

A quick reference guide for S.C. Medicaid Electronic Remittance Package access and uses:

- Introduction
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- Changing Password
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## Introduction

The South Carolina Department of Health and Human Services (SCDHHS) is offering the ability to view remittance packages electronically. Currently, SCDHHS mails paper remittance packages to providers weekly.

The electronic process allows providers to access remittance advices and associated edit correction forms (ECFs) through the South Carolina Medicaid Web-based Claims Submission Tool (Web Tool).

### Effective November 15, 2009

The effective date for optional use of electronic remittance packages is November 15, 2009. Providers are urged to use this new feature now to begin practicing and resolving any potential issues.

### Effective February 15, 2010

SCDHHS will distribute remittance advices and associated ECFs electronically through the Web Tool only beginning February 15, 2010.

## Additional Features

Providers now have the ability to:

- Change their own passwords
- View, save, and print their remittance advice(s) (*not a remittance advice of another provider*)
- Retrieve remittance advices and ECFs for the most recent twenty five (25) weeks
- Access electronic remittance packages earlier than paper remittance packages  
(*Paper packages are mailed on Friday, which means that they are not available to providers until days later. Electronic remittance packages will be available no later than Friday morning that the remittance is dated.*)

Distributing remittance advices and associated ECFs through the Web Tool is a more cost-effective and secure manner for providers to receive this information.

## Acquiring Access

To access e-remits, providers must complete a Trading Partner Agreement (TPA).

1. Providers that currently use the Web Tool have access to e-remits automatically.
2. Providers that already have a TPA on file but are not current users of the Web Tool, can contact the Electronic Data Interchange (EDI) Support Center at 1-888-289-0709 to register for a Web Tool ID and password.
3. All other users that do not have a TPA on file must complete and return the SC Medicaid TPA Enrollment Form to:  
SC Medicaid TPA  
P.O. Box 17  
Columbia, S.C. 29202
4. Providers that are not sure if they have a TPA on file or have questions regarding the agreement, can contact the EDI Support Center at 1-888-289-0709.
5. If a provider utilizes a billing agent, and elects to have the billing agent access their electronic remittance package, both the provider and the billing agent must have a TPA on file. The provider's TPA must name their billing agent. The billing agent's TPA must include the provider's name and Medicaid number.

The TPA outlines the requirement for electronic transfer of Protected Health Information (PHI) between SCDHHS and the provider. It can be accessed at <http://www.scdhhs.gov/hipaa/Forms.asp> or by calling 1-888-289-0709.

## Logging In

Providers must first open the Web Tool to begin the log in process.

1. Open your browser.
2. Click in the address bar and type: <https://webclaims.scmedicaid.com/SCWST/welcome/info.aspx> and click Enter to access the Web Tool.
3. From the menu bar on the left side of the Web Tool home page, click Remit Package to get to the SC Medicaid Portal Log In page.
4. Enter your Web Tool user name and password and click the Login button.

See screen shots below for illustration:

From the menu bar on the left side of the Web Tool home page, click Remit Package to get to the SC Medicaid Portal Log In page.

try the following procedures before calling the EDI Support Center:

1. Check your date and time. Ensure proper time zone as well.
2. Delete cookies & Temporary Internet Files - In Internet Explorer, click on Tools, then Internet Options. On the General Tab, click Delete Cookies. Click Delete Files, make sure "Delete all offline content" is checked.
3. Do not save passwords in Internet Explorer - In IE, click on Tools, the Internet Options. On the Content

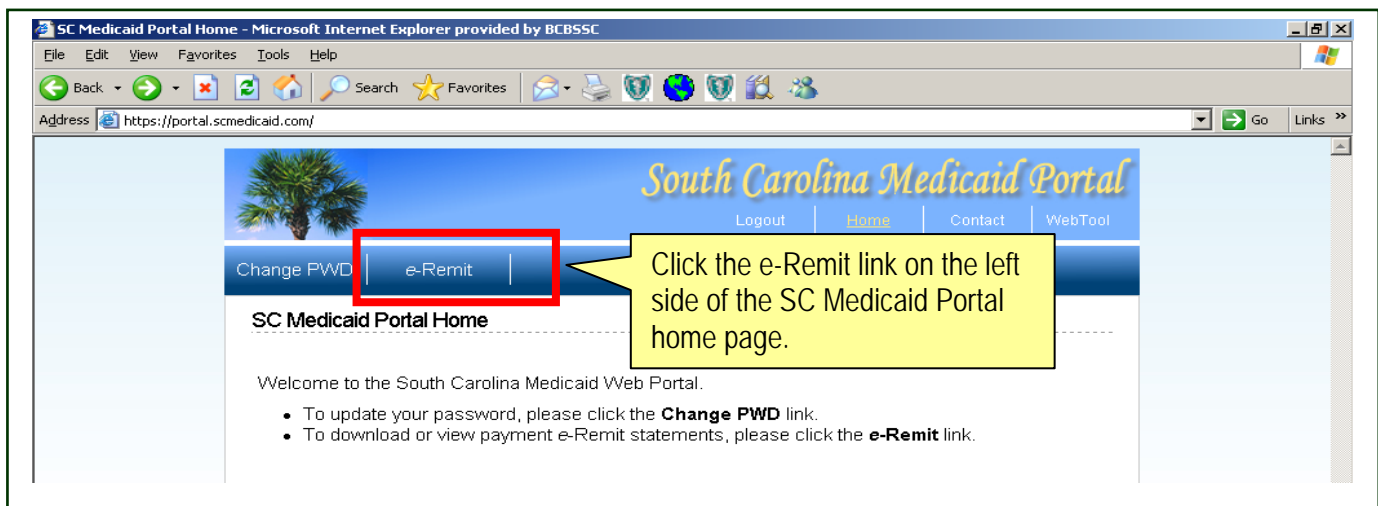
Enter your Web Tool user name and password and click the Login button.

