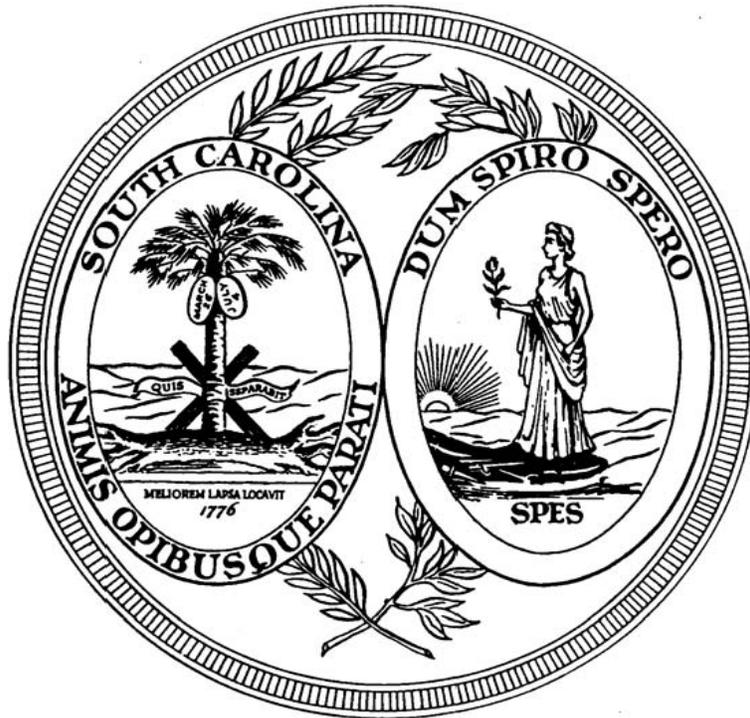




South Carolina
Health & Human Services



SOUTH CAROLINA HEALTHY CONNECTIONS (MEDICAID) PROVIDER ENROLLMENT MANUAL

December 3, 2012
Updated February 1, 2013

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CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-13	2	8	Removed the following professionals from the list of approved LEA LPHAs for school-based rehabilitative therapy services: Licensed Practical Nurse and Licensed Psycho-educational Specialist
01-01-13	1	5	Updated application fee for calendar year 2013

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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 an online provider enrollment application and agreement 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 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.
- Continuously meet South Carolina licensure and/or certification requirements of their respective professions or boards in order to maintain Medicaid enrollment.
- Comply with all federal and state laws and regulations currently in effect as well as all policies,

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

PROVIDER ENROLLMENT

PROVIDER PARTICIPATION (CONT'D.)

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.

MCO network providers/subcontractors do not have to be Medicaid-enrolled providers. Fee-for-service reimbursement from SCDHHS may only be made to Medicaid-enrolled providers.

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 within 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)

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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). Please 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 provide non-health related services to Medicaid

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

PROVIDER ENROLLMENT

ENROLLMENT TYPES (CONT'D.)

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.

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.

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

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

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

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.

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> to access the SC.GOV Enterprise Payment System online.

APPLICATION FEE

Business organizations and entities seeking to enroll in the South Carolina Medicaid program or seeking to renew their enrollment will be required to pay an application fee at the time of enrollment or re-enrollment. Business organizations and entities will be exempt from the fee if they can demonstrate they are enrolled in Medicare or in another state's Medicaid or CHIP.

The amount of the application fee is \$532.00 in calendar year 2013. In future years, the amount of the application fee will be the amount published by the Centers for Medicaid and Medicare Services in the Federal Register. Go to <http://provider.scdhhs.gov> to make an enrollment application payment.

Unless excluded, as previously indicated, an application enrollment fee will apply to: Business organizations and entities that apply for enrollment in South Carolina

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

Medicaid with an Employee Identification Number (EIN) that intend to bill on a fee-for-service basis.

- The application fee must be collected prior to executing a provider agreement. Whether it be an initial enrollment, reactivation or revalidation, or an enrollment to add a new practice location. Application fees for all established practice locations will be collected as part of the revalidation requests. Following a deactivation of a provider's enrollment for any reason, the provider will be rescreened, including the collection of the applicable application fee, prior to reactivating the enrollment.
- This requirement does not apply to:
 - Individual physicians (sole proprietors enrolling with an EIN and SSN are considered individuals) or non-physician practitioners.
 - Providers who are enrolled in either of the following:
 1. Medicare, and/or
 2. Another State's Medicaid Agency or CHIP.
 - Providers who have already paid the applicable application fee to:
 1. A Medicare contractor, and/or
 2. Another State's Medicaid or CHIP.

Application Fee:

- 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.
- 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

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

PROVIDER ENROLLMENT

APPLICATION FEE (CONT'D.)

of screening processes.

- An application that is subsequently denied as a result of the imposition of a temporary moratorium.

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 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 has sixty (60) calendar days to approve or deny the hardship request.
 - 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.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

PROVIDER ENROLLMENT

REQUESTING A HARDSHIP EXCEPTION (CONT'D.)

- 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.*

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,

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

PROVIDER ENROLLMENT

REQUESTING A HARDSHIP EXCEPTION (CONT'D.)

- 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.

ELECTRONIC FUNDS TRANSFER (EFT)

Upon enrollment, SC Medicaid providers must register for 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.

- Prior to revoking or revising the EFT authorization agreement, the provider must provide thirty (30) days written notice to:

Medicaid Provider Enrollment
P.O. 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. Refer to the forms section for a copy of the EFT Authorization form.
- 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 any SC Medicaid direct deposits are made.
- During the pre-certification period, the provider will receive reimbursement via hard copy checks.
- If the bank account cannot be verified during the pre-certification period, the provider will be notified and will be required to submit an EFT form and bank account verification from their financial institution.
- Upon completion of the pre-certification period, reimbursement payment will be deposited directly into the provider's bank account.
- Providers may view their Remittance Advice (RA) on the Web Tool for payment information. The last

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**PROVIDER ENROLLMENT****ELECTRONIC FUNDS
TRANSFER (EFT)
(CONT'D.)**

four digits of the bank account are reflected on the RA.

- When SCDHHS is notified that the provider's bank account is closed or the routing and/or bank account number is no longer valid, the provider will be notified and will be required to submit an EFT form and bank account verification from their financial institution.
- Each time banking information changes, the fifteen (15) day pre-certification period will occur and the provider will receive reimbursement via copy checks.

**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 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), 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

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**PROVIDER ENROLLMENT****ELECTRONIC SIGNATURE
(CONT'D.)**

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

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SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES**PROVIDER
ENROLLMENT /
SCREENING
POLICIES****TEMPORARY MORATORIA****Federally Mandated
Moratoria**

SCDHHS will impose a temporary moratoria on enrollment of new providers or provider types identified by the Secretary of the United States Department of Health and Human Services (“the Secretary”) as posing an increased risk to the Medicaid program.

SCDHHS will not impose a temporary moratorium on the enrollment of new providers or provider types, identified by the Secretary as posing an increased risk to the Medicaid program if SCDHHS determines that the imposition of such a moratorium would adversely affect beneficiaries’ access to medical assistance. If such a determination is made, SCDHHS will notify the Secretary in writing.

State-Initiated Moratoria

SCDHHS may impose temporary moratoria on enrollment of new providers, or impose numerical caps or other limits that SCDHHS identifies as having a significant potential for fraud, waste, or abuse and the Secretary has identified as being at high risk for fraud, waste, or abuse.

SCDHHS, before implementing the moratoria, caps, or other limits, will determine that its action would not adversely impact beneficiaries’ access to medical assistance.

SCDHHS will notify the Secretary in writing in the event SCDHHS seeks to impose such moratoria, including all details (rationale and justification) of the moratoria; and obtain the Secretary’s concurrence with imposition of the moratoria.

**Temporary Moratoria
Requirements**

The temporary moratorium is for an initial period of 6 months. If SCDHHS determines that it is necessary, the temporary moratorium may be extended in 6-month increments. SCDHHS will document in writing the necessity for extending the moratoria each time. At the

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Temporary Moratoria Requirements (Cont'd.)

time a moratorium is imposed, any pending Provider application subject to the moratorium will be denied.

DENIAL OF ENROLLMENT

Denial of Provider Enrollment

Denial of enrollment means that SCDHHS has reviewed the information provided in a completed enrollment application, and if applicable, a contract, and the Medicaid program takes action to deny enrollment. Approval to enroll in the Medicaid program is not automatic.

SCDHHS will deny the enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely and accurate information and cooperate with any screening methods required under 42 CFR Subpart E – Provider Screening and Enrollment.

SCDHHS will deny the enrollment of any provider that was terminated on or after January 1, 2011, by Medicare or another State's Medicaid or Children's Health Insurance Program.

Unless SCDHHS first determines that termination is not in the best interest of the State Medicaid program and documents that determination in writing, SCDHHS will deny enrollment for the following reasons:

- Any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, or Children's Health Insurance Program (CHIP) program in the past 10 years.
- The provider or a person with an ownership or control interest or who is an agent or managing employee of the provider fails to submit timely or accurate information.
- Any person with a 5 percent or greater direct or indirect ownership interest in the provider fails to submit sets of fingerprints in the form and manner required by SCDHHS within 30 days of a CMS or SCDHHS request.
- The provider fails to permit access to provider location for any site visit under 42 CFR §455.432.
- SCDHHS has determined that the provider has falsified information provided on the application

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Denial of Provider Enrollment (Cont'd.)

- SCDHHS cannot verify the identity of the provider / applicant.
- The provider's license to practice has been suspended and/or revoked, or there are restrictions placed on his or her license such that the provider would not be able to adequately serve Medicaid beneficiaries.
- The provider fails to meet all screening requirements as specified by SCDHHS policy.

Provider Appeal

Providers have the right to appeal a denial of enrollment in the Medicaid program, in accordance with the appeals policy established under State Regulations Chapter 126 Article 1, Subarticle 3.

PROVIDER TERMINATION

“Termination” means SCDHHS has taken an action to revoke a provider's Medicaid billing privileges, the provider has exhausted all applicable appeal rights or the timeline for appeal has expired, and there is no expectation on the part of the provider or SCDHHS that the revocation is temporary.

A terminated provider will be required to reapply and be reenrolled with the Medicaid program if they wish billing privileges to be reinstated.

Provider Termination for Cause

SCDHHS will terminate the enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely and accurate information and cooperate with any screening methods required under 42 CFR Subpart E – Provider Screening and Enrollment.

SCDHHS will terminate the enrollment of any provider that was terminated on or after January 1, 2011, by Medicare or another State's Medicaid or Children's Health Insurance Program.

Unless SCDHHS first determines that termination is not in the best interest of the State Medicaid program and documents that determination in writing, SCDHHS will terminate a provider's enrollment for any of the following reasons:

- Any person with a 5 percent or greater direct or indirect ownership interest in the provider has been

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES**Provider Termination for Cause (Cont'd.)**

convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, or title XXI program in the last 10 years.

- The provider or a person with an ownership or control interest or who is an agent or managing employee of the provider fails to submit timely or accurate information and/or does not cooperate with nay screening methods required by SCDHHS.
- The provider fails to permit access to provider locations for any site visit under 42 CFR §455.432.
- The provider fails to provide access to Medicaid patient records.
- Any person with a 5 percent or greater direct or indirect ownership interest in the provider fails to submit sets of fingerprints in the form and manner required by SCDHHS within 30 days of a CMS or SCDHHS request.

