

From: Patel, Swati <SwatiPatel@gov.sc.gov>
To: Veldran, Katherine <KatherineVeldran@gov.sc.gov>
Date: 4/25/2014 9:45:42 AM
Subject: FW: CON

Let's discuss. And let me get you up to speed.

From: Patel, Swati
Sent: Friday, April 25, 2014 9:45 AM
To: 'Allan Stalvey'; Thornton Kirby
Cc: Pitts, Ted
Subject: RE: CON

Allan,
If you don't mind let me get back to you later this afternoon about reaching out to Sen. Peeler's office. We agree that needs to happen very soon.

Swati

From: Allan Stalvey [<mailto:AStalvey@scha.org>]
Sent: Friday, April 25, 2014 9:40 AM
To: Thornton Kirby; Patel, Swati
Subject: RE: CON

Swati,

Been following the emails but only had my phone so responding was difficult. Plus, Thornton has covered everything. I would like to reach out to Martha in Sen. Peeler's office but don't want to get ahead of the game. I think we need to have a conversation with him Tuesday am. As I mentioned yesterday, if we want to get as much of the reform as possible done this year with loser pays, I think special order is our only hope.

We also have to figure out how to convert Brian White and Murrell Smith. I can call both but think we should start with Murrell. We can talk today or Monday but once we agree on a package we need to start lining up a strategy and votes.

Allan

From: Thornton Kirby
Sent: Friday, April 25, 2014 9:29 AM
To: Patel, Swati
Subject: Re: CON

Very helpful. Thank you so much.

Sent from my iPhone

On Apr 25, 2014, at 9:04 AM, "Patel, Swati" <SwatiPatel@gov.sc.gov> wrote:

See explanation below.

Sent from my iPhone

Begin forwarded message:

From: Ashley Biggers <biggerac@dhec.sc.gov>

Date: April 25, 2014 at 9:02:06 AM EDT
To: "Patel, Swati" <SwatiPatel@gov.sc.gov>
Cc: "Templeton, Catherine" <templecb@dhec.sc.gov>
Subject: Re: CON

This was added after a review of the CMS guidance on stand-alone emergency departments. The issue with the concept in general of a rural hospital converting to a stand-alone emergency department is that there is no licensing category or CMS certification category for such an entity. But CMS guidance has been issued that addresses this concept in general, because they've had so many questions about it, and it says that there are 2 ways to go about doing this.

One way is to become an off-campus emergency department of a certified hospital. That is one of the options that Tony said Bamberg is considering; they could become a freestanding off-campus ED under Colleton hospital's provider number. (This would meet CMS distance requirements in federal reg, which say that the off-campus ED has to be within 35 miles of the hospital it's associated with. This would also meet state licensing's definition of a freestanding emergency service. So they would be under Colleton's license and provider number.) This is why we added the exemption for a freestanding emergency service as defined by 44-7-130(25).

The second option, which CMS guidance acknowledges is unusual but possible, is that they could apply to be an independent hospital that focuses on providing emergency services. This means they have their own provider number and aren't associated with another hospital. To qualify, they would have to meet the minimum standards necessary for a hospital, including, for example, having some beds. (If they chose this option, they would also have to meet the minimum licensing requirements for a hospital under state regs.) It's my understanding that Bamberg was considering this possibility as well, based on that CMS guidance. That's why we added the additional exemption for a hospital in a rural county.

Sent from my iPad

On Apr 25, 2014, at 6:51 AM, "Patel, Swati" <SwatiPatel@gov.sc.gov> wrote:

Ashley,

See Thornton's question. Remind me again why that is needed?

Sent from my iPhone

Begin forwarded message:

From: Thornton Kirby <TKirby@scha.org>
Date: April 25, 2014 at 12:44:56 AM EDT
To: "Patel, Swati" <SwatiPatel@gov.sc.gov>
Subject: Re: CON

Swati,

Looks good to me; I'll seek input tomorrow. The only change that we had not discussed is the very last one—exempting the establishment of a new hospital in a rural county not served by a hospital.

(16) the establishment of a hospital located in a rural county with no existing licensed hospital.”

Was this an artifact from an earlier draft? I'm not sure it will generate any pushback—no one is clamoring to build hospitals in poor rural counties. But since we hadn't discussed it, I thought I'd ask the background.

From: <Patel>, Swati <SwatiPatel@gov.sc.gov>

Date: Thursday, April 24, 2014 11:49 PM

To: J Thornton Kirby <tkirby@scha.org>

Subject: Fwd: CON

The draft is attached.

Sent from my iPhone

Begin forwarded message:

From: "Biggers, Ashley" <biggerac@dhec.sc.gov>

To: "Patel, Swati" <SwatiPatel@gov.sc.gov>

Cc: "Templeton, Catherine" <templecb@dhec.sc.gov>, "Yarborough, Jonathan" <jyarborough@dhec.sc.gov>, "W. Marshall Taylor" <taylorwm@dhec.sc.gov>

Subject: Re: CON

Swati,

Catherine asked that I forward you a document that incorporates the items listed in your email.

Please see the attached. The base of the document is all of S.568. The 4 changes I added to S.568 are included at the new sections 6, 7, 8, and 9, and are all in blue font.

Thanks,

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Ashley C. Biggers
Associate General Counsel
SC Department of Health and Environmental
Control
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