

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-26	Appendix 1	35,36	Edit Codes 611-615 were added in reference to Referring/Ordering NPI.
07-01-26	Admin. & Billing Manual	13	
04-15-26	Appendix 2		Updated Carrier Codes
04-01-26	Admin. & Billing Manual	9	Added policy for compliance with Anti-kickback state and federal laws.
01-01-26	Appendix 1		Removal of Edit Code 974: This edit code was removed to comply with Program Area requirements. The MCO's are no longer responsible for this 90-day Payment. The service will be covered by FFS payments.
01-01-26	Appendix 2		Updated Carrier Codes
11-01-25	Appendix 1		For Edit Code 636: Co-payments are no longer subject to cost-sharing. It reads as follows: For dates of service up to 6/30/2024, the Medicaid recipient is responsible for a Medicaid copayment for this service/date of service. The allowed payment amount is less than the recipient's copayment amount; therefore, no payment is due from Medicaid. Please collect copayment from the Medicaid recipient. Do not submit a new claim. For dates of service on or after 07/01/2024, covered services are no longer subject to cost-sharing. The payment amount is the allowed Medicaid amount and is considered payment in full.
11-01-25	Admin. & Billing Manual	Section 1 Pg. 15	Removed language regarding the reimbursement of interns practicing under the supervision of a licensed professional. Interns have an enrollment pathway. Also, the requirements for Ordering and Rendering Physicians were removed as the list is outdated and to comply with PERM Audit findings. An updated list will be provided, when available.
10-27-25	Appendix 2		Updated Carrier Codes

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Date	Section	Page(s)	Change
07-01-25	Appendix 2		Updated Carrier Codes
07-01-25	Admin & Billing Manual Section 1	4-5	• Changed citation for the definition of SCMSA to State Regulations. • Added language about proof of residency requirement for certain provider types. • Added definition of In-State and Out-of-State providers and licensure requirements. • Clarified enrollment of out of state providers as permitted or required by state or federal law.
05-01-25	Appendix 1		Update to Edit Codes 721, 722 and 989.
05-01-25	Appendix 2		Updated Carrier Codes that were effective 04-01-25.
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.
11-01-24	Appendix 1		Codes were updated as of October 1, 2024 Edit Code 719- •Claim Status: REJECT-Check the prior authorization number, procedure code(s) and modifier(s) to ensure that the information on the claim matches the information on the prior approval letter. Attach appropriate documentation to the claim for review and consideration for payment. Refer to the applicable provider manual for the specific documentation requirements. •Claim Status: SUSPEND-The service/procedure has to be reviewed by Medicaid prior to payment. No further action by the provider is necessary. Edit Code 560- ☐ Verify the accuracy of the procedure/revenue code: Verify the correct revenue code (field 42) was billed. If the revenue code is incorrect, make the appropriate correction to the new claim. ☐ UB CLAIM: Enter the correct revenue code (Field 42) for that line.
11-01-24	Appendix 2		October updates to Carrier Codes

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Date	Section	Page(s)	Change
07-01-24	Appendix 1	34, 80	Removed edit codes 636 and 977
07-01-24	TPL Supplement	4	Removed reference to Medicaid copayments
07-01-24	Copayment Schedule		Removed Copayment Schedule from manual homepage.
07-01-24	Admin & Billing Manual. Section 1	7	Clarified policy on Medical Necessity definition to cite with the South Carolina code of Regulations 126-425 (A)(9).
07-01-24	Admin & Billing Manual. Section 1	24-27	Health Record Retention: Updated policy regarding the retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods. Health Record Documentation: Clarified policy related to health records date and signature requirements, documenting progress notes and services billed.
07-01-24	Admin & Billing Manual. Section 1	54	Updated Appeals section to emphasize that Providers must exhaust the claim reconsideration process (when applicable) before requesting an appeal. The reconsideration denial must be submitted with the appeal request.
07-01-24	Admin & Billing Manual. Section 2	55-56	Beneficiary Co-Payment was revised to read Beneficiary Cost Sharing. Added language that services are covered without cost sharing. Removed references to Medicaid copayment and cost sharing throughout the manual. Removed Copayment Exclusions.
04-29-24	Admin & Billing Manual	14-22	The omission of the application fee and hardship waiver request for Revalidation of Enrollment.
04-01-24	Appendix 2		Updated Carrier Codes

