

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 PHASE IN DISTRIBUTION OF 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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FALLS IN ASSISTED LIVING

From the desk of Donna Perry, RN - SCDHHS Nurse Consultant

Accidental falls represent a significant cause of injury and death in the frail and elderly population. It has been estimated by some to account for 70% of all accidental deaths and is a major issue for residents and is one of the leading causes of liability claims against assisted living facilities. Preventing falls presents a significant challenge in all settings and requires a interdisciplinary team, possibly including housekeeping and maintenance staff, in an effort to decrease the number of falls. As caretakers of this population, we need to be aware of the factors and interventions that may decrease the risk.

Some changes with age can be a factor in falls, such as: Stiff, shuffling gait - Decreased muscle mass - Increased response time - Increased muscle spasms - Decreased righting reflexes - Increased sensitivity to medications - Sensory deficits such as hearing and vision

Some environmental factors that can lead to an increased number of falls are:

- Wet or slippery floors
- Throw rugs, poor placement of furniture or equipment
- Poor lighting, confusing color scheme on the floor, or glare from lights
- Extension cords
- Stairs, steps or beds at inappropriate heights
- Restraints
- Inappropriate footwear

There are also certain diseases that are common in the elderly that may increase the risk of falling. These include:

- Central Nervous system disorders such as stroke and seizures
- Dementia, anxiety
- Dizziness, vertigo or syncope
- Orthostatic hypotension, dizziness on arising from bed or chair
- Nutritional deficiencies
- Cardiac abnormalities and chronic diseases such as diabetes, congestive heart failure and hypertension
- Incontinency

Some medications can increase this risk or tendency to fall:

- Analgesics, pain medicine
- Diuretics, "water pills"
- Hypnotics and sedatives such as Valium and sleeping medicines
- Antidepressants
- Certain blood pressure medications

Particularly prone to injury are those residents who have a diagnosis of osteoporosis or those who have reduced amounts of muscle, fat and subcutaneous tissue. Those residents who have a history of falls without significant injury may sustain a more serious injury in future falls. The consequences of falls are not just limited to broken bones, bruises and concussions, but makes residents fearful of falls leading to less mobility, which can increase the chances of falling, but also can change the amount of fluids/food a resident wants or possibly even refuse medication for fear of falling due to having to toilet more frequently or becoming dizzy.



As care givers, there are numerous interventions we can apply to assist the resident in preventing falls. First we must identify all risk factors for each resident individually through the use of interdisciplinary team meeting and using the care plan to give direction to all staff on how to care for that resident.

Some interventions that facility staff members can employ are:

- Offer an exercise program to increase or maintain muscle tone and build strength
- Proper footwear, including shoe orthotics and non skid footwear, discouraging long gowns/robes and other clothing that may tangle around feet/legs
- Use of eyewear to assist with sight and hearing aides to help with sounds
- Use a regular toileting schedule, use of briefs at night, or a removable "potty chair" in room
- Proper lighting including possibly the use of motion detectors to turn on lights for resident to see and/or the use of nightlights on the path to the bathroom
- Removal of obstacles in pathways, securing hand rails to walls, and leveling uneven floors
- Providing adequate staffing so that staff are able to respond promptly to a resident's needs

As the provider, you are responsible for ensuring that the resident is assessed after each fall and needed treatment is provided. Documentation of the assessment, treatment and notification of family/medical professionals must be maintained in the resident's record.

Preventing falls constitutes a challenge for assisted living facilities and many falls do not result from a single cause but rather several factors. Ongoing training of staff and repeated reassessment of the resident may help with fewer falls for residents, lessening the chance of severe injury and less of a liability for the facility. See what you can do for your residents!