

Provider Enrollment for Pharmacists

South Carolina Department of Health and Human Services

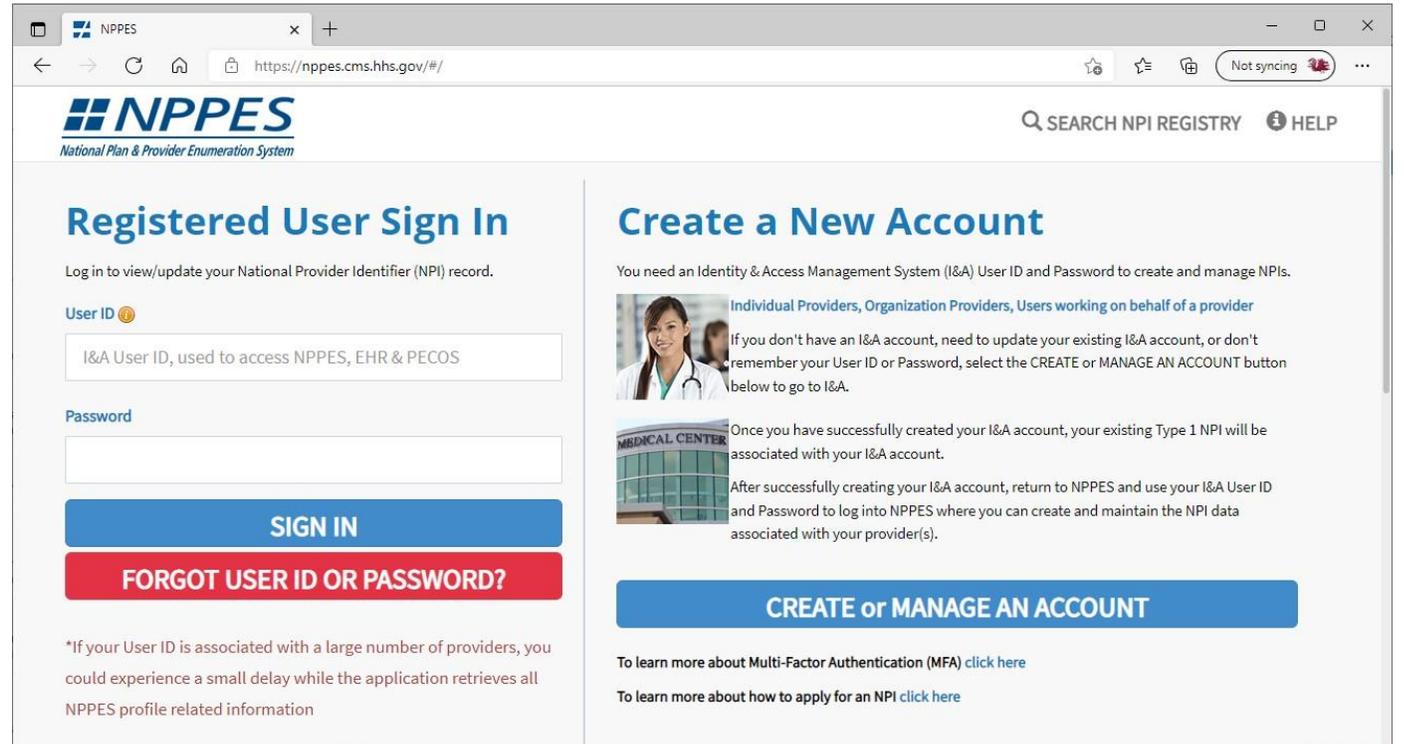


Provider Enrollment - Checklist

- Individual provider name, social security number (SSN), national provider identifier (NPI) and date of birth
- Physical location phone number of primary pharmacy
- Best email address to contact for enrollment questions
- Provider email address (can be same as above)
- Individual provider Medicare number (if applicable)
- Individual provider address (primary physical location of where services are rendered) (can only be one address)
- Contact person name and email address (individual authorized to receive information or make business decisions on behalf of the applying provider) (can be yourself)
- South Carolina pharmacist license number, effective date, and expiration date – you must have an active SC pharmacist license to bill for this service
- Accounting correspondence: address where all paper and accounting correspondence is mailed and the email address to send electronic correspondence to along with the name of an authorized individual (can only be one address) (can be yourself)
- Taxonomy – Pharmacist – code 183500000X
- Managing relationships (individual officer, director, managing employee, general manager, business manager or administrator) (can be yourself)
- Affiliation information - Pharmacy SCDHHS # (Medicaid provider number), pharmacy NPI and pharmacy name of all pharmacies you will be billing under (all affiliated pharmacies must be in SC)
- If using a vendor to submit claims, include vendor's name
- Trading partner (Electronic Data Interchange) information for claims submission

What is an NPI?

- The national provider identifier (NPI) is a unique identification number for covered health care providers
- Available at no cost from CMS at: <https://nppes.cms.hhs.gov>
- Current processing time is 10 business days



The screenshot shows the NPPES website interface. At the top, there is a navigation bar with the NPPES logo and the text "National Plan & Provider Enumeration System". To the right of the logo are links for "SEARCH NPI REGISTRY" and "HELP". Below the navigation bar, the page is divided into two main sections: "Registered User Sign In" and "Create a New Account".

