

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Boudling</i>	DATE <i>8-16-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000157</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8-23-06</i>		
2. DATE SIGNED BY DIRECTOR <i>cc: Mr Kerr</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
<i>Extend until 8/25/06</i>		<input type="checkbox"/> FOIA	
<i>per Mary Cooper, see attached e-mail</i>		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. <i>Cleared 8/30/06</i>			
<i>letter attached.</i>			
2.			
3.			
4.			



The House of Representatives

STATE OF SOUTH CAROLINA  
STATE HOUSE  
P. O. BOX 11867  
Columbia 29211

*Doc - Brubaker  
"Dolly's Sign"  
cc: Kerr*

333-A BLATT BUILDING  
COLUMBIA, SC 29211  
TEL. (803) 734-2999  
CELL (843) 921-2479

**TED MARTIN VICK**  
AGRICULTURE, NATURAL RESOURCES  
AND ENVIRONMENTAL AFFAIRS  
COMMITTEE  
CHESTERFIELD COUNTY DELEGATION,  
CHAIRMAN

August 14, 2006

**RECEIVED**

AUG 16 2006

Robert M. Kerr, Director  
Dept. of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Kerr,

Enclosed you will find a copy of a letter from one of my constituents, Ms. Cassandra Melton. I agree with and support her concerns with the Medicaid issues and the abuse of the Emergency room and Ambulance service. I ask that you do everything you possibly can to prevent Medicaid users from abusing the system.

Thank you for looking into this matter. I look forward to hearing from you.

Sincerely,

*[Handwritten Signature]*  
Representative Ted M. Vick  
S.C. House District 53

cc: Cassandra Melton

Dear Rep. Ted Vicks,

I have put off writing for some time. But the problem doesn't get better; it's only getting worse. And it seems to be unresolvable. My complaint: Medicaid + bad stamps.

I am a registered nurse at a level 1 Trauma Center in the emergency room. It ~~is~~ a misnomer that we see emergencies all day. We have a few emergencies amongst all of the would be Doctor's office patients if they had money; or better yet, had to pay for it themselves.

I understand why well pay patients come in for earaches or bad backs. That's a problem all by itself. But it gets lots of attention!

No one talks about how Medicaid users abuse the system. They already get all of their medical needs met for absolutely free. That's better than the hard working, tax-paying Americans who pay hundreds of dollars a month just so, if they have a medical need, they will have associates with their medical bill. Not all, but a considerable

amount of Medicaid users have had everything handed to them for so long that they aren't even appreciative of what they get, they expect it. They come in to the emergency room 24 hrs a day 7 days a week. Whenever is convenient for them.

I'm not talking about emergencies. Given <100, enough, congestion, headache, you name it. They don't think twice about coming in because they don't pay one red cent. This is an ~~outbreak~~ <sup>#2</sup> Medicaid users call the ambulance

to bring them in for non-emergencies, when they can't find a ride, or maybe want the attention from their family; I've seen them call the ambulance because they want a pain shot & know they won't get it if they drive. Again, it doesn't cost them a penny.

<sup>#3</sup> Most. Giving is the users for sending patients to the emergency room by ambulance for a non-emergency transfer. When they refuse to come. get the patient when they are ready for discharge. They want the nurses to call for an ambulance and sign a medical necessity form, which is required for Medicaid reimbursement. Who's not

comfortable with that because it is NOT medically necessary. When the pt is struck in our ER, either trying up a heel unnecessarily, or waiting uncomfortably in the lobby,

~~the~~ proposals:

#1 I feel like there should be drug tests on all new recipients of Medicaid, food stamps, and/or welfare. When it should be random, if negative, at least every 5 years, if it is positive they should be suspended for at least 6 mo. when they can reapply + retreat, employees are expected to be drug free + are audited to random drug screens. Why should we expect any less from those living off of our tax dollars?

#2 Any patient taking an ambulance to or from an emergency room should require medical approval, by a physician, if it is declined the patient should be required to pay if they don't. Pay within 6 months, suspend their benefits, Dis don't always like to sign these forms because of liability. It may be an area where Medicaid hires their own Dis to audit charts. Crack down on Medicaid fraud. Make it easier to

turn these people in. Then follow up on it  
and do something about it.

#~~9~~ There needs to be more restrictions to  
food stamps. Name brands should only be allowed  
when they are on sale for less than generic.  
They shouldnt be allowed to buy meat more  
than \$5 lb. They should only be allowed  
\$5% for junk food items.

