SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

The Remittance Advice in the SCDHHS Web Tool

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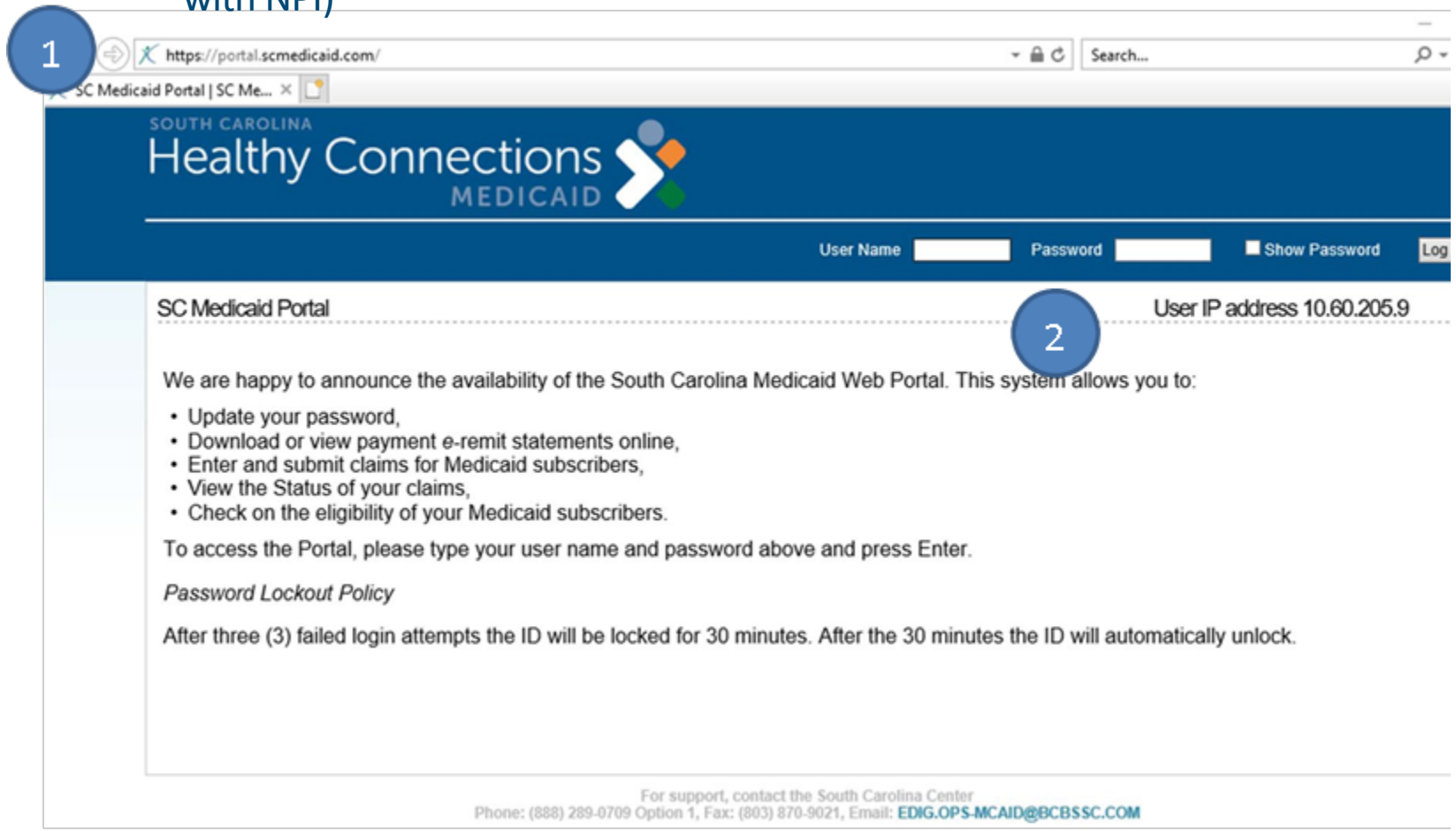
Oct. 22, 2019

Remittance Advice

- BabyNet providers will now be able to access PDFs of their remittance advice via the SCDHHS web tool.
- This means providers can check this information for updates 24 hours per day rather than wait for their claims-level remittance advices to be emailed to them.
- Because this information will now be available via the web tool, providers will no longer be emailed their claims-level remittance advices.
- Providers can find resources about, and a video on how to access, their remittance advice here. The remittance advice will include both Medicaid and BabyNet claims payments.