SCDHHS may terminate a provider's enrollment for any of the following reasons:

- It is determined that the provider has falsified any information provided on the application.
- The identity of any provider/applicant cannot be verified.
- The provider fails to comply with the terms of the enrollment agreement.
- The provider fails to comply with the terms of contract with SCDHHS.
- The provider has not repaid an outstanding debt or recoupment identified through a program integrity review.
- The provider's license to practice has been suspended and/or revoked, or there are restrictions placed on his or her license.
- The provider has been terminated by a Medicaid Managed Care Organization for reasons due to fraud or quality of care.
- The provider allows a non-enrolled rendering provider to use an enrolled provider's number, except where otherwise allowed by policy.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Termination for Cause (Cont'd.)

- The provider continues to bill Medicaid after the suspension or revocation of their medical license.
- The provider is under a State and/or Federal exclusion.
- The provider falsifies medical records to support services billed to Medicaid.
- The provider is sanctioned under State Regulation 126-403.
- The provider or any person with a 5 percent or greater direct or indirect ownership interest in the provider fails to submit sets of fingerprints within 30 days when required to do so.

Provider Appeal

Providers have the right to appeal a denial of enrollment in the Medicaid program, in accordance with the appeals policy established under State Regulations Chapter 126 Article 1, Subarticle 3.

ORDERING/REFERRING

SCDHHS requires all ordering/referring physicians or other professionals providing services, under the State plan or under a waiver of the plan, to be enrolled as participating providers.

This includes all health care providers who are HIPAA-covered individuals (e.g., physicians, nurses, dentists, chiropractors, physical therapists, or pharmacists).

- Enrollment and NPI of Ordering or Referring Providers—Medicaid and CHIP Section 1902(kk)(7) of the Social Security Act provides that States must require all ordering or referring physicians or other professionals to be enrolled under a Medicaid State plan or waiver of the plan as a participating provider.
- Further, the NPI of such ordering or referring provider or other professional must be included on any Medicaid claim for payment based on an order or referral from that physician or other professional.

Qualified individuals must be enrolled in SC Medicaid to order or refer services for Medicaid beneficiaries and/or to bill Medicaid for said services.

SC Medicaid will reimburse for items or services for Medicaid beneficiaries that have been ordered or referred

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

ORDERING/REFERRING (CONT'D.)

by a SC Medicaid enrolled physician or other qualified professional.

- Orders must be provided by an individual physician or other qualified non-physician (identified by an NPI number with an entity type code of "1"). Organizations cannot order or refer.

Residents or interns practicing under the supervision of a licensed professional may utilize the NPI of the supervising physician for reimbursement purposes.

ORDERING/REFERRING PHYSICIANS OR OTHER PROFESSIONALS PROVIDING MEDICAID SERVICES

An order or referral is required for the following SC Medicaid services:

- Services provided to beneficiaries participating in a Medical Home Network (MHN)
- Laboratory/Radiology Services
- Services provided as the result of an Early and Periodic Screening Diagnosis and Treatment (EPSDT) screening/evaluation
- Eyeglasses
- Ambulatory Surgical Center (ASC)
- Pharmacy Services
- Durable Medical Equipment (DME)
- Private Rehabilitative Therapy Services
- Services provided by a Licensed Independent Practitioner (LIP)
- Adult Day Care Services
- Institutional Respite
- Children's Personal Care Aid
- Telemonitoring
- Incontinence Supplies
- Nutritional Supplement
- Private Duty Nursing
- Respite in a Community Residential Care Facility
- Medicaid Nursing Services
- Psychiatric Residential Treatment Facility (PRTF)/Inpatient Psychiatric Hospital Services for Children Under 21

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

ORDERING/REFERRING PHYSICIANS OR OTHER PROFESSIONALS PROVIDING MEDICAID SERVICES (CONT'D.)

- Services provided outside the South Carolina Medicaid Service Area (SCMSA)
- Hospice Services
- Home Health Services
- Hospital Services
- School Based Rehabilitative Therapy Services
- Local Educational Agency Rehabilitative Behavioral health Services
- Rehabilitative Behavioral Health Services

The following provider types are authorized to order or refer services for a Medicaid beneficiary:

- Licensed Physician
- Licensed Nurse Practitioner
- Certified Mid-Wife
- Licensed Optometrist
- Licensed Practitioner of the Healing Arts for Rehabilitative Health Services (Licensed Psychiatrist, Licensed Physician, Licensed Psychologist, Licensed Advanced Practice Registered Nurse, Licensed Independent Social Worker-Clinical Practice, Licensed Master Social Worker, Licensed Physician Assistant, Licensed Professional Counselor, Licensed Marriage and Family Therapist).
- Licensed Practitioner of the Healing Arts for Local Education Agency School Based Rehabilitative Therapy Services (Licensed Physician Assistant, Licensed Advanced Practice Registered Nurse, Licensed Registered Nurse, Licensed Audiologist, Licensed Occupational Therapist, Licensed Physical Therapist, Licensed Speech Language Pathologist, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Psychologist, Licensed Independent Social Worker, Licensed Master Social Worker, Licensed Baccalaureate Social Worker).
- Licensed Practitioner of the Healing Arts for Local Education Agency Rehabilitative Health Services (Licensed Psychiatrist, Licensed Physician, Licensed Psychologist, Licensed Advanced

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

ORDERING/REFERRING PHYSICIANS OR OTHER PROFESSIONALS PROVIDING MEDICAID SERVICES (CONT'D.)

Practice Registered Nurse, Licensed Independent Social Worker-Clinical Practice, Licensed Master Social Worker, Licensed Physician Assistant, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Psycho-educational Specialist).

CRIMINAL BACKGROUND CHECKS

As a condition of enrollment in Medicaid, SCDHHS requires that providers consent to criminal background checks, including National and State criminal record checks when they:

- Have a 5 percent or more direct or indirect ownership interest in the provider
- Are listed in the moderate or high categorical risk levels

Failure to consent to a criminal back ground check is cause for application denial or termination of enrollment in the Medicaid program.

REVALIDATION OF ENROLLMENT

All SCDHHS providers, other than Durable Medical Equipment (DME) providers, must have their enrollment information revalidated every five years regardless of their provider type.

DME providers must revalidate their enrollment information every 3 years.

When revalidating a provider's enrollment, the provider must submit a new application and pay the applicable application fee.

Providers failing to resubmit a new application when required to revalidate will be terminated from Medicaid.

Providers failing to submit an application fee or hardship waiver request at the time of revalidation will be terminated from Medicaid.

VERIFICATION OF PROVIDER LICENSES

PROVIDER LICENSE, CERTIFICATIONS AND/OR CREDENTIALS

SCDHHS requires that all providers:

- Are compliant with Federal and/or State licensure and regulatory requirements for licenses, certifications and/or credentials.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES**PROVIDER LICENSE,
CERTIFICATIONS AND/OR
CREDENTIALS (CONT'D.)**

- Operate within the appropriate standards of conduct as established by the laws and standards of their profession and/or business.
- A valid license, certification and/or credential means an established State and/or Federal authorizing board has granted the provider approval to practice within that profession or operate a business.
- SCDHHS will verify all licenses, certifications and/or credentials that they have not expired and have no restrictions in place such that the provider would not be able to adequately serve Medicaid beneficiaries.
- The provider must continuously meet South Carolina licensure, certification and/or credentialing requirements of their respective professions or boards in order to maintain SC Medicaid enrollment.

Failure to comply with this policy will result in termination or denial of enrollment.

**FEDERAL/STATE
DATABASE CHECKS**

SCDHHS will confirm the identity and determine the exclusion status of:

- Providers to include medical professionals and any other eligible professionals.
- Any person with an ownership or control interest.
- An agency or managing employee of the provider.
- SCDHHS will check the following databases to verify the identity and determine the exclusion status of the persons referenced above:
 - Social Security Administration's Death Master File
 - National Plan and Provider Enumeration System (NPPES)
 - Health and Human Services (HHS) Office of the Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE)
 - General Service Administration's Excluded Parties List System (EPLS) to verify sanction status (To be replaced by the System for Award Management (SAM) effective August 1, 2012)

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

FEDERAL/STATE DATABASE CHECKS (CONT'D.)

- SCDHHS Excluded Provider Listing
- Medicare Excluded Database (MED)
- Medicaid & Children's Health Insurance Program (CHIP) State Information Sharing System (MCSIS)
- Any other databases as prescribed by CMS and/or SCDHHS

SCDHHS will refer to appropriate databases to confirm identity upon enrollment and provider re-enrollment.

SCDHHS will check the LEIE and EPLS/SAM no less frequently than monthly.

An enrolling provider or Medicaid provider that fails a Federal/State Database check is subject to denial or termination.

SCREENING OF PROVIDERS

Prospective and Re-enrollment Provider Screening

All providers are required to be screened by SCDHHS prior to enrollment in the SC Medicaid program.

All individuals and organizations will be screened upon submission of:

- An initial application for enrollment as a provider in SC Medicaid
- An application(s) for a new practice location(s)
- An application(s) to be an ordering and/or referring provider(s)
- An application for re-activation or revalidation

SCDHHS will rely, in part, on the results of the provider screening performed by the external provider enrollment programs of:

- Medicare Contractors
- Medicaid agencies or CHIP's of other States.

SCDHHS will conduct certain database checks of providers that have been screened by one of the above programs.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

PROVIDER SCREENING LEVELS

The level and type of provider screening conducted will be based on a categorical risk level of “limited”, “moderate” or “high”.

A provider that fits in multiple categorical risk levels will be elevated to the highest level of screening.

SCDHHS will conduct all required provider screenings and verifications prior to making an enrollment determination.

Provider Screening Level – Limited

Screening for providers designated as **“limited”** categorical risk will include the following verifications:

- That the provider meets all provider-specific requirements, including those in SCDHHS policy, and any applicable Federal or State requirements for the provider type.
- That the provider is licensed in good standing with his or her respective licensing board, including verification of any licenses in States other than South Carolina.

SCDHHS requires that all providers:

- Be compliant with Federal and/or State licensure and regulatory requirements for licenses, certifications and/or credentials
- Operate within the appropriate standards of conduct as established by the laws and standards of their profession and/or business.

Verification of Licenses, Certifications and/or Credentials:

- A valid license, certification and/or credential means an established State and/or Federal authorizing board has granted the provider approval to practice within that profession or operate a business.
- SCDHHS will verify all licenses, certifications and/or credentials that they have not expired and have no restrictions in place such that the provider would not be able to adequately serve Medicaid beneficiaries.
- The provider must continuously meet South Carolina licensure, certification and/or credentialing requirements of their respective professions or boards in order to maintain SC Medicaid enrollment.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Screening Level – Limited (Cont'd.)

- Failure to comply with this policy will result in termination or denial of enrollment.

Federal/State Database Checks:

- SCDHHS will conduct checks to verify the identity and determine the exclusion status of:
 - Providers to include medical professionals and any other eligible professionals
 - Any person with an ownership or control interest
 - An agent or managing employee of the provider.
 - Medical directors
 - Supervising Physicians
- SCDHHS will check the following databases to verify the identity and determine the exclusion status of the persons referenced above:
 - Social Security Administration's Death Master File
 - NPPES
 - HHS OIG List of Excluded Individuals/Entities (LEIE)
 - EPLS (To be replaced by System For Award Management (SAM) effective August 1, 2012)
 - SCDHHS Excluded Provider Listing
 - MED
 - MCSIS
 - Any other databases as prescribed by CMS and/or SCDHHS.
- SCDHHS will refer to appropriate databases to confirm identity upon enrollment and provider re-enrollment.
- SCDHHS will check the LEIE and EPLS no less frequently than monthly.
- An applicant or Medicaid provider that fails a Federal/State Database check is subject to denial or termination
- SCDHHS will conduct these database checks on a

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Screening Level – Limited (Cont'd.)

pre and post-enrollment basis to ensure that providers meet and continue to meet the enrollment criteria for their provider type.

