Select Health of South Carolina

Healthy Connections

Select Health Claims Processing

February 6, 2026   Incontinence Supplies and DME

Agenda

01	Billing & Claims
02	Claims Submission Process (Overview)
03	Expectations for Claims Payment
04	Provider Enrollment & Next Steps
05	FAQs

Understanding Billing & Claims

The Claims Submission Process

Filing claims is fast and easy for Select Health providers. Our website provides tools and resources you need to help manage your submission of claims and receipt of payments. We also provide training sessions and technical support.

Our Procedures (Expectations)

Verification of member eligibility, services rendered, provider enrollment with Medicaid, required fields on forms, valid dates of service, etc.

The Types of Submissions & Provider Support

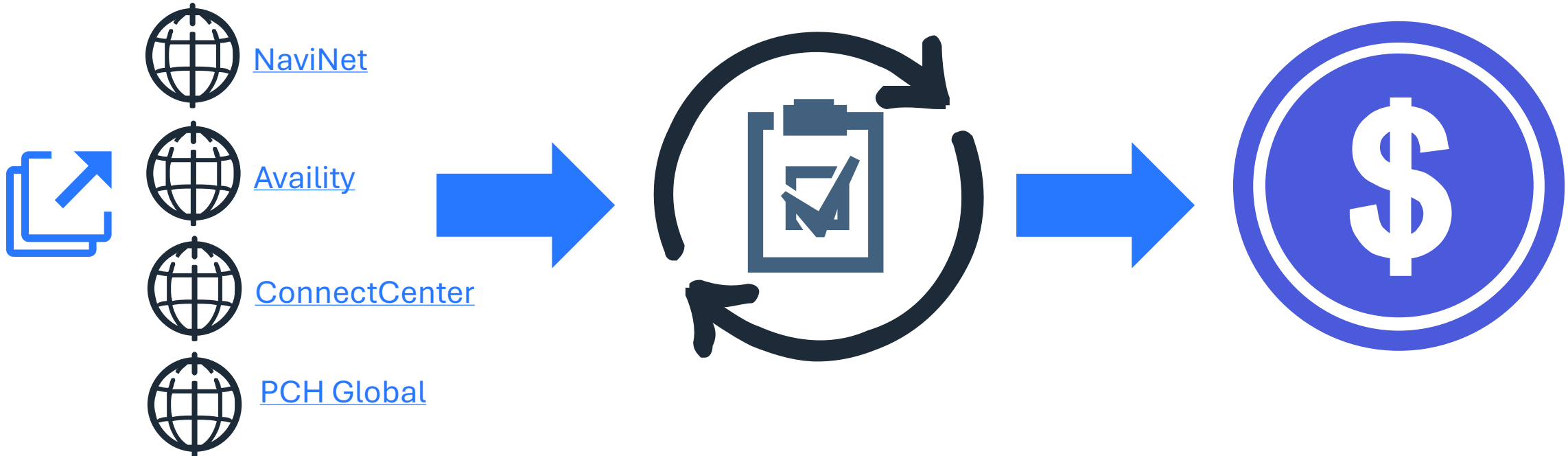Electronic versus paper claims and provider inquiries and technical support options.

Claim Filing Instructions
September 2025

Select Health of South Carolina | Healthy Connections

Understanding Billing & Claims

Submit Claim ⟩ Verification ⟩ Payment

- [NaviNet](#)
- [Availity](#)
- [ConnectCenter](#)
- [PCH Global](#)

Understanding Billing & Claims

Submit Claim

NaviNet

Availity

ConnectCenter

PCH Global

Enter claim using a provider portal

Send paper claims to:
Select Health of South Carolina
Attn: Claim Processing Department
P.O. Box 7120
London, KY 40742

Understanding Billing & Claims

Verification

Use Required Data Elements

- Correct Member Name and First Choice Member ID or Healthy Connections ID

- Prior authorization number in Box 23 (as of 01/01/2026)

- Payee information in Box 33. NPI in Box 33a and Taxonomy Code in Box 33b

- Valid diagnosis and procedure codes for date of service

Understanding Billing & Claims

Payment

Check Cycles

Select Health of South Carolina runs three (3) provider payment cycles per week, (Mondays, Wednesdays, and Fridays).

On occasion, there may be only one or two check runs for the week due to a Select Health recognized holiday.

Claims Submission Process (Overview)

Important to Know:

January and February Claims:

- These claims should be filed to Select Health for consideration of payment.

- If you filed a claim to FFS and have not been paid for January or February incontinence supplies, you must submit the claims to Select Health for assigned members.

Contracting, Credentialing, Claim Submission Point-of-Contact:

Stephenie McGurn

smcgurn@amerihealthcartas.com

864-607-6935

Case Managers:

Shanice Heyward

sgraham2@selecthealthofsc.com

843-529-5247

Jonathan Ward

jward@selecthealthofsc.com

843-529-5250

Dana Heatherly

dheatherly1@selecthealthofsc.com

843-414-3187

Expectations for Claims Payment

Provider Enrollment

- Ensure enrollment with SCDHHS
- A SC Medicaid ID is required to receive payment.