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Maintained by Clemson Computing & Information Technology, Medicaid Services

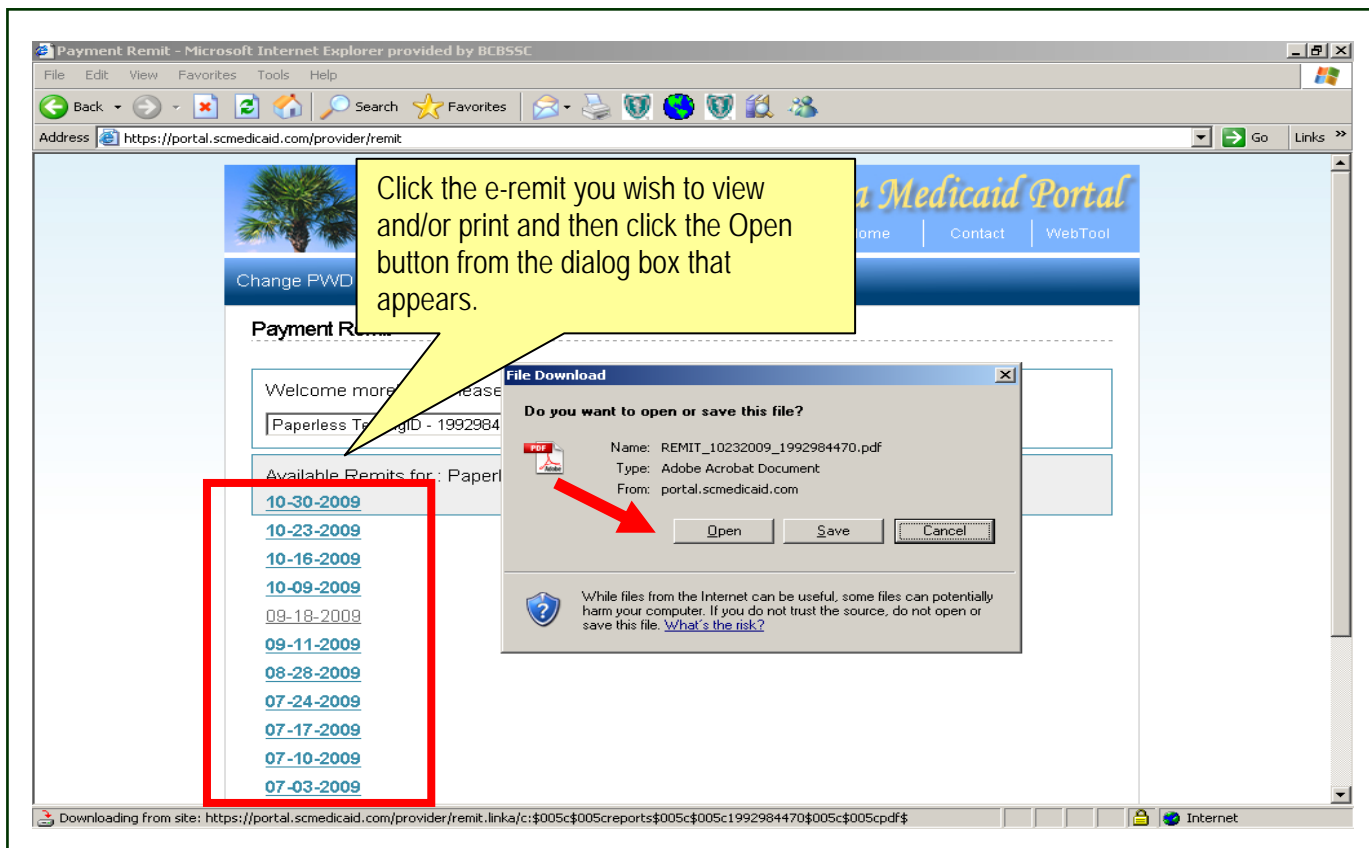
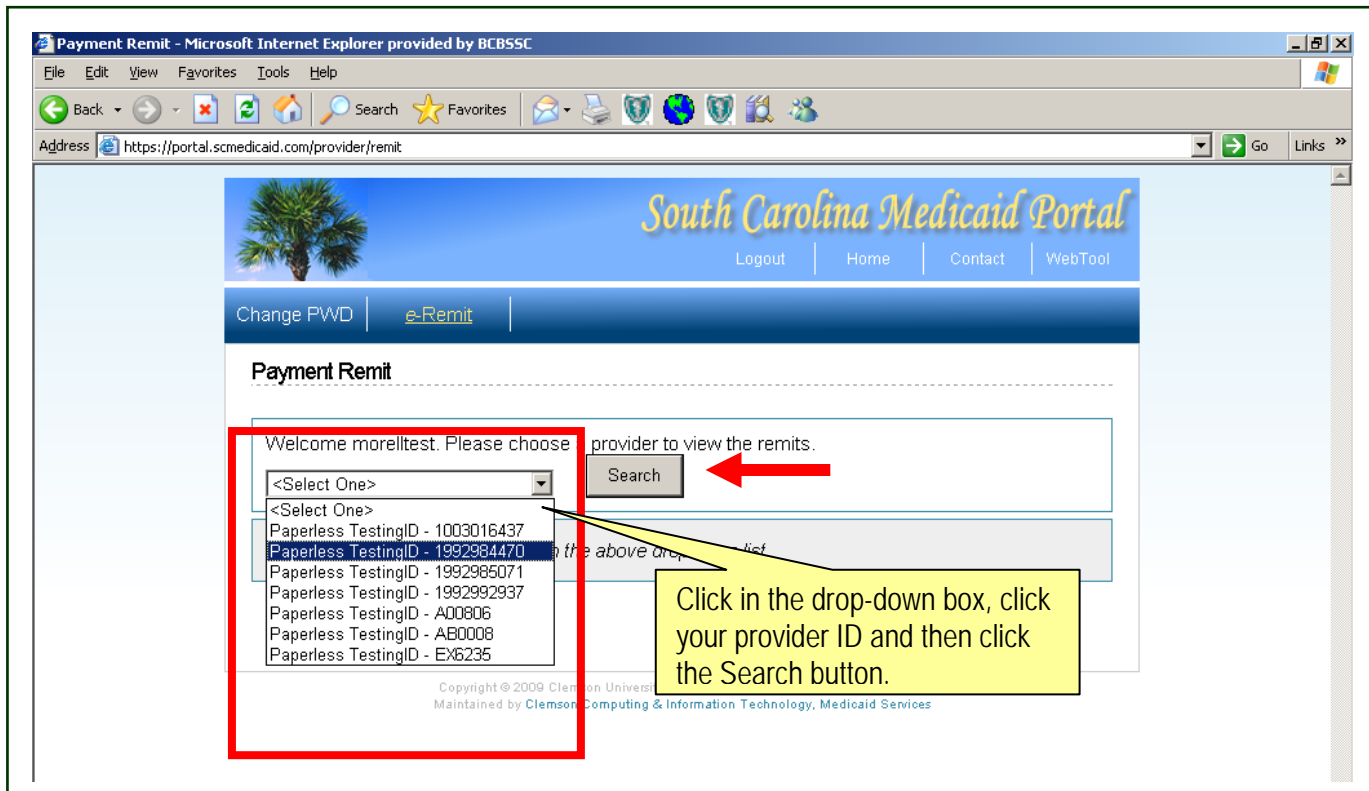
## Viewing and Printing

1. Click the e-remit link on the left side of the SC Medicaid Portal home page.
2. Click in the drop-down box, click your provider ID and then click the Search button.
3. Click the e-remit you wish to view and/or print and then click the Open button from the dialog box that appears.
4. You may now view and/or print your e-remit!
5. If you wish to print the e-remit, click File on the toolbar located on the top left hand corner of your screen.
6. Click the Print option from the drop-down list and then click the OK button to print your e-remit.