How to access your remittance advice

1. Access the SC Medicaid Portal: https://portal.scmedicaid.com
2. Enter your User Name and Password (should be associated with NPI)

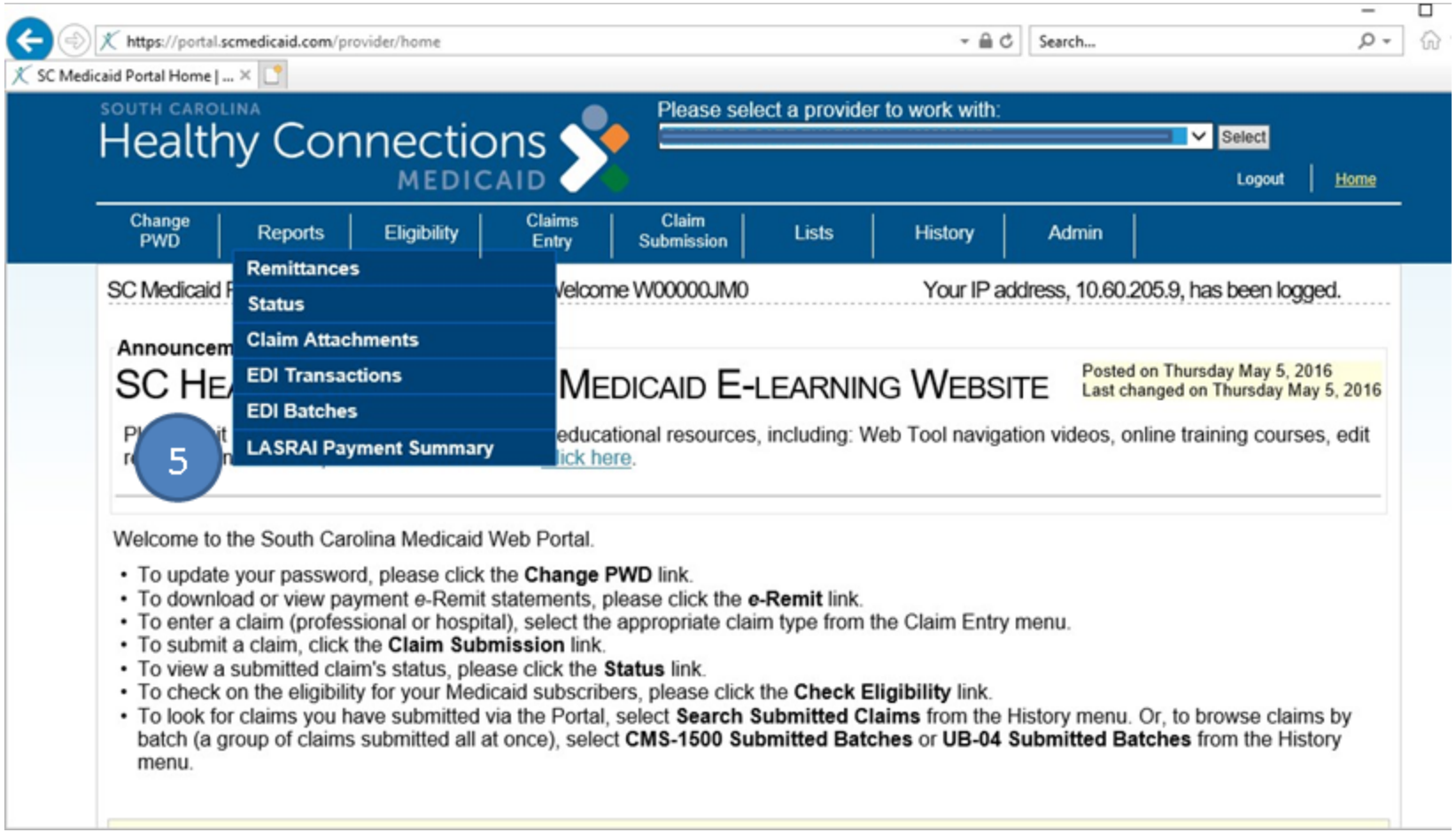


How to access your remittance advice

3. Select the NPI or Legacy ID (Atypical Providers) from the drop down list and select.
4. Go to the Reports Tab

How to access your remittance advice

5. Select Remittances



An Example of the Claims Submission, Processing and Payment Cycle after Nov. 1, 2019

Let's follow one claim that a provider submitted to SCDHHS for adjudication.

On Jan. 7, a provider renders services to a beneficiary.