Member Enrollment

- Verification of member enrollment with Select Health.
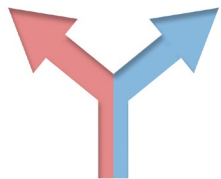- Enrollment can be verified via our secure Provider Portal.

Prior Authorization

- Select Health is using the Continuity of Care (COC) authorizations provided by SCDHHS for the 180-day COC period and to process your claim.

- If you are not participating with Select Health, new items or changes in items from the COC authorization after 1/1/2026, please consult the Prior Authorization Look-Up Tool to determine authorization requirements.
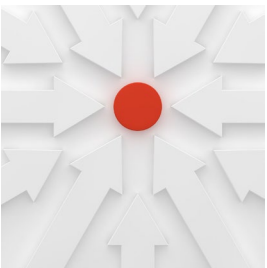
Provider Enrollment & Next Steps

Join our network

Ensure you are enrolled with SCDHHS. Contact your Account Executive for contracting and credentialing information.

Select Health Provider Portal (NaviNet)

· Direct claim submission

· Check claim status

Electronic Remittance Advice (ERAs)

Ensure enrollment through ECHO Health (payer ID 58379)

Health Care Professional and Provider Manual

Provider Training & Education Sessions

Training Opportunities

- Scheduled Trainings offered both in-person and virtually via webinar.

- Special Training Sessions are currently being scheduled and will be announced ASAP.

Training Location*	Training Date	RSVP Deadline
Midlands (virtual & in-person)	03/11/26	02/25/26
Pee Dee (virtual)	06/10/26	06/03/26
Upstate (virtual)	08/12/26	07/29/26
Lowcountry (virtual)	10/14/26	09/30/26

*Details regarding addresses, times, webinar links, and other relevant training details will be provided prior to these sessions. Please check the Select Health website for updates.

Tools & Resources

Newsletters & Updates

Forms

Training and Education

Prior Authorizations

Resources

Provider Manual

Claims and Billing

Self-Service Tools

Member Care

Community

Credentialing

NaviNet

Select Health
of South Carolina

Healthy Connections

February 6, 2026

Select Health Claims Processing - Incontinence Supplies and DME

Incontinence Supplies and Durable Medical Equipment

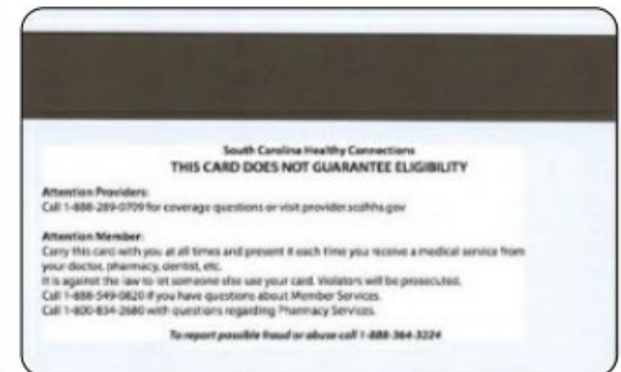TAMMY BETTS

Network Enrollment

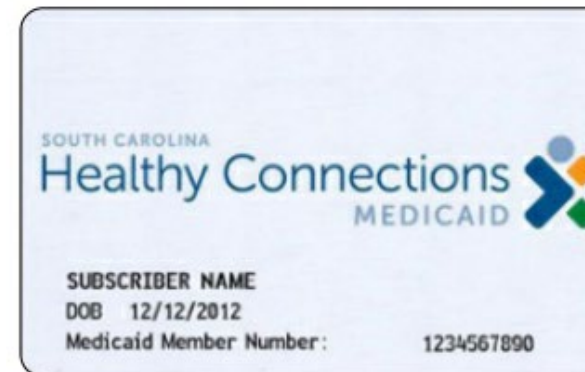# My Provider Enrollment Portal

- My Provider Enrollment Portal (MyPEP) is our online provider enrollment tool used to submit new enrollment applications for practitioners or groups, or to submit certain maintenance requests (i.e., adding networks, adding locations, removing locations, etc.).

- The Medicaid ID is needed for any practitioner or group that wishes to participate in the Healthy Blue network.

- Whether the supplier wants to be in network or out-of-network, they must submit a group application in MyPEP or contact Clay.Pope@healthybluesc.com to be added to our system before claims can be processed.

- The Electronic Funds Transfer form must be included with the group application, regardless if the supplier chooses to be in or out-of-network.

Note: The Medicaid ID must be registered with South Carolina Department of Health and Human Services (SCDHHS) and must be assigned to the practitioner or group NPI, not the tax id number.

Claims Filing Guidelines

Member Identification Card

- Members should present their Healthy Blue and Healthy Connections identification (ID) cards at each visit.

Submission of Claims

- Providers have 365 days to submit original and corrected claims.

- Claims can be submitted:
  - Electronically (through your clearinghouse)*
    - User payor ID 00403.
  - Using My Insurance Manager
    - Select Original Claim on the Claim Information page for original claims.
    - Select Replacement Claim for corrected claims.
  - By mail
    - Use the appropriate address on the back of the member's ID card.