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Date	Section	Page(s)	Change
03-20-24	Admin & Billing Manual	Various Pages	“Remittance advice is accessible for three years after payment date via Web Tool” was added to the following sections: South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool), Trading Partner Agreement, Duplicate Remittance Advice and Remittance Advice sections.
02-13-24	Appendix 2		Updated Carrier Codes (effective 1-1-24)
01-01-24	1 Admin. & Billing Manual	5	Added language to clarify that providers delivering services via telehealth may not be subject to the SCMSA location requirement.
01-01-24	1 Admin. & Billing Manual	7	Updated the definition of Medical necessity to align with State Law and regulations.
01-01-24	1 Admin. & Billing Manual	24-31	Updated Health records retention policy from five (5) years to four (4) years from the last payment date, with exception of nursing homes and hospitals that must retain such records for six (6) years. Updated health record documentation policy related to signature, date, and progress notes requirements.
01-01-24	1 Admin. & Billing Manual	32	Removed the examples of beneficiary information protected under HIPAA in the Safeguarding Beneficiary Information section.
01-01-24	1 Admin. & Billing Manual	39	Removed the 3 years limitations for claims filing timeline for members with retroactive eligibility.
01-01-24	1 Admin. & Billing Manual	49	Added language to clarify that the claims reconsideration process must be exhausted before a provider requests an administrative hearing.

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Date	Section	Page(s)	Change
10-17-23	Appendix 2		Updated Carrier Codes
07-01-23	Appendix 2		Updated Carrier Codes
05-11-23	Admin. and Billing manual	7 10, 11	Added to Provider Enrollment requirements that providers must “Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110.” Added section related to clinical trials.
05-11-23	Appendix 3	1,2	Added language referencing ARPA requirements around COVID-19 copayments
05-01-23	Appendix 2		Updated Carrier Codes
01-01-23	Appendix 2		Updated Carrier Codes
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
05-01-22	Appendix 2		Updated Carrier Codes
02-01-22	Admin. & Billing Manual	23	Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.”
01-01-22	Appendix 2		Updated Carrier Codes
01-01-22	TPL	3	Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed.
01-01-22	Admin. & Billing Manual	31	Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added.
11-01-21	Appendix 2		Updated Carrier Codes

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Date	Section	Page(s)	Change
10-01-21	Appendix 1		Added Edit Codes 607 & 608 to the Appendix
09-01-21	Forms		The Electronic Funds Transfer (EFT) was removed.
08-01-21	Appendix 2		Updated Carried Codes that were effective 6-1-21.
07-01-21	Manual Homepage		Updated Managed Care Supplement
07-01-21	Admin. & Billing Manual	50,51	Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS.
04-20-21	Appendix 2		Updated Carrier Codes
01-21-21	Appendix 2		Updated Carrier Codes
11-1-20	Appendix 2		Updated Carrier Codes
10-15-20		5	Updated policy language in the Provider Administrative and Billing Manual regarding "Claims for Medicaid Reimbursement."
10-15-20	5		Timely filing requirements were added.
9-18-20			Updated the TPL supplement document
9-18-20		25	Provider Administrative & Billing Manual. Updated the "Disclosure of Information by Provider"
07-15-20	Appendix 1		Added new edits 291 and 791.
07-01-20	Forms		OSCAP Application added CRCF 02 Form added
07-01-20	3	21	Incontinence Supply Deliveries added to section 3 Covered Services and Definitions
06-30-20	Appendix 2		Updated Carrier Codes
05-01-20	Appendix 2		Updated Carrier Codes
05-01-20			A link was added to the homepage of each individual manual to access "Co-Payments."
03-30-20			As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.

