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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 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.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.

Inside this issue:

OPTIONAL STATE SUPPLEMENTATION

South Carolina Department of Health & Human Services

THE NURSES CORNER

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 Linda Thomas, RN - IPC Program Nurse

SOME OBSERVED CHALLENGES TO QUALITY CARE IN ASSISTED LIVING

THE ASSISTED LIVING POPULATION PRESENTS VARIED AGE GROUPS; VARIED DIAGNOSES, BOTH PHYSICAL/MENTAL, OR IN COMBINATION. THESE CAN BE CHALLENGING TO CAREGIVERS.

THERE ARE OTHER "IN-BETWEEN CONDITIONS" THAT MAY AFFECT ANY RESIDENT AT ANY AGE; YET, NOT CONSIDERED A "DIAGNOSIS". HOWEVER, IN ORDER TO MEET THE NEEDS OF THOSE AFFECTED----THESE CONDITIONS SHOULD BE INCORPORATED INTO THEIR PLAN OF CARE, AND A SOLUTION SOUGHT.

TO ADDRESS A NOTABLE FEW, OBSERVED: GRADUALLY FAILING VISION, OR HEARING; TREMORS OF ANY BODY PART, WEIGHT UNDER 100 POUNDS, WITH NORMAL HEIGHT. THESE CAN, AND DO AFFECT THE RESIDENTS' ABILITY TO PERFORM ROUTINE ADLS/, EFFECTIVELY, OR PARTICIPATE IN ACTIVITIES.

FAILING VISION:
SYMPTOMS: STAY IN ROOM, OR GET SOMEONE TO "GO WITH THEM" TO SINGING OR OTHER GROUP EVENTS, SPILLS ON CLOTHING, ROOM NOT AS "TIDY", CLOTHING MAYBE MISMATCHED, STOPPED READING OR WATCHING TV. ACCIDENTAL SPILLS MORE OFTEN, FOOD ITEMS (IN A CERTAIN AREA OF VISION) UNTOUCHED AT MEAL TIMES. EXAMPLES; FOODS, UNTOUCHED TO THE RIGHT OR BOTTOM OF THE PLATE.

THESE RESIDENTS MAY OR MAY NOT HAVE A DIAGNOSIS SUCH AS: MACULAR DEGENERATION, CATARACTS, OR GLAUCOMA. STAFF CAN ASSIST BY ARRANGING A"ROUTINE" EYE EXAM WITH AN OPTHAMOLOGIST; FOLLOW THRU ON ANY FINDINGS. STAND-BY ASSIST FOR THOSE PRESENTING FAILING VISION IS ASSURANCE OF STAFFS' CONCERN.

FAILING HEARING:
SYMPTOMS: IN CONVERSATION---MAY NOT RESPOND CORRECTLY TO SUBJECT, OR NO RESPONSE. SOME WILL ASK, "WHAT YA SAYING" OR "I DIDN'T HEAR THAT". THESE HAVE SOMETIMES BEEN CONSIDERED "BECOMING DEMENTED"; WHEN ACTUALLY, ON MD EXAM, WERE FOUND TO HAVE SERUMEN OR WAX BUILD-UP WHICH REQUIRED PERIOD TREATMENTS DURING THE YEAR.

TREMORS, OR INVOLUNTARY MOVEMENTS OF ANY BODY PART:
SYMPTOMS: INVOLUNTARY MOVEMENT OF HEAD, OR EXTREMITIES,ESPECIALLY, HANDS. MOVEMENTS OF THE LOWER EXTREMITIES ARE NOTICABLE WHEN SITTING OR LYING IN BED. STAFF CAN OBSERVE WHETHER THE RESIDENT IS ABLE TO FEED HIM/HERSELF ADEQUATELY. ARE LIQUIDS AVOIDED TO PREVENT SPILLS? IS THERE WEIGHT LOSS. HAS THE MEDICAL DOCTOR BEEN INFORMED? SOME TREMOR/ INVOLUNTARY MOVEMENT MAY BE CAUSED BY MEDICATION, AND REQUIRES HIS INTERVENTION.

UNDERWEIGHT:
DEFINE: WEIGHS LESS THAN 100 POUNDS, WITH NORMAL HEIGHT.
COSIDERATION FOR STAFF: IS THERE AN UNDERLYING DIAGNOSIS, OR A CONDITION PREVENTING NUTRITIONAL ABSORPTION OF NUTRIENTS? CONDITIONS SUCH AS: TROUBLE SWALLOWING, POOR APPETITE, FEW OR NO TEETH? IN THE PAST, REFERRALS TO THE MEDICAL DOCTOR WITH DOCUMENTED UNDERWEIGHT HAS PRODUCED DIAGNOSES OF GASTRIC ACIDITY, STRICTURE OF THE ESOPHAGUS, HIATAL HERNIA, PYHORREA, ETC.

IN ALL THESE SCENARIOS; IT IS IMPORTANT TO REASSURE THE RESIDENT THAT THE STAFF IS THERE FOR THEM. HAVING THE MEDICAL DOCTOR REVIEW DOCUMENTED OBSERVATIONS FROM THE STAFF IS A TEAM APPROACH TO QUALITY CARE FOR ALL RESIDENTS, AS WELL AS INCLUDING WORKABLE APPROACHES IN THE PLAN OF CARE.

SOULTIONS OR OUTCOMES FOR EACH RESIDENT ARE NOT GUARANTEED TO BECOME A MIRACULOUS CURE. HOWEVER, THE STAFF APPROACH TO PRESERVING DIGNITY, AND SHOWING COMPASSION ARE A PART OF QUALITY CARE.