SECTION 5

ADMINISTRATIVE SERVICES

TABLE OF CONTENTS

GENERAL INFORMAT	ION	1
Administrat	- ION	1
Correspond	DENCE AND INQUIRIES	1
Beneficiary	ELIGIBILITY	1
	Eligibility Status	1
PROCUREMENT OF F	ORMS	3
Reproducib	LE NEGATIVES	3
SOFTWARE		3
Hard Copy (Claim Forms	3
Private Ven	IDORS	3
SCDHHS Fo	DRMS	4
Web Addres	SS	4

GENERAL INFORMATION

Administration	The South Carolina Department of Health and Human
	Services (DHHS) administers the South Carolina Healthy
	Connections Medicaid Program. This section outlines the
	available resources for Medicaid providers.

CORRESPONDENCE AND INQUIRIES All correspondence to South Carolina Healthy Connections Medicaid should be directed to the SCDHHS Provider Service Center (PSC) at 1-888-289-0709. In addition, providers may submit an online inquiry at https:// www.scdhhs.gov/contact-us. Inquiries concerning specific claims should also be directed to the PSC, but only after all claims filing requirements have been met. Allow 45 days from the submission date before requesting the status of the claim.

BENEFICIARY ELIGIBILITY Questions concerning beneficiary eligibility or identification numbers should be directed to the SCDHHS county office in the beneficiary's county of residence. Beneficiaries who have questions regarding specific coverage issues should be referred to the appropriate staff of their county SCDHHS office for assistance. The contact information for county offices is located on the SCDHHS website at https://www.scdhhs.gov/site-page/where-gohelp.

Eligibility Status To verify eligibility status, please use the South Carolina Medicaid Web-based Claims Submission Tool (Web Tool), which is available 24 hours a day/7 days a week. For information on the Web Tool, you may contact the PSC at 1-888-289-0709.

GENERAL INFORMATION

This page was intentionally left blank.

PROCUREMENT OF FORMS	
	The South Carolina Department of Health and Human Services will not supply the CMS-1500 claim form to providers. Providers should purchase the form in its approved format from the private vendor of their choice. Examples of vendors who supply the form are listed below. This list should not be viewed as an endorsement of these vendors by SCDHHS.
Reproducible Negatives	Government Printing Office (800) 512-1800
	TFP Data Systems (800) 482-9367 ext. 1770 1500form@tfpdata.com
Software	Attn: Orders Department American Medical Association PO Box 930876 Atlanta, GA 31193-0876 (800) 621-8335 Fax: (312) 464-5600 https://commerce.ama-assn.org/store/
HARD COPY CLAIM FORMS	Government Printing Office Superintendent of Documents PO Box 979050 St. Louis, MO 63197-9000 (866) 512-1800 Toll Free Fax: (202) 512-2104 http://bookstore.gpo.gov
Private Vendors	RR Donnelley 1210 Key Road Columbia, SC 29201 (803) 576-1304 Fax: (803) 252-7748

PROCUREMENT OF FORMS

Private Vendors (Cont'd.)	Physicians' Record Company 3000 S. Ridgeland Ave. Berwyn, IL 60402-0724 (800) 323-9268 (toll free) Fax: (708) 749-0171 orders@physiciansrecord.com
	Standard Register Company 600 Albany Street Dayton, OH 45417 (937) 221-1078 (800) 867-8465 Fax: (800) 473-3211
SCDHHS Forms	Providers may order SCDHHS forms via email at forms@scdhhs.gov. Copies of forms, including program-specific forms, are also available in the Forms section of this manual.
WEB ADDRESS	Providers should visit the Provider Information page on the SCDHHS Web site at https://www.scdhhs.gov/provider for the most current version of this manual.
	To order a paper version of this manual, please contact the SCDHHS Provider Service Center (PSC) at 1-888-289-0709. From the Main Menu, select the Provider Enrollment and Education option. Charges for printed manuals are based on actual costs of printing and mailing.