

# OSS Advisory Newsletter



## **\* MANDATORY\***

### **Electronic Remittance Advice Package and Bulletins**

Beginning November 15, 2009, the South Carolina Department of Health and Human Services (SCDHHS) offered the ability to view remittance advice packages electronically. Currently, SCDHHS mails paper remittance packages to providers weekly.

The new electronic process will allow providers to access remittance advices and associated edit correction forms (ECFs) through the South Carolina Medicaid Web Based Claims Submission Tool (Web Tool).

In addition, providers will now have the ability to change their own passwords. Providers can view, save, and print their remittance advice(s) but not a remittance advice belonging to another provider. Remittance advices and ECFs for the most recent twenty five (25) weeks will be available.

**EFFECTIVE - FEBRUARY 15, 2010, SCDHHS WILL ONLY DISTRIBUTE REMITTANCE ADVICES AND ASSOCIATED ECFs ELECTRONICALLY THROUGH THE WEB TOOL.**

Providers are urged to use this new feature now so that any potential issues can be resolved prior to February 15, 2010. Providers can elect to have their paper remittance advice discontinued prior to February 15, 2010 by calling 1-888-289-0709. Distributing remittance advices and associated ECFs through the Web Tool is a more cost-effective and secure manner for

providers to receive this information. Also, providers will be able to access this information earlier. Paper remittance packages are mailed on Friday, which means that they are not available to providers until days later. Electronic remittance packages will be available no later than Friday.

Providers that currently use the Web Tool will be able to access this new feature on November 15, 2009. Providers that already have a Trading Partner Agreement (TPA) on file but are not current users of the Web Tool can contact the Electronic Data Interchange (EDI) Support Center at 1-888-289-0709 to register for a Web Tool User ID.

All other users that do not have a TPA on file must complete and return the SC Medicaid TPA Enrollment Form to:

SC Medicaid TPA, P.O. Box 17, Columbia, S.C. 29202.

The TPA outlines the requirement for electronic transfer of Protected Health Information (PHI) between SCDHHS and the provider. It can be accessed at

<http://www.scdhhs.gov/hipaa/Forms.asp> or by calling 1-888-289-0709.

Providers that are not sure if they have a TPA on file or have questions regarding the agreement, can contact the EDI Support Center at 1-888-289-0709.

If a provider utilizes a billing agent, and elects to have the billing agent access their electronic remittance package, both

the provider and the billing agent must have a TPA on file. The provider's TPA must name their billing agent. The billing agent's TPA must include the provider's name and Medicaid number.

To learn more about this new feature and how to access it, visit the SC Medicaid provider web site at:

<http://www.scm Medicaidprovider.org>

For a schedule of Web Tool training dates, click on "Training Options".

SCDHHS continues to offer the HIPAA compliant Health Care Claim Payment/Advice, ASC X12N 835 (004010X091A1). Providers interested in utilizing this electronic transaction should contact the EDI Support Center at 1-888-289-0709.

Thank you for your continued willingness to provide quality services to the beneficiaries of the South Carolina Medicaid Program. If you have any questions about the Trading Partner Agreement, training opportunities for this new feature, user IDs or passwords, please contact the EDI Support Center at the above number.

To sign up and receive electronic bulletins, you must go to

<http://bulletin.scdhhs.gov>

and subscribe to the Provider listserv.

If you have other questions about this bulletin, please contact your program manager.

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*From the Desk of Barbara Seiser, RN - Hospice Program Nurse*

### Alzheimer's Disease and Related Dementias

Dementia is a word meaning “deprived of mind” and is a progressive disease of the brain. It kills brain cells and in particular, parts of the brain involved with memory and learning (thinking, language, judgment, behavior, etc.). It is the 4<sup>th</sup> leading cause of death in the elderly in the US. Alzheimer's Disease is the most common type of dementia and is responsible for 50% – 60% of all dementias.

Dementia typically develops slowly in stages and occurs in people over the age of 65 but, occasionally, can occur in some people as young as 30. One in eight people over the age of 65 has Alzheimer's disease and the latest estimates indicate there are more than 26 million people with Alzheimer's disease in the US. With the “baby-boomers” arriving at this stage of life and with no cure and no vaccine available, the numbers are expected to quadruple by 2050. Almost 50% of the US population over the age of 85 has some type of dementia.

#### Three Basic Stages of Dementia:

1) EARLY STAGE – Although the disease is present, it remains in the background, not greatly affecting everyday life. Individuals in the early stage may demonstrate forgetfulness, lose items, repeat comments or questions but they can respond appropriately, use the “tools” of daily living and are not a risk to self or others. The disease may be apparent only to close friends and family.

2) MIDDLE STAGE – Disease has progressed to where life seems to be a series of daily battles, often resulting in frustration, outbursts, lack of judgment, failure to recognize people and places and misinterpretations. Individuals in the middle stage frequently have the ability to participate in “normalization” activities but may have limited tolerance for others.