*Preferred method

Claims Assistance

If providers have questions about claims, or feel like claims processed incorrectly, they can use the following steps to get help. If a resolution is received at either step, they do not need to proceed to the next step.

- Step 1
  - Access My Insurance Manager
    - Review the claim thoroughly to understand the processing details.

- Step 2
  - Call Provider Service: 866-757-8286

- Step 3
  - File a provider dispute

Contacts and Resources

Provider Relations Team

Vacant
Provider.Relations@bcbssc.com
(803) 264-4730

Willie Able
Willie.Able@healthybluesc.com
(803) 264-1498

Cynthia Brown
Cynthia.Brown@healthybluesc.com
(803) 264-8497

Fancy Crayton – CIMS and FQHCS
Fancy.Crayton@healthybluesc.com
(803) 264-3196

Shameka Watson
Shameka.Watson@healthybluesc.com
(803) 264-9182

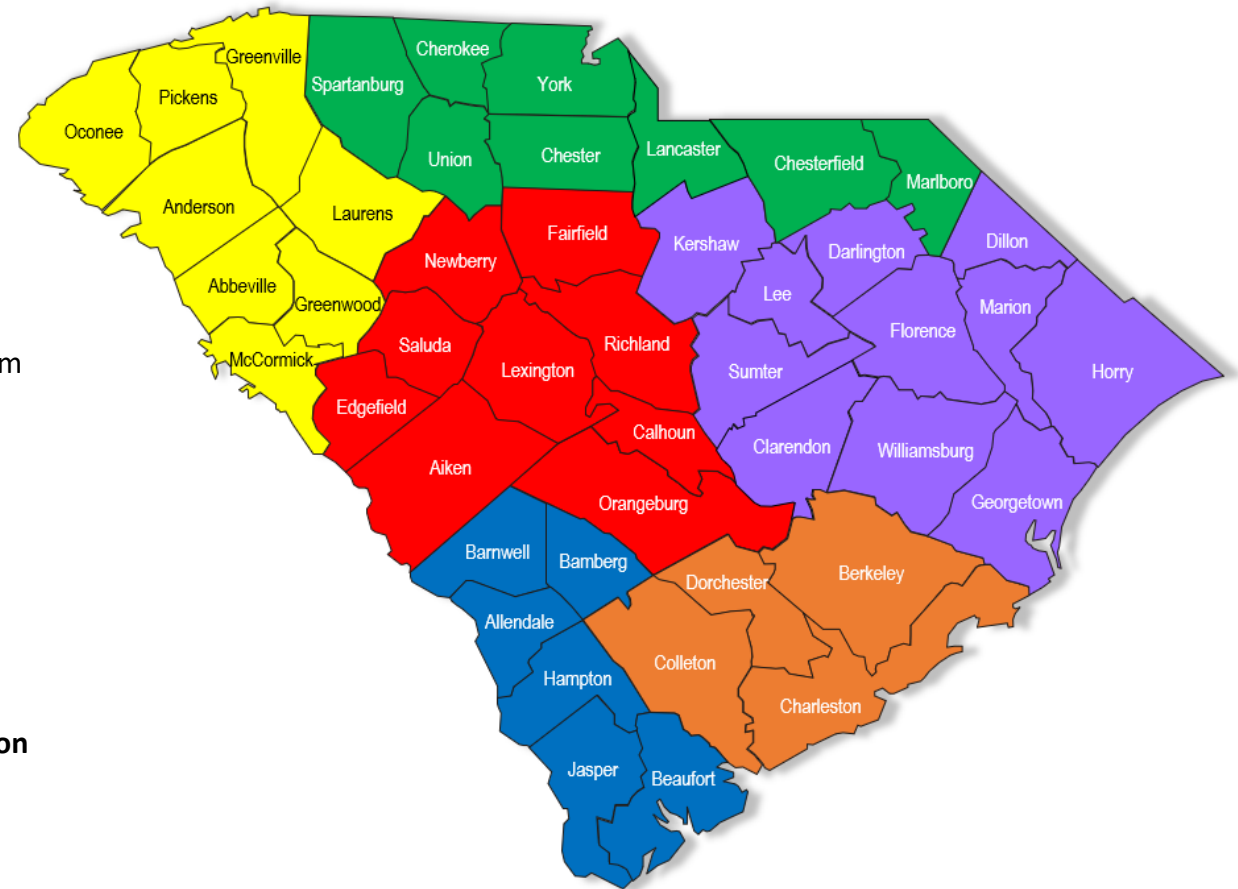**Patricia Thompson**
Patricia.Thompson@healthybluesc.com
(803) 264-5311