Provider Screening Level – Moderate

Screening for providers designated as “**moderate**” categorical risk will include the following verifications:

- That the provider meets the “limited” screening requirements described above and
- An on-site visit to verify that information submitted to SCDHHS is accurate and to determine compliance with Federal and State enrollment requirements.

SCDHHS will conduct pre-enrollment and post-enrollment site visits of providers designated as “moderate” or “high” categorical risks to the Medicaid program.

- The purpose of the site visit by SCDHHS will be to:
 - Verify the information submitted to SCDHHS for accuracy.
 - Determine compliance with Federal and State enrollment requirements.
- Any enrolling and/or enrolled provider must permit SCDHHS, its agents or its designated contractors, to conduct unannounced on-site inspections of any and all provider locations.
- Any enrolling and/or enrolled provider that fails to permit access for site visits will be denied or terminated from Medicaid.

Provider Screening Level – High

Screening for providers designated as a “**high**” categorical risk will include the following verifications:

- That the provider meets all “limited” and “moderate” screening requirements described above.
- Criminal background checks, including National and State criminal record checks, for the provider and individuals with a 5 percent or more direct or indirect ownership interest in the provider.
- Submission of a set of fingerprints in accordance with 42 CFR §455.434 (b)(2).

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES**Provider Screening Level Adjustment**

SCDHHS will adjust the categorical risk level from “limited” or “moderate” to “high” when any of the following occurs:

- Imposition of a payment suspension on a provider based on credible allegation of fraud, waste or abuse
- The provider has an existing Medicaid overpayment
- The provider has been excluded by the OIG, SCDHHS, or another State’s Medicaid program within the previous ten years
- If CMS or SCDHHS, in the previous six months, has lifted a temporary moratorium for the particular provider type and a provider that was prevented from enrolling based on the moratorium applies for enrollment at any time within six months from the date the moratorium was lifted.

Provider Screening Mandates

All providers must meet these screening requirements.

SCDHHS will deny enrollment or terminate the enrollment in the Medicaid program of any provider for the following reasons:

- Any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely an accurate information and cooperate with any screening methods
- Provider was terminated on or after January 1, 2011, by Medicare or another State’s Medicaid or Children’s Health Insurance Program
- Any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person’s involvement in Medicare, Medicaid, or title XXI program in the last 10 years
- The provider or a person with an ownership or control interest or who is an agent or managing employee of the provider fails to submit accurate information and/or does not cooperate with any screening methods required by SCDHHS within ten (10) calendar day timeframe.
- Any person with a five (5) percent or greater direct or indirect ownership interest in the provider fails to submit sets of fingerprints in the form and manner

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES**Provider Screening
Mandates (Cont'd.)**

required by SCDHHS within 30 days of a CMS or SCDHHS request

- Fails to permit access to provider locations for any site visit under 42 CFR §455.432
- Fails to provide access to Medicaid patients records
- The provider falsified information on the application
- SCDHHS cannot verify the identity of the provider
- Fails to comply with the terms and conditions of the provider enrollment agreement
- Fails to comply with the terms of SCDHHS contract
- The provider's license to practice has been suspended and/or revoked, or there are restrictions placed on his or her license
- Fails to meet all screening requirements as specified by SCDHHS policy
- Imposition of a temporary moratorium
- The provider did not re-submit the Return for Additional Information within the requested ten (10) calendar day timeframe
- The provider has not repaid an outstanding debt or recoupment identified through a program integrity review
- The provider has been terminated by a Managed Care Organization for reasons due to fraud or quality of care
- The provider allowed a non-enrolled rendering provider to use an enrolled provider's number, except where otherwise allowed by policy
- The provider continues to bill Medicaid after suspension or revocation of his or her medical license
- The provider is under a State and/or Federal exclusion
- The provider falsified medical records to support services billed to Medicaid
- The provider is sanctioned under State Regulation 126-403

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

Provider Screening Mandates (Cont'd.)

- The provider fails to submit an application fee within 30 days after Hardship Request was denied
- The provider fails to submit an application fee or Hardship Waiver Request at the time of revalidation
- Does not meet any of the required licensure, certification or other screening requirements as set forth in this policy
- Fails to submit timely and accurate information needed for screening
- Fails to consent to a criminal background check

REACTIVATION OF ENROLLMENT

Providers whose enrollment with SCDHHS has been denied, terminated, or deactivated for any reason must follow normal provider enrollment and screening to have their enrollment reactivated.

Reactivation includes re-screening based on the categorical risk level of the provider and requiring, if necessary, payment of associated application fees.

ADDING PROVIDER LOCATION

SCDHHS requires providers to complete a new provider enrollment application when adding a new location.

Processing the new location enrollment application will include:

- Screening for the new location based on the provider's categorical risk level of "limited", "moderate" or "high".
- SCDHHS will rely on the results of a screening performed by:
 - Medicare contractors,
 - Other State Medicaid Programs or CHIP.
- Payment of the applicable application fee is required unless:
 - The provider is already enrolled in Medicare or another State's Medicaid program or CHIP.
 - The provider already paid the fee to Medicare or another State Medicaid program or CHIP.
 - The applicant is an individual physician or non-physician practitioner.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

ADDING PROVIDER LOCATION (CONT'D.)

- o The provider wishes to request a hardship exception to the application fee by:
 1. Submitting a hardship exception waiver request to SCDHHS providing justification that the provider is not required to pay the application fee.
- o Processing the new location enrollment application will not begin until the provider has been notified if the hardship exception has been granted.

PRE AND POST ENROLLMENT SITE VISITS

SCDHHS will conduct pre-enrollment and post-enrollment site visits of providers designated as “moderate” or “high” categorical risks to the Medicaid program.

The purpose of the site visit by SCDHHS will be to:

- Verify the information submitted to SCDHHS for accuracy.
- Determine compliance with Federal and State enrollment requirements.

Any enrolling and/or enrolled provider must permit SCDHHS, its agents or its designated contractors, to conduct announced and unannounced on-site inspections of any and all provider locations.

- Any enrolling and/or enrolled provider that fails to permit access for site visits will be denied or terminated from Medicaid.

REJECTION OF ENROLLMENT

Rejection of enrollment means SCDHHS has reason to reject the initial enrollment application submitted by the provider, without further review as to whether the provider or supplier qualifies to enroll in SC Medicaid.

SCDHHS may reject an enrollment application for the following reasons:

- Errors or omissions are found in the application.
- If The Medicaid agency is not able to deposit the full amount into the State-owned account or the funds are not able to be credited to the State-owned account.
- The provider does not submit the applicable application fee within 30 days of notification that the hardship exception request was not approved.

SECTION 2 PROVIDER ENROLLMENT / SCREENING POLICIES

REJECTION OF ENROLLMENT (CONT'D.)

- Imposition of a Temporary Moratorium.
- The provider submitted an application while a temporary moratorium was in place for that provider type and/or specialty.

PROVIDER APPEALS

In accordance with SCDHHS regulations an appeal hearing may be requested by a provider when:

- A prospective provider is denied enrollment as a Medicaid provider.
- An enrolled provider is terminated for cause.

In accordance with SCDHHS regulations, a provider wishing to file an appeal must send a written request for a hearing along with a copy of the notice of adverse action. The written request for a hearing should be sent to:

Division of Appeals and Hearings
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The request for an appeal hearing under this policy must be made within 30 days of written notice of the Agency action or decision which forms the basis of the appeal, and:

- Hearings will be held in Columbia.
- The appellant or appellant's representative must be present at the appeal hearing.
- The appellant may be required to produce certain relevant records or documents either prior to or at the hearing.

SECTION 3 PROGRAM INTEGRITY

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SECTION 3 PROGRAM INTEGRITY

PROGRAM INTEGRITY

FRAUD

The South Carolina Medicaid program operates under the anti-fraud provisions of 42 US Code §1320a-7b. This federal law relates to both fraud and abuse of the program and identifies illegal acts, penalties for violations, and the individuals and/or entities liable under this section.

The Division of Program Integrity carries out SCDHHS responsibilities concerning suspected Medicaid fraud as required by 42 CFR Part 455, Subpart A. Program Integrity must conduct a preliminary investigation and cooperate with the state and federal authorities in the referral, investigation, and prosecution of suspected fraud in the Medicaid program. SCDHHS refers suspected cases of Medicaid fraud by health care providers to the Medicaid Fraud Control Unit of the State Attorney General's Office for investigation and possible prosecution. SCDHHS also makes referrals to the Bureau of Drug Control for suspected misuse or overprescribing of prescription drugs, especially controlled substances. If a provider suspected of fraud or abuse is also enrolled in a Medicaid Managed Care Organization (MCO), Program Integrity will coordinate the investigation with the MCO(s) involved. Suspected Medicaid fraud on the part of a beneficiary is referred to a Medicaid Recipient Fraud Unit in the State Attorney General's Office for investigation.

PAYMENT SUSPENSION

Medicaid payments to a provider may be withheld upon credible allegation of fraud, in accordance with the requirements in 42 CFR §455.23.

Suspension of Provider Payments for Credible Allegation of Fraud

SCDHHS will suspend payments in cases of a credible allegation of fraud. A "credible allegation of fraud" is an allegation that has been verified by SCDHHS and that comes from any source, including but not limited to the following:

- Fraud hotline complaints
- Claims data mining
- Patterns identified through provider audits, civil false claims cases, and law enforcement investigations

SECTION 3 PROGRAM INTEGRITY

PROGRAM INTEGRITY

Suspension of Provider Payments for Credible Allegation of Fraud (Cont'd.)

SCDHHS has flexibility in determining what constitutes a “credible allegation of fraud.” Allegations are considered to be credible when they have indications of reliability based upon SCDHHS’ review of the allegations, facts, and evidence on a case-by-case basis.

Notice of Suspension

SCDHHS will suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending under the Medicaid program against an individual or entity. Payments may be suspended without first notifying the provider of the intention to suspend payments. SCDHHS will send notice of its suspension of program payments within the following timeframes:

- Within five business days of suspending the payment, unless requested in writing by a law enforcement agency to temporarily withhold such notice
- Within 30 calendar days of suspending the payment, if requested by law enforcement in writing to delay sending such notice

The Notice of Payment Suspension will include all information required to be provided in accordance with 42 CFR §455.23.

All suspension of payment actions will be temporary and will not continue after either of the following:

- SCDHHS or the prosecuting authorities determine that there is insufficient evidence of fraud by the provider
- Legal proceedings related to the provider’s alleged fraud are completed

Referrals to the Medicaid Fraud Control Unit

Whenever an investigation leads to the initiation of a payment suspension in whole or part, SCDHHS will make a fraud referral to the South Carolina Medicaid Fraud Control Unit (“MFCU”).

Good Cause not to Suspend Payments or to Suspend Only in Part

SCDHHS may find that good cause exists not to suspend payments, or not to continue a payment suspension previously imposed on an individual or entity regarding a credible allegation of fraud, if any of the following are applicable:

SECTION 3 PROGRAM INTEGRITY

PROGRAM INTEGRITY

Good Cause not to Suspend Payments or to Suspend Only in Part (Cont'd.)

