

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess/Campbell</i>	DATE <i>10-10-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000102</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/16/12, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-17-12</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

OCT 10 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

October 5, 2012

MEMORANDUM

TO: Roy Hess, Director
Division of Care Management, SCDHHS

FROM: ^{RF} Robert French
Division of Appeals and Hearings

SUBJECT: Records from the Office of Insurance and Safety Fire
Commissioner

Roy,

These records were forwarded to the Division of Appeals from an unknown area of SCDHHS. I am forwarding them to you as they concern ATC and I figure that you will know where they ultimately should be routed.

Brenda
Pls log this.
Thanks!
Janet
10/10/12

Log with
Hess / Campbell

555162524JR

WASHINGTON & WEST, LLC

8600 LaSalle Road, Suite 212
Baltimore, Maryland 21286
Telephone: (410) 296-5192
Facsimile: (410) 296-1558
Toll-free: (800) 704-5574
www.washingtonwest.com

September 16, 2012

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER'S OFFICE
ATTN: MANAGED CARE DIVISION
2 MLK Jr. Drive, Suite 716, West Tower
Atlanta, GA 30334

RECEIVED
SEP 19 2012
HEALTH SERVICES
DIVISION

PROVIDER COMPLAINT

RE: Patient: Jackie Kendrick
I.D. No.: 4780677624
Provider: University Health Care System
D/O/S: 11/17/09 – 11/19/09
Denied: 11/17/09-11/19/09
Total Chgs.: \$16,195.50
Our File No.: 10387086

RECEIVED
OCT 10 2012
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir or Madam:

This company is a Business Associate of University Health Care System, (hereinafter the "Provider"). This correspondence regards the above-referenced member. All future communications concerning this matter should be directed to our office.

This office is filing a complaint on behalf of the Provider regarding the above-referenced matter. It is the Provider's belief that Absolute Total Care provided misinformation to the Provider regarding treatment and mishandled the Provider's appeals; resulting in an underpayment of the above-referenced claim. This office has attempted to work with Absolute Total Care on this case for almost two (2) years now. However, it still appears Absolute Total Care is improperly reviewing this case.

Please consider the following information in support of our position:

LACK OF AUTHORIZATION: ADDITIONAL INFORMATION

Absolute Total Health Care denied coverage for treatment provided to member, Mr. Kendrick based on the Provider's alleged failure to obtain authorization. As previously stated, the Provider believes the denial reason is inappropriate. The Provider is a non-contracted provider. According to the Absolute Total Care Provider Manual section entitled "Referral Process" the "network provider must call Absolute Total Care for a prior authorization for any service from an out-of-network or non-participating provider or facility." In this instance, Absolute Total Health Care's procedure was followed.

Initially the University Health Care System called Absolute Total Care to obtain authorization the day prior to services being rendered. **An Absolute Total Care agent explained the Provider could not obtain authorization, and that the referring physician had to provide clinical information for the services to be covered.** After the Provider became aware that the referring physician had reached out to Absolute Total Care, the Provider called back and was given **authorization number RE352921** by Absolute Total Care representative "Sharon." Understandably, the Provider was under the impression it had received an authorization for services. **The Georgia Insurance Code, § 33-20A-62 provides that**

when precertification has been obtained for a service, the insurer, carrier, plan, network, panel, or agent thereof shall be prohibited from contesting, requesting payment, or reopening such claim or any portion thereof at any time. . .

In the instant case, the Provider obtained authorization for the services delivered. As such, Absolute Total Care is precluded from withholding payment.

In the instance that Absolute Total Care continues to hold that the Provider was obligated to notify Absolute Total Care of the inpatient admission in addition to obtaining precertification, the Provider would like to point out it is a non-contracted provider, and unaware of this additional step. Furthermore, the Provider had been told by Sharon that the services were authorized. Finally, the Provider **did notify Absolute Total Care of the admission**, and was told it could not register for the service. The Provider, aware of its non-participating status, followed all instructions provided by Absolute Total Care. Requiring that a non-participating provider be aware of and adhere to contractual provisions not applicable to them is simply impossible.

FAILURE TO PROVIDE RETROSPECTIVE REVIEW FOR MEDICAL NECESSITY

Absolute Total Care did not properly follow its own appeals process. Pursuant to the Provider Manual, Absolute Total Care offers providers the opportunity to request an appeal based on medical necessity. Even though the Provider disagreed with Absolute Total Care that authorization was not obtained, in light of the insurer's refusal to honor authorization number RE352921, the Provider made several attempts to have the medical information reviewed in order to obtain a backdated authorization. All of these requests have been ignored. The Provider should be afforded the opportunity to exercise its right to retrospective review "of services provided to a member, but for which authorization and/or timely Plan notification was not obtained." Absolute Total Care's refusal to perform retrospective review is a violation of its own policies.

September 16, 2012

Page 3

**ABSOLUTE TOTAL CARE AUTHORIZED THE SURGICAL PROCEDURE
DELIVERED TO THE MEMBER**

The member presented at the facility for an endarterectomy. Authorization RE 352921 was issued for this procedure. Post-operatively the member was admitted to the intermediate intensive care unit because he was at risk of a post operative bleed and required close monitoring, due to the possibility of an artery leak or rupture, which would have required immediate surgical intervention.

The Provider maintains that these services were medically necessary, and that the Provider exercised due diligence in attempting to get an authorization. Absolute Total Care has not issued any payment for the above-referenced case. Absolute Total Care has not even issued payment for the procedure it authorized. We believe this is improper. The services provided to the member were medically necessary and delivered at the appropriate level of care. Absolute Total Care authorized a portion of the services, provided misleading information to the Provider regarding authorization requirements, and has since failed to follow its own appeals procedure. Please review the enclosed information supporting this belief.

Should you have any questions or need additional information, please do not hesitate to contact me.

I will look forward to your response within twenty (20) days of the date of this letter. Thank you for your help in resolving this matter.

Very truly yours,

Kathleen E. Haggerty

Encs.: UB-04

Provider Correspondence, dated November 15, 2011, with enclosures

Provider Correspondence, dated July 15, 2011, with enclosures

Provider Correspondence, dated June 15, 2011

Provider Correspondence, dated December 22, 2010

Provider Correspondence, dated April 14, 2010

EOBs

Provider Authorization notes



OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 716, West Tower, Atlanta, GA 30334

Phone: 404-657-6041 ♦ Fax: 404-657-8542



www.oicl.ga.gov

MANAGED CARE
GID-258-LH FEB11

PROVIDER COMPLAINT FORM

Date: Sep 17, 2012

Name of Carrier: Absolute Total Care

Name of Practice (Group): University Health Care System

Address of Practice: 1350 Walton Way, Augusta State GA Zip 30901-2629

Phone Number of Practice (area code): (410) 296-5192

Contact Name at Practice (full name): Kathleen Haggerty

List the issues you have with the carrier: (please be specific, use additional paper if necessary)

Please review attached correspondence.

Note: One (1) Carrier Per Form

Mail Two (2) Identical Sets

Five (5) or More Pages Must Be Submitted By United States Postal Service

Mail to: OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER'S OFFICE

Attn: Managed Care Division

2 MLK Jr. Drive, Suite 716, West Tower

Atlanta, GA 30334

Phone: 404-657-6041

WASHINGTON & WEST, LLC

8600 LaSalle Road, Suite 212
Baltimore, Maryland 21286
Telephone: (410) 296-5192
Facsimile: (410) 296-1558
Toll-free: (800) 704-5574
www.washingtonwest.com

April 14, 2010

Absolute Total Care
Attn: Appeals
P.O. Box 3000
Farmington, Missouri 63640-3800

SECOND LEVEL APPEAL

FILE COPY

RE: Patient: Kendrick, Jackie
I.D. No.: 0009388301
Provider: University Health Care System
D/O/S: 11/17/09 – 11/19/09
Denied: 11/17/09 – 11/18/09
Total Chgs.: \$16,195.50
Our File No.: 10387086

Dear Sir or Madam:

This company is a Business Associate of University Health Care System (hereinafter “the provider”) and we are writing to you regarding the above-referenced patient. All future communications concerning this matter should be directed to our office.

