



MEDICAID SOUTH CAROLINA (SCXIX) PRE-ENROLLMENT INSTRUCTIONS

WHICH 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 the provider needs 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 forms to (803) 870-9021; OR
- Mail the forms to
SC Medicaid TPA
PO Box 17
Columbia, SC 29202

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7 business days

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 PRIOR to submitting claims for electronic transmission
 - Office Ally is not notified of approvals by the payer