Registered User Sign In
Log in to view/update your National Provider Identifier (NPI) record.

User ID ⓘ
I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Create a New Account
You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider
If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

MEDICAL CENTER
Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.
After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

To learn more about Multi-Factor Authentication (MFA) [click here](#)
To learn more about how to apply for an NPI [click here](#)

What is a **Taxonomy** Code?

- A taxonomy code is a unique 10-character code that designates your classification and specialization
- You must indicate your taxonomy code on BOTH your NPI registration and your SCDHHS enrollment application
- Pharmacist – code 183500000X

Health Care Provider Taxonomy Code Set

Pharmacist

| | |
|--------------------|--|
| Code | 183500000X |
| Name | Pharmacist |
| Definition | An individual licensed by the appropriate state regulatory agency to engage in the practice of pharmacy. The practice of pharmacy includes, but is not limited to, assessment, interpretation, evaluation, and implementation, initiation, monitoring or modification of medication and or medical orders; the compounding or dispensing of medication and or medical orders; participation in drug and device procurement, storage, and selection; drug administration; drug regimen reviews; drug or drug-related research; provision of patient education and the provision of those acts or services necessary to provide medication therapy management services in all areas of patient care. |
| Notes | <i>Source: Adapted from National Association of Boards of Pharmacy Model State Pharmacy Act, Article 1, Section 104. [1/1/2006: definition modified, source modified]</i> |
| Effective Date | 4/1/2002 |
| Last Modified Date | 1/1/2006 |

Provider Enrollment – **Key Information**

Pharmacist

| When Prompted for: | Enrollment Type | Provider Type | Primary Specialty | Primary Subspecialty |
|--------------------|-------------------|------------------------------------|-------------------|----------------------|
| Enter this value: | <i>Individual</i> | <i>Other Medical Professionals</i> | <i>Pharmacist</i> | <i>Not Required</i> |

Provider Enrollment – Walk Through

The screenshot shows the SCDHHS website with a green attention banner at the top stating: "ATTENTION: Medicaid annual eligibility reviews were paused during the COVID-19 Public Health Emergency, but restarted April 1, 2023. Find out what to do now." Below the banner is a navigation menu with links for CLAIMS, COMMUNICATIONS, APPEALS, FRAUD, and CONTACT. The main header includes the SCDHHS logo, "Healthy Connections MEDICAID", and navigation links for MEMBERS, PROVIDERS, and APPLY FOR MEDICAID. A search bar is also present. The main content area features a large image of a smiling woman and child. Text on the page reads: "Healthy Connections is SC's Medicaid Program. Healthy Connections Medicaid provides health coverage for eligible residents of South Carolina." A green "Get Started »" button is located below this text. A blue callout box on the right side of the image contains the text: "Not looking for Medicaid? In South Carolina, vital and immunization records, healthcare regulations and permitting, and programs like SNAP and TANF are overseen by different agencies. Agency Guide".

Please visit
www.scdhhs.gov
to begin enrollment

Click the **PROVIDERS** Tab

The screenshot shows the website for the South Carolina Department of Health and Human Services. At the top, there is a navigation menu with links for CLAIMS, COMMUNICATIONS, APPEALS, FRAUD, and CONTACT. Below this is the 'Healthy Connections MEDICAID' logo. The main navigation area includes three tabs: MEMBERS, PROVIDERS (highlighted with a red box and a blue mouse cursor), and APPLY FOR MEDICAID. To the right of these tabs is a search bar with the text 'Enter Search Terms' and a 'SEARCH' button. Below the navigation is a large banner image of a woman and a young girl laughing. The banner contains the text 'Healthy Connections is SC's Medicaid Program.' and 'Healthy Connections Medicaid provides health coverage for eligible residents of South Carolina.' with a 'Get Started »' button. A small blue box in the bottom right of the banner contains the text 'Not looking for Medicaid?' followed by a paragraph and a link to 'Agency Guide'.

Click on
Providers

The Providers Page

Providers | SCDHHS
https://www.scdhhs.gov/providers

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
MEDICAID

MEMBERS PROVIDERS APPLY FOR MEDICAID Enter Search Terms SEARCH

HOME / PROVIDERS
Providers

ⓘ Looking for the User Agreement?
Click the button below to view the User Agreement.
View User Agreement »

Become a Medicaid Provider »
Log in to Medicaid Web Portal »
Contact a Provider Representative »

PROVIDERS

- Manuals +
- Fee Schedules
- Provider Enrollment +
- Managed Care
- Revalidation
- Trainings
- Contact a Provider Representative
- Provider Appeals
- All Patient Refined Diagnosis Related Groups (APR-DRGs)
- File a Claim

Click on
Become
a
Medicaid
Provider

The Become a Provider Page

South Carolina Department of Health and Human Services
Healthy Connections
MEDICAID

MEMBERS PROVIDERS APPLY FOR MEDICAID

Enter Search Terms SEARCH

HOME / PROVIDERS / BECOME A PROVIDER

Become a Provider

Apply Online » **Call (888) 289-0709 #4 »** **Email »**

Provider Enrollment and Screening Requirements

The enrollment process includes screening, licensure verification and site visits (if applicable), to ensure that all enrolling providers are in good standing and meet the requirements for which they are seeking enrollment.