Welfare, Medicaid, & food stamps were  
intended to give people a hand up not a  
hand out. The system has gone wrong. There  
is no longer an embarrassment for using. There  
other peoples money. There is no longer a  
reason to try to do better.

I appreciate your time in this  
matter. Congratulations on your reelection.  
I back you 100%. I know God will guide you.

Sincerely,  
Casandra A Melton  
96 Sicane Lane  
Chenow, SC 29530

**From:** Mary Cooper  
**To:** Margarete Keller  
**Date:** 8/22/2006 4:28:08 PM  
**Subject:** Fwd: Log 157

also, log is dated 8/16/09 was not in my box on the 16th nor the 17th. I was off on the 18th. So we just got on the 21st.



**From:** Mary Cooper  
**To:** Margarete Keller  
**Date:** 8/22/2006 3:03:10 PM  
**Subject:** Log 157

to be coordinated with Melanie and Sheila. Per Nancy, Melanie still has on her desk and has not forwarded to staff yet. Sheila is requesting an extension to this log to give bureaus time to coordinate answer.

current due date 8/23 (tomorrow) can we extend until 8/25? thanks.

**CC:** Sheila Mills



*State of South Carolina*  
*Department of Health and Human Services*

Log #157

Mark Sanford  
Governor

Robert M. Kerr  
Director

August 30, 2006

The Honorable Ted M. Vick  
South Carolina House of Representatives  
South Carolina House District 53  
333-A Blatt Building  
Columbia, South Carolina 29211

Dear Representative Vick:

Thank you for forwarding Ms. Cassandra Melton's letter regarding Medicaid issues and the abuse of the emergency room and ambulance services to our agency for review and response. The Department of Health and Human Services is committed to fight against waste, fraud, and abuse in the Medicaid program.

Ms. Melton references the utilization of the emergency room for non-emergency conditions. Historically, federal regulations have restricted the use of co-payments for emergency services even for non-emergency conditions. The Deficit Reduction Act recently passed by Congress allows the option for states to impose cost sharing for non-emergency care furnished by the emergency room. However, before a co-payment can be imposed, the Act requires documentation that the beneficiary actually had access to an alternate non-emergency services provider. We are continuing to explore this option as part of our Medicaid Reform efforts. We share Ms. Melton's frustration regarding the inappropriate utilization of the emergency room for non-emergency services and have taken steps to alleviate this problem. For example, the agency is proactively promoting access to medical homes for preventive and routine medical care. Additionally, we educate Medicaid beneficiaries about the value of a medical home and how to appropriately utilize emergency room services.

In reference to reimbursement for ambulance services, Medicaid covers ambulance services for both emergency and non-emergency transports to medical appointments. However, reimbursement for non-emergency ambulance transports must adhere to

The Honorable Ted M. Vick  
August 30, 2006  
Page Two

strict medical necessity criteria. In an effort to address previously identified concerns regarding ambulance transports, a Medicaid Bulletin was issued on January 5, 2006, clarifying the criteria for the use of non-emergency wheelchair transports. We have enclosed a copy of the bulletin for your consideration. Please be assured that we are monitoring the utilization of ambulance transports on a monthly basis to identify outliers that may warrant further review by our program integrity area.

Thank you for your continued interest and support of the South Carolina Medicaid program. If you have any questions or if we can be of further assistance, you may contact me directly or Susan Bowling, Deputy Director of Medical Services at (803) 898-2501.

Sincerely,



Robert M. Kerr  
Director

RMK/bmmc

Enclosure

cc: Cassandra Melton

South Carolina  
 Department of Health and Human Services  
 Post Office Box 8206  
 Columbia, South Carolina 29202-8206  
[www.dhhs.state.sc.us](http://www.dhhs.state.sc.us)

January 5, 2006

# MEDICAID BULLETIN

CLTC	06-01	OMR-PSY	06-01
HOS-IP-GEN	06-01	OMR-THER-AUD	06-02
HOS-IP-AMD	06-01	OMR-THER-OT	06-02
HOS-IP-RTF	06-01	OMR-THER-PT	06-02
HOS-OP	06-01	OMR-THER-SP	06-02
MC-DHEC	06-01	PHY-ER	06-01
MC-ESRD	06-01	PHY-PC-FY/JP	06-01
MC-PDN	06-01	PHY-PC-GER	06-01
NI-GEN	06-01	PHY-PC-MED	06-01
OMR-CRNA	06-01	PHY-PC-OG	06-01
OMR-DM	06-01	PHY-SPEC	06-01
OMR-IP	06-01	TRANS-AMB	06-01
OMR-NPS	06-01	TRANS-COV	06-01