- o Law enforcement officials have specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation
- o Other available remedies implemented by SCDHHS will more effectively or quickly protect Medicaid funds
- o SCDHHS determines, based upon the submission of written evidence by the individual or entity that is the subject of the payment suspension, that the suspension should be removed
- o SCDHHS determines that beneficiary access to items or services would be jeopardized by a payment suspension for either of the following reasons:
 - o An individual or entity is the sole community physician or the sole source of essential specialized services in a community
 - o The individual or entity serves a large number of beneficiary's within a medically underserved area, as designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services
- o Law enforcement declines to certify that a matter continues to be under investigation
- o SCDHHS determines that payment suspension is not in the best interests of the Medicaid program
- o SCDHHS may also find that good cause exists to suspend payments in part, or to convert a payment suspension previously imposed in whole to one only in part, on any individual or entity regarding a credible allegation of fraud, if any of the following are applicable:
 - o SCDHHS determines that beneficiary access to items or services would be jeopardized by a payment suspension for either of the following reasons:

SECTION 3 PROGRAM INTEGRITY

PROGRAM INTEGRITY

Good Cause not to Suspend Payments or to Suspend Only in Part (Cont'd.)

- o An individual or entity is the sole community physician or the sole source of essential specialized services in a community
- o The individual or entity serves beneficiaries within a medically underserved area, as designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services
- o SCDHHS determines, based upon the submission of written evidence by the individual or entity that is the subject of a whole payment suspension, that such suspension should be imposed only in part
- o SCDHHS determines the following:
 - The credible allegation focuses solely and definitively on only a specific type of claim or arises from only a specific business unit of a provider; and
 - A payment suspension in part would effectively ensure that potentially fraudulent claims were not continuing to be paid. If this determination is made by SCDHHS, it will be documented in writing.
 - Law enforcement declines to certify that a matter continues to be under investigation
 - SCDHHS determines that payment suspension is not in the best interest of the Medicaid program

Even if SCDHHS exercises the good cause exceptions set forth above, this does not relieve the agency of its obligation to refer a credible allegation of fraud to the Medicaid Fraud Control Unit.

SECTION 3 PROGRAM INTEGRITY

PROGRAM INTEGRITY

TEMPORARY MORATORIA

Federally-Mandated Moratoria

SCDHHS will impose a Temporary Moratorium when such a moratorium is issued by CMS on enrollment of new providers or provider types identified as posing an increased risk to the Medicaid program.

SCDHHS will take action upon notification by CMS regarding the imposition of the temporary moratorium in advance of the imposition of the moratorium.

SCDHHS will impose the temporary moratorium on the enrollment of new providers or provider types, identified by CMS as posing an increased risk to the Medicaid program, with the following exception:

- SCDHHS is not required to impose such a moratorium if it determines that the imposition of a temporary moratorium would adversely affect beneficiaries' access to medical assistance
- If SCDHHS makes such a determination, CMS will be notified in writing.

State-Initiated Moratoria

SCDHHS may impose temporary moratoria on enrollment of new providers, or impose numerical caps or other limits, that SCDHHS identifies as having a significant potential for fraud, waste, or abuse and has identified as being a high risk for fraud, waste, or abuse.

SCDHHS, before implementing the moratoria, caps, or other limits, will determine that its action would not adversely impact beneficiaries' access to medical assistance.

SCDHHS will notify CMS in writing in the event the Medicaid program seeks to impose such moratoria, including all details (rationale and justification) of the moratoria; and obtain CMS' concurrence with imposition of the moratoria

SECTION 3 PROGRAM INTEGRITY

PROGRAM INTEGRITY

Temporary Moratoria Requirements

The temporary moratorium is for an initial period of 6 months.

If SCDHHS determines that it is necessary, the temporary moratorium may be extended in 6-month increments.

SCDHHS will document in writing the necessity for extending the moratoria each time.

SCDHHS will obtain CMS' concurrence with any moratoria extension.

Provider applications pending at the time of imposition of a moratorium will be denied.

**South Carolina
Department of Health and Human Services
Electronic Funds Transfer (EFT) Authorization Agreement**

PROVIDER INFORMATION

Provider Name _____
Medicaid Provider Number _____
Provider NPI Number _____
Provider Address _____
City _____ State _____ Zip _____

BANKING INFORMATION *(Please include a copy of the electronic deposit information on bank letterhead. This is required and the information will be used to verify your bank account information).*

Financial Institution Name _____
Financial Institution Address _____
City _____ State _____ Zip _____
Routing Number (nine digit) _____
Account Number _____

Type of Account (check one) Checking Savings

I (we) hereby authorize the Department of Health and Human Services to initiate credit entries and to initiate, if necessary, debit entries for any credit entries in error to my account indicated below and the financial institution named below, to credit and/or debit the same to such account. These credit entries will pertain only to the Department of Health and Human Services payment obligations resulting from Medicaid services rendered by the provider.

I (we) understand that credit entries to the account of the above named payee are done with the understanding that payment will be from federal and/or state funds and that any false claims, statements or documents or concealments of a material fact, may be prosecuted under applicable federal or state laws.

I (we) certify that the information shown is correct. I (we) agree to provide thirty (30) days written notice to the address shown below prior to revoking or revising this authorization.

Contact Name: _____ Phone Number: _____

Signed _____ (Signature)
_____ (Print)

Title _____ Date _____

All EFT requests are subject to a 15-day pre-certification period in which all accounts are verified by the qualifying financial institution before any Medicaid direct deposits are made.

RETURN COMPLETED FORM & BANK VERIFICATION DOCUMENT TO:

**Department of Health and Human Services
Medicaid Provider Enrollment
P.O. BOX 8809, COLUMBIA, S.C. 29202-8809
FAX (803) 870-9022**

**DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT
PART 2**

General Instructions

Federal Medicaid regulations (42 CFR 455.100 – .106) require that all Medicaid providers disclose the name, address, and other identifying information for each person with an ownership or control interest in the provider and any subcontractor in which the provider has a 5% or more interest. All applicants, except an individual practitioner or group of practitioners as defined in 42 CFR 455.101, must complete this form in order to enroll as a provider in the Medicaid program. The provider must also screen all employees and subcontractors to determine whether they have been excluded from participation in Medicare, Medicaid, the State Children’s Health Insurance Program (SCHIP) and/or all federal health care programs. Any individual or entity that employs or contracts with an excluded provider cannot claim reimbursement from Medicaid for any items or services furnished, authorized, or prescribed by the excluded provider.

Please answer all questions as of the current date. If the "Yes" block for an item is checked, list the requested additional information in the area provided; attach additional pages and/or documentation as needed, referencing the item number to which the information corresponds. Return the original to the South Carolina Department of Health and Human Services (SCDHHS); retain a copy for your files. Failure to provide this form and/or incomplete information will result in a refusal by SCDHHS to enter into an agreement or contract with any such provider or institution or in termination of existing agreements.

This form is to be completed for all programs established by Title XIX and Title XXI and **must be submitted within 35 days of any changes to provider information**. Completion and submission of this form is a condition of approval or renewal of a contract or agreement between the disclosing entity and SCDHHS. Any substantial delay in completing the form should be reported to SCDHHS.

Disclosure of Social Security Number (SSN): Disclosure of a SSN is used for the purpose of determining whether persons and entities named in an application are federally excluded parties and to verify licensure. **Refusal to provide a SSN will result in rejection of the provider’s application to participate in the Medicaid program or termination of any existing provider agreement or contract.**

I. Instructions / Definitions: Providers that must have a National Provider Identifier (NPI) must include the NPI. If currently enrolled in South Carolina Medicaid with multiple NPI numbers, a separate Disclosure of Ownership and Control Interest Statement (SCDHHS Form 1514) must be completed for each NPI number.

I. Identifying Information			
[a] Name of Provider (Disclosing Entity):			
Doing Business As (trade or company name):			
Street Address		City, State, Zip + 4	
County	Provider Number (If Known)	NPI	Telephone Number
[b] Federal Employer Identification Number (FEIN):			
[c] Type of Entity (Applies to either For Profit or Non-Profit)			
<input type="checkbox"/> Limited Liability Corporation (LLC)			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Corporation			
<input type="checkbox"/> Business Proprietorship or Company			
<input type="checkbox"/> Sole Proprietor			
<input type="checkbox"/> Governmental Unit			
<input type="checkbox"/> Other (Please specify) _____			

II. Instructions / Definitions:

Providers must disclose ownership and control information as required by 42 CFR 455.101 - 104.

Ownership interest is defined as the possession of equity in the capital, the stock or the profits of the disclosing entity. **A disclosing entity** is a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.

Indirect ownership interest means an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: if A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Control interest is defined as the direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e. joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Therefore, **a person with an ownership or control interest** is a **person** or **corporation** that –

- (a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
- (b) Has an indirect ownership interest totaling 5 percent or more in a disclosing entity;
- (c) Has a combination of direct and indirect ownership interest equal to 5 percent or more in a disclosing entity;
- (d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- (e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- (f) Is a partner in a disclosing entity that is organized as a partnership.

Subcontractor means (a) an individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or, (b) an individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

V. Managing Employees

[a] List current managing employees as indicated below. "Managing employee" means general manager, office or business manager, administrator, director, or other individual who exercises operational or managerial control over the institution, agency, or organization, or who directly or indirectly conducts the day-to-day operations. Attach additional pages, if needed, for additional names.

Name/Title	Address	SSN	Date of Birth

[b] Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?

Yes No

If Yes, give date for change: Date / / . List names, titles, and SSN of the prior Administrator, Director of Nursing, or Medical Director.

Name	Title	SSN

VI. Management Company

A management company is defined as any organization that operates and manages a business on behalf of the owner of that business, with the owner retaining ultimate legal responsibility for operation of the facility. If the answer is yes, list the name of the management firm as well as the managing employees of the firm (i.e., CEO, CFO, etc). Attach additional pages, if needed, for additional names.

Is the provider/entity/facility operated by a management company?

Yes No

If Yes, what is the term of the agreement?

Beginning Date / / to Ending Date / /

Name of Management Co.	Address	FEIN

Name(s) of Managing Employee(s)	SSN	Date of Birth

VII. Instructions / Definitions: Criminal Offenses related to the delivery of services or items under Medicare or Medicaid programs include convictions relating to patient neglect or abuse in connection with the delivery of a health care item or service; felony and/or misdemeanor convictions related to health care fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; and felony and/or misdemeanor convictions related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

VII. Criminal Offenses

If any of the questions are answered "Yes", list names, addresses, and SSNs for individuals and names, addresses, and FEINs for organizations, or attach documentation or additional pages if needed.

[a] As listed in **Sections II or III**, have any individuals and organizations with a direct or indirect ownership of 5% or more in the disclosing entity (provider), or any subcontractor(s) in which the provider has a direct or indirect ownership of 5% or more, been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, or XXI (Medicare, Medicaid, or SCHIP)?

Yes No

[b] As listed in **Sections V or VI**, have any directors, officers, agents, or managing employees of the disclosing entity (provider) ever been convicted of a criminal offense related to their involvement in such program established by Titles XVIII, XIX, or XXI (Medicare, Medicaid, or SCHIP)? Yes No

Name	Address	SSN/FEIN

VIII. Instructions / Definitions: Sanctions and other adverse actions include any revocation or suspension of a license to provide health care by any State licensing authority; any revocation or suspension of accreditation; and/or any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.

