ProviderAlert

Select Health of South Carolina

Healthy Connections

To: **Select Health of South Carolina Providers**

Date: **November 11, 2026**

Subject: **Medical Record Submission Guide**

Select Health of South Carolina | Measurement year 2026

Use this guide to submit supplemental medical records for eligible Medicaid members and find HEDIS documentation guidelines, NaviNet reports, and care gap resources.

Submit your medical records

Submission window: May 1, 2026–January 15, 2027

The Prospective Medical Record Project for measurement year 2026 accepts compliant medical records for eligible members for the HEDIS measures listed below.

Submission options	Where to send records
Fax	**844-688-2977** or **855-358-6128**
Email	Select Health of South Carolina Quality Department; hsimmons@selecthealthofsc.com; bculpepper@selecthealthofsc.com; tsbrown@selecthealthofsc.com
NaviNet	On the NaviNet Provider Home page, go to **Workflows for This Plan** and select **Patient Documents** to upload records using the Care Gap Response Form Provider Guide

Eligible HEDIS measures

ADD-E, AIS-E, APM-E, BCS-E, BPD, CBP, CCS-E, CIS-E, COL-E, EED, FUH, FUM, GSD, KED, IMA-E, PPC, PRS-E, SSD, W30, WCC, and WCV.

Need documentation criteria for a specific measure? Review the HEDIS 2026 Documentation and Coding Guidelines at **selecthealthofsc.com/provider/resources**.

Find reports in NaviNet

Use these reports to help manage member populations and support HEDIS measure performance. In NaviNet, start with **Workflows for This Plan**, then select **Report Inquiry**.

Report Inquiry section	Available reports https://navinet.net
Clinical Reports	• Care Gap Query Report • PerformPlus® Gaps in Care Closure Program Scorecard
Administrative Reports	• Panel Rollup (Roster) Report • Claim Status Summary Report

Find the resources below at: https://www.selecthealthofsc.com/providers/resources	
HEDIS and Care Gap Resources	• **HEDIS® Documentation and Coding Guidelines** • **HEDIS® Child and Adolescent Coding Flow Chart** • Care Gap Response Form