See screen shots on pages 4-7 for illustration:



**Viewing and Printing continued ...**



**Viewing and Printing continued ...**

REMIT\_10232009\_1992984470[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

2 / 5 69.7% Find

PROVIDER ID: 000132685 DEPT OF HEALTH AND HUMAN SERVICES PROFESSIONAL SERVICES  
1992984470 SOUTH CAROLINA MEDICAID PROGRAM REMITTANCE ADVICE

PROVIDER'S OWN REF NUMBER	CLAIM REFERENCE NUMBER	PY IND	IND	SERVICE RENDERED DATE(S)	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	RECIPIENT ID NUMBER	RECIPIENT NAME	CHARGES	AMT	PAYMENT
256306113	0928900473811000A			100609	92012	99.00	0.00	6780707033	G M INMAN	000	0.00	0.00
						99.00	0.00		EDITS: L01 9			
256306113	0928900101811600A			100609	92012	99.00	0.00	6780707033	G M INMAN	000	0.00	0.00
						99.00	0.00		EDITS: L01 953			
TOTALS						2	198.00	0.00			0.00	0.00

FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS PROVIDER'S MANUAL \*MEDICAID IF YOU STILL HAVE QUESTIONS PLEASE USE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.

CERT PG TOT MEDICAID PG TOT  
\$0.00 \$0.00  
CERTIFIED AMT MEDICAID TOTAL  
\$0.00 \$0.00  
CHECK TOTAL

STATUS CODES:  
P = PAYMENT MADE  
R = REBILLED  
E = ENCOUNTER

PROVIDER NAME AND ADDRESS  
SPECIALTY EYE CARE OF THE  
SHAWN F BILEY MD  
1115 48TH AVE NORTH STE121  
MYRTLE BEACH SC 29577

1031

SPECIALTY EYE CARE OF THE  
SHAWN F BILEY MD  
1115 48TH AVE NORTH STE121  
MYRTLE BEACH , SC 29577-5420

REMIT\_10232009\_1992984470[2].pdf - Adobe Reader

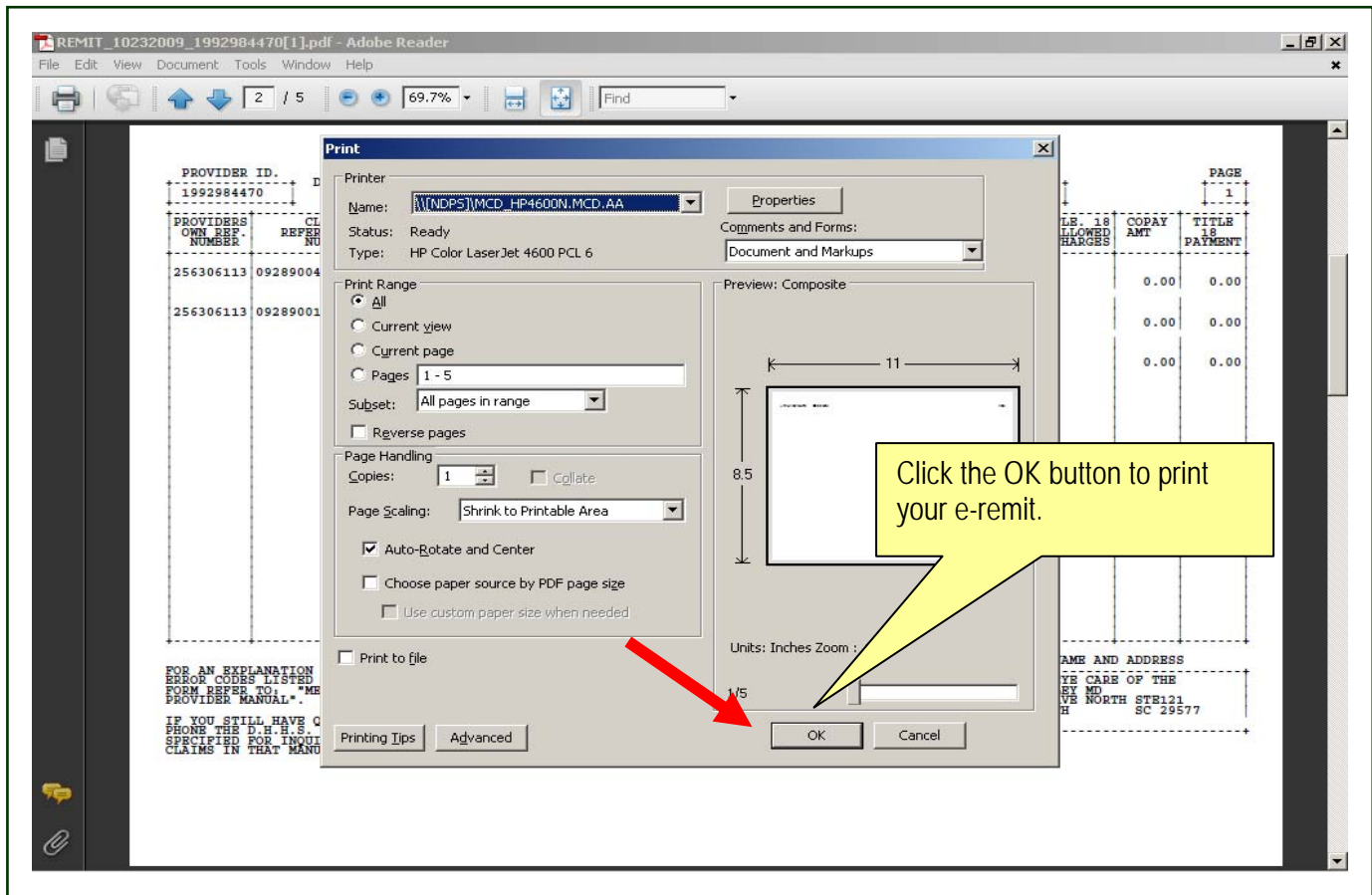
File Edit View Document Tools Window Help

