



## Changes to Remittance Advices for the Transition to SCEIS for BabyNet and Medicaid Claims Payments

With the integration of BabyNet and Medicaid claims payments to the South Carolina Enterprise Information System (SCEIS), two new fields have been added to providers' remittance advices to reference vendor and payment information from SCEIS and also to provide information that may be needed by providers to account for and to research issues related

### Change 1

Claims-level remittance advice for providers enrolled in the Individuals with Disabilities Education Act (IDEA) Part C program, commonly known as BabyNet, will be available through the South Carolina Department of Health and Human Services (SCDHHS)

Web Tool beginning in Nov. 2019. This will allow providers to access PDFs of their remittance advices online at any time. The remittance advice will include both Medicaid and BabyNet claims payments, and providers may refer to them to respectively identify and reconcile the claims payments that they receive from the South Carolina Treasurer's Office. Because this information will now be available via the web tool, providers will no longer be emailed their claims-level remittance advices. More resources, including a video walk-through, on how to access remittance advice can be found [here](#).

The Temporary Process for BabyNet Claims Payments is via a lump-sum payment during the transition of BRIDGES for each payment cycle. Providers will find lump-sum BabyNet claims payments on the last page of their remittance advices. Providers can further identify BabyNet claims payments with the below prefixes found in the Providers Own Reference Number field on the last page of their remittance advice:

- BNET
- BNCM
- MDBM
- MDBN

## Change 2

SCEIS Vendor Number field contains the SCEIS Vendor Number for the provider that has been designated to receive payments for Medicaid claims for all providers associated with the same Taxpayer Identification Number (TIN) .

## Change 3

The payment reference number will appear at the top of the cover page of the remittance advice (see example below). The payment reference number will be based on the type of SCEIS payment as set forth below:

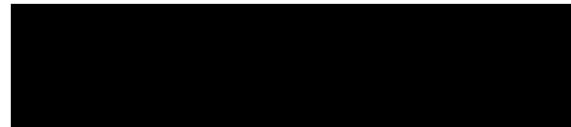
- If the payment is via paper check, the payment reference will be a 9-digit number starting with “9.”
- If the payment is via EFT, the payment reference number will include a 10-digit electronic data interchange (EDI) reference number, followed by 6 spaces and a 15-digit EDI trace number for a total of 31 positions.
- If the payment is an interdepartmental transfer (IDT—payment between state agencies), the payment reference number will be a 7-digit number starting with “0.”
- If payment nets to \$0.00, the payment reference number will be a 7-digit number starting with “0.”

The payment reference number is also included in the 820 and 835 health care claims payment and remittance advice files using the same criteria as described above.

For more information about Changes to Remittance Advices for the Transition to SCEIS for BabyNet and Medicaid Claims Payments, please email: [BabyNet\\_Billing\\_Support@scdhhs.gov](mailto:BabyNet_Billing_Support@scdhhs.gov).

# PR=1285637785 000017359 TRANS #1001011610 053904480004900

1820





PROVIDER ID. 000017360				PROFESSIONAL SERVICES				PAYMENT DATE		VENDOR		PAGE
DEPT OF HEALTH AND HUMAN SERVICES				REMITTANCE ADVICE				08/09/2019		18000055267		1
SOUTH CAROLINA MEDICAID PROGRAM												
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE (S) MMDDYY	RENDERED PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME	M O D	TLE. 18 ALLOWED DISCHARGES	COPAY AMT	TITLE 18 PAYMENT	
		072419	92523	58.70	0.00			000	L01 722	0.00	0.00	
		072719	97110	93.92	93.92			0GP		0.00	0.00	
		072619	92507	160.08	160.08			000		0.00	0.00	
		071919	92507	53.36	53.36			000		0.00	0.00	
		071819	92507	53.36	53.36			000		0.00	0.00	
				99.52	99.52							
		072619	97530	99.52	99.52			0GO		0.00	0.00	
				106.72	106.72							
		072519	92507	106.72	106.72			000		0.00	0.00	
				213.44	213.44							
		072519	92507	106.72	106.72			000		0.00	0.00	
		072419	92507	106.72	106.72			000		0.00	0.00	
				213.44	213.44							
		072519	92507	106.72	106.72			000		0.00	0.00	
		071819	92507	106.72	106.72			000		0.00	0.00	
				106.72	106.72							
		072519	92507	106.72	106.72			000		0.00	0.00	

Claims-level remittance advice for providers enrolled in the Individuals with Disabilities Education Act (IDEA) Part C program, commonly known as BabyNet, will be available through the South Carolina Department of Health and Human Services (SCDHHS) [Web Tool](#) beginning in Nov. 2019.

\$993.84	STATUS CODES:	PROVIDER NAME AND ADDRESS
MEDICAID PG TOT	P = PAYMENT MADE	
	R = REJECTED	
MEDICAID TOTAL	S = IN PROCESS	
	E = ENCOUNTER	
CHECK TOTAL	CHECK NUMBER	



# Changes to Remittance Advices for the Transition to SCEIS for BabyNet and Medicaid Claims Payments

FOR AN EXPLANATION OF THE  
ERROR CODES LISTED ON THIS  
FORM REFER TO: "MEDICAID  
PROVIDER MANUAL".

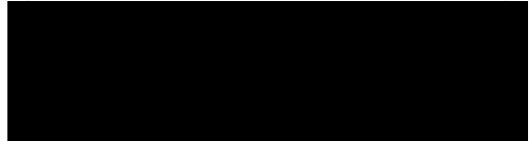
IF YOU STILL HAVE QUESTIONS  
PHONE THE D.H.H.S. NUMBER  
SPECIFIED FOR INQUIRY OF  
CLAIMS IN THAT MANUAL.

!!	!	\$575.35	!
CERT. PG TOT		MEDICAID PG TOT	
CERTIFIED AMT		MEDICAID TOTAL	
		CHECK TOTAL	

STATUS CODES:

- P = PAYMENT MADE
- R = REJECTED
- S = IN PROCESS
- E = ENCOUNTER

PROVIDER NAME AND ADDRESS







PROVIDER ID.		000017382		DEPT OF HEALTH AND HUMAN SERVICES		ADJUSTMENTS		PAYMENT DATE		VENDOR		PAGE	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		08/09/2019		[REDACTED]		3	
SOUTH CAROLINA MEDICAID PROGRAM													
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S) MMDYY	PROC / DRUG CODE	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME	ORIG. F M I I	CHECK DATE	ORIGINAL PAYMENT	ACTION	DEBIT / CREDIT AMOUNT	EXCESS REFUND		
BNCM	[REDACTED]								CREDIT	14135.52			
BNET	[REDACTED]								CREDIT	1266.84			
MDBM	[REDACTED]								CREDIT	25942.56			
MDBN	[REDACTED]								CREDIT	72.88			
								PAGE TOTAL:		41417.80		0.00	
PROVIDER INCENTIVE CREDIT AMOUNT		DEBIT BALANCE PRIOR TO THIS REMITTANCE		MEDICAID TOTAL		CERTIFIED AMT				TO BE REFUNDED IN THE FUTURE			
0.00		0.00		20454.47		0.00		0.00		0.00			
		YOUR CURRENT DEBIT BALANCE		ADJUSTMENTS									
		0.00		41417.80									
				* CHECK TOTAL									
				61872.27									
						CHECK NUMBER							
						[REDACTED]							
												PROVIDER NAME AND ADDRESS	
[REDACTED]													

Providers can identify lump-sum BabyNet claims payments with the below prefixes in the Providers Own Reference Number field in their remittance advices:

- BNET
- BNCM
- MDBM
- MDBN