Kyla Brown
Kyla.Brown@healthybluesc.com
(803) 264-3757

Tammy Betts – Director, Outreach Education
Tammy.Betts@bcbssc.com
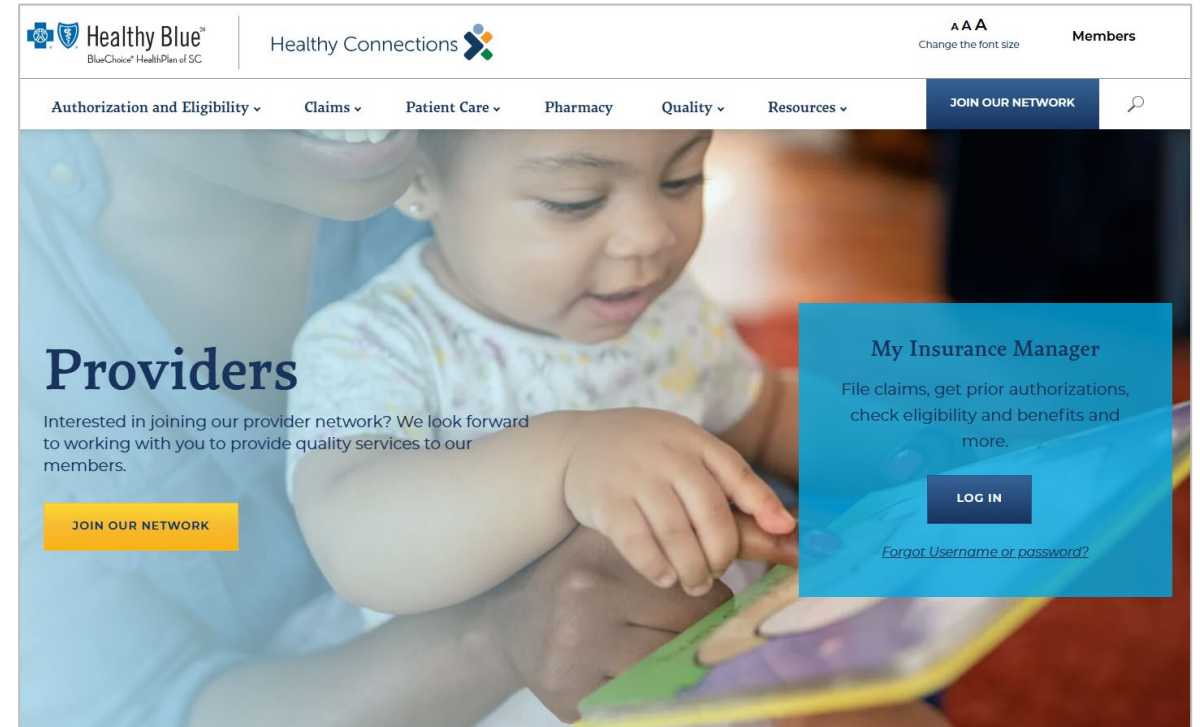(803) 264-9667

Contracting and Authorization Contacts

- Sandy Sullivan – Director, Provider Network Services
  - Sandy.Sullivan@healthybluesc.com
  - 803-264-4010

- Clay Pope – Manager, Provider Contract
  - Clay.Pope@healthybluesc.com
  - 803-382-5151

- Tamika Richardson – Manager, Utilization Management
  - Tamika.Richardson@healthybluesc.com
  - 803-264-3938

Provider Website

www.HealthyBlueSC.com

- Information you can find includes:
  - Authorizations and Eligibility
  - Claims
  - Patient Care
  - Pharmacy
  - Quality
  - Resources
  - And much more!

Bulletins, Newsletters and E-Blasts

- We communicate with the provider community in several ways, some of which include:
  - Bulletins
  - BlueBlast (monthly newsletter)
  - E-Blasts (electronic notifications)

- Go to the Provider News section of the website to view the latest information and to sign up to receive electronic notifications.

Upcoming Trainings

- We offer trainings on various topics throughout the year.

- Go to the Provider Education section of the website to view the latest events:
  - Feb. 12, 2026, 2 p.m. to 3 p.m.
    - Healthy Blue: Cultural Competency
  - Feb. 25, 2026, noon to 1 p.m.
    - Healthy Blue 101 (to include information on incontinence supplies and DME)
  - Mar. 13, 2026, 11 a.m. to noon
    - Healthy Blue: Tackling Mental Health Stigmas

Upcoming Events

January	+
February	+
March	+

Want to join the latest events?

REGISTER TODAY!

Frequently Asked Questions (FAQs)

- **Is authorization required for all incontinence supplies?** Supplies do not require authorization if the item is less than $250.00.

- **How long does it take to complete the provider enrollment process?** If you have submitted a provider enrollment application, please email your case number to Tammy.Betts@bcbssc.com with your contact information to expedite. Clean applications for out-of-network status may take up to 14- 30 days.

- **Is there a mechanism to identify all members as they fully transition to Healthy Blue for incontinence supply delivery?** We have received a complete list from SCDHHS for all carved-in members who have received an authorization for supplies.

- **How will Healthy Blue know who waiver case managers are?** Healthy Blue will contact the member for this information.

FAQs

- **Who is the appropriate person at Healthy Blue to work with for case managers?** You may email HBCMReferral@bcbssc.com.

- **How will plans understand the frequency and contact for member receiving supplies?** Supplies less than $250 will not require prior authorization.

- **Does Healthy Blue intend to continue using Fee For Service incontinence supply providers for the full 180 days or will they begin transitioning ahead of that end date?** Yes, Fee for Service providers can continue to provide incontinence supplies during the 180-day continuity of care period.

