February 05, 2010

VOLUME — FY 2010—02

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.

Inside this issue:

OPTIONAL STATE SUPPLEMENTATION

South Carolina Department of Health & Human Services

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From the desk of Cathy Lowe, RN - SCDHHS Nurse Consultant

I've got sugar, I take a sugar pill, I'm on the shot, She has DM, IDDM, NIDDM, and my favorite is when my son says "my mom has the beetis" (a term actually found in an urban dictionary). All are ways people identify Diabetes. My son is somewhat of an expert on dealing with Diabetes. No, he is not in the medical field; he has what he calls "street experience". His best friend, a past girl friend, and I all have Diabetes and all take insulin. The first two were diabetics since childhood and I was just diagnosed a few years ago. However, he most likely could not tell you that there is a Type 1 and Type 2 form of the disease. He can, however, without hesitation tell you what to do when some ones sugar is high or low. Furthermore, he can tell you what can make your sugar to go up or down. I would love to say that his knowledge came from me, the nurse, but unfortunately I was not that insightful. He first learned about the effects of blood sugar on a diabetic when his girlfriend got a virus and did not take her insulin. Her blood sugar was over 700 and they got to spend a lot of time with each other while she spent the next two weeks in the hospital. Later, when my son was about 18 years old, he and several of his friends were heading out for a weekend camping trip. I overheard him telling his best friend with diabetes to make sure he had his insulin and some peanut butter because he didn't want an "incident". I will admit it made me laugh.

Many direct care staff in assisted living facilities are much like my son. They have had to learn about Diabetes through experience and not through education. Finding someone in a diabetic crisis can be a frightening experience at any age and frankly at any level of education. A diabetic can go from talking to you one minute to being lethargic and disoriented or combative and belligerent. Instead of just listing sign and symptoms or giving you a list of what can affect a resident's blood sugar, I wanted to include a few suggestions for minimizing the chances of having, what my son called, an "incident". Can you answer yes to these five questions?

First, does the staff know what residents are diabetics? Knowing what residents are diabetics can help staff to monitor changes that might affect blood sugar as well as help them respond quicker when signs and symptoms of high or low blood sugar are evident.

Second, does the staff know the importance of having all medications and blood glucose testing supplies available if ordered? If blood glucose monitoring is ordered, it is by far the best way to determine if changes in a person's level of consciousness or sudden change in behavior is a result of blood glucose levels. Having the diabetic's medication up to date and available at all times is important because it can take hours or even days to stabilize a diabetic's blood sugar after missing a dose of insulin or hypoglycemic medication.

Third, does the staff know to report if a diabetic has a potential for high or low blood sugar? We often educate the staff on signs and symptoms of changes in blood glucose levels but forget to review some of the common reasons for those changes. For example, changes in eating habits, illness, or infection can precede abnormal glucose levels. Remind the staff to report if a resident is sick or has changes in eating habits. Watch for over eating or eating high sugar foods especially during holidays like Thanksgiving, Christmas, and Valentine's Day.

Fourth, does the staff know the signs and symptoms of high and low blood sugar? The best way I know to learn the signs and symptoms of high or low blood sugar is on posters. Because it is not information a staff member will necessarily use every day, it can be better to make a small chart with signs and symptoms of both high and low blood sugar and place it where staff can see it on a regular basis. In addition to a learning tool it can also serve as a quick reference guide.

Fifth, have you practiced what to do if a staff member finds a diabetic with signs and symptoms of high or low blood sugar? Seems obvious, but you might be surprised at how many serious errors have been made because staff did not know how to respond. I suggest you actually have some roll play or written scenarios and ask staff what you would do in this situation. Make sure you include examples of both high and low blood sugar episodes. This will make your staff more comfortable when they find a resident with an abnormal blood sugar or find a resident with related signs and symptoms.

I remember thinking my son was on the right tract in being aware that preparation and prevention was the best way to prevent his diabetic friend from having an "incident". Well, he was 18 so it may have been that he just didn't want his friend to mess up their camping trip. Have a great "incident" free month.

OPTIONAL STATE SUPPLEMENTATION

South Carolina Department of Health & Human Services

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.**

OPTIONAL STATE SUPPLEMENTATION

South Carolina Department of Health & Human Services

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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OPTIONAL STATE SUPPLEMENTATION

South Carolina Department of Health & Human Services

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.