

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:
 - Provider Billing NPI
 - SC Medicaid Provider ID
 - 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 you **MUST** contact Office Ally at 360-975-7000 option 1 **BEFORE** submitting claims for electronic transmission.
 - Office Ally is not notified of approvals by the payer.

WHAT IS THE TURNAROUND TIME?

- Standard Processing time is 7 business days.