Thank you!

Medicaid Managed Care Incontinence Supplies Carve-In Information

South Carolina Department of Health and Human Services

February 6, 2026

absolute total care® | Healthy Connections

Continuity of Care Period

Absolute Total Care will honor all previous prior authorizations and ensure there are no breaks in access to service or covered medical supplies for members.

Absolute Total Care will pay claims at 100% of the applicable Medicaid FFS rate, unless a contractually negotiated rate exists.

- All members received from SCDHHS with open Phoenix incontinence supply referrals have been fully loaded into the Absolute Total Care authorization and payment system for services through June 30, 2025.

- Absolute Total Care can accept claims from all incontinence supply providers regardless of enrollment or participation status.

Providers can submit claims for supplies delivered now for January and February dates of service.

Provider Enrollment

- Enrollment process time to completion averages 45 days from receipt of executed agreement and credentialing application.
- Durable Medical Equipment credentialing requirements:
  - Complete and accurate Credentialing Application
  - Current Certificate of Insurance (COI) Policy Fact Sheet
  - Copy of State Licensure
  - W-9 Form

Providers interested in joining the Absolute Total Care provider network should submit a request to the Network Development and Contracting Department via email at:
atc_contracting@centene.com.

absolute total care | Healthy Connections

Claim Requirements

The appropriate CMS billing form for paper and EDI claim submissions for durable medical equipment (DME) is the CMS 1500 (02/12). Version 13.0 7/25 is the current version of the 1500 Instruction Manual and can be found on the National Uniform Claim Committee website.

Key required fields include patient name, DOB, gender, address, primary insurance information, insured ID, diagnosis codes (ICD-10), service dates, place of service, CPT/HCPCS procedure codes, charges, provider TIN, provider NPI and servicing provider's name and address.

Tip: Individual provider patient prior authorization lists provided will include the diagnosis code for each patient on the report for billing purposes during the Continuity of Care (CoC) period. Going forward the diagnosis codes for incontinence supply billing can be found on the Physician Certification of Incontinence Form 168IS.

absolute total care Healthy Connections

Claims Submission

Providers can login to Availity Essentials or the Absolute Total Care Secure Provider Portal to submit and manage claims. **Availity Essentials is the preferred option.**

Absolute Total Care Payor ID: 68069

Paper claims can be submitted to:
Absolute Total Care
Attn: Claims Department
PO Box 3050, Farmington, MO 63640-3821

Providers do not need to be enrolled or contracted with Absolute Total Care to file claims on Availity or submit paper claims.

IMPORTANT NOTE: Claims for Absolute Total Care members submitted to SCDHHS and rejected for January dates of service should be submitted to Absolute Total Care for payment.

Claim Submission Payment

Absolute Total Care pays clean claims within 30 days of receipt, with an average processing time of 12 to 15 days.

Absolute Total Care partners with PaySpan to provide an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs).

- Providers can enroll on-line by visiting the PaySpan page at absolutetotalcare.com.

NOTE: Providers that chose not to register with PaySpan will receive payment via Virtual Credit Card (VCC) through Zelis. VCC payments work like any other credit card payment. Providers follow the same process as taking a credit card payment from a patient.

Healthy Connections

Prior Authorization

- Prior Authorization is required after the 180-day Continuity of Care period and for any new members receiving incontinence supplies.

- Absolute Total Care has a designated Case Manager to assist Waiver Case Managers and DME providers with prior authorizations.

- The Waiver Case Manager will work with the member to identify need and select a provider to make a referral to Absolute Total Care.

- Absolute Total Care will assist the selected provider in securing the necessary documents from the physician for the provider to request prior authorization.

- The Absolute Total Care's Case Manager will confirm delivery date with member and follow-up with the member to confirm delivery.

For assistance with authorizations or services, please contact Felicia James, Incontinence Supply Case Manager, at Felicia.N.James@centene.com or 1-803-339-3583.

Provider Resources

- Providers can review Absolute Total Care Managed Care Incontinence Supplies Carve-In Information and FAQs by visiting the Provider News page.

- Providers can find additional resources, such as the Provider Manual and Provider News, and training by visiting the For Providers page at absolutetotalcare.com.

- Provider Services at 1-866-433-6041

Upcoming!
DME Training sessions

DME Training sessions:

Feb 26, 2026, 10:00 AM ET

Feb 25, 2026, 03:00 PM ET

Designated Provider Engagement Account Manager
Gretta Jones
E: Margaretta.Jones@centene.com
P: 1-803-465-5106

Designated Incontinence Supply Case Manager
Felicia James
E: Felicia.N.James@centene.com
P: 1-803-339-3583

absolute total care® | Healthy Connections

One Plan. Always Covered.

absolute total care | Healthy Connections

Transition from Fee-for-Service to Molina Managed Care

Molina Healthcare of South Carolina
Incontinence Supply Providers Training

MOLINA HEALTHCARE

Overview: From Medicaid FFS to Managed Care

- Medicaid now contracts with Managed Care Organizations (MCOs) such as Molina to coordinate services.

- Transition effective Jan 1, 2026; incontinence supplies carved into managed care.

