

South Carolina Medicaid Web Tool Times



Up-to-date information about the South Carolina Medicaid Web-based Claims Submission Tool

Volume 7, Issue 2

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Electronic Funds Transfer

In August 2008, the South Carolina Department of Health and Human Services (SCDHHS) announced that paper checks would no longer be issued for Medicaid payments. Providers are required to register for Electronic Funds Transfer (EFT) in order to receive reimbursement from South Carolina Medicaid.

To access the *Electronic Funds Transfer (EFT) Agreement*, visit

<http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp>.

From the SCDHHS Web site, click on the Electronic Funds Transfer Agreement link. Complete the **Provider Information** section and the **Banking Information** section. Then, complete your contact information and signature certifying all the information that you authorize SCDHHS to initiate credit entries, and if necessary, to initiate any debit entries for any errors to your account. These credit entries will pertain only to the SCDHHS payment obligations resulting from Medicaid services rendered by the provider.

Once you complete the EFT form you must attach a letter from the provider's banking institution. The information on the bank letterhead must include name on account, routing number, account number, account type (checking or savings account), and bank officer's name and signature. Mail or fax the completed form to the Medicaid Provider Enrollment location listed on the EFT form.

All EFT requests are subject to a 15-day pre-certification period in which all accounts are verified by the qualifying financial institution before any Medicaid direct deposits are made.

Printing Electronic ECF's

In January's issue of the Web Tool Times, the South Carolina Department of Health and Human Services (SCDHHS) outlined how to view, print, and save remittance packages electronically through the Web Tool. This cost-effective, secure feature has proven to be a very efficient way for providers to print their Edit Correction Forms (ECF).

However, it has been noted that SCDHHS has been receiving ECF's from providers without the Claim Control Number (CCN) which is located in the upper, right corner of the ECF. Without the CCN, SCDHHS is unable to retrieve the claim to make the red inked corrections as indicated on the ECF. When printing the ECF's from the electronic remittance package, if all or part of the CCN is cut off, you will need to reset your printer options.

To reset your printer options, follow the five easy steps below or see screen illustrations on pages 2-3.

1. Click on the desired remittance package date, and choose **OPEN**.
2. When the remittance opens, click **FILE** and then click **PRINT**.
3. When the print dialog box opens, change the **Page Scaling** (found under the Page Handling section) to "**Shrink to Printable Area.**"
4. Select "**Auto-Rotate and Center.**"
5. In the "**Preview: Composite**" section on the right, ensure that the form shows the pages will print in landscape (11 by 8.5 inches). Click **OK** to print.

Once you have adjusted your printer settings, please reprint the ECF, make the valid correction in red ink, and return it to the Medicaid Claims Receipt Office at the address on the ECF.

For additional questions about adjusting your printer settings, contact the South Carolina Medicaid Electronic Data Interchange Support Center at 1-888-289-0709.

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How to Reset Your Printer Options

South Carolina Medicaid Portal

Change PWD **e-Remit**

Payment Remit

Welcome morelltest. Please choose a provider to view the remits.

Paperless TestingID - Search

Available Remits for : Paperless TestingID

- 04-16-2010
- 04-09-2010
- 03-05-2010
- 02-12-2010
- 01-29-2010
- 11-06-2009

File Download

Do you want to open or save this file?

Name: REMIT_04162010_1992985071.pdf
Type: Adobe Acrobat Document
From: portal.scmecaid.com

Open Save Cancel

Click the e-remit you wish to view and/or print and then click the **OPEN** button from the dialog box that appears.

File Edit View Document Tools Window Help

Open... Ctrl+O

Collaborate

Save a Copy... Shift+Ctrl+S

Save as Text...

Attach to Email...

Close Ctrl+W

Properties... Ctrl+D

Print Setup... Shift+Ctrl+P

Print... Ctrl+P

Exit Ctrl+Q

69%

Find

PROFESSIONAL SERVICES
REMITTANCE ADVICE

PAYMENT DATE: 04/16/2010

SERVICE RENDERED DATE (S) BY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID \$	RECIPIENT ID NUMBER	RECIPIENT NAME F I LAST NAME	M O D	TITLE 18 ALLOWED CHARGES	COPAY AMT	TITLE 19 PAYMENT
910	92014	98.00	8.16	P			000	2.00	0.00
		98.00	8.16	P				0.00	0.00
			8.16						

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.