**TO:** Ambulance, Physicians, Nursing Homes and Adult and Community Residential Care Facilities

**SUBJECT:** Policy Update For Non-Emergency Wheelchair Ambulance Transport

The Department of Health and Human Services (DHHS) is providing supplemental guidance to physicians and other Medicaid providers regarding the authorization of a beneficiary's need for Non-emergency Wheelchair Ambulance transportation. The procedure codes impacted are A0130, Non-Emergency Transportation Wheelchair Van, and A0160, Non-emergency Transportation Per Mile. Recent Medicaid utilization reviews suggest patterns in the frequency of use and in the submission of provider claims that may indicate inappropriate utilization and possible abuse of the Wheelchair Ambulance Service. Licensed ambulance companies may provide the Wheelchair Ambulance Service to transport recipients to and from Medicaid covered services only when the recipient's medical condition prohibits any other means of transportation. Wheelchair Ambulance Transport is not available for an individual who is otherwise ambulatory or who needs routine transportation to and from a non-emergency medical appointment or service.

**Medical Necessity**

Non-emergency Wheelchair Ambulance transports are limited to recipients who are unable to ambulate without assistance at the time of transport or where it is documented that other methods of transportation would endanger the recipient's health. Non-emergency Wheelchair Ambulance transports for the beneficiary's convenience or when other means of transportation are available and suitable for the beneficiary's documented medical condition are prohibited. Non-emergency Wheelchair Ambulance transport to and from dialysis facilities, adult day health care centers or other scheduled, repetitive non-emergency services when ambulance services are not required due to medical condition of the beneficiary are not Medicaid-reimbursable.

**Authorization of Services**

Only an attending physician, physician's assistant, nurse practitioner, clinical nurse specialist or registered nurse is authorized to sign DHHS Form 216. This form is also used to authorize Basic Life Supports (BLS) transports. By signing Form 216 the health care provider is validating, within the applicable professional scope of practice and under state law, that all medical necessity criteria for Wheelchair Ambulance Transport have been met.

# AMBULANCE AUTHORIZATION FORM FOR MEDICAID

Recipient's Name \_\_\_\_\_ Medicaid I.D. Number: \_\_\_\_\_

I certify that it is medically necessary for this patient to be transported by ambulance. Transportation by any other means would be detrimental and medically inadvisable. This certification is provided within my professional scope of practice and applicable state law. I further certify this transport is not a transport of convenience and that this patient is unable to ambulate without assistance.

Level of ambulance transport required:

- \_\_\_\_\_ Basic Life Support / Convalescent Transport – (An ambulance with staff and equipment on board that provides treatment in basic life support situations.)
- \_\_\_\_\_ Wheelchair Ambulance Transport – (A licensed ambulance company with a wheelchair van and staff that assist a beneficiary in and out of the facility.)

I understand that Medicaid will only cover transport to Medicaid-sponsored services in accordance with the following age limitations. This recipient is being transported to and from the following Medicaid service:

- From \_\_\_\_\_ To \_\_\_\_\_
- \_\_\_\_\_ R-Residence \_\_\_\_\_ P-Physician Office
  - \_\_\_\_\_ H-Hospital \_\_\_\_\_ H-Hospital
  - \_\_\_\_\_ N-Nursing Home \_\_\_\_\_ N-Nursing Home
  - \_\_\_\_\_ P-Physician Office \_\_\_\_\_ G-Hospital-Based Dialysis
  - \_\_\_\_\_ G-Hospital-Based Dialysis \_\_\_\_\_ J-Non-Hospital-Based Dialysis\*
  - \_\_\_\_\_ J-Non-Hospital-Based Dialysis\* \_\_\_\_\_ 076 (Duplicate procedure, same day of service)
  - \_\_\_\_\_ Adult Residential Facility \_\_\_\_\_ Emergency Vision Care (to age 21)
  - \_\_\_\_\_ Other \_\_\_\_\_ Preventive and Restorative Dental Care (to age 21)
  - \_\_\_\_\_ \_\_\_\_\_ Emergency Dental Care (over age 21)

\* (Requestor must prior authorize non-routine service and specify existing medical condition below.)

Specify Existing Medical Condition:

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\_\_\_\_\_  
(Requestor, Title)  
(Attending physician, physician assistant, nurse practitioner, clinical nurse specialist or registered nurse)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Facility Name, County)

Vehicle odometer reading (To): \_\_\_\_\_ Vehicle odometer reading (From): \_\_\_\_\_