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Date	Section	Page(s)	Change
10-31-19	Appendix 1	62	Added new edit code 882
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes.
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word "guides" has been replaced with "manuals."
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms	-	Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Change Control Record	1	Updated Forms section change descriptions for dates 01-01-18 and 03-01-18
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section

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Date	Section	Page(s)	Change
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	- Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 - Updated CARC for 786 - Updated Resolution for 906 and 907
05-01-18	Forms	-	Updated Claim Reconsideration Form
04-01-18	2	2 31-35 37	- Updated Program Procedures - Updated Residential Personal Care Service - Updated Referrals
03-01-18	Forms	-	Updated SCDHHS letterhead on DHHS Form CRCF-02
02-01-18	2	36	Updated Incontinence Supply Record Maintenance
02-01-18	Forms	-	- Added Sample Long Term Care Notification Form - Updated Updated Health Insurance Information Referral Form (DHHS Form 931)
01-01-18	4	3	Updated Fax Requests
01-01-18	Forms	-	Updated SCDHHS letterhead on DHHS Form CRCF-02
12-01-17	Forms	-	Updated Claim Reconsideration Form
09-01-17	Forms	-	- Added Corrective Action Plan - Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
07-07-17	2	4 6 9 11 13 17 25 27 31 36	Updated the following sections: - Resident Assessments - Resident Termination - Provider Qualifications - OSS Eligibility Criteria - Referral Process for OSCAP - OSCAP Provider Responsibilities - OSS and OSCAP Written Agreement - OSS and OSCAP Individual Care Plan - Residential Personal Care Service - OSS/OSCAP Compliance Reviews

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Date	Section	Page(s)	Change
07-01-17	2	1 11 23 24 25 29 31 39 40	Updated the following sections: • Mission Statement • OSS Eligibility Criteria • OSS and OSCAP Orientation • Conduct of Service • OSCAP Assessment • CRCF Policy and Procedure Manual – OSCAP • Residential Personal Care Service • Suspension • Directed In-Service Training
07-01-17	Forms	-	Updated Pre-enrollment Screening Tool for the Optional Supplemental Care for Assisted Living Participants (OSCAP)
06-01-17	2	2-8 9-10 11-12 13-14 15-18 19-23 24-28 28-31 32-36 38 39-50	Updated the following sections: • Overview • Provider Qualifications • OSS Eligibility Criteria • Optional Supplemental Care for Assisted Living Participants (OSCAP) • OSCAP Provider Qualifications and Responsibilities • OSS and OSCAP Staff Requirements • Conduct of Service • OSCAP Service Administration • OSS and OSCAP Incontinence Supplies • Sanctions • Corrective Action Plan (CAP)
06-01-17	3	10	Corrected spelling for Resident's Countable Income
06-01-17	Forms	-	• Updated Claim Reconsideration Form • Updated Communication Form (CRCF 02)
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
04-01-17	Forms	-	Updated Communication Form (CRCF 02)
03-01-17	Forms	-	Updated Claim Reconsideration Form
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Forms	-	Updated Communication Form (CRCF 02)

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Date	Section	Page(s)	Change
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	Appendix 1	67	Updated edit code 979
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Forms	-	- Updated SSI Recipient Request for Optional State Supplementation - Added the following forms: - Authorization for Release of Information and Appointment of Authorized Representative for Medicaid Applications/Reviews and Appeals - Application for Medicaid and Affordable Health Coverage - Application for Nursing Home, Residential or In-Home Care
08-01-16	-	-	Added Appendix 1
06-01-16	4	- 1 3 5-6	- Updated hyperlinks throughout section - Updated Administration section - Updated Procurement of Forms section - Updated CLTC Regional Offices addresses
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: - South Carolina Medicaid Program - Program Description - SC Healthy Connections Medicaid Card(s) - Records/Documentation Requirements - General Information - Signature Policy - Medicaid Program Integrity - Program Integrity - Appeals

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Date	Section	Page(s)	Change
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
10-01-15	1	7 10	- Updated to add SCDHHS alerts - Updated Provider Participation
09-01-15	3	2	Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool
07-01-15	2	15-28	Update Program Services section
07-01-15	Forms	-	Added OSCAP Provider Information Update Form
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
04-01-15	Forms	-	Updated CRCF-02 form
03-13-15	3	2	Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
02-02-15	Forms		Updated Form CRCF-01(06/2014) to add Reset button to PDF version
01-01-15	Forms		- Updated Claim Reconsideration form - Updated CRCF-02 form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	3-4 11-12	Added the following policies: - Copayment - Claim Reconsideration
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 3	1-2	Added to manual
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	2	1	Updated and/or rearranged the following sections: Mission Statement

