

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. Her ^{Her}</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Extend until 8/25/06</i>	<input type="checkbox"/> FOIA DATE DUE _____
<i>per Mary Cooper, see attached e-mail</i>	<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 after attached.</i>			
2.			
3.			
4.			



The House of Representatives

STATE OF SOUTH CAROLINA

STATE HOUSE

P. O. BOX 11867

Columbia 29211

Doc - Brubaker
"Jolly's Sign"
cc: Kerr

TED MARTIN VICK

AGRICULTURE, NATURAL RESOURCES
AND ENVIRONMENTAL AFFAIRS
COMMITTEE

CHESTERFIELD COUNTY DELEGATION,
CHAIRMAN

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

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,

Ted Martin Vick
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 unrecognized. My complaint: Medicaid + bad stamps.

I am a registered nurse at a level 1 Trauma Center in the emergency room. It ~~is~~ a misperception 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 its self. But it gets lots of attention!

None 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 assistance 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, cough, 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~~!

^{#2} Medicaid users call the ambulance to bring them in for nonemergencies, 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.

^{#3} Asst. Dir. is the reason for sending patients to the emergency room by ambulance for a nonemergency 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. We're not

comfortable with that because it is NOT medically necessary. When the pt is stuck in our ER, either trying to get unnecessary, or waiting uncomfortably in the lobby.

~~the~~ ^{#1} proposals:

#1 I feel like there should be drug tests on all new recipients of medicaid, food stamps, and on 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 + retake, employees are expected to be drug free + are subjected 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, Don't always like to sign these forms because of liability. It may be an area where medicaid gives them some 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. #3

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 shouldn't 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
other people's 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,
Caecilia A Melton
96 Sicane Lane
Chenau, SC 29520

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

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

Log #157

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,

A handwritten signature in dark ink, appearing to read "R. M. Kerr", written in a cursive style.

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

January 5, 2006

MEDICAID BULLETIN

CLTC	06-01	OMR-PSY	06-01
HOS-JR-GEN	06-01	OMR-THER-AUD	06-02
HOS-JR-MND	06-01	OMR-THER-OT	06-02
HOS-JR-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/OP	06-01
MC-PDN	06-01	PHY-PC-GER	06-01
NI-GEN	06-01	PHY-PC-NED	06-01
OMR-CRNA	06-01	PHY-PC-OG	06-01
OMR-UM	06-01	PHY-SPEC	06-01
OMR-MP	06-01	TRANS-AAMB	06-01
OMR-WPS	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:

(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): _____