Pursuant to correspondence dated 3/1/10, it is our understanding that Absolute Total Care upheld its denial of this claim for alleged lack of authorization.

Please be advised that the provider’s belief that authorization had been obtained for the services in question; however, on 1/15/10, the provider was told by Absolute Total Care that the **authorization number provided, RE352921**, was for outpatient, rather than inpatient, services. Industry standards required Absolute Total Care to inform the Provider if the authorization provided was limited to outpatient services and this apparently was not done. Based on these extenuating circumstances, **the provider is appealing this determination and asks that the following clinical summary and enclosed medical records be considered as proof of the medical necessity of the services rendered to this patient:**

This 50-year-old man underwent **right carotid endarterectomy** on 11/17/09 and required admission for post-operative care. He had recently been hospitalized with slurred speech and **recurrent transient ischemic attacks**, and had a **history of a left-sided stroke and hypertension**. His workup revealed that his **right carotid artery was critically stenosed**. He was referred to Surgery to determine whether he was a candidate for endarterectomy.

Absolute Total Care

Attn: Appeals

Page 2

April 14, 2010

The patient's medical history was significant for **current cigarette smoking**, about a half-pack a day, **chronic obstructive pulmonary disease**, and **former heavy alcohol consumption** that has resulted in several bouts of **pancreatitis**. On review of systems, he described lower extremity pain on activity that was relieved by rest, indicating peripheral vascular disease with claudication. On exam he had a right lower facial droop, weak right hand, and slurred speech. Imaging studies consisting of MRI of the brain, MRA of the neck vessels and Circle of Willis, carotid duplex scanning, and CT angiogram of the neck confirmed a more than 70% right carotid stenosis.

The surgeon determined that the patient was eligible for surgery. The procedure was scheduled and inpatient admission was planned to follow post-operatively. **The surgeon had appropriate concerns about this patient's comorbid conditions and his increased risk for serious adverse events during and after the procedure. The patient would require inpatient level care for a period of more than 24 hours because, with his chronic vascular and pulmonary disease, he was at increased risk for serious adverse events – myocardial infarction, ventilator weaning difficulties, emboli – that could only be managed in a timely manner as an inpatient.**

On 11/17/09, the patient was evaluated by Anesthesia and was considered an anesthesia risk III, **again an indication that he was considered at serious risk of a postoperative cardiac or pulmonary risk.** He underwent right carotid endarterectomy under general anesthesia in a two-hour procedure. A bovine pericardial patch was used to close the artery and an intra-operative arterial duplex was performed and demonstrated patency of the vessel. A Jackson-Pratt drain was placed and the patient went to PACU. He complained of a headache and burning on urination. At approximately noon, he was admitted to an intermediate care bed. **IV fluids, telemetry, nasal oxygen, and Foley catheter were continued.** Through the night there was **bloody drainage** in the JP drain.

On the second denied day of 11/18/09, the patient had some **initial difficulty urinating spontaneously**, but improved as the day progressed. He complained **throughout the day** of sharp throbbing pain in his neck and throat and required Fioricet. On 11/19/09, a urinalysis was performed to investigate the possibility of infection; the results were negative. The pain continued to occur intermittently, but the patient was finally able to gain relief with oxycodone. He was ambulating and tolerating an advanced diet and was stable for discharge home later that day.

In summary, this 50-year-old man underwent right carotid endarterectomy and was admitted post-operatively, as planned, for close clinical monitoring of his chronic medical conditions and access to appropriate inpatient studies and interventions that would have been required had his condition deteriorated. **His post-operative headache could have signaled the onset of another**

Absolute Total Care

Attn: Appeals

Page 3

April 14, 2010

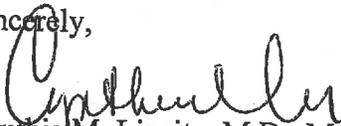
stroke. He was not a routine patient with asymptomatic carotid disease found on screening, but rather one who had a known history of stroke and TIAs and was at significant risk for MI or respiratory failure. His health and safety would have been jeopardized had he had not been admitted for the acute inpatient care he received. As such, authorization should be given retroactively for full coverage of this admission.

In light of the foregoing, we request that Absolute Total Care process this claim for immediate payment. Payment should be submitted directly to the provider, with a copy of any such check, RA, or EOB forwarded to this office. Should you intend to deny this appeal, please advise as to all grounds for your denial, and provide a description of the administrative and appeals procedures which we must exhaust.

To assist you in your review, we have enclosed the UB-04 form and the medical records. Please do not hesitate to contact us if you have any questions or need additional information.

I will look forward to your response within twenty (20) days of the date of this letter. Thank you for your help in resolving this matter.

Sincerely,


Cynthia M. Lipsitz, M.D., M.P.H.
cml/mis

Encs.: UB-04 form
Medical records

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Hess/Campbell</i>	DATE <i>10-10-12</i>
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OCT 10 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

October 5, 2012

MEMORANDUM

TO: Roy Hess, Director
Division of Care Management, SCDHHS

FROM: ^{RF} Robert French
Division of Appeals and Hearings

SUBJECT: Records from the Office of Insurance and Safety Fire
Commissioner

Roy,

These records were forwarded to the Division of Appeals from an unknown area of SCDHHS. I am forwarding them to you as they concern ATC and I figure that you will know where they ultimately should be routed.

Brenda
Pls log this.
Thanks!
Janet
10/10/12

Log with
Hess / Campbell

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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September 16, 2012

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ATTN: MANAGED CARE DIVISION
2 MLK Jr. Drive, Suite 716, West Tower
Atlanta, GA 30334

RECEIVED

SEP 19 2012

HEALTH SERVICES
DIVISION

PROVIDER COMPLAINT

RE: Patient: Jackie Kendrick
I.D. No.: 4780677624
Provider: University Health Care System
D/O/S: 11/17/09 - 11/19/09
Denied: 11/17/09-11/19/09
Total Chgs.: \$16,195.50
Our File No.: 10387086

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OFFICE OF THE DIRECTOR

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Please consider the following information in support of our position:

LACK OF AUTHORIZATION: ADDITIONAL INFORMATION

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Hess/Campbell

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DUPLICATE CARBON
Department of Health and Human Services
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Columbia, South Carolina 29202-8206

October 5, 2012

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Hess | camp here

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Atlanta, GA 30334

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Understandably, the Provider was under the impression it had received an authorization for services. **The Georgia Insurance Code, § 33-20A-62 provides that**

when precertification has been obtained for a service, the insurer, carrier, plan, network, panel, or agent thereof shall be prohibited from contesting, requesting payment, or reopening such claim or any portion thereof at any time...

In the instant case, the Provider obtained authorization for the services delivered. As such, Absolute Total Care is precluded from withholding payment.

In the instance that Absolute Total Care continues to hold that the Provider was obligated to notify Absolute Total Care of the inpatient admission in addition to obtaining precertification, the Provider would like to point out it is a non-contracted provider, and unaware of this additional step. Furthermore, the Provider had been told by Sharon that the services were authorized. Finally, the Provider **did not notify Absolute Total Care of the admission**, and was told it could not register for the service. The Provider, aware of its non-participating status, followed all instructions provided by Absolute Total Care. Requiring that a non-participating provider be aware of and adhere to contractual provisions not applicable to them is simply impossible.

FAILURE TO PROVIDE RETROSPECTIVE REVIEW FOR MEDICAL NECESSITY

Absolute Total Care did not properly follow its own appeals process. Pursuant to the Provider Manual, Absolute Total Care offers providers the opportunity to request an appeal based on medical necessity. Even though the Provider disagreed with Absolute Total Care that authorization was not obtained, in light of the insurer's refusal to honor authorization number RE352921, the Provider made several attempts to have the medical information reviewed in order to obtain a backdated authorization. All of these requests have been ignored. The Provider should be afforded the opportunity to exercise its right to retrospective review "of services provided to a member, but for which authorization and/or timely Plan notification was not obtained." Absolute Total Care's refusal to perform retrospective review is a violation of its own policies.

immediate surgical intervention.