CERT. PG TOT: \$0.00
MEDICAID PG TOT: \$8.16
CERTIFIED AMT: \$0.00
MEDICAID TOTAL: \$8.16
CHECK TOTAL: \$8.16

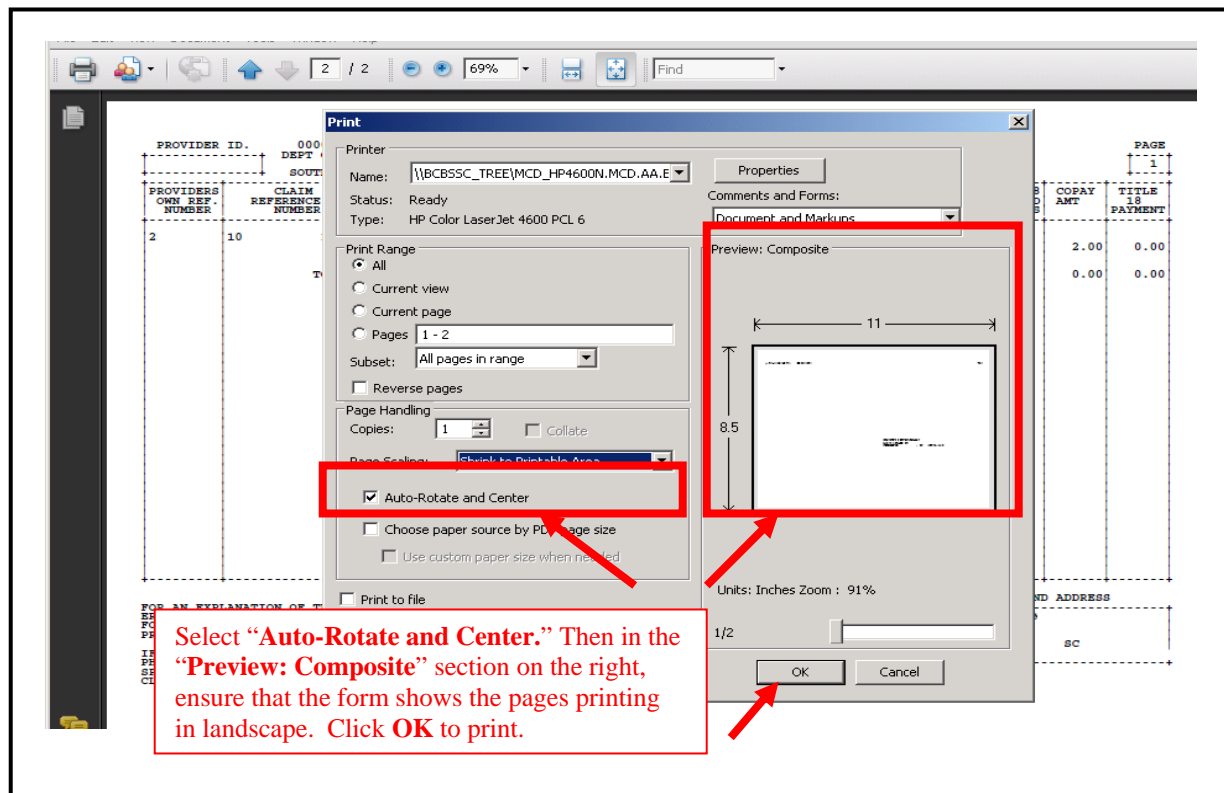
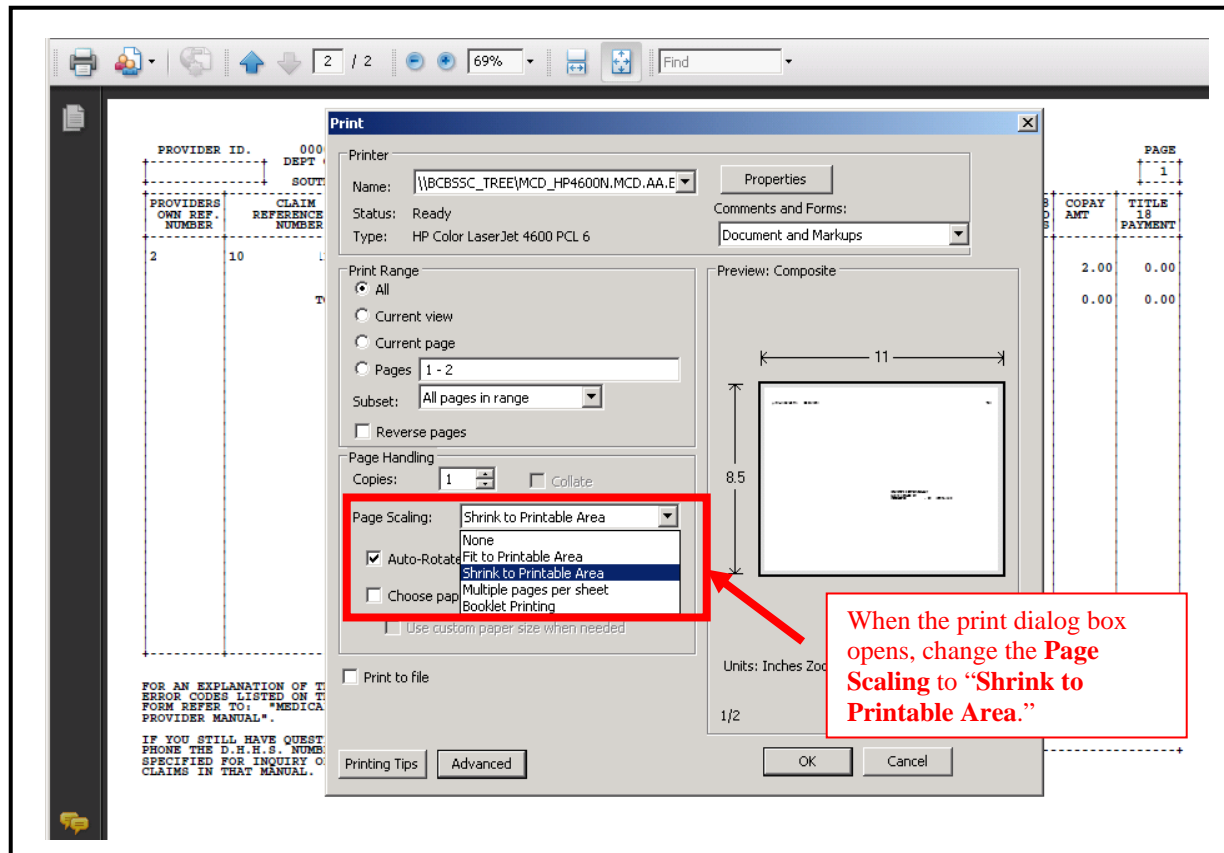
STATUS CODES:
P = PAYMENT MADE
R = REJECTED
S = IN PROCESS
E = ENCOUNTER