- Be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or

PROVIDERS

- Manuals +
- Fee Schedules
- Provider Enrollment** -
 - Agreements and Forms
 - FAQs
 - Managed Care
 - Revalidation
 - Trainings
 - Contact a Provider Representative
 - Provider Appeals
 - All Patient Refined Diagnosis Related Groups (APR-DRGs)

Click on
**Apply
Online**

The Provider Enrollment Page

Provider Enrollment

Individuals, Organizations, Atypical Individuals, Atypical Organizations, Ordering/Referring providers as well as currently enrolled providers adding a new location can enroll into the system. A unique Reference ID is assigned to each application. Emails containing the Reference ID will be sent to both the authorized individual completing the application and the provider. The Reference ID is required to retrieve a saved application and to correct or update enrollment information after the application is approved. If the application is not completed and submitted at the time the Reference ID is issued, the provider has thirty (30) calendar days from the issuance date of the Reference ID in which to log back into the online application and complete the submission or the record will be deleted from the system.

Who Can Enroll

Individual Provider

-- An individual provider is a person enrolled directly who provides health services to health care members. 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 National Provider Identifier (NPI).

Individual/Sole Proprietor

-- An Individual/Sole proprietor is a person enrolled directly who provides health services to health care members. An individual may bill independently for services or may have an affiliation with an organization. An Individual/Sole proprietor enrolling in SCDHHS Medicaid program is required to submit their Social Security Number (SSN) and National Provider Identifier (NPI).

For SCDHHS individual Medicaid enrollment, type of ownership defaults to Individual/Sole Proprietor when an EIN is submitted on the application. As a sole proprietor, you would need to obtain an identification number if either of the following apply: (1) pay wages to one or more employees, or (2) you file pension or excise tax returns. If these conditions do not apply, your SSN is your taxpayer identification number.

Ordering/Referring Providers

-- All providers of health care services may be ordering/referring providers but not all ordering/referring providers are billing providers. In an effort to capture all providers who order services and/or refer Medicaid beneficiaries for services and who do not submit claims to SCDHHS for payment, ordering/referring providers are required to enroll. All ordering/referring providers are required to have an NPI and that NPI must be submitted on the claims as the ordering/referring provider. All claims will be subject to denial if the ordering/referring NPI is not on the claim and/or the ordering/referring provider is not enrolled in SCDHHS Medicaid program. Examples of ordering/referring providers are Physicians, a Licensed Nurse Practitioners, and Certified Midwives.

Organization

-- Any entity, agency, facility or institution that provides health services to health care members. 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 Employer Identification Number (EIN) and NPI.

Atypical Providers

-- CMS defines atypical providers as "providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103." Providers who perform home and vehicle modifications, respite services, and attendants working in Community Long Term Care (CLTC) facilities are examples of atypical providers reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.

Atypical Individual

-- An Atypical individual provider is a person enrolled directly who provides non-health related services to health care members. An atypical 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). The provider may or may not be eligible for an NPI and NPI is not required.

Atypical Organization

-- An Atypical Organization provider is a facility, agency, entity, institution, clinic or group of providers enrolled directly who provide non-health related services to health care members. An atypical organization may bill independently for services or may have an affiliation with an individual. Organizations enrolling in SCDHHS Medicaid program are required to submit their Employer Identification Number (EIN). The provider may or may not be eligible for an NPI and NPI is not required.

Add a Location

-- Organizations (facilities, agencies, groups, etc.) enrolled with a unique combination of an Employer Identification Number (EIN) and an NPI may add a location to a previously existing enrollment. The location being added must operate under the same EIN/NPI as the previously enrolled location. The location being added is subject to an enrollment application fee. When the EIN/NPI combination is not the same as a previously enrolled location, providers must complete a new enrollment for that location.

Change Request

Scroll to
the
bottom
of the
page

Click the **Begin a New Enrollment** Button

for services or may have an affiliation with an individual. Organizations enrolling in SCDHHS Medicaid, provider may or may not be eligible for an NPI and NPI is not required.

etc.) enrolled with a unique combination of an Employer Identification Number (EIN) and an NPI may operate under the same EIN/NPI as the previously enrolled location. The location being added is subject to a previously enrolled location, providers must complete a new enrollment for that location.

Medicaid provider through the web application are able to submit changes to their enrollment information. Unapproved enrollment applications until after the application is approved and notification of such has been received.

Organizations) enrolled on or before December 02, 2012, must have their enrollment information revalidated according to the patient protection and Affordable Care Act of the provider enrollment and screening requirements.

OR continue the Enrollment Revalidation, click the Enrollment Revalidation button.

Click on
**Begin a
New
Enrollment**



The Provider Services Menu Page

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment »

Provider Services Menu

Required fields are marked with an asterisk (*).