3) LATE/END STAGE – Individuals may no longer be able to speak, hold a thought, feed themselves or go to the bathroom without assistance. They usually demonstrate their needs through outbursts or vocal sounds but will accept one-to-one emotional assistance and respond to touch. Now the person is in the background and the disease is in the foreground.



Twenty years ago, nursing homes admitted a large number of individuals who had chronic, long term health issues. Many had signs and symptoms of early dementia and only needed minimal care but a nursing home was the only place to go for health care if you were “elderly”. Today, typically, only the “sickest” residents are occupying beds in nursing homes. Newer Medicaid-funded programs, such as Community Long Term Care (CLTC) and Assisted Living, allow individuals with early and middle stages of dementia to be cared for at home or in a more “home-like” environment. Individuals who require a level of assistance may need to move from their home to an assisted-living facility. Many families prefer these options because they give the individual the greatest possible independence and quality of life. “Caregivers hold the key to the success of the individual’s journey through this disease.”

The University of South Carolina, The Arnold School of Public Health, Office for the Study of Aging offers free “Dementia Dialogues” training classes, designed to educate individuals who provide direct care or who are interested in Alzheimer's Disease or related dementias. Much of the information in this article is from this “Dementia Dialogues” training course. For information or questions on the training, contact Jan Merling, MA, Education Coordinator at 803-318-1601.

Other excellent resources are:

The National Alzheimer's Association [www.alz.org](http://www.alz.org) (National Helpline 800-272-3900)  
Alzheimer's Disease Education and Referral Center [www.alzheimers.org](http://www.alzheimers.org) 800-438-4380  
Family Caregiver Alliance (information on resources for the caregiver) [www.caregiver.org](http://www.caregiver.org)  
Alzheimer's Resource Coordination Center - Lt. Governor's Office of Aging (803) 734-9919

## **THERE IS NO COST OF LIVING ADJUSTMENT (COLA) OSS ENTITLEMENT INCREASE EFFECTIVE JANUARY 01, 2010**

Law does not provide for a Social Security Cost-of-Living Adjustment (COLA) for 2010. With consumer prices down over the past year, this will be the first year without an automatic COLA since they went into effect in 1975. If you wish to see the details of the Social Security Administration press release you can view their press releases at [www.socialsecurity.gov/cola](http://www.socialsecurity.gov/cola).

Effective with dates of service beginning January 01, 2010, the maximum payment made to a facility will remain \$1157.00. The Net Income Limit (NIL) will remain \$1157.00. The personal needs allowance will remain \$57.00 for category 86 residents and \$77 for category 85 residents. This means that the resident will continue to receive their \$57.00 or \$77.00 with dates beginning January 01, 2010. As in the past, the personal needs allowance must be deducted from other income that the resident receives rather than the OSS entitlement payment. The amount a facility may charge will remain \$1100.00, a \$35.00 increase from the previous \$1065.00 allowed in 2008.

The provider daily entitlement amounts that are being used to calculate your payments for January 2010 through December 2010 dates of service are as follows:

1. February (28 day month) \$41.32 a day,
2. April, June, September, November (30 day months) \$38.56 a day,
3. January, March, May, July, August, October, December (31 day months) \$37.32 a day.

The OSS entitlement payments made on behalf of residents to Community Residential Care Facilities are considered payment in full. Any differences caused by rounding in the payment system cannot be billed to the resident or deducted from the resident's personal needs allowance.

**\*\*See additional pages for the remaining pay dates for 2009/010 and the Personal Needs Allowance notice for posting.**



**\*\*\*NOTICE\*\*\***

**TO ALL RECIPIENTS OF  
OPTIONAL STATE SUPPLEMENTATION  
ENTITLEMENT FUNDS**

**EFFECTIVE JANUARY 01, 2010 THE  
PERSONAL NEEDS ALLOWANCE WILL  
REMAIN \$57.00 PER MONTH FOR CATEGORY  
86 RESIDENTS AND \$77 PER MONTH FOR  
CATEGORY 85 RESIDENTS.**

**PLEASE REMEMBER TO COLLECT THE  
CORRECT AMOUNTS \*\* \$57.00 OR \$77.00 \*\*  
FROM YOUR COMMUNITY RESIDENTIAL  
CARE FACILITY ADMINISTRATOR  
BEGINNING JANUARY 01, 2010.**

**\*\*\*\*\***

## 2009/2010 PAYMENT DATES FOR OSS

November 2009 dates of service – January 01, 2010

December 2009 dates of service – February 05, 2010

January 2010 dates of service – March 05, 2010 (Entitlement amount remains the same for 2010 dates of service)

February 2010 dates of service – April 02, 2010

March 2010 dates of service – May 07, 2010

April 2010 dates of service – June 04, 2010

May 2010 dates of service – July 02, 2010

June 2010 dates of service – August 06, 2010

July 2010 dates of service – September 03, 2010

August 2010 dates of service – October 01, 2010

September 2010 dates of service – November 05, 2010

October 2010 dates of service – December 03, 2010

All dates are subject to change.