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		2 4-5 5-6 6-7 9-11 13-36	• Program Procedures • Resident Assessments • Bed Holds – Medical Absence section • Bed Holds – Non-Medical Absence section • Resident Transfer section • Provider Requirements section • Program Services section
11-01-14	5	5	Updated CLTC Regional Office listing
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	2	1-4 16	Updated the following sections: • Program Description • Program Requirements
09-01-14	3	5-9	Removed DHHS county office listing
09-01-14	Forms	-	Updated Notice of Admission, Authorization & Change of Status for Community Residential Care Facility
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
07-01-14	2	7 14 21, 36-41	Updated the following sections: • Program Description • Program Requirements • Program Services
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	4	1 9	• Replaced reference to county office listing with the Where To Go for Help web address • Rearranged General Information section to be consistent with generic language • Removed DHHS county office listing
04-01-14	Change Control Record	3	Deleted CMS-1500 changes from January 1, 2014 for sections 3 and Forms

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Date	Section	Page(s)	Change
04-01-14	1	6, 23, 25 29-31 32 33 37 39 41-44	- Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form - Updated the following sections: - Program Integrity - Recovery Audit Contractor - Beneficiary Oversight - Fraud - Referrals to the Medicaid Fraud Control Unit - Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14	3	2 9-15	- Updated SC Medicaid Web-based Claims Submission Tool (Web Tool) - Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form
04-01-14	5	15	Updated Horry County address
04-01-14	Forms		- Updated Duplicate Remittance Advice Request form - Updated Sample Remittance Advice
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	4	13	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25 1-2 4 6 26 29-30 32 32	Updated to reflect the following bulletins: - Managed Care Organizational Changes dated November 15, 2013 - Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections: - Eligibility Determination - South Carolina Health Connections Medicaid card - South Carolina Web-based Claims Submissions Tool - Retroactive Eligibility - Program Integrity - Recovery Audit Contractor - Beneficiary Explanation of Medical Benefits Program

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Date	Section	Page(s)	Change
01-01-14	3		Updated entire section to reflect the following bulletins: - Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 - Managed Care Organizational Changes dated November 15, 2013
01-01-14	5	1 3-4	Updated the following sections - Correspondence and Inquiries - Procurement of Forms
01-01-14	Forms		Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms
01-01-14	Appendix 1		Updated to reflect the following bulletins: - Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 - Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 - Managed Care Organizational Changes dated November 15, 2013
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
12-01-13	4	16	Updated Orangeburg mailing address zip codes
11-01-13	Forms	-	Added Pre-Enrollment Screening Tool for the Optional Supplemental Care for Assisted Living Participants (OSCAP)
11-01-13	4	19	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	4	16 17	- Updated Orangeburg office and mailing address - Updated York County office address
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	- Updated CARCs/RARCs throughout section - Added edit codes 110 and 725 - Deleted edit code 961 - Revised edit codes 720, 749, 750, 758, and 759

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Date	Section	Page(s)	Change
10-01-13	MC Supplement	20	Added WellCare MCO Medicaid card and contact information
09-01-13	4	12 15 19	- Updated Darlington County zip code - Updated Laurens County phone number - Updated York County office address
08-01-13	2	-	Updated section to include OSS/OSCAP services
08-01-13	3	3,6, 10 5, 6	- Replaced section 4 with Forms section - Replaced reference to DRO with OSS Central Office (OCO)
08-01-13	4	1 18	- Removed Facility Enrollment and Cost Reports contact information - Updated York County physical address
08-01-13	Forms	-	- Added Competency Evaluation Form, Potential In-Service Topic List, Resident Weekly Care Log, Consent Form, ADA Checklist - Deleted Form 3264-ME, Form E1D018, Preadmission flowchart, Discharge flowchart - Updated CRCF-01 form
07-01-13	4	1 12 16	- Updated Colleton County office telephone number - Deleted Newberry County PO Box address
06-01-13	4	16	Updated Richland county office telephone number
04-01-13	1	6	Corrected the URL for MedicaideLearning.com
03-01-13	4	14	Deleted Jasper County PO Box address
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
01-01-13	4	11 13	- Added Chester county Zip+4 code - Updated Greenville PO Box address
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32	- Updated web addresses for provider information and provider training - Revised heading and language to reflect new provider enrollment requirements