- Open... Ctrl+O
- Create Adobe PDE Using Acrobat.com...
- Save a Copy... Shift+Ctrl+S
- Save as Text...
- Attach to Email...
- Close Ctrl+W
- Properties... Ctrl+D
- Print... Ctrl+P
- 1 C:\...\REMIT\_10232009\_1992984470[2].pdf
- 2 C:\...\REMIT\_10232009\_1992984470[1].pdf
- 3 C:\...\nathanb1@\_2008.pdf
- 4 J:\OPERATIONS\...\Cover, Bulletin, & TOC.pdf
- 5 J:\OPERATIONS\...\CCR.pdf
- Exit Ctrl+Q

If you wish to print the e-remit, click File on the toolbar located on the top left hand corner of your screen and click the Print option from the drop-down list.

SPECIALTY EYE CARE OF THE  
SHAWN F BILEY MD  
1115 48TH AVE NORTH STE121  
MYRTLE BEACH , SC 29577-5420

## Viewing and Printing continued ...



**Important Note:** After you print your ECF, verify that the Claim Control Number (CCN) is not cut off of the upper, right corner of the paper. If the CCN is cut off, you must reset your printer options.

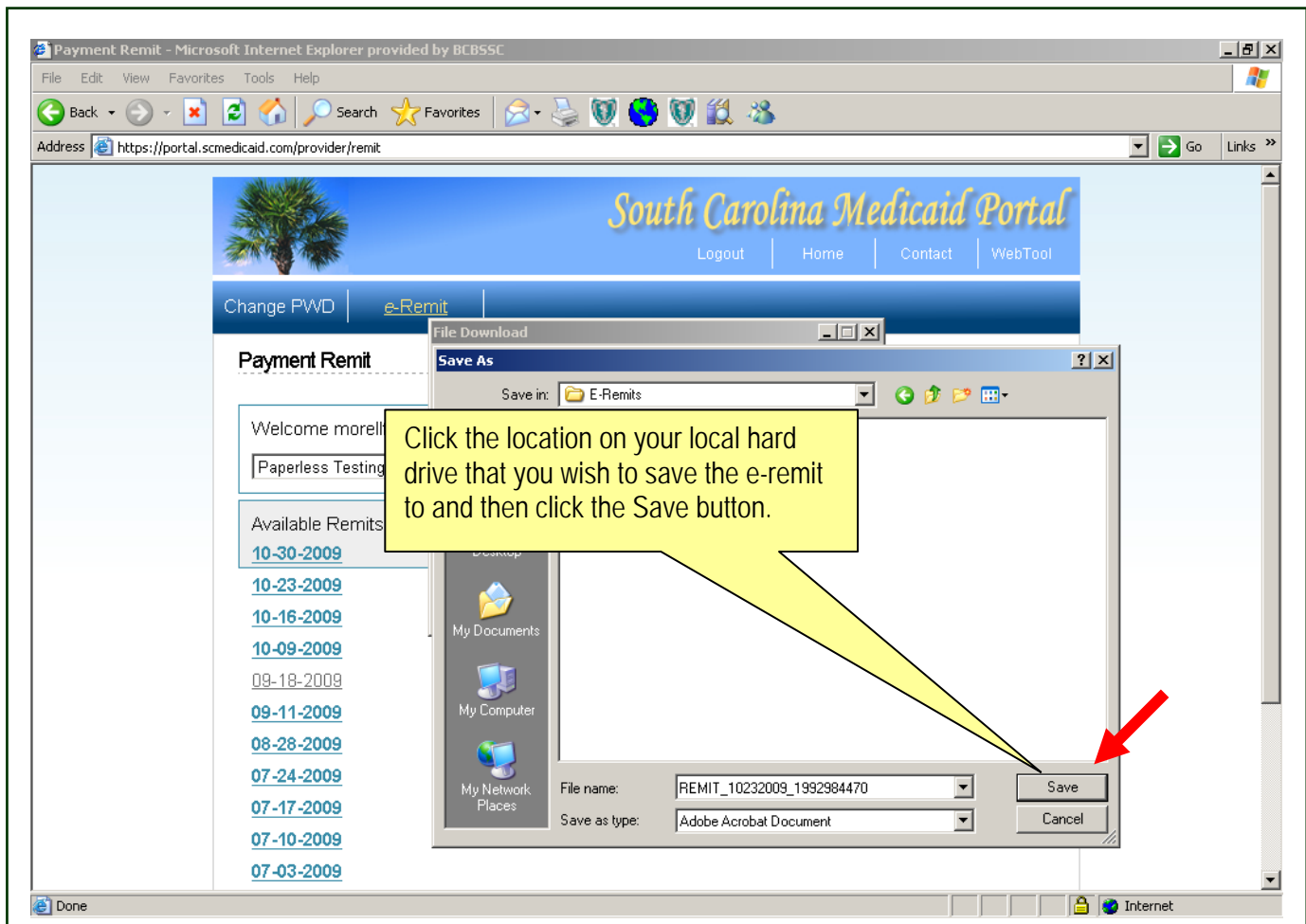
1. Click on the desired Remittance Package date, choose **OPEN**.
2. When the remittance opens, click **FILE**, then click **PRINT**.
3. When the print dialog box opens, change the Page Scaling (under Page Handling section) to "Shrink to Printable Area".
4. Select "Auto-Rotate and Center".
5. In the "Preview: Composite" section on Right, ensure that the form shows pages printing in landscape.
6. Once you have adjusted your printer settings, please reprint the ECF, make the valid correction in red ink, and return it to Medicaid Claims Receipt at the address on the ECF.

