

MEDICAID SOUTH CAROLINA (SCXIX) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [SC Medicaid Trading Partner Agreement/ Remittance Advice Enrollment](#) (FOR PROVIDERS)
 - You **MUST** complete all fields that are applicable to you
- [SC Medicaid Trading Partner Agreement Enrollment Form](#) (FOR OFFICE ALLY)
 - Most all fields are completed for you. The only fields that are required for the provider to complete are:
 - Authorized Signature and Name of Person Submitting Enrollment
 - Submission Date and Requested Effective Date

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to 803-870-9021; or
- Mail the form to
SC Medicaid TPA
PO BOX 17
Columbia, SC 29202

HOW DO I CHECK STATUS?

- Call 888-289-0709, option 2 and ask if the provider has been enrolled.
- Once you have been enrolled to complete your enrollment follow instructions on the "Note to My Clients Plus users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

WHAT IS THE TURNAROUND TIME?

- Standard Processing time is 7 business days.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012