- Molina will manage any auth requirements and reimbursement for incontinence supplies.

MOLINA®
HEALTHCARE

180-Day Continuity of Care

- For those members who were apart of this transition, Molina has generated an authorization to accommodate the 180-day Continuity of Care. The auth will contain Diagnosis and CPT codes for the supplies, mirroring original auth provided by SCDHHS, to include the quantity and frequency.

- Molina's authorization covers the time period of Jan 1 – June 30, 2026.

- Non-Par providers should have received a Fax indicating the covered supplies and authorization number.

- Suppliers paid at 100% Medicaid FFS rate even if out-of-network.

- Reference ID should be entered into the Prior Authorization box on a claim.

- No service interruptions expected during the transition period.

MOLINA ® **HEALTHCARE**

Post-transition

- As of July 1, 2026, all members must be serviced by a PAR provider.

- For those providers who do not wish to become PAR with Molina we will work with Molina members to find a PAR provider effective July 1, 2026.

- After June 30, 2026 (180 days post-transition), you need to be contracted with Molina to keep getting paid for serving Molina members. If you haven't joined the network by then, future claims could be denied.

MOLINA HEALTHCARE

Provider Enrollment with Molina

- Submit Provider Contract Request Form to SCProviderContract@MolinaHealthcare.com
- Active SC Medicaid ID required.
- Credentialing may take up to 60 days
- Credentialing documents provided if needed during the contracting process.

MOLINA HEALTHCARE

Contract Request Form (CRF)

MOLINA HEALTHCARE

Thank you for your interest in becoming a Molina Healthcare of South Carolina Provider. To ensure the proper contract and credentialing packet is generated, please complete this contract request form and return via email to: **SCProviderContract@MolinaHealthCare.com**

If you would like to add provider(s) to an existing contract, please email our Provider Relations Department at: SCProvider.Services@MolinaHealthCare.com

PLEASE SELECT PROVIDER TYPE					
☐ Individual	☐ Group	☐ Ancillary	☐ Hospital	☐ RBHS	☐ Babynet
☐ DME	☐ CLTC	☐ IDTF	☐ Urgent Care	☐ Other:	

LINES OF BUSINESS			
☐ Medicaid	☐ DSNP	☐ Marketplace	☐ All Lines of Business

CONTACT INFORMATION	
Contract Signer's Name:	Contract Signer's Title:
Contract Signer's Email:	Contract Signer's Phone:

PROVIDER INFORMATION

Legal Entity Name: _____

Physical Address: _____ *(If additional locations please attach roster)*	Mailing address: _____ *(Contract will be emailed)*
City, State, Zip: _____	City, State, and Zip: _____
Office Phone: _____	Contact Phone: _____
Office Fax: _____	Contact Fax: _____
Office Email: _____	Contact Email: _____

PROVIDER IDENTIFICATION

Group Specialty: _____   Tax ID (TIN): _____

Group & Individual NPI(s): _____

SC Medicaid ID (both Provider/ Group):—————
(IF Medicaid is selected under LOB, a Medicaid ID is required, if you do not have a group/individual Medicaid ID issued, we will not be able to proceed with a group/individual agreement.)

Medicare ID Number (both Provider/ Group): _____
(If DSNP is selected under LOB, a Medicare and a Medicaid ID is required. If you do not have a group/individual Medicare & Medicaid ID issued, we will not be able to proceed with a group/individual agreement.)

Hospital Location of Admitting Privileges: _____

Please complete this form in its entirety to be considered for participation. Once the completed form is submitted, please allow up to 14 business days for contract packet to be emailed to the address provided above. Molina will review and assess network adequacy upon receipt of your CRF form. Not every contract request will be granted.

6

MOLINA HEALTHCARE

Claims Submission

- All claims for Molina members must be billed to Molina.

- Paper claims submitted on a 1500.

- Use Availity Essentials or EDI submission (Payer ID: 46299).

- Availity Registration guide will be sent out.

- Coding remains the same (e.g., T4521–T4534 for incontinence supplies).

MOLINA HEALTHCARE

Codes and Quantities

Proc code	Proc code name	Proc code	Proc code name
A4554	DISPOSABLE UNDERPADS ALL SIZES	T4529	PED DISP INCONT,BRIEF/DIAPR,SMALL-MED,EA
T4521	ADULT DISP INCONTIN,BRIEF/DIAPER,SMAL,EA	T4530	PED DISPOS INCONT,BRIEF/DIAPER,LARGE,EA
T4522	ADULT DISP INCONTIN,BRIEF/DIAPER,MED,EA	T4531	PED DISP INCONT PRODUCT PROT UNDER SM/ME
T4523	ADULT DISP INCONT,BRIEF/DIAPER,LARGE,EA	T4532	PED DISPOS INCONT,BRIEF/DIAPER,LARGE, EA
T4524	ADULT DISP INCONT,BRIEF/DIAPR,EX-LARG,EA	T4533	YOUTH DISPOS INCONTINENCE,BRIEF/DIAPR,EA
T4525	ADULT DISP INCON PROTECTIVE UNDERWEAR SM	T4534	YOUTH DISP INCON PROTECTIVE UNDERWEAR EA
T4526	ADULT DIS INCONT,PROTEC UNDERWEAR,MED,EA	T4535	DISP LINER/SHIELD/PAD EACH
T4527	ADULT DISP INCON PROTECTIVE UNDERWEAR LG	T4543	DISPOSABLE BARIATRIC BRIEF/DIAPER, EACH
T4528	ADULT SIZED DISP INCON PROTECTIVE EX LRG	T5999	INCONTINENCE WIPES