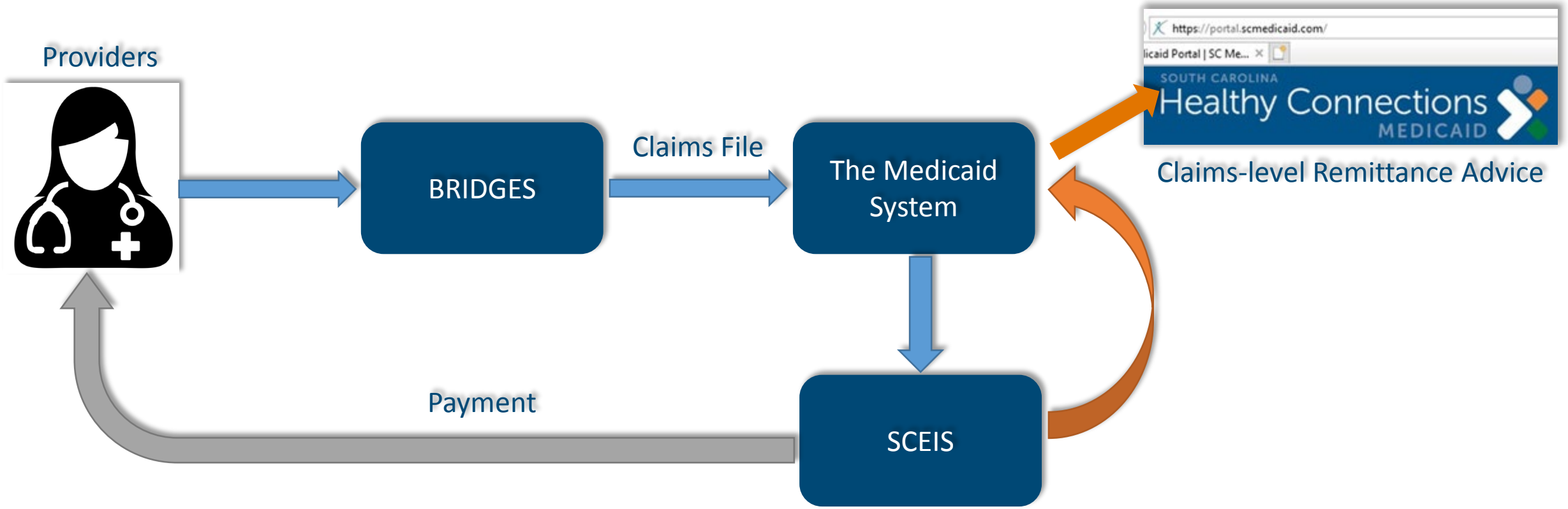
They wait until the following week to submit the claim to SCDHHS on Jan. 13.

The cut off date for claim submission and approval for that week would be that Saturday, Jan. 18. at 11:59 PM.

Then the claim would be processed with the new 837 EDI transmission file and would be paid out on Jan. 31.