VIII. Sanctions and Other Adverse Actions

Has your organization, under any current or former name or business identity, or any individuals and organizations listed in **Sections II, III, V, or VI**, ever had a final adverse action imposed against it? If yes, report the individual(s) or organization(s) involved, each final adverse action, when it occurred, and the Federal or State agency or the court/administrative body that imposed the action. Yes No

Individual/Organization	Adverse Action	Date	Taken by

IX. Instructions/ Definitions: Changes in provider status are defined as any change in management control. Examples of such changes would include: a change in Medical or Nursing Director, a new Administrator, contracting the operation of the facility to a management corporation, a change in the composition of the ownership, including changes in any partnership arrangement, or any changes of ownership.

IX. Changes in Provider Status

If there has been a change in ownership /partnership within the last year or if you anticipate a change, indicate the date in the appropriate space. If there are no owners (i.e., the provider is a sole proprietorship), check Not Applicable.

[a] Has there been a change in ownership or controlling interest within the last year? If Yes, give date.
 Yes - Date: / / No Not Applicable

X. Instructions / Definitions: A chain affiliate is any free-standing health care facility that is owned, controlled, or operated under lease or contract by an organization consisting of two or more free-standing health care facilities organized within or across State lines which is under the ownership or through any other devices, control and direction of a private, charitable or propriety. They also include subsidiary organizations and holding corporations. Provider-based facilities, such as hospital-based home health agencies, are not considered to be chain affiliates.

X. Chain Affiliation

[a]. Is this facility chain-affiliated? If Yes, list name, address and FEIN of parent Corporation below.
 Yes No

Name	Address	FEIN

[b]. If the answer to part [a] of this item was "No", was the facility ever affiliated with a chain? If Yes, list name, address and FEIN of parent Corporation.
 Yes No

Name	Address	FEIN

Certification Statement

You MUST sign and date the certification statement below in order to be enrolled in the Medicaid program. In doing so, you are attesting to meeting and maintaining the Medicaid requirements stated below.

I, the undersigned, certify to the following.

1. I have read the contents of this form, and the information contained herein is true, correct, and complete. If I become aware that any information listed on this form is not true, correct, or complete, I agree to notify Medicaid of this fact within thirty-five (35) days of discovery.

2. I authorize Medicaid to verify the information contained herein. I agree to notify Medicaid of a change in ownership, practice location and/or Final Adverse Action within 35 days of the reportable event. In addition, I agree to notify Medicaid of any other changes to the information on this form within 35 days of the effective date of change. I understand that any change in business structure of this provider may require the submission of a new application.

3. I understand that any deliberate omission, misrepresentation, or falsification of any information contained on this form or contained in any communication supplying information to Medicaid, or any deliberate alteration of any text on this form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Medicaid billing privileges, and/or the imposition of fines, civil damages, and/or imprisonment.

4. I agree to abide by the Medicaid laws, regulations and program instructions that apply to me or to the organization. The Medicaid laws, regulations, and program instructions are available through SCDHHS. I understand that payment of a claim by Medicaid is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions, and on the provider's compliance with all applicable conditions of participation in Medicaid.

5. Neither I, nor any managing employee listed on this form, is currently sanctioned, suspended, debarred, or excluded by the Medicare or State Health Care Program, e.g., Medicaid program, or any other Federal program, or is otherwise prohibited from providing services to Medicaid or other Federal program beneficiaries.

6. I agree that any existing or future overpayment made to me or to the organization(s) listed on this form, by the Medicaid program, may be recouped by Medicaid through the withholding of future payments.

7. I understand that the Medicaid identification number issued to me can only be used by me or by a provider to whom I have reassigned my benefits under current Medicaid regulations, when billing for services rendered by me.

8. I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicaid, and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.

Name of Authorized Representative (Printed or Typed):	Title:
Signature:	Date:

**South Carolina Medicaid
Trading Partner Agreement for
Electronic Claims and Related Transactions**

I. General

The Trading Partner identified on the *SC Medicaid Trading Partner Agreement Enrollment Form* agrees to the terms and conditions of this Trading Partner Agreement (TPA).

II. Purpose

- A. This TPA outlines the requirements for the electronic transfer of protected health information (PHI) between the Trading Partner and the South Carolina Department of Health and Human Services (SCDHHS).
- B. The Trading Partner is in the business of submitting said electronic transactions on behalf of itself as a provider or as a billing agent for a provider(s).
- C. The exchange of information is for the purpose of allowing Trading Partners to conduct electronic transactions for health care services provided to Medicaid beneficiaries of the SCDHHS. This TPA provides for the exchange of information between these entities necessary for the processing of such transactions. These transactions must be in accordance with the American National Standards Institute (ANSI) accredited standards and in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, CFR 45 Parts 160 and 162, Standards for Electronic Transactions, published in the Federal Register August 17, 2000.
- D. The Trading Partner is prohibited from transferring PHI received from SCDHHS for any purpose not expressly permitted by and related to paragraphs II A, B, and C above.

III. Provisions of the TPA

- A. The Trading Partner agrees to follow the SCDHHS Provider billing guidelines for the submission of Health Care Claim transactions.
- B. All transactions must be formatted in accordance with the HIPAA Implementation Guides available at <http://www.wpc-edi.com>. SCDHHS Medicaid Companion Guides, which specify certain situational data elements necessary for SCDHHS, are available at <http://provider.scdhhs.gov>. HIPAA transactions to be exchanged between the Trading Partner and SCDHHS are identified in the SC Medicaid Technical Communications User's Manual.
- C. The Trading Partner must complete testing for each of the transactions it will implement and shall not be allowed to exchange data with SCDHHS in production mode until testing is satisfactorily passed as determined by SCDHHS. Successful testing means the ability to successfully pass HIPAA compliance checking and to process PHI transmitted by Trading Partner to SCDHHS. SCDHHS will accept certification from any third-party testing and certification entity that has been identified by the Workgroup for Electronic Data Interchange, Strategic National Implementation Process (WEDI/SNIP) in lieu of a Trading Partner being tested by SCDHHS. Such certification must be at least level 4 as defined by WEDI.

- D. The Trading Partner warrants and represents that it has a legally binding contract between itself and all providers for whom it is submitting data or that the Trading Partner is itself a provider authorized to submit claims and receive health care information for beneficiaries who have coverage for services by the SCDHHS.
- E. SCDHHS and the Trading Partner will protect the PHI contained in the exchange of information by means of both physical and electronic security measures.
 - 1. Each entity will control access to its physical locations so that only authorized personnel have access to the information.
 - 2. Each entity will utilize passwords in accordance with established procedures so that only authorized personnel have knowledge of those passwords. Upon departure of personnel from employment, the Trading Partner will promptly or immediately notify SCDHHS so that a new password can be established. SCDHHS will establish a similar system for departure of its own employees.
 - 3. Each entity will report to the other any violation of security and/or the release of PHI that is not in accordance with this Agreement.
 - 4. Technical rules for the electronic transfer of PHI between the Parties can be found in the SC Medicaid Technical Communications User's Manual.

IV. Electronic Media Billing

This section applies specifically to Providers and sets forth the necessary procedures for submitting claims electronically. The Provider agrees:

- A. To submit claims directly or only through a business agent as defined in 42 CFR 447.10(f) which states:

"Payment may be made to a business agent, such as a billing service or an accounting firm, that furnishes statements and receives payments in the name of the provider, if the agent's compensation for the service is (1) Related to the cost of processing the billing; (2) Not related on a percentage or other basis to the amount that is billed or collected; and (3) Not dependent upon the collection of the payment." The Provider understands that, in accordance with 42 CFR 447.10(h) "Payment for any service furnished to a recipient by a provider may not be made to or through a factor, either directly or by power of attorney." "Factor" means an individual or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the Provider has assigned, sold or transferred to the individual organization for an added fee or a deduction of a portion of the accounts receivable." (42 CFR 447.10 (b)). Further "payment may be made in accordance with a reassignment from the provider to a government agency or reassignment by a court order." (42 CFR 447.10 (e)).
- B. That if the Provider decides to utilize a business agent to submit claims, Provider must authorize the business agent by written contract to submit Medicaid claims in its behalf.
- C. To furnish a copy of the aforementioned contract to SCDHHS or its designee upon request.
- D. To assure that claims are submitted in the format specified by SCDHHS and to submit test claims for approval by SCDHHS prior to submitting claims for payment.

- E. To assure that a transmittal letter is submitted as specified by SCDHHS along with each cartridge/tape/diskette.
- F. To correct any and all discrepant claims submitted.
- G. To maintain and ensure ready association of electronic claims with source documents, including but not limited to: (1) a signed statement from the patient consenting to the release of information necessary to process claims; (2) justification for rendering services; (3) identification of practitioner rendering services; (4) records corroborating that the services furnished were the same services contained in the claim; and (5) documentation proving that a claim was submitted electronically, by whom it was submitted and when it was submitted.
- H. To retain all records for a period of seventy-two (72) months after the close of the federal fiscal year in which the services were rendered.
- I. That SCDHHS, the United States Department of Health and Human Services, General Accounting Office, the State Auditor, the Attorney General, or their designees, have the right to audit and confirm information submitted and to access and/or photograph source documents and medical records during regular business hours.
- J. That any incorrect payments ascertained as a result of such an audit will be adjusted according to applicable provisions of Title XIX of the Social Security Act as amended, the S.C. State Plan for Medical Assistance, other applicable State and Federal laws and regulations, and SCDHHS Medicaid guidelines.
- K. That the submission of an electronic media claim is a claim for Medicaid payment and that "payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State Laws." (42 CFR 455.18(a)(2)).
- L. That certain claims may not be submitted electronically and that SCDHHS has the sole authority to determine which claims may or may not be submitted electronically.
- M. That under certain circumstances, SCDHHS may require prepayment review of claims and that the Provider will be notified in writing of the SCDHHS's intent to conduct prepayment review during which time electronic claims will not be accepted.
- N. That this TPA in no way exempts the Provider from being subject to all other Medicaid regulations in effect at the time the Provider submits a claim.
- O. To safeguard and require, in the Provider's written contract with its business agent, that its business agent shall safeguard the use and disclosure of information concerning Medicaid recipients in accordance with all applicable Federal and State laws and regulations. The Provider understands that, in accordance with 42 CFR 431.305(b), "this information must include at least (1) name and address; (2) medical services provided; (3) social and economic conditions or

circumstances; (4) agency evaluation of personal information; and (5) medical data, including diagnosis and past history of disease or disability."

P. To be responsible for all services rendered, charges billed, and reimbursement received.

V. Confidentiality

A. The Trading Partner agrees during the term of this TPA, and for a period of six (6) years thereafter, to use the same means it uses to protect confidential proprietary information (including PHI), but in any event not less than reasonable means to prevent the disclosure and to protect the confidentiality both when:

1. Written information received from SCDHHS is marked or identified as confidential.
2. Oral or visual information identified as confidential at the time of disclosure is summarized in writing and provided to the Trading Partner in such written form promptly after such oral or visual disclosure.

B. The foregoing shall not prevent the Trading Partner from disclosing PHI that belongs to the Trading Partner or is:

1. Already known by the recipient entity without an obligation of confidentiality other than under this TPA.
2. Publicly known or becomes publicly known through no unauthorized act of the recipient Party.
3. Rightfully received from a third party.
4. Independently developed by Trading Partner without use of SCDHHS's PHI.
5. Approved by SCDHHS for disclosure.

Trading Partner Agreement Enrollment Instructions for Providers

The Trading Partner Agreement Enrollment (TPA) form may be found online at
<http://www.dhhs.state.sc.us/dhhsnew/hipaa/webfiles/TradingPartnerEnrollmentForm.pdf>
 Please use the instructions below to fill out the TPA. Incomplete or incorrect TPAs will not be processed.