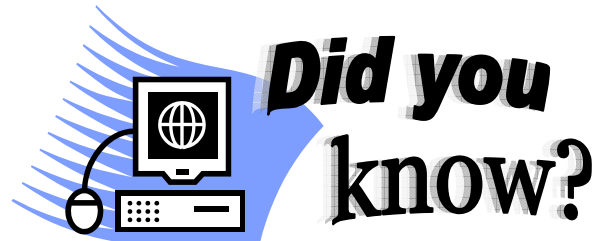
PROVIDER NAME AND ADDRESS:
PALMETTO
LEXINGTON SC

CHECK NUMBER: 5360281

When the remittance opens, click **FILE**, then click **PRINT**.

How to Reset Your Printer Options (Cont'd.)





EFT

Electronic Funds Transfer (EFT) is a more cost effective and secure manner for providers to receive payments. With EFT, there is no risk of the paper check being stolen from your mailbox, or fraudulently cashed by an unauthorized individual. Providers receive EFT payments more quickly than paper checks. In most cases, EFT payments are available in your bank account the Friday morning of the payment date. Paper checks are mailed on Friday, which means your funds are not available until you receive and deposit the check days later.

If you have questions regarding the EFT form, contact South Carolina Medicaid Provider Enrollment at (803) 264-1650.

Claim Submission Methods
Electronic vs. Hard Copy

With all of the excitement focused on the Web Tool’s electronic remittance package feature and the South Carolina Department of Health and Human Services (SCDHHS) going **green**, many providers are asking whether they can still file hard copy claims.

Yes, submitting hard copy claim forms to SCDHHS is still a valid submission method. Provider can also submit claims electronically through the Web Tool, a clearinghouse, or other forms of electronic media such as a Zip file or CD.