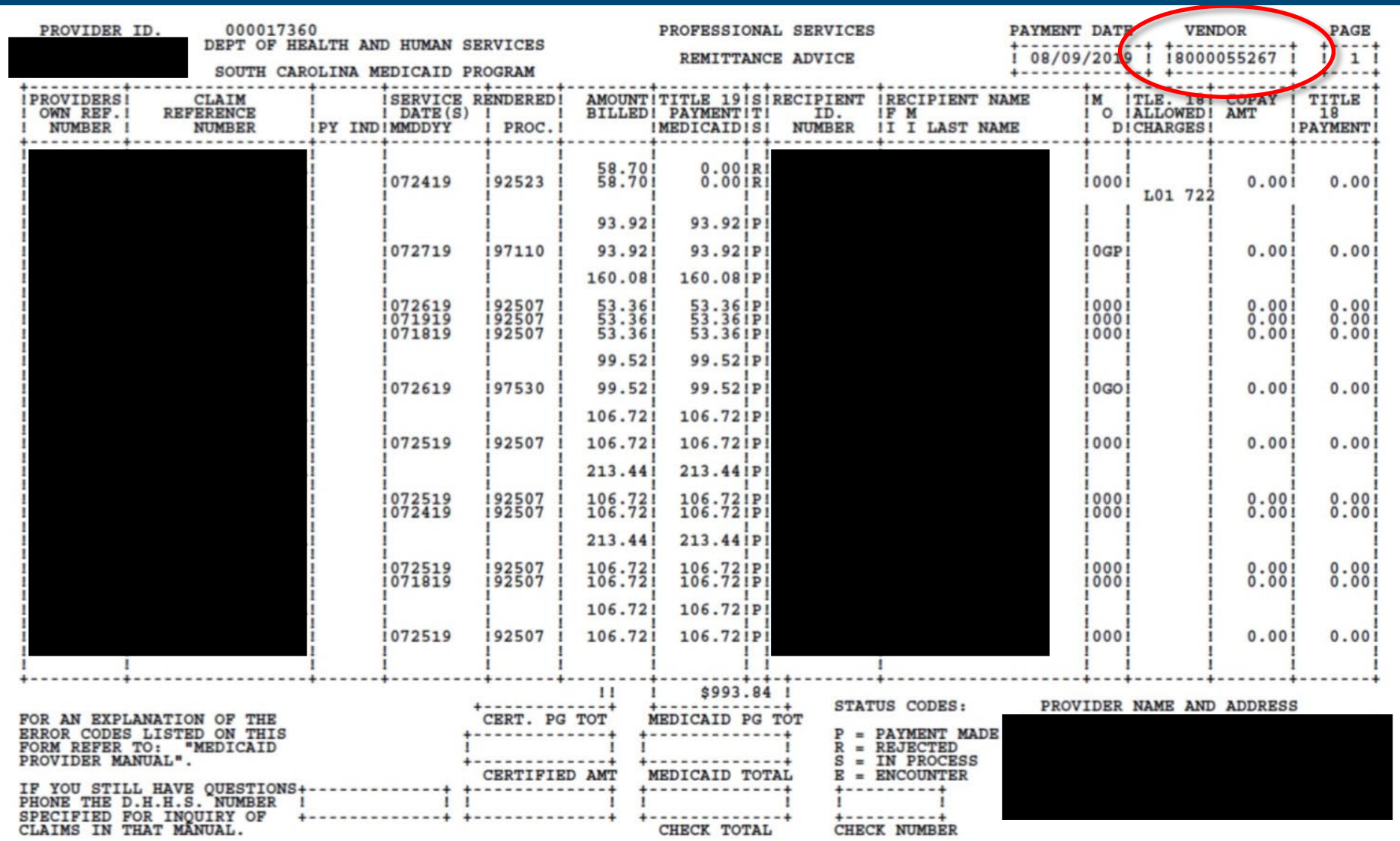
The payment cycle is still a three-week cycle, but claims are now processed from when they are submitted by the provider

Claims Lifecycle – Response File



Payment Reference Number Example

SCEIS Vendor Number



PROVIDER ID. [redacted] 000017360
DEPT OF HEALTH AND HUMAN SERVICES
SOUTH CAROLINA MEDICAID PROGRAM

PROFESSIONAL SERVICES
REMITTANCE ADVICE

PAYMENT DATE 08/09/2019 | VENDOR 8000055267 | PAGE 1

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE DATE(S) MMDDYY	RENDERED PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	S T S	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
[redacted]	[redacted]				58.70	0.00	R	[redacted]					
			072419	92523	58.70	0.00	R			000	L01 722	0.00	0.00
					93.92	93.92	P						
			072719	97110	93.92	93.92	P			0GP		0.00	0.00
					160.08	160.08	P						
			072619	92507	53.36	53.36	P			000		0.00	0.00
			071919	92507	53.36	53.36	P			000		0.00	0.00
			071819	92507	53.36	53.36	P			000		0.00	0.00
					99.52	99.52	P						
			072619	97530	99.52	99.52	P			0GO		0.00	0.00
					106.72	106.72	P						
			072519	92507	106.72	106.72	P			000		0.00	0.00
					213.44	213.44	P						
			072519	92507	106.72	106.72	P			000		0.00	0.00
			072419	92507	106.72	106.72	P			000		0.00	0.00
					213.44	213.44	P						
			072519	92507	106.72	106.72	P			000		0.00	0.00
			071819	92507	106.72	106.72	P			000		0.00	0.00
					106.72	106.72	P						
			072519	92507	106.72	106.72	P			000		0.00	0.00
					!!	$993.84							

CERT. PG TOT | MEDICAID PG TOT

CERTIFIED AMT | MEDICAID TOTAL

CHECK TOTAL

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.

STATUS CODES:
P = PAYMENT MADE
R = REJECTED
S = IN PROCESS
E = ENCOUNTER

CHECK NUMBER

PROVIDER NAME AND ADDRESS
[redacted]

SOUTH CAROLINA
ANIMIS OPIBUSQUE PARATI
DUM SPIRO SPERO
SPES
QUIS SEPARABIT
MELIOREM LAPSA LOCAVIT
1776