The Provider maintains that these services were medically necessary, and that the Provider exercised due diligence in attempting to get an authorization. Absolute Total Care has not issued any payment for the above-referenced case. Absolute Total Care has not even issued payment for the procedure it authorized. We believe this is improper. The services provided to the member were medically necessary and delivered at the appropriate level of care. Absolute Total Care authorized a portion of the services, provided misleading information to the Provider regarding authorization requirements, and has since failed to follow its own appeals procedure. Please review the enclosed information supporting this belief.

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Kathleen E. Haggerty

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EOBs

Provider Authorization notes

Name of Practice (Group): University Health Care System

Address of Practice: 1350 Walton Way, Augusta

State GA **Zip** 30901-2629

Phone Number of Practice (area code): (410) 296-5192

Contact Name at Practice (full name): Kathleen Haggerty

List the issues you have with the carrier: (please be specific, use additional paper if necessary)

Please review attached correspondence.

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Attn: Managed Care Division

2 MLK Jr. Drive, Suite 716, West Tower

Atlanta, GA 30334

Phone: 404-657-6041

P.O. Box 3000
Farmington, Missouri 63640-3800

SECOND LEVEL APPEAL

FILE COPY

RE: Patient: Kendrick, Jackie
I.D. No.: 0009388301
Provider: University Health Care System
D/O/S: 11/17/09 – 11/19/09
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This 50-year-old man underwent **right carotid endarterectomy** on 11/17/09 and required admission for post-operative care. He had recently been hospitalized with slurred speech and **recurrent transient ischemic attacks**, and had a **history of a left-sided stroke and hypertension**. His workup revealed that his **right carotid artery was critically stenosed**. He was referred to Surgery to determine whether he was a candidate for endarterectomy.

resulted in several bouts of **pancreatitis**. On review of systems, he described lower extremity pain on activity that was relieved by rest, indicating peripheral vascular disease with claudication. On exam he had a right lower facial droop, weak right hand, and slurred speech. Imaging studies consisting of MRI of the brain, MRA of the neck vessels and Circle of Willis, carotid duplex scanning, and CT angiogram of the neck confirmed a more than 70% right carotid stenosis.

The surgeon determined that the patient was eligible for surgery. The procedure was scheduled and inpatient admission was planned to follow post-operatively. **The surgeon had appropriate concerns about this patient's comorbid conditions and his increased risk for serious adverse events during and after the procedure. The patient would require inpatient level care for a period of more than 24 hours because, with his chronic vascular and pulmonary disease, he was at increased risk for serious adverse events – myocardial infarction, ventilator weaning difficulties, emboli – that could only be managed in a timely manner as an inpatient.**

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On the second denied day of 11/18/09, the patient had some **initial difficulty urinating spontaneously**, but improved as the day progressed. He complained **throughout the day** of sharp throbbing pain in his neck and throat and required Fioricet. On 11/19/09, a urinalysis was performed to investigate the possibility of infection; the results were negative. The pain continued to occur intermittently, but the patient was finally able to gain relief with oxycodone. He was ambulating and tolerating an advanced diet and was stable for discharge home later that day.

In summary, this 50-year-old man underwent right carotid endarterectomy and was admitted post-operatively, as planned, for close clinical monitoring of his chronic medical conditions and access to appropriate inpatient studies and interventions that would have been required had his condition deteriorated. **His post-operative headache could have signaled the onset of another**

significant risk for MI or respiratory failure. His health and safety would have been jeopardized had he had not been admitted for the acute inpatient care he received. As such, authorization should be given retroactively for full coverage of this admission.

In light of the foregoing, we request that Absolute Total Care process this claim for immediate payment. Payment should be submitted directly to the provider, with a copy of any such check, RA, or EOB forwarded to this office. Should you intend to deny this appeal, please advise as to all grounds for your denial, and provide a description of the administrative and appeals procedures which we must exhaust.

To assist you in your review, we have enclosed the UB-04 form and the medical records. Please do not hesitate to contact us if you have any questions or need additional information.

I will look forward to your response within twenty (20) days of the date of this letter. Thank you for your help in resolving this matter.

Sincerely,


Cynthia M. Lipsitz, M.D., M.P.H.
cml/mis

Encs.: UB-04 form
Medical records

ABSOLUTE TOTAL CARE
C/O Chris Horan,
VP of Compliance and Regulatory Affairs
1441 Main Street, STE 900
Columbia, SC 29201



SECOND COMPLIANCE CONCERN: REQUEST FOR PAYMENT

RE: Patient: Jackie Kendrick
I.D. No.: 4780677624
Provider: University Health Care System
D/O/S: 11/17/09 – 11/19/09
Denied: 11/17/09-11/19/09
Total Chgs.: 16,195.50
Our File No.: 10387086

Dear Mr. Horan:

This company is a Business Associate of University Health Care System, (hereinafter the "Provider"). This correspondence regards the above-referenced patient, Mr. Jackie Kendrick. All future communications concerning this matter should be directed to our office.

Please note this is the Provider's second compliance concern. Based on my recent telephone conversation with Absolute Total Care employee, Katie, it is my understanding that Absolute Total Care did not receive our Compliance Concern, dated May 2, 2011. Please be advised that Federal Law (HIPAA) requires you to safeguard protected health information (PHI). As such, we respectfully request that the PHI contained herein be handled appropriately and that this documentation containing PHI not be lost or misplaced.

Pursuant to correspondence dated January 14, 2011, it is our understanding that Absolute Total Care has determined the Provider's appeal rights have been forfeited, as timely submission of materials has lapsed. This correspondence is not an appeal. This correspondence encloses supplemental information recently received, and should not be subject to the time constraints previously mentioned. Moreover, this correspondence serves as a request for Absolute Total Care to perform a retrospective review of clinical information to determine the services provided to Mr. Kendrick were medically necessary. This request is in conformity with the requirements of the Georgia Insurance Code, §33-20A et seq.

Care for a prior authorization for any service from an out-of-network or non-participating provider or facility.” In this instance, Absolute Total Health Care’s procedure was followed. Initially the University Health Care System called Absolute Total Care to obtain authorization the day prior to services being rendered. An Absolute Total Care agent explained the Provider could not obtain authorization, and that the referring physician had to provide clinical for the services to be covered. After the Provider was aware the referring physician had reached out to Absolute Total Care, the Provider called back and was given authorization number RE352921 by Absolute Total Care representative “Sharon.” Understandably, the Provider was under the impression they had received an authorization for services. The Georgia Insurance Code provides that “. . . when precertification has been obtained for a service, the insurer, carrier, plan, network, panel, or agent thereof shall be prohibited from contesting, requesting payment, or reopening such claim or any portion thereof at any time. . . .” § 33-20A-62. The Provider understood its authorization to be a precertification, and urges Absolute Total Care to receive it as the same.

In the instance that Absolute Total Care continues to hold that the Provider was obligated to notify Absolute Total Care of the inpatient admission in addition to obtaining precertification, the Provider would like to point out it is a non-contracted provider, and unaware of this additional step. Furthermore, the Provider had been told by Sharon that the services were authorized. Finally, the Provider did not notify Absolute Total Care of the admission, and was told it could not register for the service. The Provider, aware of its non-participating status, followed all instructions provided by Absolute Total Care. Requiring that a non-participating provider be aware of and adhere to contractual provisions not applicable to them is simply impossible.