FIELD	INSTRUCTIONS
Date	Enter today's date.
Action Requested	Leave Blank
Trading Partner Name	Provider or Group Organization name. Some providers have both. In this case, you will complete a separate TPA for each provider or group SC Medicaid Provider Number.
Trading Partner ID	Leave blank, unless you have an X12 Submitter ID.
NPI	Enter the 10-digit NPI for the provider indicated on Trading Partner Name.
SC Medicaid Provider ID	Enter the 6-digit alphanumeric SC Medicaid Provider number here. If you are submitting this form as a part of your SC Medicaid Provider Enrollment packet, leave this field blank. If you wish to become a SC Medicaid Provider, contact Provider Enrollment at 888 289 0709 for an enrollment packet.
Type of Business	Select "Medicaid Provider"
South Carolina Medicaid Web Based Claims Submission Tool	If you would like access to the SC Medicaid Web Tool, check the box. Indicate the number of IDs you require. Each person needs his own ID for access. If you bill as part of a group and the group already has access, you may leave this section blank. If you have an existing Web Tool ID and you would like the NPI on this TPA linked, you may request the link on this form. Write the Web Tool User ID in the space provided. The SC Medicaid Web Tool provides access to remittance advice, recipient eligibility, claims status and claims entry. Remittance Advice information is only available electronically; we no longer mail Remittance Advice information to providers.
Protocol	Leave blank, unless you plan to submit your claim in X12 format directly to SC Medicaid.
Check Box	Read the 4 page EDI Agreement at http://www.scdhhs.gov/dhhsnew/hipaa/webfiles/TradingPartnerAgreement3.pdf and check the box.
Signature/Print Name	Signature of the provider or an authorized representative is required. A signature or name from the clearinghouse or software vendor is not valid.
Contact Information	Enter the contact information for the person in the provider's office who completed this form. <i>Do not use contact information for your vendor or clearinghouse.</i> We will contact this person if we need additional information to complete processing or if the form was not completed properly and cannot be processed. This information must be complete and accurate.
Software Vendor/Billing Agent	List your clearinghouse here. If you will only use the Web Tool, write "Web Tool" here. You may use both a clearinghouse and the Web Tool concurrently.
Transactions Requested	Leave blank, unless you have an X12 Submitter ID.
Page 2	Leave blank, unless you have an X12 Submitter ID. Do not list group members on this page. A separate TPA is required for providers belonging to a group.

Trading Partner Agreement Enrollment

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

Date	_____		
Trading Partner Name	_____		
Trading Partner ID (if applicable)	_____		
NPI	_____	SC Medicaid Provider ID	_____
Type of Business:	<input type="checkbox"/> Medicaid Provider	<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> Software Vendor
	<input type="checkbox"/> Billing Service	<input type="checkbox"/> Other (please specify) _____	

South Carolina Medicaid Web-Based Claims Submission Tool

Select one	<input type="checkbox"/> Requesting access	Number of IDs requested	_____
	<input type="checkbox"/> No access needed		
	<input type="checkbox"/> Link to existing IDs		_____
Protocol	<input type="checkbox"/> Secure FTP	<input type="checkbox"/> WS_FTP Pro	Only use this section if you are filing X12 claims directly to SC Medicaid. DO NOT USE if you submit through a vendor or clearinghouse.
	<input type="checkbox"/> CD	<input type="checkbox"/> Diskette	

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

Signature	_____
Print Name	_____

Contact information

Name	_____	Email	_____
Address	_____		
City	_____	State	_____
		Zip	_____
Phone	_____	Fax	_____

Software Vendor or Billing Agent

Transactions Requested

Only use this section if you are filing X12 claims directly to SC Medicaid. DO NOT USE if you submit through a vendor or clearinghouse.

Y <input type="checkbox"/> N <input type="checkbox"/> 270 - Eligibility IN	Y <input type="checkbox"/> N <input type="checkbox"/> 835 - Electronic Remittance	Y <input type="checkbox"/> N <input type="checkbox"/> 820 - Premium Payments
Y <input type="checkbox"/> N <input type="checkbox"/> 271 - Eligibility OUT	Y <input type="checkbox"/> N <input type="checkbox"/> 837I - Institutional Claims	Y <input type="checkbox"/> N <input type="checkbox"/> 278 - Authorization
Y <input type="checkbox"/> N <input type="checkbox"/> 276 - Claims Status IN	Y <input type="checkbox"/> N <input type="checkbox"/> 837P - Professional Claims	Y <input type="checkbox"/> N <input type="checkbox"/> 834 - Benefit Enrollment
Y <input type="checkbox"/> N <input type="checkbox"/> 277 - Claims Status OUT	Y <input type="checkbox"/> N <input type="checkbox"/> 837D - Dental Claims	

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

^{*} **Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can report suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-436-4336).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Community Residential Care Facilities (CRCF)	No Subspecialty	No Subspecialty	Limited
Nursing Home	Complex Care Services	No Subspecialty	Limited
Nursing Home	ICF/IID	No Subspecialty	Limited
Nursing Home	No Specialty	No Subspecialty	Limited
Nursing Home	Swing Bed	No Subspecialty	Limited
Nursing Home	Swing Bed/Ventilator	No Subspecialty	Limited
Nursing Home	Ventilator	No Subspecialty	Limited
In-Patient Hospital	General	No Subspecialty	Limited
In-Patient Hospital	Psychiatric	No Subspecialty	Limited
In-Patient Hospital	Psychiatric Residential Treatment Facility (PRTF)	No Subspecialty	Limited
In-Pt. Hospital, Out-of State	General	No Subspecialty	Limited
Psychiatric Residential Treatment Facilities (PRTF)	No Specialty	No Subspecialty	Limited
Out-Patient Hospital —Out-of-State	No Specialty	No Subspecialty	Limited
Behavioral Health Services	Developmental Evaluation Center (DEC)	No Subspecialty	Moderate
Behavioral Health Services	Private Rehabilitative Behavioral Health Services	Chance Waiver	Moderate