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Date	Section	Page(s)	Change
		33-41	- Updated Program Integrity language (entire section) - Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	13	Updated Electronic Funds Transfer (EFT)
12-01-12	Forms	-	Added Electronic Funds Transfer form
12-01-12	Enrollment Package	-	Deleted
12-01-12	4	3 15	- Updated web address for provider information - Updated McCormick county office telephone number
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1 13	- Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 - Updated hyperlink
08-01-12	4	1 5 7	- Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 - Removed fax request information for SCDHHS forms - Added SCDHHS forms online order information - Updated telephone number for Greenville county office
08-01-12	Forms	-	Deleted forms 140 and 142

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			Updated Duplicate Remittance Advice Request Form
08-01-12	Appendix 1	- 1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	- Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 - Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 - Added edit codes 349, 590, 978, 990, 991-995 - Deleted edit codes 166, 205, 573, 574, 593, 596 - Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12	Managed Care Supplement	1-2 7 11 17 19	- Changed Division of Care Management to Bureau of Managed Care - Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 - Removed language limiting enrollment to 2500 members - Update contact information for Palmetto Physician Connections - Added to “Medicaid” to BlueChoice HealthPlan
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	4	15 16	- Updated address for Marion County - Updated phone number for Newberry County
03-01-12	3	2	Added SC Medicaid Web-Based Claims Submission Tool
02-17-12	Enrollment Package	-	Replaced Disclosure of Ownership and Control Interest Statement (Form 1513) with Medicaid Provider Enrollment form (SCDHHS Form 1514)
02-01-12	4	13	Updated the Fairfield county office number
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11

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01-01-12	2	7	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	13	- Updated hyperlink - Updated EFT information
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	4	5	Updated CLTC Regional Offices addresses
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	4	17	Updated zip code for Spartanburg County office
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	4	17	Deleted PO Box address for the Spartanburg County Office
06-01-11	4	9	Corrected Abbeville County PO Box Zip+4 Code
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
04-01-11	4	10	Updated telephone number for Beaufort County
04-01-11	Enrollment Package	-	- Updated Electronic Funds Transfer Form - Replaced CRCF Cover letter with updated CRCF Cover Letter - Changed header from “South Carolina Medicaid” to “South Carolina Healthy Connections (Medicaid)”
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center

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03-01-11	3	13	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	4	4 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County
01-01-11	1	7 19-20	- Updated the South Carolina Medicaid Web-based Claims Submission Tool section - Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits
01-01-11	3	9, 13 10	- Updated electronic remittance package information - Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11	4	17	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
10-01-10	1	1 7 10	- Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program - Updated Program Description section - Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest - Updated Freedom of Choice section
10-01-10	4		Correct McCormick county office street address
10-01-10	Managed Care Supplement	1 2	- Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program - Updated Managed Care Overview

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Date	Section	Page(s)	Change
		3 4 5 6 13 17	- Updated Managed Care Organizations and Core Benefits paragraphs - Updated MCO Program ID card paragraph - Updated MHN Program ID card paragraph - Updated Core Benefits - Updated Exempt Services - Updated Overview - Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	4	9 12 15 10	- Removed County Commissioner’s Building from the Aiken County address - Deleted Dorchester County physical address telephone number - Removed Highway 28 N from the McCormick County address - Corrected header
08-01-10	Change Control Record	1	Removed July 1 entries for Appendix 1 and Appendix 2
08-01-10	4	9, 13, 15-17 10	- Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties - Updated the address for Barnwell County - Updated the telephone number for Beaufort County
07-01-10	4	-	Updated telephone numbers and zip codes for multiple county offices
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	- Updated Managed Care Overview section - Updated Manage Care Organization (MCO), Core Benefits section - Updated the Managed Care Disenrollment Process, Overview section - Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change
05-01-10	Enrollment Package	-	Created new OSS Enrollment Package section for all applicable forms
05-01-10	Forms	-	Removed all forms included in the OSS Enrollment Package