FAILURE TO PROVIDE RETROSPECTIVE REVIEW FOR MEDICAL NECESSITY

Pursuant to the Provider Manual, Absolute Total Care offers providers the opportunity to request an appeal based on medical necessity. Even though the Provider vehemently disagrees with Absolute Total Care that authorization was not obtained, in light of the insurer’s refusal to honor authorization number RE352921, this Provider has made several attempts to have the medical information reviewed in order to obtain a backdated authorization. All of these requests have been ignored. It is at this time, the Provider urgently requests that Absolute Total Care review the information contained herein for medical necessity. The Provider would like to exercise its right to retrospective review “of services provided to a member, but for which authorization and/or timely Plan notification was not obtained.”

Kathleen E. Haggerty



Encs.: Correspondence received from Absolute Total Care dated 01/14/2011
Medical Record
Provider Authorization Notes

Medicare:

Medicare:

Medicare ID:

VE# 248494

Information:

POLICY TYPE:

~~pending eliminated~~

Policy Number:

was called in by

Carrier:

D's office.

Maternity Insured:

Eligibility Date:

(EM) Sharon

Eligibility To:

RE 352921

Policy Holder:

(803) 933-3640

(SO2)
PO Box 3050
Farmington, MO 63640

Pt Jackie

Kendrick

Dob 1-20-1960

Pull # RE 352921

~~3~~ Absolve total
Care

803 933-3640

Sharon

September 25, 2012

Washington & West, LLC
Attn: Kathleen E. Haggerty
8600 LaSalle Road, Suite 212
Baltimore, Maryland 21286

RE: Our Case Number: 555162524 Investigator: Janet Robinson
Ms. Haggerty,

Thank you for bringing this issue to the Managed Care Unit of the Georgia Department of Insurance for our assistance.

The Georgia Insurance Commissioner's Office does not have jurisdiction over the Medicaid Health Plan of South Carolina. This plan is subject to the jurisdiction of the South Carolina Department of Health and Human Services. As a courtesy, I have forwarded your documents to them. You may contact them directly for further assistance with this matter at:

South Carolina Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202

We are sorry we are unable to directly address your concerns.

Sincerely,



Janet Robinson, Investigator
Managed Care Unit
Phone: (404) 656-6860

cc: Greg Hawkins, Director
Office of Insurance and Safety Fire Commissioner
Managed Care Unit

Commissioner David A. Cook
Department of Community Health
2 Peachtree Street, N.W. Suite 4043
Atlanta, GA 30303

PO BOX 3050
 FARMINGTON, MO 63640

a 01
 b
 c
 d 534.0080 2.00

42 REV CD	43 DESCRIPTION	44 HOURS / RATE / HOURS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0206	POST ICU	896 00		2	1792 00		
0250	PHARMACY			62	1521 19		
0258	IV SOLUTIONS			7	577 49		
0270	MED-SUR SUPPLIES			81	4491 82		
0271	NON-STER SUPPLY			13	385 00		
0278	SUPPLY/IMPLANTS			3	432 00		
0300	LABORATORY			3	270 00		
0301	LAB/CHEMISTRY			3	263 00		
0305	HEMATOLOGY			1	74 00		
0307	UROLOGY			1	31 00		
0320	RADIOLOGY DIAG			1	215 00		
0360	OR SERVICES			1	3630 00		
0370	ANESTHESIA SUP MEDS MON			1	876 00		
0402	ULTRASOUND			1	716 00		
0710	RECOVERY ROOM			1	713 00		
0730	EKG/ECG			1	208 00		
TOTALS					16195 50		

0001 PAGE 1 OF 1
 50 PAYER NAME ABSOLUTE TOTAL CA
 51 HEALTH PLAN ID
 52 INSURED'S NAME KENDRICK, JACKIE
 53 TREATMENT AUTHORIZATION CODES RE:352921
 54 DOCUMENT CONTROL NUMBER
 55 PREL 60 INSURED'S UNIQUE ID 18 4780677624
 56 EST. AMOUNT DUE 1588665566
 57 OTHER PRIV ID 58-1581103
 58 GROUP NAME HMO SC M CAID
 59 INSURANCE GROUP NO. 999999

61 ADMIT DATE 43310
 62 REASON DX 43310
 63 OTHER PROCEDURE DATE 111709
 64 OTHER PROCEDURE DATE 0971
 65 OTHER PROCEDURE DATE 111709
 66 ATTENDING NP 1407941704
 67 ORDERING NP 1073736740
 68 FIRST NAME ROBERT
 69 LAST NAME J GENESEH
 70 OTHER NPI
 71 QUAL
 72 ECI
 73

80 REMARKS
 ABSOLUTE TOTAL CARE
 PO BOX 3050
 FARMINGTON, MO 63640
 PRINTED BY: E11681 DATE 8/29/2011
 NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

VIA CERTIFIED MAIL

ARTICLE NO.: 7011 0110 0000 2710 6595

ABSOLUTE TOTAL CARE

C/O Chris Horan,

VP of Compliance and Regulatory Affairs

1441 Main Street, STE 900

Columbia, SC 29201



THIRD COMPLIANCE CONCERN: REQUEST FOR PAYMENT

RE: Patient: Jackie Kendrick
I.D. No.: 4780677624
Provider: University Health Care System
D/O/S: 11/17/09 – 11/19/09
Denied: 11/17/09-11/19/09
Total Chgs.: \$16,195.50
Our File No.: 10387086

Dear Mr. Horan:

This company is a Business Associate of University Health Care System, (hereinafter the "Provider"). This correspondence regards the above-referenced patient, Mr. Jackie Kendrick. All future communications concerning this matter should be directed to our office.

Please note this is the Provider's third compliance concern. Based on my recent telephone conversation with Absolute Total Care employee, Kathy, it is my understanding that Absolute Total Care cannot locate our Compliance Concern, dated June 15, 2011 or our Compliance Concern dated May 2, 2011. **Please be advised that Federal Law (HIPAA) requires you to safeguard protected health information (PHI). As such, we respectfully request that the PHI contained herein be handled appropriately and that this documentation containing PHI not be lost or misplaced.**

Pursuant to correspondence dated January 14, 2011, it is our understanding that Absolute Total Care has determined the Provider's appeal rights have been forfeited, as timely submission of materials has lapsed. **This correspondence is not an appeal. This correspondence encloses supplemental information recently received, and should not be subject to the time constraints previously mentioned.** Moreover, this correspondence serves as a request for Absolute Total Care to perform a retrospective review of clinical information to determine the

THE PROVIDER IS A NON-CERTIFIED PROVIDER. A REQUESTING TO THE PROVIDER TO OBTAIN A PRIOR AUTHORIZATION FOR AN OUT-OF-NETWORK OR NON-PARTICIPATING PROVIDER OR FACILITY." In this instance, Absolute Total Health Care's procedure was followed. Initially the University Health Care System called Absolute Total Care to obtain authorization the day prior to services being rendered. An Absolute Total Care agent explained the Provider could not obtain authorization, and that the referring physician had to provide clinical for the services to be covered. After the Provider was aware the referring physician had reached out to Absolute Total Care, the Provider called back and was given authorization number RE352921 by Absolute Total Care representative "Sharon." Understandably, the Provider was under the impression they had received an authorization for services. The Georgia Insurance Code provides that ". . . when precertification has been obtained for a service, the insurer, carrier, plan, network, panel, or agent thereof shall be prohibited from contesting, requesting payment, or reopening such claim or any portion thereof at any time. . ." § 33-20A-62. The Provider understood its authorization to be a precertification, and urges Absolute Total Care to receive it as the same.

In the instance that Absolute Total Care continues to hold that the Provider was obligated to notify Absolute Total Care of the inpatient admission in addition to obtaining precertification, the Provider would like to point out it is a non-contracted provider, and unaware of this additional step. Furthermore, the Provider had been told by Sharon that the services were authorized. Finally, the Provider did not notify Absolute Total Care of the admission, and was told it could not register for the service. The Provider, aware of its non-participating status, followed all instructions provided by Absolute Total Care. Requiring that a non-participating provider be aware of and adhere to contractual provisions not applicable to them is simply impossible.

