

Henry McMaster GOVERNOR
Eunice Medina DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

Date: _____

Provider Name
Address
City, State, Zip code

Revalidation #
Medicaid Provider #
NPI #

Dear Medicaid Provider:

The South Carolina Department of Health and Human Services' (SCDHHS) is required by federal regulations (42 CFR §455.414) to complete revalidation of enrollment for all providers enrolled in the Healthy Connections Medicaid program, regardless of provider type. This letter serves as your official revalidation notification. Your two options for revalidation completion are below.

Revalidate

Please visit the SCDHHS website at www.scdhhs.gov/pe-revalidate. Here you will enter the revalidation, Medicaid provider and NPI numbers listed at the top of this letter. You have 30 days from the date of this letter to complete and submit your application. Failure to do so will result in termination from the South Carolina Healthy Connections Medicaid program.

Or

Discontinue Enrollment

If you decide to no longer participate as a South Carolina Healthy Connections Medicaid provider, you must request a voluntary **termination** of your Medicaid Provider number. Confirm your decision by signing the statement below and returning this letter within 10 days via fax at (803) 870-9022 or by mail to Medicaid Provider Enrollment, P.O. Box 8809, Columbia, SC 29202-8809.

I confirm that {auto fill provider name} chooses to voluntarily terminate participation as a provider with South Carolina Healthy Connections Medicaid for {auto fill Medicaid Provider #}. I acknowledge that should I choose to participate with South Carolina Healthy Connections Medicaid in the future, I will be required to complete and submit a new enrollment application.

Date: _____ Relationship to Provider: _____
Print Name: _____ Signature: _____

If you have any questions, please visit www.scdhhs.gov/providers/revalidation.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

Sincerely,

Medicaid Provider Enrollment