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Behavioral Health Services	Private Rehabilitative Behavioral Health Services	Rehabilitative Behavioral Health Services (RBHS)	Moderate
Behavioral Health Services	Medical University of South Carolina (MUSC)	Community Mental Health	Limited
Behavioral Health Services	Medical University of South Carolina (MUSC)	Rehabilitative Behavioral Health Services (RBHS)	Limited
Behavioral Health Services	Medical University of South Carolina (MUSC)	Targeted Case Management (TCM)	Limited
Behavioral Health Services	South Carolina Department of Juvenile Justice (SC DJJ)	Psychological Testing	Limited
Behavioral Health Services	South Carolina Department of Juvenile Justice (SC DJJ)	Rehabilitative Behavioral Health Services (RBHS)	Limited
Behavioral Health Services	South Carolina Department of Juvenile Justice (SC DJJ)	Targeted Case Management (TCM)	Limited
Behavioral Health Services	South Carolina Department of Social Services (SC DSS)	Rehabilitative Behavioral Health Services (RBHS)	Limited
Behavioral Health Services	South Carolina Department of Social Services (SC DSS)	Targeted Case Management (TCM)	Limited
Behavioral Health Services	South Carolina Division of Mental Health (SC DMH)	Rehabilitative Behavioral Health Services (RBHS)	Limited
Behavioral Health Services	South Carolina Division of Mental Health (SC DMH)	Targeted Case Management (TCM)	Limited
Behavioral Health Services	Department of Alcohol and Other Drug Abuse Services (DAODAS)	Rehabilitative Behavioral Health Services (RBHS)	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Behavioral Health Services	Department of Alcohol and Other Drug Abuse Services (DAODAS)	Targeted Case Management (TCM)	Limited
Behavioral Health Services	Department of Disabilities and Special Needs (DDSN)	Home and Community Based Waiver	Limited
Behavioral Health Services	Department of Disabilities and Special Needs (DDSN)	Rehabilitative Behavioral Health Services (RBHS)	Limited
Behavioral Health Services	Department of Disabilities and Special Needs (DDSN)	Targeted Case Management (TCM)	Limited
Behavioral Health Services	Continuum of Care for Emotionally Disturbed Children	Rehabilitative Behavioral Health Services (RBHS)	Limited
Behavioral Health Services	Continuum of Care for Emotionally Disturbed Children	Targeted Case Management (TCM)	Limited
Behavioral Health Services	South Carolina Department of Social Services (SC DSS)	Managed Treatment Services for Children (MTS)	Limited
Health Maintenance Organization (HMO)	HMO	No Subspecialty	Limited
Health Maintenance Organization (HMO)	Medical Home Networks (MHN)	No Subspecialty	Limited
SCDHHS Special Enrollment	Buy-In	No Subspecialty	Limited
SCDHHS Special Enrollment	Clawback-Part B	No Subspecialty	Limited
SCDHHS Special Enrollment	Dental Broker	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
SCDHHS Special Enrollment	Eligibility Verification	No Subspecialty	Limited
SCDHHS Special Enrollment	Miscellaneous Providers	No Subspecialty	Limited
SCDHHS Special Enrollment	Transportation Broker	No Subspecialty	Limited
Other Medical Professionals	Audiologist	No Subspecialty	Limited
Other Medical Professionals	Anesthesiologist Assistant (AA)	No Subspecialty	Limited
Other Medical Professionals	Behavioral Support	Community Support Waiver	Limited
Other Medical Professionals	Certified Registered Nurse Anesthetist (CRNA)	No Subspecialty	Limited
Other Medical Professionals	Licensed Independent Social Worker - Clinical Professional (LISW-CP)	No Subspecialty	Limited
Other Medical Professionals	Licensed Marriage and Family Therapist (LMFT)	No Subspecialty	Limited
Other Medical Professionals	Licensed Professional Counselor (LPC)	No Subspecialty	Limited
Other Medical Professionals	Nurse (LPN, RN, APRN, Clinical Nurse Specialist)	No Subspecialty	Limited
Other Medical Professionals	Nurse Midwife	No Subspecialty	Limited
Other Medical Professionals	Nurse Practitioner	No Subspecialty	Limited
Other Medical Professionals	Occupational Therapist	No Subspecialty	Limited
Other Medical Professionals	Physical Therapist	No Subspecialty	Moderate
Other Medical Professionals	Physician Assistant	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Other Medical Professionals	Psychologist	No Subspecialty	Limited
Other Medical Professionals	Psychologist-Behavioral Support	HASCI Waiver	Limited
Other Medical Professionals	Psychologist- Behavioral Support	ID/RD Waiver	Limited
Other Medical Professionals	Speech Pathologist	No Subspecialty	Limited
Physician, Osteopath Individual	Allergy and Immunology	No Subspecialty	Limited
Physician, Osteopath Individual	Anesthesiology/Pain Mgmt.	No Subspecialty	Limited
Physician, Osteopath Individual	Cardiovascular Disease	No Subspecialty	Limited
Physician, Osteopath Individual	Dermatology	No Subspecialty	Limited
Physician, Osteopath Individual	Dispensing Physician	No Subspecialty	Limited
Physician, Osteopath Individual	Emergency Medicine	No Subspecialty	Limited
Physician, Osteopath Individual	Endocrinology & Metabolism	No Subspecialty	Limited
Physician, Osteopath Individual	Family Practice	No Subspecialty	Limited
Physician, Osteopath Individual	Gastroenterology	No Subspecialty	Limited
Physician, Osteopath Individual	General Practice	No Subspecialty	Limited
Physician, Osteopath Individual	Geriatrics	No Subspecialty	Limited
Physician, Osteopath Individual	Gynecology	No Subspecialty	Limited
Physician, Osteopath Individual	Hematology	No Subspecialty	Limited
Physician, Osteopath Individual	Infectious Diseases	No Subspecialty	Limited
Physician, Osteopath Individual	Internal Medicine	No Subspecialty	Limited
Physician, Osteopath Individual	Neonatology	No Subspecialty	Limited
Physician, Osteopath Individual	Nephrology/ESRD	No Subspecialty	Limited
Physician, Osteopath Individual	Neurology	No Subspecialty	Limited
Physician, Osteopath Individual	Neuropathology	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Physician, Osteopath Individual	Nuclear Medicine	No Subspecialty	Limited
Physician, Osteopath Individual	Obstetrics	No Subspecialty	Limited
Physician, Osteopath Individual	Obstetrics & Gynecology	No Subspecialty	Limited
Physician, Osteopath Individual	Occupational Medicine	No Subspecialty	Limited
Physician, Osteopath Individual	Oncology	No Subspecialty	Limited
Physician, Osteopath Individual	Ophthalmology	No Subspecialty	Limited
Physician, Osteopath Individual	Osteopathy	No Subspecialty	Limited
Physician, Osteopath Individual	Otorhinolaryngology	No Subspecialty	Limited
Physician, Osteopath Individual	Pathology	No Subspecialty	Limited
Physician, Osteopath Individual	Pathology, Clinical	No Subspecialty	Limited
Physician, Osteopath Individual	Pathology, Hospital	No Subspecialty	Limited
Physician, Osteopath Individual	Pediatric Subspecialist	No Subspecialty	Limited
Physician, Osteopath Individual	Pediatrics	No Subspecialty	Limited
Physician, Osteopath Individual	Pediatrics, Allergy	No Subspecialty	Limited
Physician, Osteopath Individual	Pediatrics, Cardiology	No Subspecialty	Limited
Physician, Osteopath Individual	Physical Medicine & Rehabilitation	No Subspecialty	Limited
Physician, Osteopath Individual	Psychiatry	No Subspecialty	Limited
Physician, Osteopath Individual	Psychiatry, Child	No Subspecialty	Limited
Physician, Osteopath Individual	Pulmonary Medicine	No Subspecialty	Limited
Physician, Osteopath Individual	Radiology	No Subspecialty	Limited
Physician, Osteopath Individual	Radiology, Diagnostic	No Subspecialty	Limited
Physician, Osteopath Individual	Radiology, Therapeutic	No Subspecialty	Limited
Physician, Osteopath Individual	Rheumatology	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Physician, Osteopath Individual	Surgery, Cardiovascular	No Subspecialty	Limited
Physician, Osteopath Individual	Surgery, Colon & Rectal	No Subspecialty	Limited
Physician, Osteopath Individual	Surgery, General	No Subspecialty	Limited
Physician, Osteopath Individual	Surgery, Neurological	No Subspecialty	Limited
Physician, Osteopath Individual	Surgery, Orthopedic	No Subspecialty	Limited
Physician, Osteopath Individual	Surgery, Pediatric	No Subspecialty	Limited
Physician, Osteopath Individual	Surgery, Plastic	No Subspecialty	Limited
Physician, Osteopath Individual	Surgery, Thoracic	No Subspecialty	Limited
Physician, Osteopath Individual	Surgery, Urological	No Subspecialty	Limited
Groups	Allergy and Immunology	No Subspecialty	Limited
Groups	Anesthesiologist Assistant (AA)	No Subspecialty	Limited
Groups	Anesthesiology	No Subspecialty	Limited
Groups	Audiologist	No Subspecialty	Limited
Groups	Cardiovascular Disease	No Subspecialty	Limited
Groups	Certified Registered Nurse Anesthetist (CRNA)	No Subspecialty	Limited
Groups	Dermatology	No Subspecialty	Limited
Groups	Emergency Medicine	No Subspecialty	Limited
Groups	Endocrinology & Metabolism	No Subspecialty	Limited
Groups	Family Practice	No Subspecialty	Limited
Groups	Gastroenterology	No Subspecialty	Limited
Groups	General Practice	No Subspecialty	Limited
Groups	Geriatrics	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Groups	Gynecology	No Subspecialty	Limited
Groups	Hematology	No Subspecialty	Limited
Groups	Infectious Disease	No Subspecialty	Limited
Groups	Internal Medicine	No Subspecialty	Limited
Groups	Licensed Independent Social Worker - Clinical Professional (LISW-CP)	No Subspecialty	Limited
Groups	Licensed Marriage and Family Therapist (LMFT)	No Subspecialty	Limited
Groups	Licensed Professional Counselor (LPC)	No Subspecialty	Limited
Groups	Multiple Specialty Group	No Subspecialty	Limited
Groups	Neonatology	No Subspecialty	Limited
Groups	Nephrology/ESRD	No Subspecialty	Limited
Groups	Neurology	No Subspecialty	Limited
Groups	Neuropathology	No Subspecialty	Limited
Groups	Nuclear Medicine	No Subspecialty	Limited
Groups	Nurse (LPN, RN, APRN, Clinical Nurse Specialist)/Physician Assistant/ Nurse Practitioner	No Subspecialty	Limited
Groups	Nurse Midwife	No Subspecialty	Limited
Groups	Obstetrics	No Subspecialty	Limited
Groups	Obstetrics & Gynecology	No Subspecialty	Limited
Groups	Occupational Medicine	No Subspecialty	Limited
Groups	Occupational Therapist	No Subspecialty	Limited
Groups	Oncology	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Groups	Ophthalmology	No Subspecialty	Limited
Groups	Osteopathy	No Subspecialty	Limited
Groups	Otorhinolaryngology	No Subspecialty	Limited
Groups	Pathology	No Subspecialty	Limited
Groups	Pathology, Clinical	No Subspecialty	Limited
Groups	Pathology, Hospital	No Subspecialty	Limited
Groups	Pediatric Subspecialist	No Subspecialty	Limited
Groups	Pediatrics	No Subspecialty	Limited
Groups	Pediatrics, Allergy	No Subspecialty	Limited
Groups	Pediatrics, Cardiology	No Subspecialty	Limited
Groups	Physical Medicine & Rehabilitation	No Subspecialty	Limited
Groups	Physical Therapist	No Subspecialty	Moderate
Groups	Psychiatry	No Subspecialty	Limited
Groups	Psychiatry, Child	No Subspecialty	Limited
Groups	Psychologist	No Subspecialty	Limited
Groups	Pulmonary Medicine	No Subspecialty	Limited
Groups	Radiology	No Subspecialty	Limited
Groups	Radiology, Diagnostic	No Subspecialty	Limited
Groups	Radiology, Therapeutic	No Subspecialty	Limited
Groups	Retail Clinic	No Subspecialty	Limited
Groups	Rheumatology	No Subspecialty	Limited
Groups	Speech Pathologist	No Subspecialty	Limited
Groups	Surgery, Cardiovascular	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Groups	Surgery, Colon & Rectal	No Subspecialty	Limited
Groups	Surgery, General	No Subspecialty	Limited
Groups	Surgery, Neurological	No Subspecialty	Limited
Groups	Surgery, Orthopedic	No Subspecialty	Limited
Groups	Surgery, Pediatric	No Subspecialty	Limited
Groups	Surgery, Plastic	No Subspecialty	Limited
Groups	Surgery, Thoracic	No Subspecialty	Limited
Groups	Surgery, Urological	No Subspecialty	Limited
Groups	Therapist/Multiple Specialty Group	No Subspecialty	Limited
Medical Clinics	Ambulatory Diabetes Patient Education	No Subspecialty	Limited
Medical Clinics	Ambulatory Surgery Centers	No Subspecialty	Limited
Medical Clinics	CORF, CARF	No Subspecialty	Moderate
Medical Clinics	Developmental Rehabilitation Centers (DRC)	Commission for the Blind	Limited
Medical Clinics	Developmental Rehabilitation Centers (DRC)	Infusion Center	Limited
Medical Clinics	Developmental Rehabilitation Centers (DRC)	Local Education Agencies	Limited
Medical Clinics	Developmental Rehabilitation Centers (DRC)	No Subspecialty	Limited
Medical Clinics	Developmental Rehabilitation Centers (DRC)	Outpatient Pediatric AIDS Clinic (OPAC)	Limited
Medical Clinics	Developmental Rehabilitation Centers	School Districts	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
	(DRC)		
Medical Clinics	Developmental Rehabilitation Centers (DRC)	School for the Deaf and Blind	Limited
Medical Clinics	Developmental Rehabilitation Centers (DRC)	Wil Lou Gray	Limited
Medical Clinics	DHEC/Children's Rehabilitative Services (CRS)	No Subspecialty	Limited
Medical Clinics	End Stage Renal Disease (ESRD)	No Subspecialty	Limited
Medical Clinics	Federally Funded Health Clinics (FFHC)	No Subspecialty	Limited
Medical Clinics	Federally Qualified Clinics (FQHC)	No Subspecialty	Limited
Medical Clinics	Genetic	No Subspecialty	Limited
Medical Clinics	Hematology	No Subspecialty	Limited
Medical Clinics	Maternal and Child Health Centers	Medicaid Adolescent Pregnancy Prevention Services (MAPPS)	Limited
Medical Clinics	Maternal and Child Health Centers	Postpartum Infant Home Visits	Limited
Medical Clinics	Maternal and Child Health Centers	Preventive Rehabilitative Services for Primary Care Enhancement (PRSPCE)	Limited
Medical Clinics	Rural Health Centers (RHC)	No Subspecialty	Limited
Medical Clinics	Sickle Cell	No Subspecialty	Limited
Medical Clinics	Speech and Hearing Clinics	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Contractors/Vendors	DHEC Orthodontics	No Subspecialty	Limited
Contractors/ Vendors	Eyewear Contract	No Subspecialty	Limited
Contractors/Vendors	Maxillofacial Prosthodontics	No Subspecialty	Limited
Dentist, Individual	Dentistry	No Subspecialty	Limited
Dentist, Individual	Endodontist	No Subspecialty	Limited
Dentist, Individual	Oral Surgery	No Subspecialty	Limited
Dentist, Individual	Orthodontics	No Subspecialty	Limited
Dentist, Individual	Pedodontics	No Subspecialty	Limited
Dentist, Individual	Periodontist	No Subspecialty	Limited
Dentist, Group	Dentistry	No Subspecialty	Limited
Dentist, Group	Endodontist	No Subspecialty	Limited
Dentist, Group	Oral Surgery	No Subspecialty	Limited
Dentist, Group	Orthodontics	No Subspecialty	Limited
Dentist, Group	Pedodontics	No Subspecialty	Limited
Dentist, Group	Periodontist	No Subspecialty	Limited
Optician, Individual	Optician	No Subspecialty	Limited
Optician, Group	Optician	No Subspecialty	Limited
Optometrist, Individual	Optometry	No Subspecialty	Limited
Optometrist, Group	Optometry	No Subspecialty	Limited
Podiatrist, Individual	Podiatry	No Subspecialty	Limited
Podiatrist, Group	Podiatry	No Subspecialty	Limited
Chiropractor, Individual	Chiropractic	No Subspecialty	Limited
Chiropractor, Group	Chiropractic	No Subspecialty	Limited