## Downloading

Once you locate the e-remit, you can save it to your computer.

1. Click the e-remit link on the left side of the SC Medicaid Portal home page.
2. Click in the drop-down box and choose your Provider ID and then click the Search button.
3. Click the e-remit you wish to download and then click the Save button from the dialog box that appears.
4. Click the location on your local hard drive that you wish to save the e-remit to and then click the Save button.

See screen shot below for illustration:

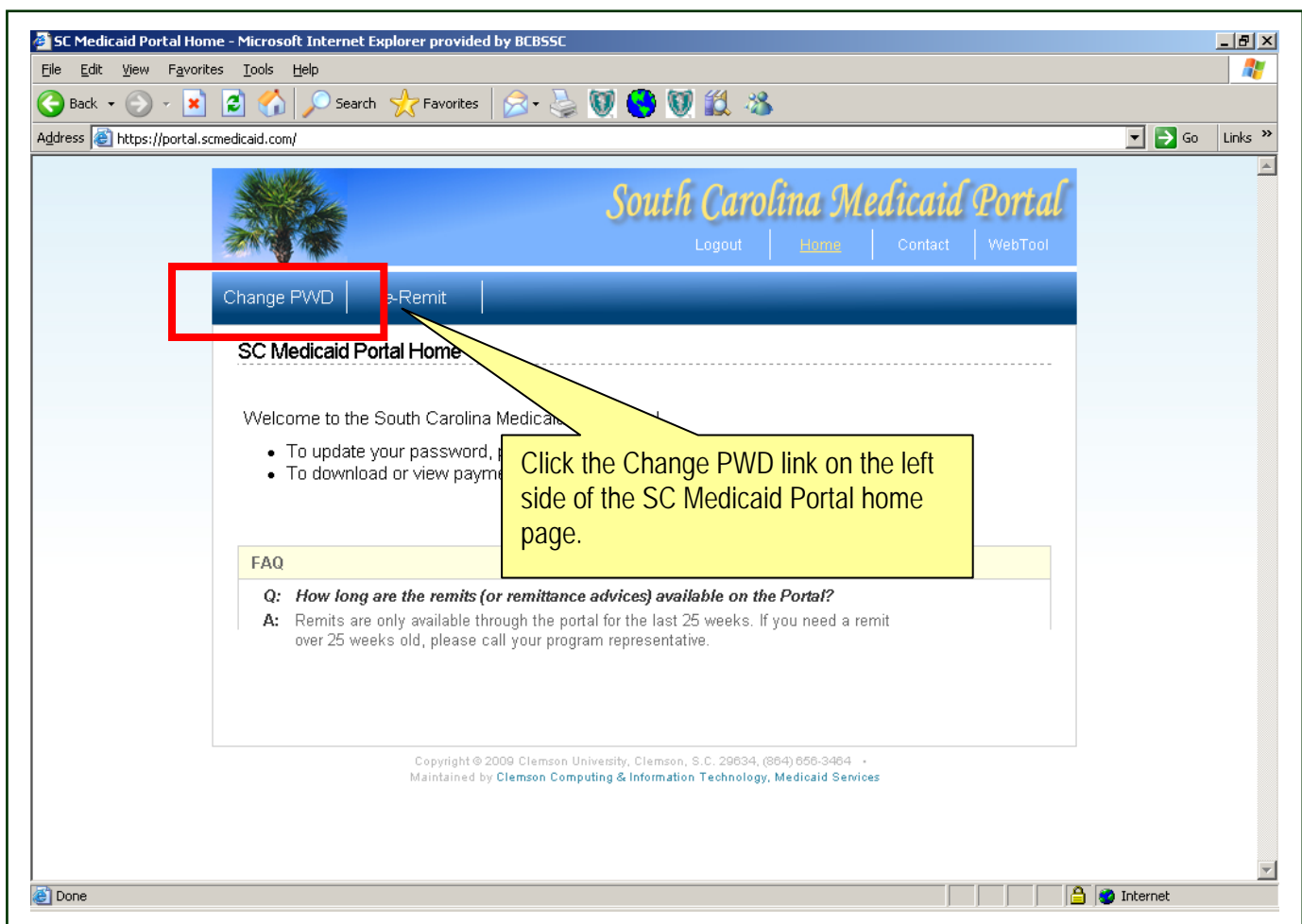


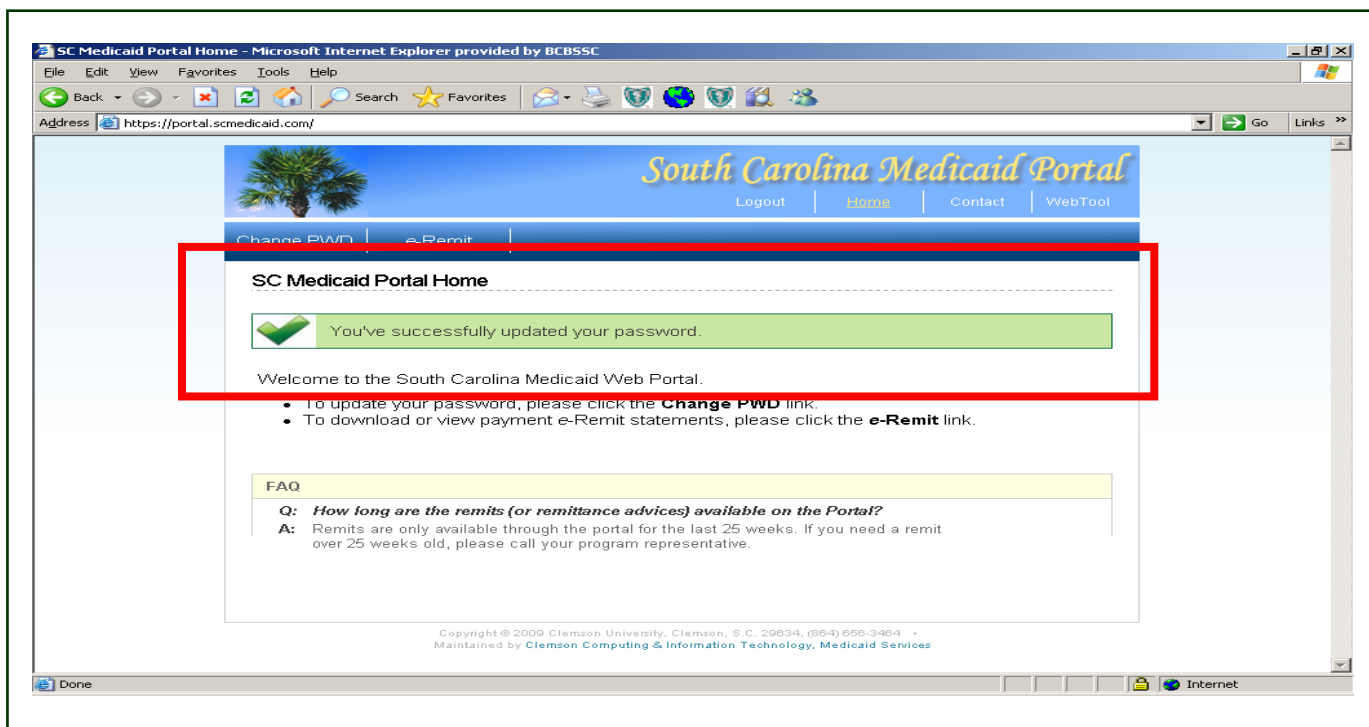
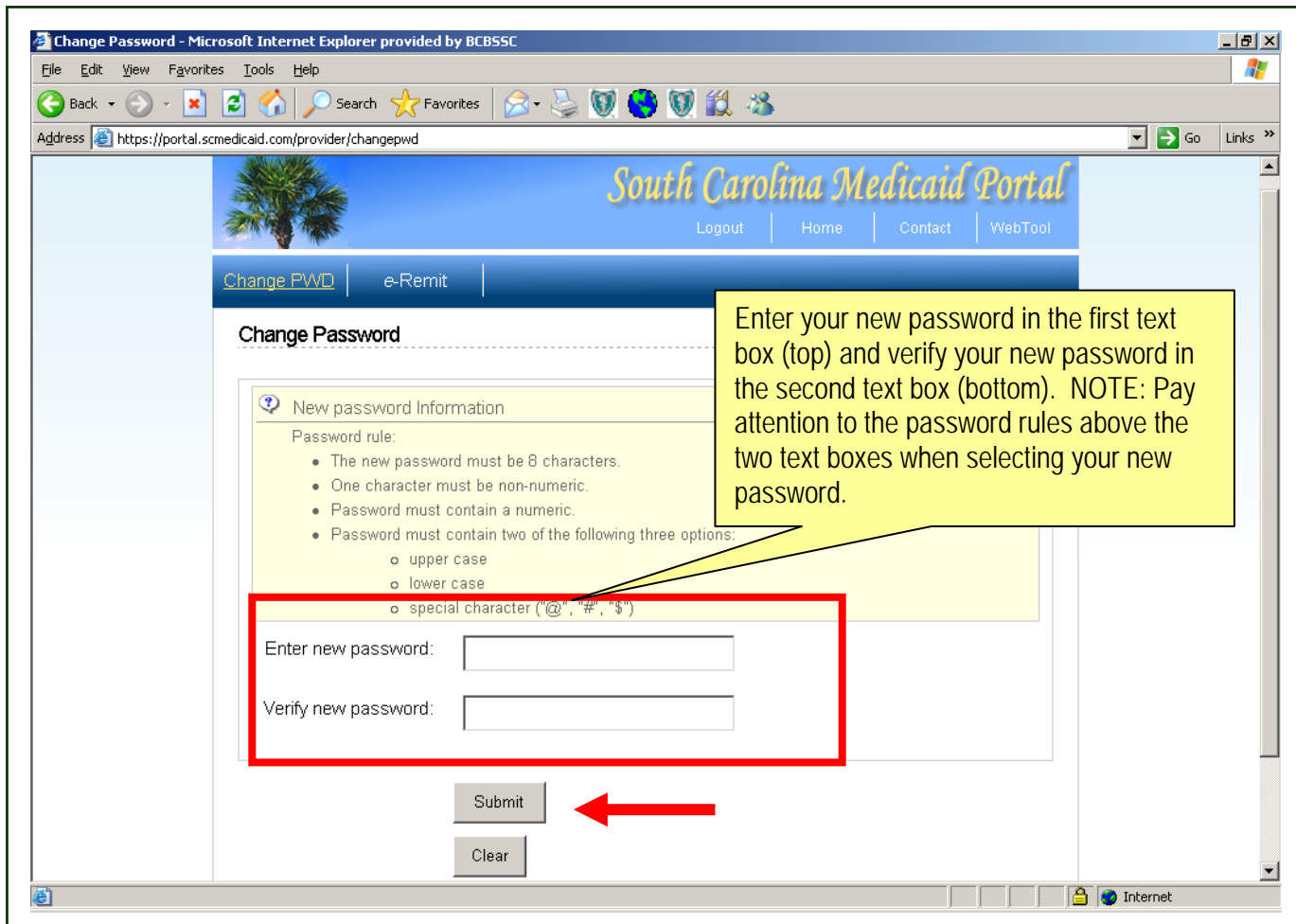
## Changing Password

Providers must first login to the SC Medicaid Portal (see the Logging In section).

1. Click the Change PWD link on the left side of the SC Medicaid Portal home page.
2. Enter your new password in the first text box (top) and verify your new password in the second text box (bottom).  
NOTE: Pay attention to the password rules above the two text boxes when selecting your new password.
3. Click the Submit button (alternatively, click the Clear button if at any time you make a mistake in entering your new password).
4. Your SC Web Tool password has been changed!

See screen shots on pages 9-10 for illustration:





## Additional Information

The following steps describe the additional links on the South Carolina Medicaid Portal.

1. **Logout:** Used to logout of the South Carolina Medicaid Portal website.
2. **Home:** Will return you to the South Carolina Medicaid Portal home page from any other page on the website.
3. **Contact:** Displays the EDI contact information that may be used if you have any questions or concerns about the electronic remittance package features.
4. **Web Tool:** Returns the user to the home page of the SC Web Tool.
5. **FAQ:** A list of frequently asked questions and answers appears on the bottom of the home page.

See screen shot below for illustration:

