )
<b>Provider Name</b>	Enter the complete legal name of institution, corporate entity, practice, or individual provider.
<b>Doing Business As Name (DBA)</b>	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it. Enter this information, if applicable.
<b>Street</b>	Enter the number and street name where a person or organization can be found.
<b>City</b>	Enter the city associated with the provider address field.
<b>State/Province</b>	Enter the ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable country.
<b>Zip Code/Postal Code</b>	Enter the 5 digit or the 5 digit + 4 codes associated with the provider’s add The zip code/postal code is part of the system of postal-zone codes (Zip stand for “zone improvement plan” introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
<b>National Provider Identifier (NPI)</b>	Enter the unique 10-digit identification number issued to healthcare providers by the Centers for Medicare and Medicaid Services.
<b>Provider Federal Tax Identification Number (TIN)</b>	Enter a Federal Tax Identification Number, also known as an Employer Identification Number (EIN), which is used to identify a business entity. A Social Security Number (SSN) may also be used for Individual provider enrollments.
<b>Trading Partner ID</b>	Enter the provider’s submitter ID assigned by the health plan or the provider’s clearinghouse or vendor. Leave this field blank if you have an X12 Submitter ID.
<b>SC Medicaid Provider ID</b>	Enter the 6-digit alphanumeric SC Medicaid Provider number assigned to the provider by SCDHHS. This will not be completed for new Trading Partner Agreement enrollments.
<b>Type of Business</b>	Select “Medicaid Provider”.
<b>Provider Contact Name</b>	Enter the name of the contact in the provider’s office for handling ERA issues.
<b>Telephone Number</b>	Enter the 10-digit telephone number associated with the contact person.
<b>Telephone Number Extension</b>	Enter the contact person’s telephone number extension, if applicable.
<b>Fax Number</b>	Enter a 10-digit number at which the provider can be sent facsimiles.
<b>Email Address</b>	Enter an electronic email address at which the health plan might contact the provider.
<b>Preference for Aggregation of Remittance Data</b>	Select either the “National Provider Identifier (NPI)” or the “Provider Tax Identification Number (TIN)” checkbox to indicate the provider’s preference for grouping (bulking) claim payment remittance advice. Enter the provider’s NPI or TIN (EIN or SSN) in the space provided. Only one type may be selected. (Note: In most cases, this will be the NPI unless the provider is atypical and does not have an NPI.)
<b>Using a clearinghouse, billing agent, or vendor to submit claims</b>	Indicate if you are using a clearinghouse, billing agent, or vendor to submit your claims. If you select “Yes”, enter the name of this entity. (If you will only be using the South Carolina Medicaid Web-based Submission Tool, enter “Web Tool” in this space.) If you select “No”, please indicate the protocol(s) you will use to submit claims. (multiple selections are allowed)
<b>South Carolina Medicaid Web-based Claims Submission Tool (Select Only One)</b>	If you would like to access the SC Medicaid Web Tool, check the “Requesting Access” checkbox and indicate the number of IDs you require. (Individual IDs are required). If you bill as part of an existing group, leave this section blank. If you have an existing Web tool ID and you would like the NPI on this TPA linked, select the “Link to Existing ID” checkbox and indicate the Web Tool ID.
<b>Transactions Requested</b>	Leave blank unless you have an X12 Submitter ID.
<b>TPA Authorization Agreement</b>	Select the checkbox if you have read, understand, and are in agreement with TPA terms and conditions. (The TPA will not be processed if this is not checked)
<b>Authorized Signature</b>	Enter the signature of the individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment.
<b>Printed name of Person Submitting Enrollment</b>	Print the name of the person signing the form.
<b>Submission Date</b>	Enter the date on with the enrollment or modification is being submitted.
<b>Requested Effective Date</b>	Enter the date the provider wishes to begin receiving/end an electronic remittance advice (ERA).