Item_name	qty
Adult Diapers - Extra Large	96
Adult Diapers - Large	96
Adult Diapers - Medium	96
Adult Diapers - Small	96
Bariatric Diapers	96
Brief - Adult Extra Large	80
Brief - Adult Large	80
Brief - Adult Medium	80
Brief - Adult Small	80
Brief - Pediatric Large	80
Brief - Pediatric Small	80
Brief - Youth	80
Diapers - Youth	96
Incontinence Pads	130
Med Pads (Chux)	1
Pediatric Diapers - Large	96
Pediatric Diapers - Small	96

Prior Authorization

- Physician Certification of Incontinence required annually.

- Use Molina's PA Lookup Tool via Availity.

- [PA Tool Link](#)

- Submit PAs electronically post COC—fax no longer accepted.

- Molina Does not require Prior Authorization for incontinent supplies, unless you are a Non-Par provider or you exceed the benefit limit.

Current Prior Authorization

- Non-Par Provider should have received via fax an Auth that mirrors their approved Auth from SC DHHS

- These authorizations include Diagnosis and CPT codes and information that could be utilized when billing

- The reference ID should be entered into the Prior Authorization Box on a claim

MOLINA
HEALTHCARE

Payments via ECHO Health

- Molina uses ECHO Health to process payments.
- VCC by default via Fax or Mail.
- Once you have your 1st payment you can elect different payment guides (ECHO guide will be shared)
- EFT recommended for fastest reimbursement.
- ERAs and paper remits available through ECHO portal.

MOLINA HEALTHCARE

CLTC Provider Office Hours

- CLTC providers affected by the 1/1/2026 Carve in can call in and ask a Molina representative questions. Click below to register.

Microsoft Virtual Events Powered by Teams 2/10/2026 3-4PM

Microsoft Virtual Events Powered by Teams 2/17/2026 3-4PM

Microsoft Virtual Events Powered by Teams 2/24/2026 3-4PM

-

MOLINA HEALTHCARE

Contact for One-on-One Support

- **Tyler Stalvey |** Director, Provider Relations

Molina Healthcare of South Carolina, Inc.

Tyler.Stalvey@MolinaHealthcare.com

803-667-8695

- **Jen Hamilton |** Manager Provider Relations

Molina Healthcare of South Carolina, Inc.

Jennifer.Hamilton2@MolinaHealthcare.com

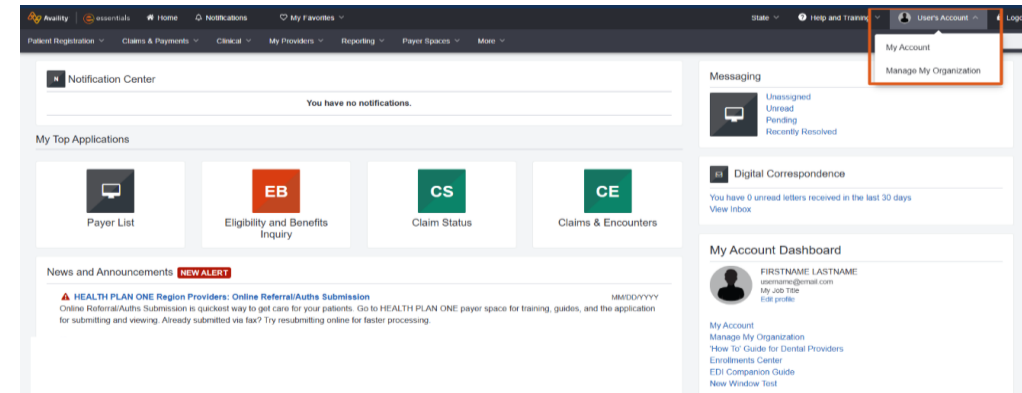803-394-1271

MOLINA® **HEALTHCARE**

Humana Claims Submission

Humana Healthy Horizons accepts electronic and paper claims. While paper claims are accepted, we encourage you to submit claims electronically.