Please choose the option that best describes your intent: *

New Enrollment Add a Location

Enrollment Type* -- Select One -- ▾

Medicaid Service Area (MSA) Determination:

Please choose the State of your Primary Practice Location *: -- Select One -- ▾

Enroll Now

Click on
**New
Enrollment**

Select an Enrollment Type - Individual

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment »

Provider Services Menu

Required fields are marked with an asterisk (*).

Please choose the option that best describes your intent: *

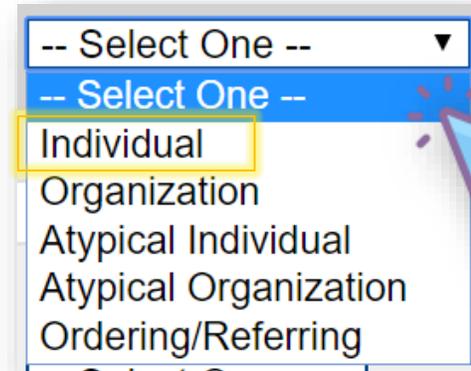
New Enrollment Add a Location

Enrollment Type*

Medicaid Service Area (MSA) Determination:

Please choose the State of your Primary Practice Location *:

Enroll Now



Select your **Primary Practice Location** and Click **Enroll Now**

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment >>

Provider Services Menu

Required fields are marked with an asterisk (*).

Please choose the option that best describes your intent: *

New Enrollment **Add a Location**

Enrollment Type* -- Select One --

Medicaid Service Area (MSA) Determination:

Please choose the State of your Primary Practice Location *: -- Select One --

Enroll Now

-- Select One --

- SC
- GA
- NC
- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- FL
- HI
- ID
- IL
- IN
- IA
- KS
- KY

The Enrollment Progress Page

Provider Enrollment-Individual
Enrollment Progress



This page displays your enrollment progress, beginning with clicking on **Provider Information**.

Provider Information

- All fields marked with an asterisk (*) must be completed
- Contact email – the best email for enrollment questions
- Contact email and provider's email can be the same
- Remember to fill out this application as an individual pharmacist, not a pharmacy even if you own a pharmacy
- Click **Save & Continue**

Provider Information

Required fields are marked with an asterisk (*).

Are you enrolled in Medicare? *: Yes No

Are you enrolled in Other State's Medicaid/CHIP? *: Yes No

Enter your name as entered on your IRS income tax return.

Provider First Name *

Provider Last Name *

Provider Middle Name

Social Security Number *

National Provider Identifier (NPI) *

Suffix

Title (Mr.,etc)

Date of Birth (mm/dd/yyyy) *

Provider Gender *

Provider Office Telephone Number *

Contact Email Address *

Re-enter Contact Email Address *

Providers Email Address *

Re-enter Providers Email Address *

Do you report your income using an Employer Identification Number (EIN)? * Yes No

Do you operate under a trade or company name, e.g. John K. Provider doing business as name (DBA) Provider Family Practice? * Yes No

Save & Continue **Cancel**

Receiving Your Reference ID

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment »
Ref ID #: SJK6CFJR8DSSCRT

Individual Reference ID Specialties Location Licenses Certificates Taxonomy Ownership Affiliations Sanctions Trading Partners W-9 EFT Terms Submit

Reference ID : SJK6CFJR8DSSCRT

You have successfully completed the basic information of the enrollment application.

Please print this Reference ID page for your records. You will need this number to complete and retrieve your saved application. Please complete this application within 30 days for submission to the State. If not completed within 30 days the incomplete application will be deleted.

The Reference ID will be e-mailed to the "Contact and the Provider email addresses" listed on the providers Individual Information page.

Reference ID #: SJK6CFJR8DSSCRT

Print Back Save & Continue Save & Exit

SC Health & Human Services • P.O. Box 8809 • Columbia, SC 29202-8809 • Phone: (888) 289-0709

Once you complete the information, you will receive a reference ID. Keep this ID in a secure place. If you are unable to complete the application in one session, this Reference ID will enable you to retrieve your application without losing progress. Click **Save & Continue** or **Save & Exit**.

Choosing Your Specialty - Pharmacist

The screenshot shows the 'Specialties' step of the enrollment process. The header includes the South Carolina Department of Health and Human Services logo and the text 'SOUTH CAROLINA Healthy Connections MEDICAID'. A navigation bar contains tabs for 'Individual', 'Reference ID', 'Specialties', 'Location', 'Licenses', 'Certificates', 'Taxonomy', 'Ownership', 'Affiliations', 'Sanctions', 'Trading Partners', 'W-9', 'EFT', 'Terms', and 'Submit'. The 'Specialties' tab is active. Below the navigation bar, the page title is 'Provider Type and Specialty/Subspecialty'. A note states: 'Required fields are marked with an asterisk (*). After selecting the appropriate Provider Type in the first menu, the associated specialty information will then appear in the next menu. Please select a Provider Type, Specialty and Subspecialty from the following drop-down lists that best describe the services you will be rendering.' The form contains three dropdown menus: 'Provider Type *' with 'Other Medical Professionals' selected, 'Primary Specialty *' with 'Pharmacist' selected, and 'Primary Subspecialty:' with 'No Subspecialty' selected. At the bottom right, there are four buttons: 'Back', 'Save & Continue', 'Save & Exit', and 'Cancel'. A blue mouse cursor is pointing at the 'Save & Continue' button.

