

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**

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## SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

### PROVIDER ENROLLMENT

#### PROVIDER PARTICIPATION

The Medicaid program administered by the South Carolina Department of Health and Human Services (SCDHHS) is considered to be a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

Provider participation in the Medicaid program is voluntary. To participate in the Medicaid program, a provider must meet the following requirements:

- Complete and submit an online provider enrollment application and submit any necessary supporting documentation. Certain provider types, depending on the type of service provided, are required to sign a contractual agreement in addition to the provider enrollment agreement.
- Accept the terms and conditions of the online application by electronic signature, indicating the provider's agreement to the contents of the participation and payment agreement, the Electronic Funds Transfer Agreement, W-9 and Trading Partner Agreement.
- Be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or other pre-contractual approval processes established by SCDHHS.
- If eligible, obtain a National Provider Identifier (NPI) and share it with SCDHHS. Refer to <https://nppes.cms.hhs.gov> for additional information about obtaining an NPI.
- Be enrolled in the South Carolina Medicaid program and receive official notification of enrollment. This also applies to providers wanting to contract with one or all of the South Carolina Medicaid managed care organizations.
- Continuously meet South Carolina licensure and/or certification requirements of their respective professions or boards in order to maintain Medicaid enrollment.

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### PROVIDER ENROLLMENT

#### PROVIDER PARTICIPATION (CONT'D.)

- Comply with all federal and state laws and regulations currently in effect as well as all policies, procedures, and standards required by the Medicaid program.
- Medicaid will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside the United States

All rendering providers must be enrolled in the Medicaid program. Enrolled providers are prohibited from allowing non-enrolled providers use of their Medicaid ID number/NPI number in order for non-participating providers to be reimbursed for services. Claims for Medicaid reimbursement submitted under a Medicaid ID number or NPI number other than that of the ordering, referring or rendering provider will be considered invalid and may result in a program integrity investigation and/or recoupment of the Medicaid payment. As required by 42 CFR 455.440, all claims submitted for payment for items and services that were ordered or referred must contain the NPI of the physician or other professional who ordered or referred such items or services.

A provider must immediately report any change in enrollment or contractual information (*e.g.*, mailing or payment address, physical location, telephone number, specialty information, change in group affiliation, ownership, etc.) to SCDHHS Provider Service Center (PSC) within thirty (30) days of the change. Failure to report this change of information promptly could result in delay of payment and/or termination of enrollment. Mailing information is located in the Correspondence and Inquiries section.

#### NON-DISCRIMINATION

All Medicaid providers are required to comply with the following laws and regulations:

- Title VI of the Civil Rights Act of 1964 that prohibits any discrimination due to race, color, or national origin (45 CFR Part 80)
- Title V, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794 that prohibits discrimination on the basis of handicap (45 CFR Part 84)

## SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

### PROVIDER ENROLLMENT

#### NON-DISCRIMINATION (CONT'D.)

- The Americans with Disabilities Act of 1990 that prohibits discrimination on the basis of disability (28 CFR Parts 35 & 36)
- The Age Discrimination Act of 1975 that prohibits discrimination on the basis of age (45 CFR Parts 90 and 91)

#### ENROLLMENT TYPES

Individuals, atypical individuals, organizations, atypical organizations, ordering/referring providers as well as providers adding a new location can enroll in Medicaid.

**Individual Provider** is a person who provides health services to Medicaid beneficiaries. An individual may bill independently for services or may have an affiliation with an organization. Individuals enrolling in SCDHHS' Medicaid program are required to submit their Social Security Number (SSN) and NPI upon enrollment.

**Individual/Sole Proprietor Provider** is a person who provides health services to Medicaid beneficiaries. An individual may bill independently for services or may have an affiliation with an organization. Individual/Sole Proprietors enrolling in SCDHHS' Medicaid program are required to submit their Social Security Number (SSN), Employer Identification Number (EIN) and NPI upon enrollment.

**Atypical Individual Provider** is a person who provides non-health related services to Medicaid beneficiaries. An atypical individual provider may bill independently for services or may have an affiliation with an organization. Atypical Individuals enrolling in SCDHHS' Medicaid program are required to submit their Social Security Number (SSN). **Note:** This person may or may not be eligible for an NPI and NPI is not required.

**Organizations** are any entities, agencies, facilities, institutions, clinics or group of providers that provide health services to Medicaid beneficiaries. An organization may bill independently for services performed or may be an affiliation of individual providers. Organizations enrolling in SCDHHS' Medicaid program are required to submit their EIN and NPI.

**Atypical Organizations** are any entities, agencies, facilities, institutions, clinics or group of providers that

## SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

### PROVIDER ENROLLMENT

#### ENROLLMENT TYPES (CONT'D.)

provide non-health related services to Medicaid beneficiaries. An organization may bill independently for services performed or may be an affiliation of individual providers. Organizations enrolling in SCDHHS' Medicaid program are required to submit their EIN and may or may not be eligible for an NPI and NPI is not required.

