



Providers: Quick-Reference Guide on Inquiries, Disputes, and Appeals

Select Health of South Carolina is committed to promptly responding to the needs of our providers.

Whether checking the status of a claim, seeking reconsideration of a previous billing determination, or appealing a preservice medical decision, providers can assist us by designating their request as an **inquiry**, a **dispute**, or an **appeal**, as outlined below.

Note: Requests are subject to being recategorized upon receipt when not designated properly.

For all requests, please provide the following information, when applicable.

- Select Health member ID or Medicaid ID.
- Member name.
- Provider name/NPI.
- Claim number.
- Date of service.
- Reference number provided by Select Health.

A **provider inquiry** is a request for information or explanation resulting in a resolution that is satisfactorily addressed by Select Health. Provider inquiries are usually resolved during your first point of contact.

Examples include:

- Claim status calls.
- General questions regarding claim processing guidelines.
- Requests for specific claims or plan information.
- Check refund inquiries.

Call the Provider Contact Center at **1-800-575-0418** for assistance.

A **provider dispute** is an **escalated** expression of dissatisfaction not resolved by previous inquiries submitted to Select Health. Usually, disputes are postservice and claims-related in nature.

Select Health's centralized one-level provider dispute process ensures all disputes are promptly addressed by a dedicated team of reviewers.

Examples include:

- Claims-related issues not resolved after initial phone call or contact.
- Concerns regarding Select Health's policies, procedures, and criteria.

Disputes should be submitted within 60 calendar days from the original adverse notification or action. Disputes received after 60 calendar days from the original adverse notification or action are subject to denial due to untimely submission. Written disputes mailed to an incorrect mailing location may cause a delay in resolution time frames including, but not limited to, the inadvertent processing of your dispute as a duplicate claim.

For accurate and timely resolution of disputes, providers should include with their submissions the **Provider Claim Dispute Form** located on the Select Health website at **www.selecthealthofsc.com/provider/resources/forms.aspx**.

Disputes may be submitted in the following ways:

- Mailing:
 - Select Health of South Carolina
Provider Claims Disputes
P.O. Box 7310
London, KY 40742-7310

Note: If submitting a cover letter, please include the word "dispute" in the subject line on the first page of your request.
- Verbally by calling the Provider Contact Center at **1-800-575-0418** or contacting the Account Executive in your area (see contact list on the back of this sheet).



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An **appeal** may be filed on behalf of a member, for reconsideration of a Select Health medical necessity review or adverse determination; appeals are usually submitted prior to a service being rendered.

Note: A signed member consent form is required to file an appeal on behalf of a member. Member consent forms are available at www.selecthealthofsc.com > **Providers** > **Resources** > **Forms**.

Examples of reasons to appeal include:

- The denial or limited authorization of a requested service, including the type or level of service.
- The reduction, suspension, or termination of a previously authorized service.

Appeals should be submitted within 60 calendar days from the original adverse determination. Appeals received after 60 calendar days from the original adverse determination are subject to denials due to untimely submission.

Appeals may be submitted in the following ways:

- Verbally by calling the Appeals department at **1-866-615-5186**.

Note: Unless the request is for an expedited resolution, an oral filing must be followed up with a written, signed appeal within 30 calendar days of the oral filing.

- Faxing **1-866-369-6046**.
- Mailing:
 - Select Health of South Carolina
Attn: Member Appeals
P.O. Box 40849
Charleston, SC 29423-0849

| Select Health of South Carolina contacts | |
|---|---------------------------------------|
| Appeals department | 1-866-615-5186 |
| Provider Claims Services | 1-800-575-0418 |
| Account Executive region | Account Executive name and phone |
| Upstate Western region | Mary Wasden: 1-843-666-2521 |
| Upstate Greenville region | Sarah Hipps: 1-843-259-0482 |
| Lowcountry region | Ashkia Harman: 1-843-709-8922 |
| Lowcountry border region | Lori Pingston: 1-843-709-6532 |
| Midlands region | Kaye Steele: 1-843-354-1231 |
| Upper Pee Dee region | Paige Watford: 1-843-933-0276 |
| Lower Pee Dee region | Louanne Finley: 1-843-666-2331 |
| Statewide: ASD/RBHS/PRTF/IMD/OTP | Kathy McLaurin: 1-843-806-6708 |
| Upstate/Piedmont Behavioral Health/LIPS | Aimee Shivers: 1-843-414-8365 |
| Lowcountry/Central Behavioral Health/LIPS | Joan Reeves: 1-843-996-2571 |
| Ancillary Services | Ruth Sisson: 1-843-509-2894 |
| Hospital Services | Nancy Carey: 1-843-300-5857 |