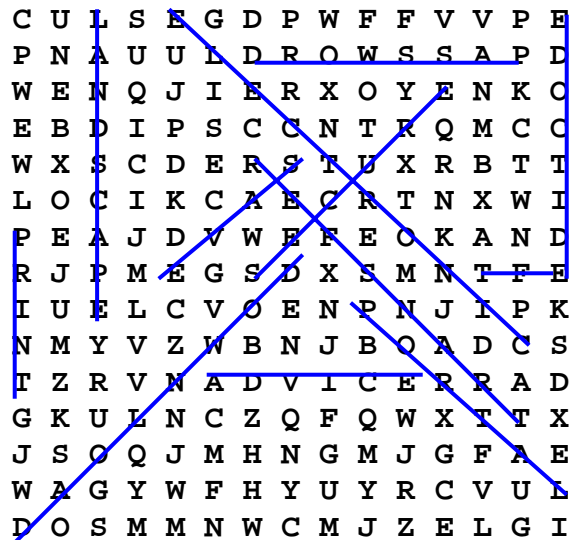
The types of hard copy claim forms are listed below:

1. **CMS-1500:** Professional claims are CMS-1500s. These are claims that are filed by doctors and other professionals.
2. **UB-04:** The UB-04 claim form is used to file institutional charges like room and board or emergency room services.
3. **ADA 2006:** The ADA 2006 claim forms are used to file all dental services except oral surgery.

For clarification on questions concerning which claim form to use, please refer to your provider manual.

**Web Tool
Word Search Answers**
“Electronic Remits”

**Complete the puzzle
on page 5 first!**



Web Tool WORKSHOPS

Workshops Scheduled through July 2010!

South Carolina Medicaid continues to offer free Web Tool workshops for all providers.

Please register by calling the toll-free number for South Carolina Medicaid Provider Outreach, 1-888-289-0709, or register online at www.scm Medicaidprovider.org.

For a detailed listing of SCDHHS workshops, please refer to the monthly electronic bulletin titled **SCDHHS Offers Free Provider Workshops**.

May 12, 2010 - **Wednesday**

10:00am – 4:00pm (Lunch on your own)

Location: BlueCross BlueShield
17 Technology Circle (Farrow Rd.)
Columbia, SC 29203

June 22, 2010 - **Tuesday**

10:00am – 4:00pm (Lunch on your own)

Location: BlueCross BlueShield
17 Technology Circle (Farrow Rd.)
Columbia, SC 29203

July 13, 2010- **Tuesday**

10:00am – 4:00pm (Lunch on your own)

Location: BlueCross BlueShield
17 Technology Circle (Farrow Rd.)
Columbia, SC 29203

Web Tool Word Search "Electronic Remits"

C U L S E G D P W F F V V P E
P N A U U L D R O W S S A P D
W E N Q J I E R X O Y E N K O
E B D I P S C C N T R Q M C C
W X S C D E R S T U X R B T T
L O C I K C A E C R T N X W I
P E A J D V W E F E O K A N D
R J P M E G S D X S M N T F E
I U E L C V O E N P N J I P K
N M Y V Z W B N J B O A D C S
T Z R V N A D V I C E R R A D
G K U L N C Z Q F Q W X T T X
J S O Q J M H N G M J G F A E
W A G Y W F H Y U Y R C V U L
D O S M M N W C M J Z E L G I

TERMS

- | | |
|---------------|--------------|
| 1. EFT | 7. PASSWORD |
| 2. ADVICE | 8. PORTAL |
| 3. DOWNLOAD | 9. PRINT |
| 4. EDIT CODE | 10. SAVE |
| 5. ELECTRONIC | 11. SECURE |
| 6. LANDSCAPE | 12. TRANSFER |

Contact Us

South Carolina Medicaid Provider Outreach
P.O. Box 17
Columbia, SC 29202

Visit our Web site at: www.scm Medicaidprovider.org

Please send address or telephone number changes in writing to Provider Enrollment, PO Box 8809, Columbia, SC 29202-8809.

Contact our EDI Support Center with email changes at 1-888-289-0709, fax to 1-803-870-9021, or via email at edig.ops-mcaid@palmettogba.com.

The Web Tool is a free online Web-based application offered by South Carolina Medicaid for claims submission and eligibility requests. For help with Web claims, please call 1-888-289-0709 or e-mail us at edig.ops-mcaid@palmettogba.com.