**Note:** During the online enrollment process, organizations cannot affiliate individuals to their group. It is the responsibility of the individual provider to affiliate with a group. An affiliation cannot occur until the organization is enrolled.

**Ordering/Referring Providers** order services and/or refer Medicaid beneficiaries for services. Ordering/Referring only providers do not submit claims to SCDHHS for payment. However, the rendering provider will be required to include the ordering/referring NPI on all claims.

**Add a Location** is for entities, agencies, facilities, institutions, clinics or group of providers enrolled with a unique combination of an EIN and NPI and need to add a location to a previously existing enrollment. The location being added must operate under the same EIN/NPI as the previously enrolled location. When the EIN/NPI is not the same as the previously enrolled location, the provider must complete a new enrollment for that location.

**Revalidation Request** is for participating providers that must have their enrollment information revalidated upon notification. The enrolled information will be verified and screened to ensure compliance according to the Affordable Care Act of the provider enrollment and screening regulations published by the Centers for Medicare and Medicaid services.

#### PROVIDER ENROLLMENT NOTIFICATION

Enrollment applications will be processed within thirty (30) business days from the date of receipt. The thirty (30) business day timeframe may be exceeded for enrollment applications that: require additional information, a site visit, a contractual agreement or submitted with sanction information. SCDHHS will notify the provider upon approval, denial or rejection of an enrollment application. The provider will also be notified if additional information is required. A provider that is

## SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

### PROVIDER ENROLLMENT

#### PROVIDER ENROLLMENT NOTIFICATION (CONT'D.)

Terminated for Cause will receive notification via certified mail. Please refer to Section 2 of this manual for additional information regarding denials, rejections and terminations for cause.

#### PROVIDER ENROLLMENT UPDATES

SCDHHS requires a provider to report any change in enrollment or contractual information (*e.g.*, mailing or payment address, physical location, telephone number, specialty information, change in group affiliation, ownership, etc.) to PSC within thirty (30) days of the change. This updated information must be submitted on business letterhead with an authorized printed name and signature. Updates can be submitted via fax or mail. The provider will not be able to make any updates over the telephone. Updates will be processed within ten (10) days of receipt. Please refer to Correspondence and Inquiries for Provider Enrollment contact information.

#### INTERACTIVE WEB APPLICATION

Providers enrolling in South Carolina Medicaid will enroll utilizing an interactive web application. This application is an automated provider enrollment web-based application that will enable prospective South Carolina Medicaid providers to utilize a paperless application process. This new process will ensure the security of provider's information and is accessible from any computer that has internet access. The web-based application will enable:

- New enrollment for individuals and organizations
- Ordering/referring provider enrollment
- Add a new location(s) to an existing enrollment
- Revalidation for individuals and organizations

Refer to <http://provider.scdhhs.gov> to access the web-based application online. Once you have completed minimal required information, you will receive a Reference ID number. Emails containing the Reference ID number will be sent to both the authorized individual and the provider. Use this Reference ID number to retrieve and complete an in-process application. The in-process application must be submitted within thirty (30) days. After thirty (30) days, the in-process application will be purged and you must start the enrollment process over and be assigned another Reference ID number.

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION****PROVIDER ENROLLMENT****INTERACTIVE WEB  
APPLICATION (CONT'D.)**

For an enrollment status update, contact the Provider Service Center (PSC) at 1-888-289-0709, option 4 for Provider Enrollment.

**SC.GOV ENTERPRISE  
PAYMENT SYSTEM**

SCDHHS has contracted with SC.GOV Enterprise Payment System to facilitate collection of the application fee. SCDHHS will collect the applicable application fee prior to executing a provider agreement whether upon an initial enrollment, reactivation, revalidation or enrollment to add a new practice location.

SC.GOV is operated by South Carolina Interactive, LLC (SCI) and is a web-based application that allows you to make online payments to SCDHHS by electronic check, credit card, or by debit from your checking or savings account. SC. GOV accepts Visa, MasterCard, American Express and Discover. Paper checks are not accepted.

SC.GOV uses RSA encryption to protect your transaction information. At the end of submitting your payment, you will see a confirmation screen indicating your payment was successfully submitted. This confirmation screen is your receipt and should be printed for your records. You will also receive a copy of this receipt in your email account if you provided an email address along with your cardholder and provider information. SC.GOV transactions will appear on your statement with the description "SC.GOV" to help identify the payment.

Refer to <http://provider.scdhhs.gov> and search for Online Application Fee Payment to access the SC.GOV Enterprise Payment System online.