# SC Trading Partner Agreement/Remittance Advice Enrollment

Fax to (803)870-9021 or mail to SC Medicaid TPA, PO Box 17, Columbia, SC 29202

Reason for Submission:  New Enrollment  Change Enrollment  Cancel Enrollment

## Trading Partner Information

Provider Name: \_\_\_\_\_

Doing Business As Name (DBA): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_ Provider Federal Tax Identification Number (TIN): \_\_\_\_\_

Trading Partner ID: \_\_\_\_\_ SC Medicaid Provider ID: \_\_\_\_\_

Type of Business:  Medicaid Provider  Billing Service  Clearinghouse  Software Vendor

Other (please specify): \_\_\_\_\_

## Provider Contact Information

Provider Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number Extension: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preference for Aggregation of Remittance Data (e.g., Account number linkage to provider identifier):  Provider Tax Identification Number (TIN): \_\_\_\_\_  
 National Provider Identifier (NPI): \_\_\_\_\_

## Claims Submission/Retrieval Information

Are you using a clearinghouse, billing agent, or vendor to submit your claims?  Yes  No

If Yes, please enter the name of the clearinghouse, billing agent, or vendor here: \_\_\_\_\_

If No, please indicate below which protocol(s) is/are used: (multiple selections are allowed)

Secure FTP  WS\_FTP Pro  CD  Diskette

South Carolina Medicaid Web-Based Claims Submission Tool (Select One)

Requesting Access: Number of IDs Requested \_\_\_\_\_  No Access Needed

Link to Existing IDs: \_\_\_\_\_

(If you submit X12 claims directly to SC Medicaid, you must complete the "linked" Submitter ID Information found on the second page of this application)

## Transactions Requested

Yes  No 270 – Eligibility IN  Yes  No 820 – Premium Payments  Yes  No 837P – Professional Claims

Yes  No 271 – Eligibility OUT  Yes  No 834 – Benefit Enrollment  Yes  No 837D – Dental Claims

Yes  No 276 – Claim Status IN  Yes  No 835 – Electronic Remittance Advice\*

Yes  No 277 – Claim Status OUT  Yes  No 837I – Institutional Claims

## TPA Authorization Agreement

I have read, understand, and agree with the conditions set forth in the South Carolina Trading Partner Agreement for Electronic Claims and Related transactions.

Authorized Signature: \_\_\_\_\_

Printed Name of Person Submitting Enrollment: \_\_\_\_\_

Submission Date: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

\*Please contact the Provider Service Center at 1-888-289-0709 for any questions regarding the electronic remittance advice enrollment process or the status of your enrollment.

\*Please refer to the "Your Remittance Advice" area in the Electronic Funds Transfer (EFT) section of the Provider Enrollment manual found on the SCDHHS Provider Web Page for instructions on how to complete updates to your Electronic Remittance Advice.

For assistance completing this form, please contact the EDI Support Center at 1-888-289-0709.



# Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses

The Trading Partner Agreement (TPA) Enrollment form may be found in the “Forms” section under “Provider Quick Links” on the SCDHHS website, <http://provider.scdhhs.gov>.

Please use the instructions outlined below to complete the TPA. Incomplete or incorrect TPAs will not be processed.

