

December 3, 2013
MB# 13-061

MEDICAID BULLETIN

All

TO: All Providers

SUBJECT: Discontinuation of Edit Correction Forms (ECFs)

The South Carolina Department of Health and Human Services is improving provider communications regarding the status of claims submitted to SC Medicaid. Effective **January 3, 2014**, providers will no longer receive Edit Correction Forms (ECFs) for rejected claims. Additionally, effective **April 1, 2014**, SC Medicaid will no longer accept provider corrected ECFs. Providers will be required to submit a new claim form to resolve billing edits. This change will allow SC Medicaid to keep providers informed of the status of each claim.

A Remittance Advice will continue to be available to providers through the South Carolina Medicaid Web Based Claim Submission tool as well as the EDI Remittance Advice will continue via the 835 transaction. Remittance Advice availability is expanding to store up to three years of remittance advice history.

Providers will still be notified of the status of a claim submitted for payment through the Claim Status on their Remittance Advice. If a claim has been rejected, it will appear with an "R" under the Claim Status column of the Remittance Advice and the corresponding edit code/CARC/RARC will indicate the reason the claim has rejected. This indicates based on the claim information submitted, no payment is due. If the provider determines the claim was submitted in error or additional documentation is necessary to complete the processing of the claim, the provider must submit a new claim and/or appropriate documentation, if applicable, to SC Medicaid for further consideration. If a claim submitted to SC Medicaid requires additional review before adjudication, an "S" will appear under the Claim Status column of the Remittance Advice. This signifies that the claim is in suspense status and is being reviewed by SC Medicaid. A resolution will appear on a future Remittance Advice. Providers may submit claims and check the status of a claim free of charge, twenty-four hours per day/seven days a week via the South Carolina Medicaid Web Based Claim Submission Tool. This bulletin does not apply to pharmacy or dental claims due to a Remit package not being generated.

SC Medicaid will continue to process corrected ECFs previously submitted and ECFs received prior to April 1, 2014. ECFs that are received from providers after March 31, 2014 will not be processed. Providers must ensure that all claims and/or corrected ECFs are submitted within one year from the date of service as timely filing requirements will apply. As a reminder, Remittance Advice pages are not an acceptable form to correct claim errors.

Please visit www.scdhhs.gov and refer to the most current version of the policy manuals for updated Edit Codes, CARCS, RARCS and Resolutions. A training module on this topic is available for viewing at <http://medicaidelearning.com>. If you have any questions regarding this bulletin, please contact the Provider Service Center at (888) 289-0709. Thank you for your continued support of the South Carolina Medicaid Program.

/s/
Anthony E. Keck
Director