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-10	Cover	-	Replaced the manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 entry dated 12-01-09
02-01-10	Appendix 1	13 36	- Added New Edit Codes 356,357 and 358 - Updated Edit Code 738
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	4	9 14 16	- Updated Physical Address for Allendale County Office - Replaced Jasper County DSS with Jasper County DHHS - Replaced Orangeburg County DSS with Orangeburg County DHHS
12-01-09	1	8 25	- Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package - Updated Timely Filing for Submitting Claims section
12-01-09	3	9, 10, 13	Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09	4	12	Updated the Dorchester County office street address
10-01-09	1	3-4 4-6 26	- Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) - Updated SC Medicaid Healthy Connections language throughout section - Updated South Carolina Medicaid Bulletins and Newsletters - Changed heading to Medicare Cost Sharing
10-01-09	4	14 15 16	- Updated physical address for Jasper County office - Updated telephone number for Lexington County office - Updated zip codes for Orangeburg County office
10-01-09	Appendix 1	3 60	- Updated edit code 065 - Updated edit code 852

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Managed Care Supplement	21 20, 25	- Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 - Updated Absolute Total Care entries as following: - Changed the company's name to Absolute Total Care - Replaced the beneficiary card samples - Corrected contact information
08-01-09	4	14	Updated telephone number for York County office
07-01-09	4	10, 16 12 13	- Updated address for Bamberg and Orangeburg County offices - Updated office zip code for Darlington County - Updated telephone number for Fairfield County office
05-01-09	1	1-6, 11 2 3 5 28-33	- Updated to reflect managed care policies and procedures effective May 1, 2009 - Updated the Eligibility subsection - Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection - Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection - Updated the Medicaid Program Integrity subsection
05-01-09	4	17	Updated telephone number for Union County office
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	3	12	Updated hyperlinks
04-01-09	4	15	Updated telephone number for Lexington County office

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-09	4	3 12 9, 15-17	- Updated hyperlink - Corrected Dorchester County's Orangeburg Road telephone number - Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	Supplement	8, 9, 19	Updated hyperlinks
02-01-09	2	-	Fix headers and removed highlighting throughout document
02-01-09	4	9	Updated Allendale County office PO Box zip code
02-01-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	4	15	Updated Lee County office address
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	12	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	4	13, 17	- Updated address for Lake City - Updated phone number for Sumter County office
09-01-08	4	10	Updated phone number for Berkeley County office
09-01-08	4	14	Updated phone number for Kershaw County office
08-01-08	Appendix 1	3	Updated Edit Code 062
08-01-08	4	11	Deleted the PO Box for Chester County
07-01-08	4	15	Deleted the PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-08	4	16	Updated telephone number for Orangeburg county office
04-01-08	4	12	Updated address and phone number for Dorchester County office
03-01-08	1	3-5 7	- Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information. - Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
02-01-08	Forms	-	Corrected mailing address for Medicaid Refunds Form 205
01-01-08	4	14	Updated address for Lancaster County office
01-01-08	Managed Care Supplement	1 3	- Removed PhyTrust from the list of MHNs - Added Carolina Crescent to the list of MCOs
11-01-07	4	13, 14 14	- Updated telephone numbers for Florence and Kershaw counties - Updated Horry County address to 1601 11th Ave., 1st Floor
10-01-07	1	1-2 3 4 12 15 25	- Removed PEP information - Added information about managed care enrollment broker and Managed Care Supplement - Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). - Clarified that “days” refers to business days - Clarified which sections of manual may contain PA information - Expanded provider list under Program Integrity
10-01-07	-	-	Added Managed Care Supplement
07-01-07	1	All	Revised policies and procedures throughout section

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-07	Forms	-	Updated DHHS Form 205
06-1-07	Forms	-	Updated DHHS forms to add National Provider Identifier field
06-01-07	4	10-12 16 -	- Added toll-free number for Berkeley, Charleston, and Darlington county offices - Updated phone number for Oconee County - Split forms and exhibits from Section 4 to create separate Forms section
04-01-07	4	12	Updated phone number for Darlington county office
03-01-07	4	10	Updated Barnwell county office address
11-01-06	4	-	Updated county office addresses
11-01-06	4	-	Replaced enrollment form
10-01-06	4	-	Updated county office addresses
09-01-06	4	-	Updated county office addresses
01-01-06	1	4, 5	Removed SILVERxCARD sample and program description
11-01-05	1	6, 7	Removed “HIPAA” from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	4	9-18	Updated list of DHHS county offices
10-01-05	4	9-18	Updated list of DHHS county offices