

South Carolina Medicaid 837 (Institutional)

EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 14 days.
- South Carolina Medicaid requires a separate Trading Partner Agreement for each SC Medicaid Provider ID.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the EDI setup request. Or, the provider may contact the payer at (888) 289-0709.

837 Claims Transactions:

Complete and submit this form using the billing provider's group information.

1. SC Trading Partner Agreement/Remittance Advice Agreement (1 page)

Select the '**Reason for Submission**' by checking the box next to '**New Enrollment**' or '**Change Enrollment**.'

Complete the Provider Contact Information section.

Under the '**TPA Authorization Agreement**' section, the Provider or Authorized Individual must print name, dates, and sign where indicated.

Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to "**Save and Exit**" notes' window.

SC Trading Partner Agreement/Remittance Advice Enrollment

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

Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

Trading Partner Information

Provider Name: _____

Doing Business As Name (DBA): _____

Street: _____

City: _____ State/Province: _____ Zip Code/Postal Code: _____

National Provider Identifier (NPI): _____ Provider Federal Tax Identification Number (TIN): _____

Trading Partner ID: _____ SC Medicaid Provider ID: _____

Type of Business: Medicaid Provider Billing Service Clearinghouse Software Vendor

Other (please specify): _____

Provider Contact Information

Provider Contact Name: _____

Telephone Number: _____ Telephone Number Extension: _____

Fax Number: _____ Email Address: _____

Preference for Aggregation of Remittance Data (e.g., Account number linkage to provider identifier): Provider Tax Identification Number (TIN): _____
 National Provider Identifier (NPI): _____

Claims Submission/Retrieval Information

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

If Yes, please enter the name of the clearinghouse, billing agent, or vendor here: _____

If No, please indicate below which protocol(s) is/are used: (multiple selections are allowed)

Secure FTP WS_FTP Pro CD Diskette

South Carolina Medicaid Web-Based Claims Submission Tool (Select One)

Requesting Access: Number of IDs Requested _____ No Access Needed

Link to Existing IDs: _____

(If you submit X12 claims directly to SC Medicaid, you must complete the "linked" Submitter ID Information found on the second page of this application)

Transactions Requested

Yes No 270 – Eligibility IN Yes No 820 – Premium Payments Yes No 837P – Professional Claims

Yes No 271 – Eligibility OUT Yes No 834 – Benefit Enrollment Yes No 837D – Dental Claims

Yes No 276 – Claim Status IN Yes No 835 – Electronic Remittance Advice*

Yes No 277 – Claim Status OUT Yes No 837I – Institutional Claims

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.

Authorized Signature: _____

Printed Name of Person Submitting Enrollment: _____

Submission Date: _____ Requested Effective Date: _____

*Please contact the Provider Service Center at 1-888-289-0709 for any questions regarding the electronic remittance advice enrollment process or the status of your enrollment.

*Please refer to the "Your Remittance Advice" area in the Electronic Funds Transfer (EFT) section of the Provider Enrollment manual found on the SCDHHS Provider Web Page for instructions on how to complete updates to your Electronic Remittance Advice.

For assistance completing this form, please contact the EDI Support Center at 1-888-289-0709.

Revised January 1, 2014