Select provider type -

Other Medical Professionals

Select primary specialty -

Pharmacist

Then click
Save & Continue

Completing Your Application

Provider Enrollment-Individual

Enrollment Progress



Continue to the **Location Information** by clicking on the building.

Primary Practice Location Information

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment »
Ref ID #: SJG6CFJR8DSSCRT

Individual Reference ID Specialties **Location** Licenses Certificates Taxonomy Ownership Affiliations Sanctions Trading Partners W-9 EFT Terms Submit

Primary Practice Location

Required fields are marked with an asterisk (*).

This is the physical location where service will be rendered, or in the case of mobile services, where management/supervision occurs. (P.O. Box or P.O. Drawer is not acceptable as a location address.)

Street *

Street Line 2

City *

State/Province

County *

Zip Code/Postal Code * [ZIP CODE Look-Up](#)

Next

Provider Contact Person

Hours Of Operation

After-Hours Coverage

Correspondence Address Information

Services

Back Cancel

- Complete based on the primary pharmacy you will render this service.
- It must be a physical pharmacy located within SC. The address cannot be a P.O. box. You can only list one pharmacy. If you will be working at more than one pharmacy this information will be asked later.
- Click Next.
- Continue completing each section and click Next.
- Remember provider contact person should be yourself unless there is a business completing this application for you.
- Click **Save & Continue** after this section is complete.

License Details Page

Individual Reference ID Specialties Location Licenses Certificates Taxonomy Ownership Affiliations Sanctions Trading Partners W-9 EFT Terms Submit

License Details

Required fields are marked with an asterisk (*).

Provider Type/Education

Provider Type/Education (Select One)

License Information

Add a license by filling out the fields below. You may add as many licenses as needed.

License Type *

License Category *

License *

State/Province *

License # *

Effective Date # *

Expiration Date # *

Existing Licenses

| License Type | License Certification | License | State/Province | License# | Effective Date | Expiration Date | Delete |
|--------------|-----------------------|---------|----------------|----------|----------------|-----------------|--------|
|--------------|-----------------------|---------|----------------|----------|----------------|-----------------|--------|

- You **must** have a SC pharmacist license to enroll for this service.
- After completing license information, click **Add License**.
- You may add as many licenses as you need. After adding a license, it will be displayed under the existing licenses section.
- Remember to click **Save & Continue** when this section is completed.

Certification Page

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment »
Ref ID #: QEHK39IBHSQGOAQ

Individual Reference ID Specialties Location Licenses Certificates Taxonomy Ownership Affiliations Sanctions Trading Partners W-9 EFT Terms Submit

Certification

Required fields are marked with an asterisk (*).

Do you prescribe medications? *: Yes No

Do you prescribe covered items or services other than medications? *: Yes No

Add a certification by filling out the fields below. You may add as many certifications as needed.

Certification Type:

Certifying Entity:

Certification #:

Effective Date:

Expiration Date:

Existing Certification

| Certification Type | LIA Certification Type | Certifying Entity | Certification # | Effective Date | Expiration Date | Delete |
|--------------------|------------------------|-------------------|-----------------|----------------|-----------------|--------|
|--------------------|------------------------|-------------------|-----------------|----------------|-----------------|--------|

SC Health & Human Services • P.O. Box 8809 • Columbia, SC 29202-8809 • Phone: (888) 289-0709

- Answer no to “Do you prescribe medications?”
- If you have a certification, complete the fields to add it and then click **Add Certification**.
- When complete, click **Save & Continue**.

Taxonomy Page

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment »
Ref ID #: QEHK39IBHSQGOAQ

Individual Reference ID Specialties Location Licenses Certificates **Taxonomy** Ownership Affiliations Sanctions Trading Partners W-9 EFT Terms Submit

Required fields are marked with an asterisk (*).

Taxonomy Code

Taxonomy

Please enter the applicable taxonomy code(s). A maximum of fifteen (15) codes may be entered.

If you do not know your taxonomy code(s), you may access a taxonomy code set by clicking the following link, [Taxonomy Codes](#). Copy and paste the appropriate taxonomy code(s) into the text fields below.

| | | | |
|--------------|---|-------------|----------------------|
| Taxonomy 1 * | <input type="text" value="183500000X"/> | Taxonomy 9 | <input type="text"/> |
| Taxonomy 2 | <input type="text"/> | Taxonomy 10 | <input type="text"/> |
| Taxonomy 3 | <input type="text"/> | Taxonomy 11 | <input type="text"/> |
| Taxonomy 4 | <input type="text"/> | Taxonomy 12 | <input type="text"/> |
| Taxonomy 5 | <input type="text"/> | Taxonomy 13 | <input type="text"/> |
| Taxonomy 6 | <input type="text"/> | Taxonomy 14 | <input type="text"/> |
| Taxonomy 7 | <input type="text"/> | Taxonomy 15 | <input type="text"/> |
| Taxonomy 8 | <input type="text"/> | | |

Next

Managing Relationships

Back Cancel

The Taxonomy code for a pharmacist is **183500000X**.