Availity:

Humana's secure provider portal, Availity, offers the ability for you to perform:

- Eligibility and benefits lookup
- Claim submission
- ERA/EFT enrollment and management

Claims Billing Systems and Clearinghouse for Submission:

Humana also works with many commonly used clearinghouses and claims billing systems. When filing a claim using a billing system or clearinghouse you will need to utilize the payer ID 61101 for claims submission.
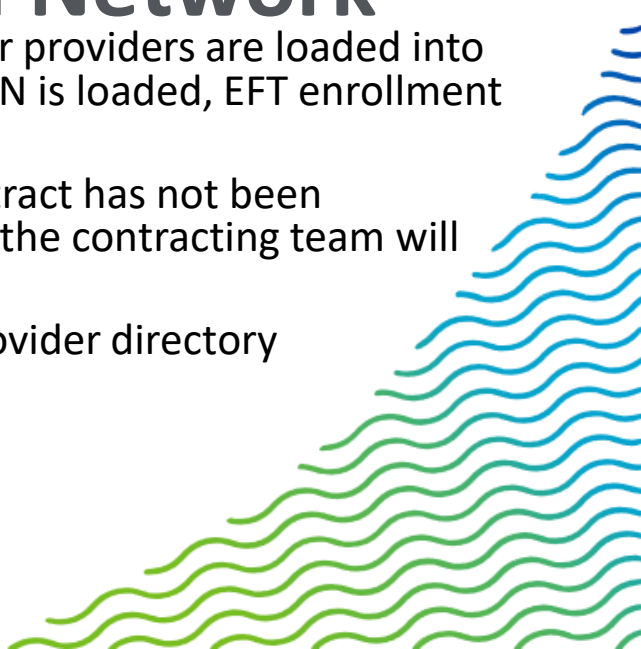
Paper Claims Submissions:

Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601

Things to know:

- Humana reimburses covered services at 100% of the South Carolina Medicaid fee schedule, unless a different rate is specified in the provider's contract.

- Humana processes all claims within 30 calendar days

- All services previously authorized by DHHS have been received and entered into our system. Previous services were authorized and entered with diagnosis R68.89

- Humana requires the description "WIPES" for processing of T5999 for wipes

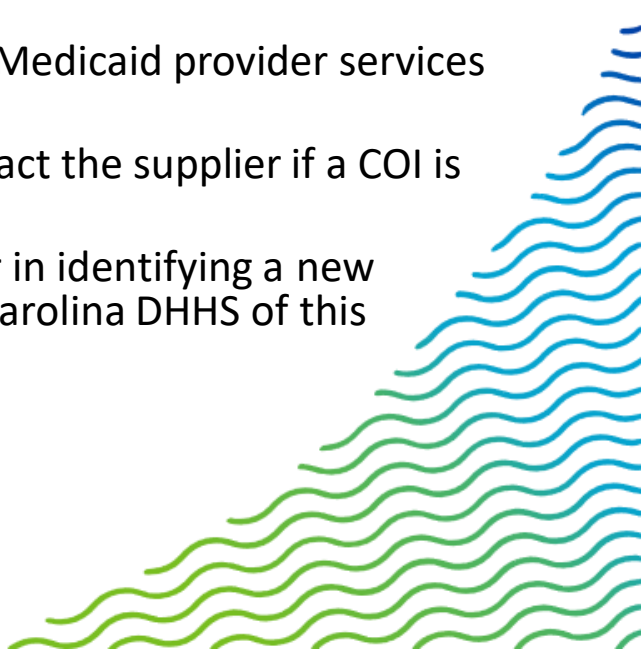# Provider Enrollment – Joining the Humana Network

- Humana does not require credentialing for claims reimbursement. Provider TINs for non-par providers are loaded into our system once initial claims are received. Once initial claims are received and supplier's TIN is loaded, EFT enrollment can be completed.

- Humana is currently outreaching to extend contracts for participation to suppliers. If a contract has not been extended, you can request by emailing scproviderupdates@humana.com and a member of the contracting team will assist.

- Once contracted suppliers will be published in our will then be published in the Humana provider directory

- Contracting and credentialing can take up to 90 days

Case Management & Care Coordination

Case Management: scmcdcaremanagement@humana.com

Utilization Management: scmcdum@humana.com

- All services previously authorized by DHHS have been received and entered into our system to ensure payment is processed during the continuity of care period.

- No authorization is required for incontinence supplies. We are currently working to remove the authorization requirement for T5999 (unlisted code). Should there be any changes, providers will receive timely notification.

- Waiver case manager details are collected from the member as part of the initial care planning session.

- Humana Healthy Horizons Case Managers will coordinate changes to frequency and sizes

- Humana Case Managers will assist members in selecting their preferred supplier using our Medicaid provider services directory.

- Suppliers should continue to complete the COI; however, Humana Case Managers will contact the supplier if a COI is needed.

- If a supplier chooses not to partner with Humana, Case Managers will support the member in identifying a new supplier utilizing our Medicaid provider services directory. Humana will also notify South Carolina DHHS of this change.

Provider Resources

- Upcoming Webinar – Humana Incontinence Supply Forum

Registration is Required - https://humana.zoom.us/webinar/register/WN_7ONDTyndQNmnGVKss8rCnQ

- How to Register for Availity - Register and Get Started with Availity Essentials
- How to submit a claim in Availity – Professional Claim Training 10 minute Demonstration
- Extended Demonstration Availity Claims Submission – Recorded Webinar

Contact Us:

Provider Services: 866-432-0001 Monday – Friday, 8 a.m. – 6 p.m.
Provider Engagement and Relations: scmedicaid@humana.com Monday – Friday, 8 a.m. – 6 p.m.
Associate Director, SC Medicaid – Kryshinda Miles kmiles21@humana.com 803-346-6909