Field	Instructions
<b>Reason for Submission</b>	Select the appropriate transaction type being submitted: New Enrollment, Change Enrollment, or Cancel Enrollment. ( <i>Select only one</i> ) Select “New Enrollment” to request a new SC Medicaid Submitter ID. Select “Change” or “Cancel” to add or remove providers on an existing Submitter ID.
<b>Trading Partner Name</b>	Enter the complete legal name of institution, corporate entity, practice, or individual provider.
<b>Doing Business As Name (DBA)</b>	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it. Enter this information, if applicable.
<b>Street</b>	Enter the number and street name where a person or organization can be found.
<b>City</b>	Enter the city associated with the provider address field.
<b>State/Province</b>	Enter the ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable country.
<b>Zip Code/Postal Code</b>	Enter the 5 digit or the 5 digit + 4 codes associated with the provider’s add The zip code/postal code is part of the system of postal-zone codes (Zip stand for “zone improvement plan” introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
<b>National Provider Identifier (NPI)</b>	Enter the unique 10-digit identification number issued to healthcare providers by the Centers for Medicare and Medicaid Services. ( <i>For future use</i> )
<b>Provider Federal Tax Identification Number (TIN)</b>	Enter a Federal Tax Identification Number, also known as an Employer Identification Number (EIN), which is used to identify a business entity. A Social Security Number (SSN) may also be used for Individual provider enrollments. ( <i>For future use</i> )
<b>Trading Partner ID</b>	Enter the provider’s submitter ID assigned by the health plan or the provider’s clearinghouse or vendor. Enter the X12 Submitter ID for the clearinghouse or vendor.
<b>SC Medicaid Provider ID</b>	Enter the 6-digit alphanumeric SC Medicaid Provider number assigned to the provider by SCDHHS. This will not be completed for new Trading Partner Agreement enrollments.
<b>Type of Business</b>	Select the appropriate type for your company.
<b>Trading Partner Contact Name</b>	Enter the name of the contact in the provider’s office for handling ERA issues.
<b>Telephone Number</b>	Enter the 10-digit telephone number associated with the contact person.
<b>Telephone Number Extension</b>	Enter the contact person’s telephone number extension, if applicable.
<b>Fax Number</b>	Enter a 10-digit number at which the provider can be sent facsimiles.
<b>Email Address</b>	Enter an electronic email address at which the health plan might contact the provider.
<b>Protocol</b>	Select the appropriate submission or retrieval method for X12 transactions.
<b>South Carolina Medicaid Web-based Claims Submission Tool (Select Only One)</b>	If you would like to access the SC Medicaid Web Tool, check the “Requesting Access” checkbox and indicate the number of IDs you require. (Individual IDs are required). If you would like to link providers, select the “Link to Existing ID” checkbox and complete Page 2 of the application. ( <i>Note: Linked providers must have a TPA on file for the Submitter ID listed on Page 1</i> )
<b>Transactions Requested</b>	Select the transaction types you wish to send and receive.
<b>TPA Authorization Agreement</b>	Select the checkbox if you have read, understand, and are in agreement with TPA terms and conditions. (The TPA will not be processed if this is not checked)
<b>Authorized Signature</b>	Enter the signature of the individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment.
<b>Printed name of Person Submitting Enrollment</b>	Print the name of the person signing the form.
<b>Submission Date</b>	Enter the date on with the enrollment or modification is being submitted.
<b>Requested Effective Date</b>	Enter the date the provider wishes to begin receiving/end an electronic remittance advice (ERA).

# SC Trading Partner Agreement Enrollment

Fax to (803)870-9021 or mail to SC Medicaid TPA, PO Box 17, Columbia, SC 29202

Reason for Submission:  New Enrollment  Change Enrollment  Cancel Enrollment

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## Trading Partner Information

Trading Partner Name: \_\_\_\_\_

Doing Business As Name (DBA): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_ Provider Federal Tax Identification Number (TIN): \_\_\_\_\_

Trading Partner ID: \_\_\_\_\_ SC Medicaid Provider ID: \_\_\_\_\_

Type of Business:  Billing Service  Clearinghouse  Software Vendor

Other (please specify): \_\_\_\_\_

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## Trading Partner Contact Information

Trading Partner Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number Extension: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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## Claims Submission/Retrieval Information

Indicate below which protocol(s) is/are used: (Multiple selections are allowed)

Secure FTP  WS\_FTP Pro  CD  Diskette

South Carolina Medicaid Web-Based Claims Submission Tool (Select One)

Requesting Access: Number of IDs Requested \_\_\_\_\_  No Access Needed

Link to Existing IDs: \_\_\_\_\_

(If you submit X12 claims directly to SC Medicaid, you must complete the "linked" Submitter ID Information found on the second page of this application)

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## Transactions Requested

Yes  No 270 – Eligibility IN  Yes  No 820 – Premium Payments  Yes  No 837P – Professional Claims

Yes  No 271 – Eligibility OUT  Yes  No 834 – Benefit Enrollment  Yes  No 837D – Dental Claims

Yes  No 276 – Claim Status IN  Yes  No 835 – Electronic Remittance Advice

Yes  No 277 – Claim Status OUT  Yes  No 837I – Institutional Claims

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## TPA Authorization Agreement

I have read, understand, and agree with the conditions set forth in the South Carolina Trading Partner Agreement for Electronic Claims and Related transactions.

Authorized Signature: \_\_\_\_\_

Printed Name of Person Submitting Enrollment: \_\_\_\_\_

Submission Date: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

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For assistance completing this form, please contact the EDI Support Center at 1-888-289-0709.