**APPLICATION FEE**

The enrollment application fee must be collected prior to executing a provider agreement whether upon an initial enrollment, reactivation, revalidation or an enrollment to add a new practice location. The enrollment application fee is applicable to providers that the Centers for Medicare & Medicaid Services (CMS) has identified as institutional providers. South Carolina Healthy Connections Medicaid recognizes and enrolls the following institutional providers: Ambulatory Surgery Centers, Community Mental Health Centers, Comprehensive Outpatient Rehabilitation Facilities, Durable Medical Equipment, End Stage Renal Disease

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION****PROVIDER ENROLLMENT****APPLICATION FEE  
(CONT'D.)**

Facilities, Federally Qualified Health Centers, Home Health Agencies, Hospices, Hospitals, Independent Clinical Laboratories, Pharmacies, Skilled Nursing Facilities, and Rural Health Clinics.

A provider will be exempt from the fee if they have submitted and received approval for a Hardship Waiver request or they can demonstrate they are enrolled or have paid the application fee to Medicare and/or another state's Medicaid or CHIP for the same enrollment location jurisdiction. A different enrollment jurisdiction means "a new enrollment with an address different from a currently enrolled location."

Individual physicians (sole proprietors enrolling with an EIN and Social Security Number (SSN) are considered individuals), non-physician practitioners and non-physician practitioner organizations are exempted from paying the enrollment application fee.

The amount of the application fee is \$586.00 in calendar year 2019. The provider enrollment application fee is required with any applicable provider enrollment application submitted on or after January 1, 2019, and on or before December 31, 2019. The application fee increases each calendar year based on the consumer price index for all urban consumers and the amount is calculated by the CMS. In future years, the amount of the application fee will be the amount published by CMS in the Federal Register. To make payment, visit <http://provider.scdhhs.gov> and search for Online Application Fee Payment to access the SC.GOV Enterprise Payment System online.

**Application Fee:**

- The application fee is non-refundable, except under the following circumstances:
  - A request for hardship exception that is subsequently approved.
  - An application that is rejected prior to initiation of screening processes.
  - An application that is subsequently denied as a result of the imposition of a temporary moratorium.



**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION****PROVIDER ENROLLMENT****APPLICATION FEE  
(CONT'D.)**

Applicants are required to submit either or both of the following at the time of filing a SCDHHS enrollment application:

- The application fee; and/or
- A request for a hardship exception to the application fee.

**REQUESTING A HARDSHIP  
EXCEPTION**

Applicants that do not submit the application fee because they requested a hardship exception that was not granted by CMS must pay the fee within thirty (30) days of the denial of the hardship waiver request.

Requesting a Hardship Exception:

- Business organizations and entities enrolling with an EIN may submit both an application fee and hardship exception waiver to avoid delays in the processing of the application. Business organizations and entities that believe they are entitled to a hardship exception from the application fee must submit a letter to SCDHHS explaining the nature of the hardship. To submit a hardship waiver exception request, see the Hardship Exception Letter in the Forms section of this manual.
  - The provider must submit sufficient documentation to support the request, including providing comprehensive documentation such as historical cost reports, recent financial reports, income statements, cash flow statement and/or tax returns.
  - CMS will notify the provider or supplier by letter approving or denying the request for a hardship exception. CMS will provide the reason(s) for denying any hardship exception.
  - Processing of the enrollment application will not begin until CMS determines whether to grant the exception.

A provider may appeal CMS' denial to grant a hardship exception from the application fee in accordance with the Appeals procedures established under the South Carolina Code Annotated, Regulations, 126-150, *et.seq.*

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION****PROVIDER ENROLLMENT****REQUESTING A HARDSHIP  
EXCEPTION (CONT'D.)**

SCDHHS will reject any initial enrollment or reactivation request when:

- The provider does not furnish the applicable application fee
- The provider does not furnish the applicable application fee in the appropriate amount
- The provider does not furnish the application fee or a hardship exception request at the time of submission, or
- SCDHHS is not able to deposit the full application amount into the SCDHHS account or the funds cannot be credited to SCDHHS.

SCDHHS will reject any initial enrollment or reactivation request and retain the application fee if the provider does not timely furnish SCDHHS with requested applicable supporting documentation or information necessary to complete its review and verification of the enrollment application information.

SCDHHS will deny any initial enrollment application and retain the application fee if funds have been expended for some or all of the required screening involved in processing the application.

SCDHHS will, upon revalidation request, revoke billing privileges of any enrolled provider if:

- The provider does not submit an application fee or a hardship exception request
- The hardship exception request is not granted
- SCDHHS is not able to deposit the full application amount into the SCDHHS account,
- The funds cannot be credited to SCDHHS
- The enrollment application is denied based on non-compliance with a provider enrollment requirement, or
- The provider does not meet the conditions of participation for their provider type.