FAILURE TO PROVIDE RETROSPECTIVE REVIEW FOR MEDICAL NECESSITY

Pursuant to the Provider Manual, Absolute Total Care offers providers the opportunity to request an appeal based on medical necessity. Even though the Provider vehemently disagrees with Absolute Total Care that authorization was not obtained, in light of the insurer's refusal to honor authorization number RE352921, this Provider has made several attempts to have the medical information reviewed in order to obtain a backdated authorization. All of these requests have been ignored. It is at this time, the Provider urgently requests that Absolute Total Care review the information contained herein for medical necessity. The Provider would like to exercise its right to retrospective review "of services provided to a member, but for which authorization and/or timely Plan notification was not obtained."

Kathleen E. Haggerty
Kathleen E. Haggerty

Encs.: Correspondence received from Absolute Total Care dated 01/14/2011
Medical Record
Provider Authorization Notes

ARTICLE NO.: 7011 0470 0003 0459 8807
ABSOLUTE TOTAL CARE

C/O Chris Horan,
VP of Compliance and Regulatory Affairs
1441 Main Street, STE 900
Columbia, SC 29201



RE: Patient: Jackie Kendrick
I.D. No.: 4780677624
Provider: University Health Care System
D/O/S: 11/17/09 - 11/19/09
Denied: 11/17/09-11/19/09
Total Chgs.: \$16,195.50
Our File No.: 10387086

Dear Mr. Horan:

As you know, this company is a Business Associate of University Health Care System, (hereinafter the "Provider"). This correspondence follows our recent telephone conversation regarding the above-referenced member. All future communications concerning this matter should be directed to our office.

Pursuant to correspondence dated January 14, 2011, it is our understanding that Absolute Total Care has determined the Provider's appeal rights have been forfeited, as timely submission of materials has lapsed. **This correspondence is not an appeal. This correspondence encloses supplemental information recently received, and should not be subject to the time constraints previously mentioned.** Moreover, this correspondence responds to your request for additional information. This request is in conformity with the requirements of the Georgia Insurance Code, §33-20A et seq.

LACK OF AUTHORIZATION: ADDITIONAL INFORMATION

Absolute Total Health Care denied coverage for treatment provided to Mr. Kendrick based on the Provider's alleged failure to obtain authorization. As previously stated, the Provider believes the denial reason is inappropriate. The Provider is a non-contracted provider. According to the Absolute Total Care Provider Manual section entitled "Referral Process" the "network provider must call Absolute Total Care for a prior authorization for any service from an

clinical information for the services to be covered. After the Provider became aware that the referring physician had reached out to Absolute Total Care, the Provider called back and was given authorization number RE352921 by Absolute Total Care representative "Sharon." Understandably, the Provider was under the impression they had received an authorization for services. The Georgia Insurance Code provides that "...when precertification has been obtained for a service, the insurer, carrier, plan, network, panel, or agent thereof shall be prohibited from contesting, requesting payment, or reopening such claim or any portion thereof at any time..." § 33-20A-62.

**ABSOLUTE TOTAL CARE AUTHORIZED THE SURGICAL PROCEDURE
DELIVERED TO THE MEMBER**

The member presented at the facility for an endarterectomy. Authorization RE 352921 was issued for this procedure. Post-operatively the member was admitted to the intermediate intensive care unit because he was at risk of a post operative bleed and required close monitoring, due to the possibility of an artery leak or rupture, which would have required immediate surgical intervention.

The Provider maintains that these services were medically necessary, and that the Provider exercised due diligence in attempting to get an authorization. In the event that Absolute Total Care continues to deny services at the inpatient level, the Provider requests all charges related to the approved surgery are paid. At your request, I have enclosed a copy of the itemized bill.

Should you have any questions or need additional information, please do not hesitate to contact me.

I will look forward to your response within twenty (20) days of the date of this letter. Thank you for your help in resolving this matter.

Very truly yours,


Kathleen E. Haggerty

Encs.: Itemized bill

903 YARDLEY DR
NORTH AUGUSTA SC 29841

UNIVERSITY HOSPITAL
P.O. BOX 2345
AUGUSTA, GEORGIA 30903-2345

MAKE CHECKS PAYABLE TO: UNIVERSITY HOSPITAL

PATIENT'S NAME: KENDRICK, JACKIE
ACCOUNT NO: 000173201-9315
STATEMENT DATE: 12/04/09
PAGE NO: 1

SERVICE DATE	REF. NO.	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/11/09	00340528EKG		208.00	208.00	
11/11/09	00500087	CHEST PA AND LATERAL	215.00	215.00	
11/11/09	07276291	HBICIGENS SOL 4& 120ML	17.34	17.34	
11/17/09	3180002	INTERMEDIATE ICU	896.00	896.00	
11/17/09	03360015	RR>IHR 30MIN	713.00	713.00	
11/17/09	93350012	5MAIN OR 1C19	2,232.00	2,232.00	
11/17/09	33500128	MAIN OR 124	18.00	18.00	
11/17/09	00170110	BACTERIA CULTURE	125.00	125.00	
11/17/09	40500031	COAG	74.00	74.00	
11/17/09	00341489	INTR	716.00	716.00	
11/17/09	02000310	END	25.00	25.00	
11/17/09	02000333	SUC	16.00	16.00	
11/17/09	02000352	IV CATH-VEINUS-TRAVENOL	16.00	16.00	
11/17/09	02000355	EKG LEADS/PKG	14.00	14.00	
11/17/09	02000361	BREATHING	98.00	98.00	
11/17/09	02000364	HUMIDI	30.00	30.00	
11/17/09	02000373	SOPH STETHOSCOPE	52.00	52.00	
11/17/09	44500033	REG-ANES PER MINUTE	744.00	744.00	
11/17/09	44500035	ANES INIT	132.00	132.00	
11/17/09	07274375	SOXYCONE/APAP TAB 5/325MG	19.38	19.38	
11/17/09	07277435	SPARONE TAB 20MG U/D	5.34	5.34	
11/17/09	07278070	TRAMADOL 50MG U/D	5.34	5.34	
11/17/09	07271653	NEOSTIGMINE 1.5MG	39.02	39.02	
11/17/09	07272172	LIDOCAINE INJ 1% 20ML	35.68	35.68	
11/17/09	07272309	SOD CHL 0.9% 18 20ML	52.08	52.08	
11/17/09	07272379	WATER STERILE IRR	52.18	52.18	
11/17/09	07272414	HYDROMORPHONE INTJ 1MG	84.40	84.40	

