South Carolina Department of Health & Human Services

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.scmedicaidprovider.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.

South Carolina Department of
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Post Office Box 8206
Columbia, SC 29201-8206

803-898-2698
803-255-8209 fax
EMAIL : VARN@SCDHHS.GOV or
OSS@SCDHHS.GOV

From the desk of Mary Adams, RN
SCDHHS Nurse Consultant

This month's Nursing Corner is sent out to the 74 CRCFs that participate in the Integrated Personal Care (IPC) Program.

How to Avoid a Common Mistake in Billing for IPC Services

1. After the referred resident qualifies for IPC, the SCDHHS nurse will send a Service Provision Form to the CRCF. Keep this form in your records.

2. Attach a copy of the Service Provision Form to the TAD for the month that is reflective of the IPC Authorized Start Date. (For example, if the Authorized Start Date is 3/6/2010, attach the Service Provision Form to the TAD you submit in April that is for March 2010 dates of service.

3. Also, on the TAD enter the number of days the person was only OSS in the CRCF Days column and the remaining days in the IPC Days column. (For example, if the Authorized Start Date is 3/6/2010 write in "5" in the CRCF Days column, and "26" in the I PC Days column.

4. The Service Provision Form is only attached to the TAD one time, the month service is authorized.

5. For any IPC resident, IPC service can only be billed if the resident is at the facility. If a resident leaves for one or more days, the number of days the resident was absent from the facility should be entered as "CRCF Days" on the TAD and the remaining days as IPC.

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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 .

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.

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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.

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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.