



Healthy Connections 

Select Health Claims Processing

February 6, 2026

Incontinence Supplies and DME

Agenda

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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.

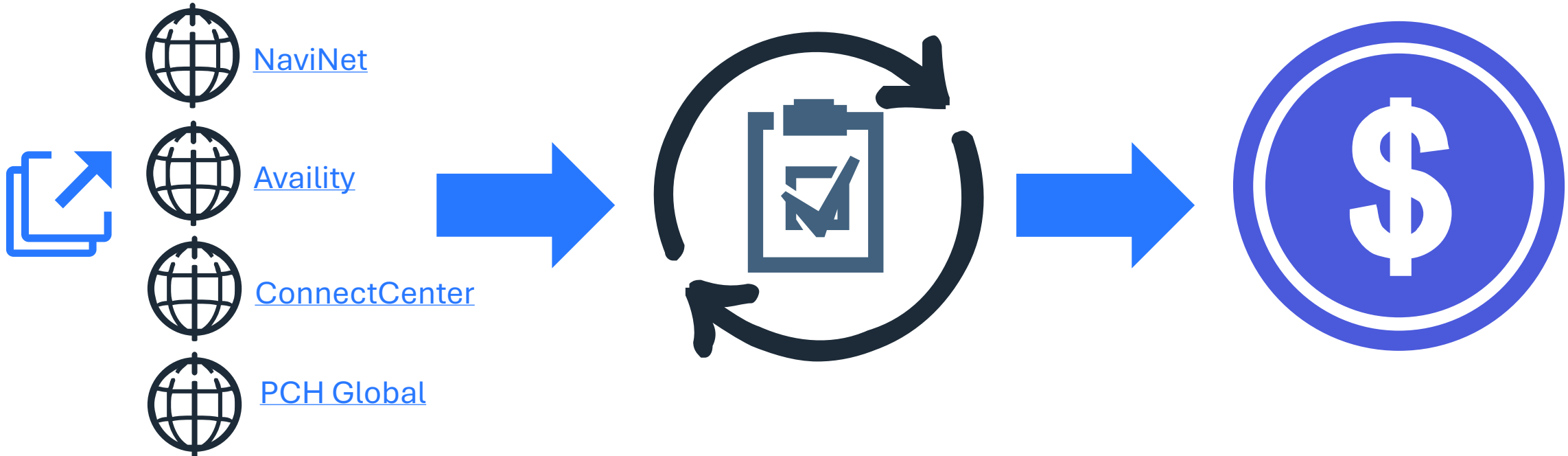


Understanding Billing & Claims

Submit Claim

Verification

Payment



Understanding Billing & Claims

Submit Claim

Enter claim using a provider portal



[NaviNet](#)



[Availity](#)



[ConnectCenter](#)



[PCH Global](#)

Send paper claims to:

Select Health of South Carolina

Attn: Claim Processing Department

P.O. Box 7120

London, KY 40742

Payer ID 23285

Understanding Billing & Claims

Use Required Data Elements

- Correct Member Name and First Choice Member ID or Healthy Connections ID.
- ***You must include the prior authorization number in Box 23 (after 01/01/2026).***
- Payee information in **Box 33**.
- NPI in **Box 33a**.
- Taxonomy Code in **Box 33b**.
- Valid diagnosis and procedure codes for date of service.



Claims Submission (cont.)



- Ensure the member's effective date is within the DOS you are requesting on the Claim form.
- When billing for a unit such as T4524, 1 unit =1 brief.
- If the request is for a 30/day supply, use 30 as the unit.

Filing a corrected claim

- Use resubmission code 7 in box 22 and include the original claim number which can be found on the remittance advice – available in ECHO.

Claims Submission (cont.)

Electronic Remittance Advice (ERA)/835 Transmissions



Select Health offers ERAs through ECHO Health, Inc.