903 YARDLEY DR.
NORTH AUGUSTA SC 29841

P.O. BOX 2345
AUGUSTA, GEORGIA 30903-2345

MAKE CHECKS PAYABLE TO: UNIVERSITY HOSPITAL

PATIENT'S NAME: KENDRICK, JACKIE
ACCOUNT NO: 000173201-9315
STATEMENT DATE: 12/04/09
PAGE NO: 2

SERVICE DATE	REF. NO.	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/17/09	07272514	CEFAZOLIN INJ 1GM	69.27	69.27	
11/17/09	07272529	LIDOCAINE SYG 100MG/SML	39.78	39.78	
11/17/09	07272738	HEPARIN MUCCO INJ 1000U/ML 10	161.22	161.22	
11/17/09	07273813	EENTANYL INJ 50 MG SML 2 AT 80.61	38.10	38.10	
11/17/09	07276660	SUCCINYLCHOL INJ 200MG/10	40.62	40.62	
11/17/09	07276840	PROPOFOL 200MG/10	72.39	72.39	
11/17/09	07276884	MIDAZOLAM INJ 2MG/2.5ML PER 30 MINUTES	38.05	38.05	
11/17/09	07276904	ISOFLURANE PER 30 MINUTES AT 49.09 EACH	196.36	196.36	
11/17/09	07277086	GLYCEROLATE IV 0.2MG/ML 5	25.42	25.42	
11/17/09	07277621	BUPIVACAINE INJ 0.58 1ML	35.41	35.41	
11/17/09	07277678	BUPIVACAINE 0.58 20ML	42.14	42.14	
11/17/09	07279354	CISATRACURIUM INJ 20MG/10	125.85	125.85	
11/17/09	07272298	LACTATED RINGERS 10000ML	189.28	189.28	
11/17/09	07272304	SODIUM CHLORIDE 9.64 EACH	93.44	93.44	
11/17/09	07272305	SODIUM CHLORIDE 0.9% SOLN 200ML	88.42	88.42	
11/17/09	07272307	SODIUM CHLORIDE 0.45% SOLN 10000ML	95.08	95.08	
11/17/09	07279094	SODIUM CHLORIDE 0.9% MBAL 100ML	59.09	59.09	
11/17/09	00283212	BEDSIDE DRAINAGE SET	53.00	53.00	
11/17/09	00283422	OXGEM ANNUA EA	54.00	54.00	
11/17/09	00283515	STERILE DRIP CLOSURE 1/2 X 4	21.00	21.00	
11/17/09	00283522	SURGICAL HALF SHEET 8352	32.00	32.00	
11/17/09	00283527	SURGICAL DRAINAGE DRAIN SHEET 8419	53.00	53.00	
11/17/09	00283572	RINAL	9.00	9.00	
11/17/09	00283763	STOP COCK	19.00	19.00	
11/17/09	00283965	BLOOD SET-Y TYPE-W-PUMP	130.00	130.00	
11/17/09	00284376	TRANSDUCER W/TUBING	239.00	239.00	
11/17/09	00284467	SET IV START	82.00	82.00	
11/17/09	00284709	IV CATHETER 18X1 1/4 NO SYR	30.00	30.00	

903 YARDLEY DR
NORTH AUGUSTA SC 29841

P.O. BOX 2345
AUGUSTA, GEORGIA 30903-2345

MAKE CHECKS PAYABLE TO: UNIVERSITY HOSPITAL

PATIENT'S NAME: KENDRICK, JACKIE
ACCOUNT NO: 000173201-9315
STATEMENT DATE: 12/04/09
PAGE NO: 3

SERVICE DATE	REF NO	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/17/09	00284753	SURG-O-PAK-GOWN EX LARGE PAC	86.00	86.00	
		2 AT 43.00 EACH			
11/17/09	00284987	I V DRESSING 4X6 TEGADERN	19.00	19.00	
		2 AT 9.50 EACH			
11/17/09	00284988	BART LINE PRESSURE	34.00	34.00	
		1 AT 34.00			
11/17/09	00285019	SPONGES 4X4 12	11.00	11.00	
		1 AT 11.00			
11/17/09	00285093	I V PUMP SET	69.00	69.00	
		1 AT 69.00			
11/17/09	00285210	I V SET SEGA CANN-GRAY	13.00	13.00	
		1 AT 13.00			
11/17/09	00285216	I V EXT SGA 6IN LL	26.00	26.00	
		1 AT 26.00			
11/17/09	00285250	SLEEV CD KNEE	326.00	326.00	
		1 AT 326.00			
11/17/09	00285615	TELE RY KIT	47.00	47.00	
		1 AT 47.00			
11/17/09	00285671	I RT-TRAY	13.00	13.00	
		1 AT 13.00			
11/17/09	00285672	I RT-TRAY FOR IAC	12.00	12.00	
		1 AT 12.00			
11/17/09	00285686	I V EXT SET 43 INCH	50.00	50.00	
		2 AT 25.00 EACH			
11/17/09	00286605	STATLOCK RILEY DEVICE	30.00	30.00	
		1 AT 30.00			
11/17/09	00302025	DEVICE WINSFER	21.00	21.00	
		1 AT 21.00			
11/17/09	00302026	TAPE, UMBILICAL	38.00	38.00	
		1 AT 38.00			
11/17/09	00302030	LOOP, VESSEL	152.00	152.00	
		4 AT 38.00 EACH			
11/17/09	00302052	BLAKE DRA	167.00	167.00	
		1 AT 167.00			
11/17/09	00302072	DURAPREP CHLORAPREP	81.00	81.00	
		1 AT 81.00			
11/17/09	00302076	INSULIN FOG SOFTJAW	130.00	130.00	
		1 AT 130.00			
11/17/09	00302079	RESEALER, JACKSON PRATT	175.00	175.00	
		1 AT 175.00			
11/17/09	00302088	DRAPE	30.00	130.00	
		1 AT 30.00			
11/17/09	00302090	DRAPE	58.00	58.00	
		1 AT 58.00			
11/17/09	00302094	SUTURE,	452.00	452.00	
		4 AT 113.00 EACH			
11/17/09	00302097	SUTURE, GENERAL	92.00	92.00	
		2 AT 46.00 EACH			
11/17/09	00302102	SUTURE, SPECIAL ORDER	228.00	228.00	
		2 AT 114.00 EACH			

903 YARDLEY DR
NORTH AUGUSTA SC 29841

P.O. BOX 2345
AUGUSTA, GEORGIA 30903-2345

MAKE CHECKS PAYABLE TO: UNIVERSITY HOSPITAL

PATIENT'S NAME: KENDRICK, JACKIE
ACCOUNT NO: 000173201-9315
STATEMENT DATE: 12/04/09
PAGE NO: 4

DATE	REF NO	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/17/09	00302113	HEMOCLIPS 2 AT 69.00 EACH	138.00	138.00	
11/17/09	00302128	BRADY MAGNETIC PAD	114.00	114.00	
11/17/09	01501050	LINE TABLE OH	87.00	87.00	
11/17/09	02000875	HUMIDIFIER REG	14.00	14.00	
11/17/09	07271882	SURGICEL HEM	152.32	152.32	
11/17/09	07273787	ALCOHOL 1500	15.48	15.48	
11/17/09	093500024	DERMABOND ADHESIVE	181.00	181.00	
11/17/09	093500216	CUSTOM ANESTH	480.00	480.00	
11/17/09	093450000	2CATH	99.00	99.00	
11/17/09	07273386	PURALONE EYE OINT 3.5GM	19.91	19.91	
11/17/09	093500178	GRAL	294.00	294.00	
11/17/09	090034120	TOX	132.00	132.00	
11/18/09	097318000	2INTERMEDIATE	896.00	896.00	
11/18/09	07274375	50XXCODONE 4	38.76	38.76	
11/18/09	07276460	BUTALBITAL/ADAP/G	7.90	7.90	
11/18/09	07277380	AMLODIPINE TAB	2.67	2.67	
11/18/09	07277435	SEPAROXETINE	5.34	5.34	
11/18/09	07278070	TRAMADOL TAB 50MG U/D	2.67	2.67	
11/18/09	07278515	AMLODIPINE TAB 10MG U/D	3.72	3.72	
11/18/09	07279401	PANTOLOC EC TAB 40MG	4.27	4.27	
11/18/09	04400019	GLISINO TAB 20MG	6.06	6.06	
11/18/09	07275619	SALINE 3.03 EACH	31	31	
11/18/09	07277555	SONDANSETRON	30.75	30.75	
11/18/09	07279304	SOD CHL 0.9% FLUSH SYG 10ML	11.00	11.00	
11/18/09	00283515	STERI-STRIP CLOSURE 1/2 X 4	21.00	21.00	
11/18/09	00283740	MOUTH CARE KIT	13.00	13.00	
11/18/09	00283887	BODY CARE KIT	30.00	30.00	
11/18/09	00284335	TAPE SILK 2 INCH RL	20.00	20.00	