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION****PROVIDER ENROLLMENT****ELECTRONIC FUNDS  
TRANSFER (EFT)**

During enrollment, South Carolina Medicaid providers must register for an Electronic Funds Transfer (EFT) in order to receive reimbursement. SCDHHS will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside the United States.

Enrolled providers will receive reimbursement for paid claims via a direct deposit to the financial institution noted in their EFT Authorization Agreement. If there are any verification issues encountered during the enrollment process, a paper check will be issued. The provider will be notified and will be required to submit a revised EFT Authorization Agreement, along with verification of the electronic deposit information on the financial institutions letterhead, confirming the financial information contained within the EFT Authorization Agreement.

**Changes to EFT  
Authorization Agreement**

Prior to revoking or revising the EFT Authorization Agreement, the provider must provide thirty (30) days written notice to:

Medicaid Provider Enrollment  
PO Box 8809  
Columbia, SC 29202-8809

The provider is required to submit a completed and signed EFT Authorization Agreement Form to confirm new and/or updated banking information. A copy of this EFT Authorization Agreement can be found in the Forms section of this manual.

All EFT requests are subject to a fifteen (15) day pre-certification period in which all accounts are verified by the qualifying financial institution before direct deposits are made to your account. During the pre-certification period, the provider will receive reimbursement via hard copy checks.

If the financial information cannot be verified during the pre-certification period, the provider will be notified and will be required to submit an EFT Authorization Agreement, along with verification of the electronic deposit information on the financial institution's letterhead confirming the financial information contained within the EFT Authorization Agreement. This new EFT

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION****PROVIDER ENROLLMENT****Changes to EFT  
Authorization Agreement  
(Cont'd.)**

authorization submission will be subject to the pre-certification process described above.

Upon completion of the pre-certification period, reimbursement will be deposited directly into the provider's designated bank account.

When SCDHHS is notified that the provider's bank account is closed or the routing number and/or bank account number is no longer valid, the provider will be notified and will be required to submit a revised EFT Authorization Agreement, along with verification of the electronic deposit information on the financial institutions letterhead. This new EFT authorization submission will be subject to the pre-certification process described above.

Questions regarding changes to EFT information, the status of EFT enrollment, missing or late EFTs should be directed to the Provider Service Center at 1-888-289-0709.

**Remittance Advice**

A Remittance Advice (RA) contains the provider's payment information and can be viewed and/or printed via the South Carolina Medicaid Web Tool. For Security purposes, only the last four digits of the provider's financial account number are reflected on their Remittance Advice.

Along with the financial account number information, providers also have the capability to link their Remittance Advice with their EFT payment transaction via a matching EFT Reassociation Trace Number. The EFT Reassociation Trace Number will automatically be included in your Remittance Advice. In order for the matching EFT Reassociation Number to appear in your EFT Notification, you must contact your financial institution and request the addition of this information.

Questions regarding the Remittance Advice, including missing or late RAs and/or the EFT Reassociation Trace Number, please contact the Provider Service Center at 1-888-289-0709.

**INTERDEPARTMENTAL  
TRANSFER (IDT)**

IDT is the process used by SCDHHS to transfer funds to enrolled SC State Agencies for reimbursement for services rendered to Medicaid beneficiaries. Upon enrollment of a State Agency provider, the enrollment

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### PROVIDER ENROLLMENT

#### INTERDEPARTMENTAL TRANSFER (IDT) (CONT'D.)

record is coded with the appropriate State Agency ownership code that initiates the IDT reimbursement. EFT is not required when payment is via IDT.

#### ELECTRONIC SIGNATURE

SCDHHS will rely on the use of an electronic signature for all provider enrollment electronic submissions.

- An electronic signature certifies that all data associated with a provider enrollment or update to a provider record (individual provider or organization) is accurate.
- Only the enrolling provider or authorized individual representing the enrolling provider may submit an electronic enrollment or record update.
- The individual provider/provider organization understands that checking the electronic signature box on any Terms, Conditions, Trading Partner Agreement, Electronic Funds Transfer (EFT), Language Assistance Attestation (LAA), etc., included with the provider enrollment application or update constitutes a signed contract with SCDHHS.
- All electronically signed enrollment applications have the same force and effect as paper enrollment applications that are signed non-electronically.
- The enrolling provider or authorized representative shall allow access to a traditional signature for inspection if SCDHHS so requests.
- The enrolling provider shall notify SCDHHS immediately in the event of any suspicion of an unauthorized person submitting an electronic signature on behalf of the provider.

#### CORRESPONDENCE AND INQUIRIES

Provider Enrollment inquiries to South Carolina Medicaid should be directed as follows:

Mail: Medicaid Provider Enrollment  
PO Box 8809  
Columbia, SC 29202-8809  
Phone: 1-888-289-0709, Option 4  
FAX: 803-870-9022