Medicaid South Carolina EDI and ERA Enrollment

Submit the completed Payer Request Form to:
Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.

If you have more than ten payers to enroll, please make additional copies of this form.

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Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form.

Please check: ☐ New Request ☐ Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: ( ) Fax: ( ) Email:

Group/Provider Name:

Please check for designation: ☐ Professional ☐ Institutional

Billing Tax ID: Indicate ☐ TIN/EIN ☐ SSN Billing NPI:

Street Address:

City: Tulsa State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

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enrollmentsupport@inovalon.com

INSTRUCTIONS

A separate copy of the attached trading partner agreement must be completed for each billing provider within your organization. Your organization must also sign the trading partner agreement.

Step 1
Complete all required fields of this packet. The second page contains instructions from SC Medicaid for completing the forms

Step 2
Please complete, sign, and submit ALL PAGES (including instruction sheets) via mail or fax.

Fax To: 803-870-9021
Mail to: SC Medicaid TPA PO Box 17, Columbia, SC 29202:

Step 3

Email a copy of the completed and signed enrollment form to enrollmentsupport@inovalon.com

Trading Partner Agreement Enrollment Instructions for Providers

The Trading Partner Agreement (TPA) Enrollment form may be found in the "Forms" section under "Provider Quick Links" on the SCDHHS website, http://provider.scdhhs.gov.

Please use the instructions outlined below to complete the TPA. Incomplete or incorrect TPAs will not be processed.

Field	Instructions
Reason for Submission	Select the appropriate transaction type being submitted: New Enrollment, Change Enrollment, or Cancel Enrollment. (*Select only one*)
Provider Name	Enter the complete legal name of institution, corporate entity, practice, or individual provider.
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it. Enter this information, if applicable.
Street	Enter the number and street name where a person or organization can be found.
City	Enter the city associated with the provider address field.
State/Province	Enter the ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable country.
Zip Code/Postal Code	Enter the 5 digit or the 5 digit + 4 codes associated with the provider's add The zip code/postal code is part of the system of postal-zone codes (Zip stand for "zone improvement plan" introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
National Provider Identifier (NPI)	Enter the unique 10-digit identification number issued to healthcare providers by the Centers for Medicare and Medicaid Services.
Provider Federal Tax Identification Number (TIN)	Enter a Federal Tax Identification Number, also known as an Employer Identification Number (EIN), which is used to identify a business entity. A Social Security Number (SSN) may also be used for Individual provider enrollments.
Trading Partner ID	Enter the provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor. Leave this field blank if you have an X12 Submitter ID.
SC Medicaid Provider ID	Enter the 6-digit alphanumeric SC Medicaid Provider number assigned to the provider by SCDHHS. This will not be completed for new Trading Partner Agreement enrollments.
Type of Business	Select "Medicaid Provider".
Provider Contact Name	Enter the name of the contact in the provider's office for handling ERA issues.
Telephone Number	Enter the 10-digit telephone number associated with the contact person.
Telephone Number Extension	Enter the contact person's telephone number extension, if applicable.
Fax Number	Enter a 10-digit number at which the provider can be sent facsimiles.
Email Address	Enter an electronic email address at which the health plan might contact the provider.
Preference for Aggregation of Remittance Data	Select either the "National Provider Identifier (NPI)" or the "Provider Tax Identification Number (TIN)" checkbox to indicate the provider's preference for grouping (bulking) claim payment remittance advice. Enter the provider's NPI or TIN (EIN or SSN) in the space provided. Only one type may be selected. (Note: In most cases, this will be the NPI unless the provider is atypical and does not have an NPI.)
Using a clearinghouse, billing agent, or vendor to submit claims	Indicate if you are using a clearinghouse, billing agent, or vendor to submit your claims. If you select "Yes", enter the name of this entity. (If you will only be using the South Carolina Medicaid Web-based Submission Tool, enter "Web Tool" in this space.) If you select "No", please indicate the protocol(s) you will use to submit claims. (multiple selections are allowed)
South Carolina Medicaid Web-based Claims Submission Tool (Select Only One)	If you would like to access the SC Medicaid Web Tool, check the "Requesting Access" checkbox and indicate the number of IDs you require. (Individual IDs are required). If you bill as part of an existing group, leave this section blank. If you have an existing Web tool ID and you would like the NPI on this TPA linked, select the "Link to Existing ID" checkbox and indicate the Web Tool ID.
Transactions Requested	Leave blank unless you have an X12 Submitter ID.
TPA Authorization Agreement	Select the checkbox if you have read, understand, and are in agreement with TPA terms and conditions. (The TPA will not be processed if this is not checked)
Authorized Signature	Enter the signature of the individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment.
Printed name of Person Submitting Enrollment	Print the name of the person signing the form.
Submission Date	Enter the date on with the enrollment or modification is being submitted.
Requested Effective Date	Enter the date the provider wishes to begin receiving/end an electronic remittance advice (ERA).

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: M00724OK2 **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: G4 Health Systems, Inc. (Submitter ID: M00724OK2)

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.

SC Trading Partner Agreement 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

Trading Partner Name: G4 Health Systems Inc

Doing Business As Name (DBA):

Street: 7380 S. Oympia #359

City: Tulsa **State/Province:** OK **Zip Code/Postal Code:** 74132

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

Trading Partner ID: M00724OK2 **SC Medicaid Provider ID:**

Type of Business: ☐ Billing Service ☑ Clearinghouse ☐ Software Vendor

☐ Other (please specify):

Trading Partner Contact Information

Trading Partner Contact Name: John Carter

Telephone Number: 612-460-4316 **Telephone Number Extension:**

Fax Number: 855-485-5231 **Email Address:** enrollments@abilitynetwork.com

Claims Submission/Retrieval Information

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 Clams
☐ 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: Tammy Bilgeshouse

Printed Name of Person Submitting Enrollment: Tammy Bilgeshouse

Submission Date: **Requested Effective Date:**

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

If you submit X12 files directly to SC Medicaid, please complete this page to indicate providers to link to your Submitter ID.

Do not use this page if you are submitting claims through a vendor or clearinghouse.

Individual providers who are a part of a Medicaid group ***must*** have a separate Trading Partner Agreement.

PROVIDER NAME	MEDICAID ID	NPI	STATE	ADD/REMOVE

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