903 YARDLEY DR
NORTH AUGUSTA SC 29841

UNIVERSITY HOSPITAL
P.O. BOX 2345
AUGUSTA, GEORGIA 30903-2345

MAKE CHECKS PAYABLE TO: UNIVERSITY HOSPITAL

PATIENT'S NAME: KENDRICK, JACKIE
ACCOUNT NO: 000173201-9315
STATEMENT DATE: 12/04/09
PAGE NO: 5

REF. NO.	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/18/0900285578	ELECTRODE PACK OF 5 ADULT	16.00	16.00	
11/18/0900341207	OXYGEN PER HOUR	132.00	132.00	
11/19/0900170131	URINE CULTURE	125.00	125.00	
11/19/0940500052	COMPREHENSIVE METABOLIC PANE	168.00	168.00	
11/19/0940500067	AUTOM URINAL	31.00	31.00	
11/19/0940500109	MAGNESIUM	67.00	67.00	
11/19/0940500113	PHOSPHOR	28.00	28.00	
11/19/0941000002	COLLECTION BY VENIPUNCTURE	20.00	20.00	
11/19/0907276460	BUTAL/ADPA/CAFF TAB	7.90	7.90	
11/19/0907277435	PARO LINE TAB 20MG U/D	5.34	5.34	
11/19/0907278070	TRAMADOL TAB 50MG	2.67	2.67	
11/19/0907278230	OXYCODONE TAB 5MG U/D	26.48	26.48	
11/19/0907278515	AMLODIPINE TAB 10MG U/D	3.72	3.72	
11/19/0907279401	PANTOPE TABLETS	4.27	4.27	
11/19/0944000196	LISINAPRIL TAB 20MG	6.06	6.06	
11/19/0907279304	SOD CHL 0.9% FLU SYG 10ML	22.00	22.00	
11/19/0900284450	URINE CULTURE KIT WITH CULTURE	16.00	16.00	
11/19/0900284467	SET START	82.00	82.00	
11/19/0900285578	ELECTRODE PACK OF 5 ADULT	16.00	16.00	
	TOTAL CHARGES AND INSURANCE	16,195.50	16,195.50	

Run Date 01/16/10

ABSOLUTE TOTAL CARE - EXPLANATION OF PAYMENT
1441 MAIN STREET, SUITE 900
COLUMBIA, SC 29201
(866)433-6041

UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA, GA 30901

154667

IRS#: 581581

Insured Name: KENDRICK, JACKIE
Patient Name: KENDRICK, JACKIE

Group: SCTCC - AIKEN
ID: 4780677624

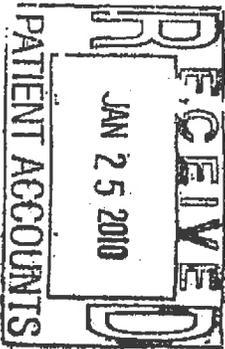
PCN: 10387086

MRN: 000173201

Control No: I344SC000038 Servicing Provider: UNIVERSITY HOSPITAL
National Provider ID: 1588665566

Serv	Date	Diag#	Proc#	Mod	Days/Cnt	Charged	Allowed	Deduct/ Copay	Disallow/ Discount	Interest	Med Allow/ Med Paid	TFP	Denied	ANSI
		Drug#	Proc2		Qty									
0100	111709	43310	206		2	1792.00	18538.04	.00	1792.00 .00	.00	.00	.00	18538.04	A1
0200	111709	43310	250		62	1521.19	.00	.00	1521.19 .00	.00	.00	.00	.00	A1
0300	111709	43310	258		7	577.49	.00	.00	577.49 .00	.00	.00	.00	.00	A1
0400	111709	43310	270		81	4491.82	.00	.00	4491.82 .00	.00	.00	.00	.00	A1
0500	111709	43310	271		13	385.00	.00	.00	385.00 .00	.00	.00	.00	.00	A1
0600	111709	43310	278		3	432.00	.00	.00	432.00 .00	.00	.00	.00	.00	A1
0700	111709	43310	300		3	270.00	.00	.00	270.00 .00	.00	.00	.00	.00	A1
0800	111709	43310	301		3	263.00	.00	.00	263.00 .00	.00	.00	.00	.00	A1
0900	111709	43310	305		1	74.00	.00	.00	74.00 .00	.00	.00	.00	.00	A1

(Continued)



Run Date 01/16/10

ABSOLUTE TOTAL CARE - EXPLANATION OF PAYMENT
 1441 MAIN STREET, SUITE 900
 COLUMBIA, SC 29201
 (866) 433-6041

UNIVERSITY HOSPITAL

154667

(Continued from pre

Serv	Date	Diag# Drug#	Proc# Proc2	Mod	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Disallow/ Discount	Interest	Med Allow/ Med Paid	TPP	Denied	ANSI
1000	111709	43310	307		1	31.00	.00	.00	31.00 .00	.00	.00	.00	.00	A1
1100	111709	43310	320		1	215.00	.00	.00	215.00 .00	.00	.00	.00	.00	A1
1200	111709	43310	360		1	3630.00	.00	.00	3630.00 .00	.00	.00	.00	.00	A1
1300	111709	43310	370		1	876.00	.00	.00	876.00 .00	.00	.00	.00	.00	A1
1400	111709	43310	402		1	716.00	.00	.00	716.00 .00	.00	.00	.00	.00	A1
1500	111709	43310	710		1	713.00	.00	.00	713.00 .00	.00	.00	.00	.00	A1
1600	111709	43310	730		1	208.00	.00	.00	208.00 .00	.00	.00	.00	.00	A1
Sub-total						16195.50	18538.04	.00 .00	16195.50 .00	.00 .00	.00	.00	18538.04	
TOTAL						16195.50	18538.04	.00 .00	16195.50 .00	.00 .00	.00	.00	18538.04	

Explanation Code Description

A1 DENY: AUTHORIZATION NOT ON FILE

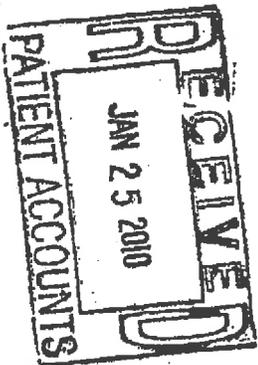
Run Date 01/16/10

ABSOLUTE TOTAL CARE - EXPLANATION OF PAYMENT
1441 MAIN STREET, SUITE 900
COLUMBIA, SC 29201
(866) 433-6041

UNIVERSITY HOSPITAL		154667
BEGINNING NEGATIVE SERVICES BALANCE:	\$.00
BEGINNING PREPAYMENT BALANCE:	\$.00
TOTAL BEGINNING BALANCE:	\$.00
CLAIMS PAID THIS RUN:	\$.00
CLOSING BALANCE:	\$.00

NPI Is Now Required for All Typical Providers

A formal request for a reconsideration of a denial or a payment may be made in wr the attention of the Appeals Coordinator. Please state any pertinent information possible. Please give names, dates, etc., and any extenuating circumstances which Absolute Total Care to make an informed decision. Medical records must be include when appropriate. Please attach a copy of the E.O.P. if possible. In order for A to consider the appeal it must be received within 60 days of the date on the E.O. the denial of payment that is being appealed, unless otherwise stated in your con



Run Date 01/16/10

ABSOLUTE TOTAL CARE - EXPLANATION OF PAYMENT
1441 MAIN STREET, SUITE 900
COLUMBIA, SC 29201
(866) 433-6041

UNIVERSITY HOSPITAL

154667

SEND CLAIM SUBMISSIONS TO:

Absolute Total Care
P.O. Box 3050
Farmington, MO 63640-3821
Attn: Claims Department

SEND APPEALS TO:

Absolute Total Care
P.O. Box 3000
Farmington, MO 63640-3800

Special LOV... Rcvd?.. 2nd Opinion Required?.. Rcvd?..
 Certification Required?.. Rcvd?..
 MAIL CLAIM TO EMPLOYER, INSURANCE OR OTHER..... O (E/I/D)
 Name... ABSOLUTE TOTAL CARE Addr1..... PO BOX 3050
 Zip... 63640 State... MO Country..
 City... FARMINGTON Requester..
 Elig Response: Date. Time. Deductible..
 Elig?.. (Y,N,U) Co-Pay.. Doc List.
 Elig Com ...

