

Nov. 16, 2015  
MB# 15-035

# MEDICAID BULLETIN

All

**TO: All Providers**

**SUBJECT: Medicaid Status Inquiry/Release of Information Requirement**

The South Carolina Department of Health and Human Services (SCDHHS) offers multiple methods to submit Healthy Connections Medicaid eligibility enrollment and eligibility application status requests. Providers may use one of the methods listed below to verify Medicaid enrollment or verify the status of an individual's application.

## Verifying Eligibility for Enrolled Members

- **Web Tool:** As always, the [web](#) tool allows providers to obtain information online to determine whether an individual is enrolled in Medicaid. To access the [web](#) tool, providers should visit <https://portal.scdmedicaid.com/login>. Providers do not need to have a completed Authorized Representative agreement (SCDHHS Form 1282) when submitting an inquiry on the web tool.

## Eligibility Status Inquiries for Pending Applications

A completed SCDHHS Form 1282, Authorized Representative Agreement, must accompany or be on file for all Medicaid status inquiries regarding pending applications.

- **Eligibility Administrative Support Team (EAST):** Effective Aug. 15, 2015, SCDHHS established the Eligibility Administrative Support Team (EAST). The role of EAST is to provide additional details for providers to assist in understanding what is needed to complete the processing of an eligibility application. EAST will respond to eligibility application status check inquiries from organizations that serve as the authorized representative or have the authority to receive/access information for multiple applicants. Each submitter must submit status requests to EAST using the approved spreadsheet format. ([Instructions and Spreadsheet](#)) All submissions must be sent to [EAST@spmail.scdhhs.gov](mailto:EAST@spmail.scdhhs.gov) via SCDHHS's secure email system. The role of EAST includes the following:
  - Provide status of pending applications (including deemed infants). An Authorized Representative Agreement is required for status updates.
  - Process requests for a copy of the applicant's Medicaid Eligibility Checklist (DHHS Form 1233) regarding information needed to complete the eligibility determination. An Authorized Representative Agreement is required to receive a checklist.
  - Process requests for a completed DHHS Form 945 to verify Medicaid Eligibility for retroactive claims. No Authorized Representative Agreement is required for Form 945.

- The EAST team responds to questions about information that SCDHHS may still require to render an eligibility determination on a pending application. To simply inquire whether an individual has or has not been enrolled, the provider should utilize the Web Tool as described above.

### **Out Stationed Workers**

Out Stationed Workers (OSW) may be contacted by a designee of the site in which they are stationed for status inquiries. Inquiries must be kept to a minimum and not interfere with the OSW's established daily goal for accurate and timely application processing. OSWs are prohibited from processing bulk application status inquiries from providers, unless permitted to do so by SCDHHS. See, "[SCDHHS Guidelines for Out Stationed Staff Communication with Providers.](#)"

### **Updated Eligibility Forms**

- **Deeming Infants – DHHS Form 1716**
  - SCDHHS [Form 1716, "Request for Medicaid ID Number – Infant,"](#) has been revised with the addition of fields for the provider's fax number and infant's Medicaid identification (ID) number. Providers who use the revised form and provide a fax number will receive the document back with the child's Medicaid ID number added once the child has been deemed Medicaid eligible. No Authorized Representative Agreement is required.
- **Authorized Representative/Release of Information – DHHS Form 1282**
  - SCDHHS [Form 1282, "Authorization for Release of Information and Appointment of Authorized Representative for Medicaid Applications/Reviews and Appeals,"](#) has been amended to allow two ways for an applicant to designate an individual, provider or organization to receive information regarding the applicant's Medicaid application or case.
  - The "Appointment of Authorized Representative for Medicaid Applications/Reviews and Appeals" allows an applicant to designate an authorized representative and give a trusted person permission to act on behalf of the applicant during the application, appeals, review or managed care processes. This allows the agency to adhere to Health Insurance Portability and Accountability Act (HIPAA) requirements, protecting the applicant's private information.
  - A "Release of Information" section has been added to the form for situations in which the applicant strictly wants to give SCDHHS permission to share information about their application with a provider or organization and the provider or organization does not want to serve as an authorized representative as stated above.

There are two preferred methods to submit the documents to SCDHHS:

- Toll-free fax at 1 (888) 820-1204  
A separate fax must be sent for each applicant/member to expedite processing.
- Mail to: SCDHHS, P.O. Box 100101, Columbia SC 29202

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/

Christian L. Soura

Director