Then click **Next**

Managing Relationships Page

MEDICAID

Individual Reference ID Specialties Location Licenses Certificates Taxonomy Ownership Affiliations Sanctions Trading Partners W-9 EFT Terms Submit

Required fields are marked with an asterisk (*).

Taxonomy Code

Managing Relationships

Managing Relationships

As required by 42 CFR Subpart B, the provider must disclose the following for each individual officer, director, managing employee (general manager, business manager, administrator). Failure to provide the required information may result in a denial for participation.

List Managing Relationships *

Relationship

First Name *

Last Name *

Middle Name

Suffix: -- Select One --

Social Security Number *

Date of Birth (mm/dd/yyyy) *

Business Relationship to Enrolling Provider *

Familial Relationship to Enrolling Provider * -- Select One --

Add Managing Relationship

Managing Relationships

| First Name | Middle Name | Last Name | Suffix | SSN | Date of Birth | Business Relationship | Other Explanation | Familial Relationship | Delete |
|------------|-------------|-----------|--------|-----|---------------|-----------------------|-------------------|-----------------------|--------|
|------------|-------------|-----------|--------|-----|---------------|-----------------------|-------------------|-----------------------|--------|

Previous Save & Continue Save & Exit

- If you are completing this application for yourself, you can put your information in this section and choose “Self” in the Business Relationship to Enrolling Provider field.
- Click **Add Managing Relationship**
- Then **Save & Continue**

Ownership & Associations Page

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment »
Ref ID #: QEHK39IBHSQGOAQ

Individual Reference ID Specialties Location Licenses Certificates Taxonomy **Ownership** Affiliations Sanctions Trading Partners W-9 EFT Terms Submit

Ownership & Associations

Required fields are marked with an asterisk (*).

Select the appropriate Ownership Type *

Do you have one or more Shareholders/Partners with 5% or more ownership? *

Yes No

Existing Shareholder or Partner for Business

| Business Legal Name | Provider Tax Identification Number (TIN) or Employer Identification Number (EIN) | % Ownership | Mailing Address | Delete |
|---------------------|--|-------------|-----------------|--------|
|---------------------|--|-------------|-----------------|--------|

Existing Shareholder or Partner for Individual

| First Name | Last Name | Middle Name | Suffix | Date of Birth | SSN | % Ownership | Familial Relationship | Mailing Address | Business Entity Relationship | Delete |
|------------|-----------|-------------|--------|---------------|-----|-------------|-----------------------|-----------------|------------------------------|--------|
|------------|-----------|-------------|--------|---------------|-----|-------------|-----------------------|-----------------|------------------------------|--------|

SC Health & Human Services • P.O. Box 8809 • Columbia, SC 29202-8809 • Phone: (888) 289-0709

Fill out this page as an individual pharmacist even if you own a pharmacy.

Affiliation Information Page

SOUTH CAROLINA
Healthy Connections
MEDICAID

Exit Enrollment »
Ref ID #: QEHK39IBHSQGOAQ

Individual Reference ID Specialties Location Licenses Certificates Taxonomy Ownership **Affiliations** Sanctions Trading Partners W-9 EFT Terms Submit

Affiliation Information

Required fields are marked with an asterisk (*).
Note : This section will affiliate an individual provider with an organization/group. This affiliation will not reassign benefits. Only the provider may reassign benefits to the organization/group.
Do you wish to link or affiliate with an organization or group? *
 Yes No

Affiliated Provider Information

Provide the NPI, SCDHHS # (Medicaid Provider Number), and the Name of the Organization or Group for each affiliation. In order to affiliate to an organization or a group, the organization must be enrolled.
Note: When the organization or group you are affiliating is enrolled with SCDHHS using one NPI across multiple locations, you must enter the assigned SCDHHS # (Medicaid Provider Number) of the specific location you wish to affiliate. If you do not know the SCDHHS # of the specific location, contact the Provider Services Center at (888) 289-0709, option 4.

SC DHHS #:
National Provider Identifier (NPI) *:
Organization Name *:

Existing Affiliation for

| SC DHHS # | NPI | Provider Name | Delete |
|-----------|-----|---------------|--------|
|-----------|-----|---------------|--------|

SC Health & Human Services • P.O. Box 8809 • Columbia, SC 29202-8809 • Phone: (888) 289-0709

- Add each pharmacy (one or more, as applicable) that you will be providing these services.
- Click **Add Affiliation** after each pharmacy added.
- Then click **Save & Continue**

Sanctions Page

Sanctions

Required fields are marked with an asterisk (*).

Whoever knowingly and willfully makes or causes to be made a false statement or representations of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate in Medicaid, or, where the entity already anticipates, a termination of the agreement or contract with the South Carolina Department of Health and Human Services (SCDHHS).