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Home Health	No Specialty	No Subspecialty	High Risk- New Moderate – Currently enrolled
Hospice	No Specialty	No Subspecialty	High Risk- New Moderate – Currently enrolled
Community Long Term Care (CLTC), Individual	Attendant Care	No Subspecialty	Moderate
Community Long Term Care (CLTC), Individual	Case Manager	No Subspecialty	Moderate
Community Long Term Care (CLTC), Individual	Companion Individual	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Adult Care Homes	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Adult Day Care Services	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Attendant Care	No Subspecialty	Moderate
Community Long Term Care	Case Management	No Subspecialty	Moderate

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
(CLTC), (Organization-Administrative Agencies)			
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Companion Agency	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Early Intensive Behavioral Intervention (EIBI)	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Environmental Modifications	No Subspecialty	Limited
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Home Delivered Meals	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Incontinent Supplies	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	In-Home Respite	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Institutional Respite	No Subspecialty	Limited
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Medicaid Nursing	No Subspecialty	Moderate

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Nursing Home Transition Services	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Nutritional Supplements	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	PACE	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Personal Care I	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Personal Care II	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Personal Emergency Response System (PERS)	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Pest Control	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-Administrative Agencies)	Specialized Medical Supplies and Equipment	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization-	Tele-monitoring	No Subspecialty	Moderate

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Administrative Agencies)			
Community Long Term Care (CLTC), Fiscal Agent only for Individual providing Attendant Care and Companion Services)	Attendant Care	No Subspecialty	Moderate
Community Long Term Care (CLTC), Fiscal Agent only for Individual providing Attendant Care and Companion Services)	Companion Individual	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization – Administrative Affiliates)	Attendant Care	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization – Administrative Affiliates)	Case Manager	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization – Administrative Affiliates)	Case Management	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization – Administrative Affiliates)	Companion Agency	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization –	Medicaid Nursing	No Subspecialty	Moderate

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Administrative Affiliates)			
Community Long Term Care (CLTC), (Organization – Administrative Affiliates)	PACE	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization – Administrative Affiliates)	Personal Care I	No Subspecialty	Moderate
Community Long Term Care (CLTC), (Organization – Administrative Affiliates)	Personal Care II	No Subspecialty	Moderate
Pharmacy	Chain	No Subspecialty	Limited
Pharmacy	Compounding	No Subspecialty	Limited
Pharmacy	Dispensing Physician	No Subspecialty	Limited
Pharmacy	Government-Based	No Subspecialty	Limited
Pharmacy	Home Infusion	No Subspecialty	Limited
Pharmacy	Hospital In-Patient	No Subspecialty	Limited
Pharmacy	Independent	No Subspecialty	Limited
Pharmacy	Institutional	No Subspecialty	Limited
Pharmacy	Long Term Care	No Subspecialty	Limited
Pharmacy	Mail-Order	No Subspecialty	Limited
Durable Medical Equipment	Diabetic Shoes	No Subspecialty	High-Risk – New Moderate – Already enrolled
Durable Medical Equipment	Diabetic Supplies	No Subspecialty	High-Risk – New Moderate – Already enrolled

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Durable Medical Equipment	Durable Medical Equipment	No Subspecialty	High-Risk – New Moderate – Currently enrolled
Durable Medical Equipment	Enteral/Parenteral Therapy	No Subspecialty	High-Risk – New Moderate – Currently enrolled
Durable Medical Equipment	Home Infusion Therapy	No Subspecialty	High-Risk – New Moderate – Currently enrolled
Durable Medical Equipment	Medical/Surgical Supplies	No Subspecialty	High-Risk – New Moderate – Currently enrolled
Durable Medical Equipment	Orthotics and Prosthetics	No Subspecialty	High-Risk – New Moderate – Currently enrolled
Laboratory	No Specialty	No Subspecialty	Moderate
Independent X-Ray (Portable/Free Standing) & Physiology Lab	CAT Scan	No Subspecialty	X-Ray (Not Port) – Limited X-Ray (Port) – Moderate
Independent X-Ray (Portable/Free Standing) & Physiology Lab	Mobile Ultrasound	No Subspecialty	X-Ray (Not Port) – Limited X-Ray (Port) – Moderate
Independent X-Ray (Portable/Free Standing) & Physiology Lab	MRI	No Subspecialty	X-Ray (Not Port) – Limited X-Ray (Port) – Moderate
Independent X-Ray (Portable/Free Standing) & Physiology Lab	Physiology Lab	No Subspecialty	X-Ray (Not Port) – Limited X-Ray (Port) – Moderate
Independent X-Ray (Portable/Free Standing) &	Portable X-Ray	No Subspecialty	X-Ray (Not Port) – Limited X-Ray (Port) – Moderate

SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
PROVIDER TYPE/SPECIALTY LISTING

Provider Type Description	Specialty Description	Subspecialty Description	Risk Category
Physiology Lab			
Independent X-Ray (Portable/Free Standing) & Physiology Lab	Stationary X-Ray	No Subspecialty	X-Ray (Not Port) – Limited X-Ray (Port) – Moderate
Ambulance Services	Air	No Subspecialty	Moderate
Ambulance Services	Ground	No Subspecialty	Moderate
Individual Transportation	No Specialty	No Subspecialty	Limited
Contractual Transportation (Community Alternative Program (CAP) Agencies)	No Specialty	No Subspecialty	Limited
Medicare Catastrophic Coverage Act (MCCA) Qualified Medicare Beneficiary (QMB)	Social Workers	No Subspecialty	Limited

**SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
ORDERING/REFERRING ELIGIBLE PROVIDER LISTING**

Provider Type Description	Specialty Description	Subspecialty Description
Other Medical Professionals	Anesthesiologist Assistant (AA)	No Subspecialty
Other Medical Professionals	Audiologist	No Subspecialty
Other Medical Professionals	Certified Registered Nurse Anesthetist (CRNA)	No Subspecialty
Other Medical Professionals	Clinical Nurse Specialist	No Subspecialty
Other Medical Professionals	Nurse Practitioner	No Subspecialty
Other Medical Professionals	Licensed Independent Social Worker -Clinical Professional (LISW-CP)	No Subspecialty
Other Medical Professionals	Licensed Marriage and Family Therapist (LMFT)	No Subspecialty
Other Medical Professionals	Licensed Professional Counselor (LPC)	No Subspecialty
Other Medical Professionals	Nurse Midwife	No Subspecialty
Other Medical Professionals	Occupational Therapist	No Subspecialty
Other Medical Professionals	Physical Therapist	No Subspecialty
Other Medical Professionals	Physician Assistant	No Subspecialty
Other Medical Professionals	Psychologist	No Subspecialty
Other Medical Professionals	Psychologist- Behavioral Support	ID/RD Waiver
Other Medical Professionals	Psychologist-Behavioral Support	HASCI Waiver
Other Medical Professionals	Psychologist-Behavioral Support	Community Support Waiver
Other Medical Professionals	Speech Therapist	No Subspecialty
Physician, Osteopath Individual	Allergy and Immunology	No Subspecialty
Physician, Osteopath Individual	Anesthesiology/Pain Management	No Subspecialty
Physician, Osteopath Individual	Cardiovascular Disease	No Subspecialty
Physician, Osteopath Individual	Dermatology	No Subspecialty
Physician, Osteopath Individual	Dispensing Physician	No Subspecialty
Physician, Osteopath Individual	Emergency Medicine	No Subspecialty
Physician, Osteopath Individual	Endocrinology & Metabolism	No Subspecialty
Physician, Osteopath Individual	Family Practice	No Subspecialty
Physician, Osteopath Individual	Gastroenterology	No Subspecialty
Physician, Osteopath Individual	General Practice	No Subspecialty

**SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
ORDERING/REFERRING ELIGIBLE PROVIDER LISTING**

Provider Type Description	Specialty Description	Subspecialty Description
Physician, Osteopath Individual	Geriatrics	No Subspecialty
Physician, Osteopath Individual	Gynecology	No Subspecialty
Physician, Osteopath Individual	Hematology	No Subspecialty
Physician, Osteopath Individual	Infectious Diseases	No Subspecialty
Physician, Osteopath Individual	Internal Medicine	No Subspecialty
Physician, Osteopath Individual	Nephrology/ESRD	No Subspecialty
Physician, Osteopath Individual	Neurology	No Subspecialty
Physician, Osteopath Individual	Neuropathology	No Subspecialty
Physician, Osteopath Individual	Nuclear Medicine	No Subspecialty
Physician, Osteopath Individual	Obstetrics	No Subspecialty
Physician, Osteopath Individual	Obstetrics & Gynecology	No Subspecialty
Physician, Osteopath Individual	Occupational Medicine	No Subspecialty
Physician, Osteopath Individual	Oncology	No Subspecialty
Physician, Osteopath Individual	Ophthalmology	No Subspecialty
Physician, Osteopath Individual	Osteopathy	No Subspecialty
Physician, Osteopath Individual	Otorhinolaryngology	No Subspecialty
Physician, Osteopath Individual	Pathology	No Subspecialty
Physician, Osteopath Individual	Pathology, Clinical	No Subspecialty
Physician, Osteopath Individual	Pathology, Hospital	No Subspecialty
Physician, Osteopath Individual	Pediatric Subspecialist	No Subspecialty
Physician, Osteopath Individual	Pediatrics	No Subspecialty
Physician, Osteopath Individual	Pediatrics, Allergy	No Subspecialty
Physician, Osteopath Individual	Pediatrics, Cardiology	No Subspecialty
Physician, Osteopath Individual	Physical Medicine & Rehabilitation	No Subspecialty
Physician, Osteopath Individual	Psychiatry	No Subspecialty
Physician, Osteopath Individual	Psychiatry, Child	No Subspecialty
Physician, Osteopath Individual	Pulmonary Medicine	No Subspecialty

**SOUTH CAROLINA MEDICAID PROVIDER ENROLLMENT
ORDERING/REFERRING ELIGIBLE PROVIDER LISTING**

Provider Type Description	Specialty Description	Subspecialty Description
Physician, Osteopath Individual	Neonatology	No Subspecialty
Physician, Osteopath Individual	Radiology	No Subspecialty
Physician, Osteopath Individual	Radiology, Diagnostic	No Subspecialty
Physician, Osteopath Individual	Radiology, Therapeutic	No Subspecialty
Physician, Osteopath Individual	Rheumatology	No Subspecialty
Physician, Osteopath Individual	Surgery, Cardiovascular	No Subspecialty
Physician, Osteopath Individual	Surgery, Colon & Rectal	No Subspecialty
Physician, Osteopath Individual	Surgery, General	No Subspecialty
Physician, Osteopath Individual	Surgery, Neurological	No Subspecialty
Physician, Osteopath Individual	Surgery, Orthopedic	No Subspecialty
Physician, Osteopath Individual	Surgery, Pediatric	No Subspecialty
Physician, Osteopath Individual	Surgery, Plastic	No Subspecialty
Physician, Osteopath Individual	Surgery, Thoracic	No Subspecialty
Physician, Osteopath Individual	Surgery, Urological	No Subspecialty
Chiropractor, Individual	No Specialty	No Subspecialty
Dentist, Individual	Dentistry	No Subspecialty
Dentist, Individual	Endodontist	No Subspecialty
Dentist, Individual	Oral Surgery	No Subspecialty
Dentist, Individual	Orthodontics	No Subspecialty
Dentist, Individual	Pedodontics	No Subspecialty
Dentist, Individual	Periodontist	No Subspecialty
Optician, Individual	No Specialty	No Subspecialty
Optometrist, Individual	No Specialty	No Subspecialty
Podiatrist, Individual	No Specialty	No Subspecialty
Medicare Catastrophic Coverage Act (MCCA) Qualified Medicare Beneficiary (QMB)	Social Worker	No Subspecialty