

SECTION 5
ADMINISTRATIVE SERVICES

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SECTION 5 ADMINISTRATIVE SERVICES

GENERAL INFORMATION

ADMINISTRATION

The South Carolina Department of Health and Human Services (SCDHHS) is a cabinet agency of the South Carolina Governor's Office. The SCDHHS serves as the single state agency designated to administer the South Carolina Healthy Connections Medicaid program and is responsible for determining Medicaid eligibility for all coverage groups except Supplemental Security Income (SSI). This section outlines available services for Medicaid providers and beneficiaries, including telephone numbers, addresses, and other appropriate resource information.

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 pharmacy claims should be directed to Magellan Medicaid Administration. **Providers should contact Magellan at 866-254-1669 to check claims status, and beneficiaries should contact Magellan at 800-834-2680 for questions regarding pharmacy claims.**

BENEFICIARY ELIGIBILITY

Providers may contact the PSC for specific questions regarding a beneficiary's eligibility and coverage. In addition, providers may make eligibility inquiries by using the SC Web Tool referenced in the next section. Beneficiaries who have questions about their coverage or eligibility should contact the SCDHHS Beneficiary Call Center at 888-549-0820. Contact information for county offices is located on the SCDHHS Web site at <https://www.scdhhs.gov/site-page/where-go-help>.

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.

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PROVIDER ENROLLMENT CHANGES/UPDATES

Non-contracted providers (such as pharmacists) must report any changes in enrollment information, such as mailing and/or payment address, ownership, telephone number, license/permit number, etc., to the address listed below:

Medicaid Provider Enrollment
Post Office Box 8809
Columbia, SC 29202-8809
Telephone: (803) 788-7622 (extension 41650)
Fax: (803) 699-8637

Additionally, once a pharmacy is an enrolled Medicaid provider, the Agency program area must be immediately notified (either verbally, in writing, or by fax) if the pharmacy sustains physical damage (*e.g.*, fire, flood, hurricane, etc.) to the extent that it is no longer operational.

When notifying Medicaid of changes in enrollment information, providers must:

1. Be exact regarding the change to be made to their file;
2. Always include their Medicaid provider number (a six character identification number); and
3. Include the name and telephone number of a contact person.

If a provider is paid by electronic funds transfer (EFT) and his/her bank account information sustains a change, Medicaid Provider Enrollment staff should be notified as soon as possible. The provider must complete a new *Authorization Agreement for Electronic Funds Transfer* form, reflecting the account changes. This completed form and a voided check or deposit slip may be faxed to Medicaid Provider Enrollment staff using the fax number listed above. Current EFT-reimbursed providers needing to change their bank account information (or those who wish to begin receiving payment via EFT) may access the *Authorization Agreement for Electronic Funds Transfer* form by following the instructions contained in this specified link:

<http://www.scdhhs.gov/openpublic/hipaa/webfiles/EFT%20Agree%20for%20Provider%20Enrollment.pdf>

A sample form is also included in the Forms section of this manual.

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PROVIDER WORKSHOPS

Regional workshops are conducted as needed to familiarize providers with new Medicaid policies and/or claims submission procedures.

REFUNDS

Although claims reversals (*i.e.*, “voided claims”) are preferable (due to rebate invoice issues), if necessary, providers may refund overpayments via check. Refund checks should be made payable to the Department of Health and Human Services and mailed to:

Department of Health and Human Services
Attn: Cash Receipts
Post Office Box 8355
Columbia, SC 29202-8355

In order for SCDHHS to correctly post the refund, the *Form for Medicaid Refunds* (DHHS Form 205) must accompany all Medicaid refund checks. DHHS Form 205 has been included in the Forms section of this manual. Providers may also submit a request for Form 205 via email at forms@scdhhs.gov.

Prior to submitting a check, providers should contact Magellan via email at SCprovidersupport@magellanhealth.com. The appropriate documentation (*i.e.*, copy of the check, completed Form 205, etc.) should be furnished to the Magellan provider support staff.

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MEDICAID FORMS AND PUBLICATIONS

PROGRAM MANUALS AND BULLETINS

Providers are reminded that Medicaid information, publications, manuals, and various forms may be found at <https://www.scdhhs.gov/provider>. An additional resource available to pharmacists is the Magellan Medicaid Administration Pharmacy Provider Manual; that publication is located at https://southcarolina.fhsc.com/Downloads/provider/SCRx_ProviderManual_POS.pdf.

SCDHHS Medicaid bulletins are distributed electronically through email and are available online at the SCDHHS Web site. To receive bulletins via email, go to <https://www.scdhhs.gov/Medicaid-Bulletins> to subscribe.

To order a paper version of this manual, please contact Medicaid Provider Enrollment and Education at 1-888-289-0709. From the Main Menu, select option 4 for the Provider Enrollment and Education Menu, and then select option 3 to request a provider manual. Charges for printed manuals are based on actual costs of printing and mailing.

FORM 126

Providers may be aware of (or suspect) potential abuse or fraud in the Medicaid program. The *Confidential Medicaid Complaint* form (DHHS Form 126) may be used by providers to report suspected abuse or misuse of Medicaid services; a sample Form 126 is included in the Forms section of this manual. There is also a toll-free Medicaid Fraud and Abuse Hotline available to providers and beneficiaries: 1-888-364-3224.

HEALTH INSURANCE INFORMATION REFERRAL FORM

The *Health Insurance Information Referral Form* should be used to notify SCDHHS when a beneficiary's insurance coverage has lapsed or when a beneficiary has an insurance policy that is not on file with SCDHHS. A sample form has been included in the Forms section of this manual; additionally, this form may be accessed via Magellan Medicaid Administration's Web site: <http://southcarolina.fhsc.com/>

Attach any written documentation that supports such information and forward (or fax) those materials to the address indicated on the form.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

UNIVERSAL CLAIM FORM

If a claim must be submitted on paper, the only acceptable paper medium is the Universal Claim Form (UCF) in D.0 format. Providers may contact the National Council for Prescription Drug Products (NCPDP) at <https://www.ncdp.org/products.aspx> to obtain the forms.