Have you, or any subcontractor, ever been convicted of a criminal offense in relation to Medicaid, Medicare, or the State Childrens Health Insurance Program (SCHIP)?*

Yes No

Has the applicant, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony? *

Yes No

Has the applicant, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency? *

Yes No

Has the applicant, owners, or agents ever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state, or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state? *

Yes No

Has the applicant, owners, or agents ever had suspended payments from Medicare or Medicaid in any state, or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state? *

Yes No

Has the applicant, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full? *

Yes No

Does the applicant, owners, or agents owe money to Medicare or Medicaid that has not been paid? *

Yes No

Has the applicant, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services? *

Yes No

Has the applicant, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance? *

Yes No

Has the applicant, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct? *

Yes No

Has the applicant, owners, or agents ever been found to have violated federal or state laws, rules, or regulations governing South Carolinas Medicaid program or any other states Medicaid program or any other publicly funded federal or state health care or health insurance program and been sanctioned accordingly? *

Yes No

Has the applicant, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation? *

Yes No

- Complete all the questions on the sanctions page.
- Then click **Save & Continue** at the bottom of the page.

Trading Partner Agreement Page

Trading Partner Agreement

Note: For assistance completing this form, Contact the EDI Support Center at (888) 289-0709, select option 1

Required fields are marked with an asterisk (*).

Provider Information

Provider Name: Pharmacist Smith Doing Business As Name (DBA):
Street: 1801 Main Street City: Columbia
State/Province: SC Zip Code/Postal Code: 29201-1234
Social Security Number (SSN): ***-**-1111 National Provider Identifier (NPI): 1234567893
Trading Partner ID (if applicable):

Type of Business *: Medicaid Provider Billing Service Clearinghouse Software Vender Other

Provider Contact Information

Provider Contact First Name [?]
Provider Contact Last Name *: [?]
Provider Contact Middle Name: [?]
Provider Contact Suffix:
Telephone Number *: [?] Telephone Number Extension:
Alternate Telephone Number: [?] Alternate Telephone Number Extension:
Email Address *: [?]
Re-enter Email Address *: [?]
Fax Number: [?]

Preference Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) *

Provider Tax Identification Number (TIN) National Provider Identifier (NPI) Social Security Number (SSN)

- Provider information will auto populate.
- Type of business - **Medicaid Provider**
- Enter your provider contact information again
- Preference aggregation of remittance data - **NPI**

Trading Partner Agreement Page

Claims Submission/Retrieval Information

Are you using a clearinghouse, billing agent, or vendor to submit your claims? *: Yes No

South Carolina Medicaid Web-Based Claims Submission Tool

Select One *: Requesting Access No Access Needed Link To Existing IDs

Note: Approved providers are able to access their claims and receive advices online via the South Carolina Medicaid Web Tool.

TPA Authorization Agreement

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

Electronic Signature of Person Submitting
Enrollment Pharmacist Smith

Submission Date:

[Back](#) [Save & Continue](#) [Save & Exit](#) [Cancel](#)

If your affiliated pharmacy will be using a vendor to submit your claims choose yes, enter the vendor's name and select **No Access Needed**. Check the TPA authorization agreement and then click **Save & Continue**.

Trading Partner Agreement Page

Claims Submission/Retrieval Information

Are you using a clearinghouse, billing agent, or vendor to submit your claims? *: Yes No

If No, please indicate below which protocol(s) is/are used.

Protocol * (Multiple Selections allowed) Secure FTP WS_FTP Pro CD Diskette

South Carolina Medicaid Web-Based Claims Submission Tool

Select One *: Requesting Access No Access Needed Link To Existing IDs

Please indicate below which transaction types are to be submitted; a selection is required for each transaction type.

Transaction Requested *

| | | | | | |
|--------------------------|--|-------------------------------------|--|---------------------------|--|
| 270 - Eligibility IN: | <input type="radio"/> Yes <input type="radio"/> No | 835 - Electronic Remittance Advice: | <input type="radio"/> Yes <input type="radio"/> No | 820 - Premium Payments: | <input type="radio"/> Yes <input type="radio"/> No |
| 271 - Eligibility OUT: | <input type="radio"/> Yes <input type="radio"/> No | 837 - Institutional Claims: | <input type="radio"/> Yes <input type="radio"/> No | 278 - Authorization: | <input type="radio"/> Yes <input type="radio"/> No |
| 276 - Claims Status IN: | <input type="radio"/> Yes <input type="radio"/> No | 837P - Professional Claims: | <input type="radio"/> Yes <input type="radio"/> No | 834 - Benefit Enrollment: | <input type="radio"/> Yes <input type="radio"/> No |
| 277 - Claims Status OUT: | <input type="radio"/> Yes <input type="radio"/> No | 837D - Dental Claims: | <input type="radio"/> Yes <input type="radio"/> No | | |

Note: Approved providers are able to access their remittance advices online via the South Carolina Medicaid Web Tool.