To receive ERA's:

- Include the plan payer ID 23285 *and*
- ECHO payer ID 58379

All ECHO Health-generated ERAs and EOPs for each transaction will be accessible to download from the [ECHO provider portal](#).

If you are a first-time user and need to create a new account, please reference [ECHO Health's Provider Payment Portal Quick Reference Guide](#) for instructions.

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@selecthealthofsc.com

864-607-6935

Case Management

Case Managers:

Shanice Heyward

sgraham2@selecthealthofsc.com

843-529-5247

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jward@selecthealthofsc.com

843-529-5250

Dana Heatherly

dheatherly1@selecthealthofsc.com

843-414-3187

Tiffany Hills – IS Supplies Point of Contact

thills@selecthealthofsc.com

843-529-5216

Ronnie Wilkes-Rapid Response Outreach Team

rwilkins@amerihealthcaritas.com

984-245-3554

Provider Enrollment

- Ensure enrollment with [SCDHHS](#)
- A SC Medicaid ID is required to receive payment.
- Contracting with Select Health, contact Stephanie McGurn smcgurn@selecthealthofsc.com

Member Enrollment



Enrollment can be verified via the Select Health secure [Provider Portal \(NaviNet\)](#)

Workflows for this Plan

Eligibility and Benefits Inquiry

Claim Status Inquiry

Medical Authorizations

Medical Authorizations Log

Claim Submission

Report Inquiry

Provider Directory

Notification of Pregnancy
Submission

Forms & Dashboards

InterQual Transparency

Patient Documents

Practice Documents

Eligibility and Benefits: Patient Search

Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

Search by Member ID

Member ID

OR

Search by Name

Last Name

First Name

Date of Birth

Date Of Service

03/31/2026




[Reset Search Fields](#)

Search

Member Enrollment, (cont.)



Enrollment can be verified via the SCDHHS website

SOUTH CAROLINA
Healthy Connections
MEDICAID 

User Name Password Show Password

SC Medicaid Portal User IP address 149.19.33.44

We are happy to announce the availability of the South Carolina Medicaid Web Portal. This system allows you to:

- Update your password,
- Download or view payment e-remittance statements online,
- Enter and submit claims for Medicaid subscribers,
- View the Status of your claims,
- Check on the eligibility of your Medicaid subscribers.

To access the Portal, please type your user name and password above and press Enter.

Password Lockout Policy

After three (3) failed login attempts the ID will be locked for 30 minutes. After the 30 minutes the ID will automatically unlock.

Warning:

This system contains U.S Government information. By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this computer may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system.

Prior Authorization



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.

Directions

1. Enter a CPT/HCPCS code in the space below.
2. Click “Submit.”
3. The tool will tell you if that service needs prior authorization.

Enter CPT/HCPCS Code & Expected Service Date

T4524	03/31/2026		Submit
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T4524

Adult sized disposable incontinence product, brief/diaper, extra large, each

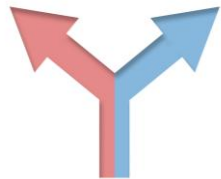
No, prior authorization is not required if the service is performed in an outpatient setting, you are a participating provider and this is on your provider contract. Member plan and benefit limits may apply.

Provider Enrollment & Next Steps



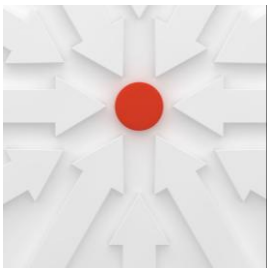
Join our network

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.
- Office Hours:
 - Tuesday 12 pm through April 14

Registration not required

Training Location*	Training Date	RSVP Deadline
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](#)

[Provider Manual](#)

[Credentialing](#)

[Forms](#)

[Claims and Billing](#)

[NaviNet](#)

[Training and Education](#)

[Self-Service Tools](#)

[Prior Authorizations](#)

[Member Care](#)

[Resources](#)

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