VIEW DOCUMENTS REQUEST PASSED TO IMAGE MANAGER
 PF9-CERTIFY PF11-ELIGIBILITY PF12-ADDL INFO
 YR200NZ User ID E16763 Termid ABBA Function PRU

Effective Date: Active Pre Existing: Yes or No
 Procedure(s): 117 Endarterectomy

Copay Ded: Met: Pre-Cert Phone # 803 9338640
 % Pays 100% Out of Pocket: Met: Pre-Cert Yes or No Verified By Sharon

Verified by: web Pre-Cert # LE 352921
 PPD: Yes or No NETWORK AMD Estimated Collectable Amount: _____

Estimated Price of Procedure Eligible: Yes or No No
 Medicaid: GBH QMB Wellcare Amerigroup Procedure _____
 CPT Code: _____

PreCert Required: Yes or No Precent # _____
 Co-Pay Required: Yes or No Comments: _____

Champus (Tricare) Standard Prime Tricare for Life
 Sponsor Name: _____ ID: _____ Rel to Patient: _____

Service: Army, Navy, Airforce, Marines, Coast Guard, Public Health Svc, Oceanic & Atmos, N Atlantic Treaty
 Status: Active, Deceased, Retired Certification # _____

Phone # _____ Comments: _____
 Medicare: CPT Codes: _____
 ICD-9 Codes: _____ PCA# _____ Passed Yes or No

Comments: _____

Completed By: [Signature] Date 11-16-09

Eligibility Status Details Eligibility Requested for: 11/16/2009

Verified On: 11/16/2009 at: 10:32 AM

This member is not eligible for the state of service selected.

Member Demographic Information:

Member Last Name: KENDRICK
Member First Name: JACKIE
Member Middle Initial:

Valid Request Indicator:
Reject Reason Code:
Follow Up Action Code:

Member Name Suffix:
Member Identification Number: 111532370454
Member Address Line 1: 2013 BROAD STREET
Member Address Line 2:
Member City: AUGUSTA
Member State: GA
Member ZIP Code: 30904-3024
Member County: 121 - RICHMOND
Member Date of Birth: 01/20/1960
Member Gender Code: M - MALE

Eligibility Spans : 6 - Inactive

Lock-In Table : N - Services Restricted to the Following

Plan Coverage Description (Lock-In Type)	Period Effective Date	Period End Date	Provider Name	Provider Phone	Provider
--	-----------------------	-----------------	---------------	----------------	----------

Service Limit Table : F - Limitations

Service Type Code	Procedure Code	Number per Period	Time Period	Benefit Amount/ Number of Services	Remaining Benefit Amount / Number of Services
Nothing found to display					
No items found.					

Long Term Care Table : N - Services Restricted to the Following

Provider Name	Period Effective Date	Period End Date	Provider Phone
---------------	-----------------------	-----------------	----------------

Medicare Table : R - Other or additional payer

Service Type Code	Insurance Type Code	Eligibility Effective Date	Eligibility End Date	Member Policy ID
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Coordination of Benefits : R - Other or additional payer

Service Type Code	Insurance Type Code	Member Policy ID	Eligibility Effective Date	Eligibility End Date	Carrier ID/Name	Carrier Address
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Co-pay Information

Eligibility or Benefit Info

Information Source Qualifier: Provider
Information Source Primary Identifier: 77034
Information Source Contact Name: Customer Interaction Center (CIC)
Information Source Communication Number: 1-800-766-4456

Information Receiver Last or Organization Name: ouzts
Information Receiver First Name: sabrena
Information Receiver Middle Name:
Information Receiver Suffix:
Provider Identification Number: 000001977A
National Provider Identifier: 1588665566
Portal Identification Number of Requestor: e16763

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SC
Medicaid ID: 4780677624 SSN:

Recipient First Name: JACKIE KENDRICK
Recipient Middle Initial: K
Recipient Last Name: KENDRICK

Birthdate:

New Search Add to Recipient List

Eligibility Verification Information

Subscriber Data

Recipient Name: JACKIE KENDRICK

Address: 2013 BROAD STREET

City/State/Zip: AUGUSTA, GA 30904-3024

Recipient Medicaid ID Number: 4780677624

Gender: MALE

DOS: 11162009

Birthdate: 01201980

Eligibility or Benefit Information: ELIGIBLE

Subscriber Is: 80, SSI

Payment Category:

CoPay:

Limited Benefit: 50, DISABLED

Qualification Category:

Qualified Medicare Beneficiary:
Home Visits Remaining in the fiscal year: 75

Chiropractic visits remaining in the fiscal year: 8

Ambulatory visits remaining in the fiscal year: 12

Mental Health services remaining in the fiscal year: 12

Recipient Special Programs Data

-- RSP Info---

RSP Code: MCHM

RSP Description: HMO

RSP Message: NOTE! RECIPIENT(S) WITH A MGD CARE INDICATOR PARTICIPATE IN A MANAGED CARE PLAN. MOST SERVICES REQUIRE PRIOR

Subject: Appeal
Patient: Jackie Kendrick
ID: 4780677624
Date of Service: November 17, 2009 to November 19, 2009
Control Number: I344SC000038

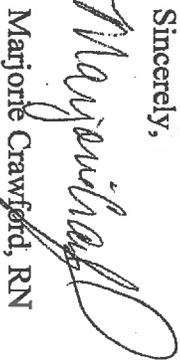
Dear Sir or Madam:

It is our understanding that the above claim has denied as "authorization not on file". This was an emergently scheduled admission; the day prior our access department called to verify benefits and initiate the authorization process and was told that this did not need to be done until the patient was admitted. However, in the process of the conversation she mentioned that it was for a procedure and was informed that the physician's office had to call and provide the clinical information. Access department called back later to assure procedure was authorized (she spoke to Sharon) and was given authorization # RE352921. We were unaware that this authorization was for the procedure only. Sharon told us authorization had been approved, the physician office notes indicated that Nathan told them that authorization was not required, As you can see, we attempted to obtain authorization but due to miscommunication we were under the impression that this admission was approved. Therefore, we respectfully request that you reconsider payment of this claim; it is clear in review of the documentation attached that this was a medically necessary procedure and inpatient stay. I have summarized this visit below.

Mr. Kendrick is a 49 year old male who was referred to a vascular surgeon because of recent hospitalization (October 22, 2009) with slurred speech and recurrent transient ischemic attacks and a history of a previous stroke in his left basal ganglion region. Evaluation and testing revealed a critical right carotid artery stenosis (70%). On 11/17/09, he underwent right carotid endarterectomy with a bovine pericardial patch with placement of drain. Post-operatively he was admitted to the intermediate intensive care unit. Patients undergoing carotid endarterectomy are at great risk of post operative bleeding and require intensive monitoring for any sign of artery leak or rupture for immediate surgical intervention to prevent fatal outcome.

Thank you in advance for your reconsideration of this claim. If you have any questions, feel free to contact me by phone at (706) 774-7184.

Sincerely,



Marjorie Crawford, RN

c/o Kathleen E. Haggerty
8600 LaSalle Road, Suite 212
Baltimore, MD 21286

Dear Ms. Haggerty:

Thank you for your letter of September 16, 2012. Your letter was originally addressed to the Office of Insurance and Safety Fire Commissioner's Office in the State of Georgia, hence the delay in our response to you. I have forwarded your letter of complaint to Absolute Total Care (ATC), a South Carolina Medicaid Managed Care Company, for a response.

I have also asked them to expedite their response to you since this has been an ongoing issue for almost three years. I have copied this letter to ATC. Should you have additional questions or concerns, please contact our Division of Care Management at (803) 898-4614 and ask for the ATC program manager.

Sincerely,

Roy E. Hess
Deputy Director

Cc: Mr. Paul Accardi, President and CEO
Absolute Total Care
1441 Main Street, Suite 900
Columbia, South Carolina 29201