TPA Authorization Agreement

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

Electronic Signature of Person Submitting Enrollment Pharmacist Smith Submission Date: 08/09/2023

Linked Providers

Please indicate below the information for providers to be linked to your Submitter ID.

Important: All individual providers who submit X12 claim files directly to SC Medicaid must have a separate Trading Partner Agreement.

Provider First Name *:

Provider Last Name *:

Provider Middle Name:

Medicaid ID *:

National Provider Identifier (NPI) *:

State/Province *:

If your affiliated pharmacy will not be using a vendor to submit your claims, answer no.

- Choose the protocol requested
- SC Medicaid web-based claims submission tool - **Requesting Access**
- Enter the number of IDs requested
- Choose the transaction(s) requested
- Check the TPA authorization agreement
- Complete the linked providers information
- Click **Add Provider**
- Click **Save & Continue**

W-9 Request for Taxpayer Identification Number and Certification Page

W-9 Request for Taxpayer Identification Number and Certification

Required fields are marked with an asterisk (*).
[Instructions for the Requester of Form W-9](#)

Provider Tax Classification

Name (should match the name on your income tax return): Pharmacist Smith

Business Name:

Select the applicable federal tax classification * :

- Individual/Sole Proprietor
- C Corporation
- S Corporation
- Partnership
- Trust/Estate
- Limited Liability Company
- Other

Address Information

| | | | |
|----------------------------------|------------------|----------------|----|
| Address Line 1 | 1801 Main Street | Address Line 2 | |
| City | Columbia | State/Province | SC |
| Zip Code/Postal Code (Zip * + 4) | 29201-1234 | | |

List account number(s) here (optional):

Requestor's name and address SC Health & Human Services, P.O. Box 8809 Columbia, SC 29202-8809

Part I: Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the Name line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see [How to get a TIN on page 3](#).

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

SSN ***-**-1111

Part II: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

- Complete all required questions.
- Under Part II: Certification - Check “Electronically signed by*”
- Click **Save &Continue**

Participation and Payment Agreement Page

- Read the participation and payment agreement
- Click the Participation and Payment Attestation
- Click the Participation and Payment Agreement Electronic Signature
- Click Next
- Read the South Carolina trading partner agreement for electronic claims and related transactions
- Click the Trading Partner Agreement Attestation
- Click the Trading Partner Agreement Electronic Signature
- Click Next
- Click the Provider Enrollment Application Electronic Signature
- Click Save & Continue

Review and Submit Page

- Click **Download Application**
- Save the application pdf file
- Click **Submit the Application**

The screenshot shows the top navigation bar with the South Carolina Healthy Connections Medicaid logo and a menu of options: Individual, Reference ID, Specialties, Location, Licenses, Certificates, Taxonomy, Ownership, Affiliations, Sanctions, Trading Partners, W-9, EFT, Terms, and Submit. Below the navigation bar is a blue banner that reads "Submission Complete". Underneath the banner, the text states "Your enrollment has been successfully submitted." In the bottom right corner of the page, there is a dark blue button labeled "Exit". At the very bottom of the page, there is a footer with the text "SC Health & Human Services • P.O. Box 8809 • Columbia, SC 29202-8809 • Phone: (888) 289-0709".

After your application is submitted, you will see this screen.

Affiliate Pharmacy Information

Next, you will need to fax the information below for each of the pharmacies where you will be rendering these services. Please fax to (803) 870-9022.

- Name of Pharmacy
- Address of Pharmacy
- Pharmacy's SCDHHS # (Legacy #)
- Pharmacy's NPI#
- Your printed name, phone number, reference ID, signature and date

Questions During Your Application?

- If you have any questions while completing your application, please contact the Provider Service Center at (888) 289-0709.
- The team of provider representatives are well-versed in the online application tool and are the best resource to assist with your application.
- In the event your question/concern cannot be answered, the provider representative will forward to management at SCDHHS.
- For questions pertaining to SCDHHS' pharmacy services, please contact Pharmacy@SCDHHS.gov.
- The team monitoring this mailbox will not be able to assist with application or enrollment questions.

Thank you for supporting the South Carolina Healthy Connections Medicaid program.

Medicaid MCO Enrollment and Credentialing Information

| MCO | Website Link | Phone Number | Provider Manual |
|--|--|----------------|--|
| Absolute Total Care | Absolute Total Care | (866) 433-6041 | Absolute Total Care Healthy Connections Medicaid Provider Manual |
| Healthy Blue BlueChoice HealthPlan of South Carolina | Healthy Blue BlueChoice HealthPlan of South Carolina | (803) 264-7232 | Healthy Blue BlueChoice HealthPlan of South Carolina Provider Manual |
| Humana Healthy Horizons in South Carolina | Humana Healthy Horizons in South Carolina | (800) 626-2741 | Humana Healthy Horizons in South Carolina Provider Manual |
| Molina Healthcare of South Carolina | Molina Healthcare of South Carolina | (855) 237-6178 | Molina Healthcare of South Carolina Provider Manual |
| Select Health FirstChoice of South Carolina | Select Health First Choice of South Carolina | (888) 978-0862 | Select Health FirstChoice of South Carolina Provider Manual |