

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

**ACTION REFERRAL**

TO <i>Giese</i>	DATE <i>4-20-12</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011407</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc Mr. Teek, Singleton closed 4/25/12, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-1-12</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.			



**LADDAGA & GARRETT, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

POST OFFICE BOX 62498

NORTH CHARLESTON, SOUTH CAROLINA 29419

LAWRENCE A. LADDAGA

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LINDA C. GARRETT

[garrett@sehealthlaw.com](mailto:garrett@sehealthlaw.com)

TELEPHONE

(843) 207-5040

FAX

(843) 207-5045

April 18, 2012

**RECEIVED**

APR 20 2012

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

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Interpretations of the 42 C.F.R. 438.114

Dear Mr. Keck:

I represent Greenville Hospital System and have recently received some claims which involve Select Health. More particularly, two of these accounts concern Select Health's refusal to issue payment for emergency and post stabilization services rendered at my client's facility citing the above referenced statute. I am enclosing a copy of that statute for your review.

On March 15, 2012 I wrote to David Smith at DHHS in the Division of Managed Care concerning both these claims and asked that this statute be interpreted by SC Department of Health and Human Services so as to resolve this issue with this payer. To date I have not received a response to that letter.

I am enclosing copies of those letters for your review. At this time I am asking for an opinion in order to avoid multiple fair hearings, cost of litigation, and other unnecessary expenses in order to finally resolve this issue.

Should you have any questions, or require any further information, please feel free to contact me. I look forward to hearing from you. With kind regards, I am

Sincerely,

LADDAGA & GARRETT P.A.



Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

Ms. Julie M. Bateman, RN, CCM



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>4-20-12</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>101407</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc Mr. Teck, Singleton closed 4/25/12, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-1-12</i> DATE DUE _____ <input type="checkbox"/> Necessary Action		

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LAL/jrb

Enclosures

cc: Lee Robinson

Ms. Julie M. Bateman, RN, CCM



- (b) *Coverage and payment: General rule.* The following entities are responsible for coverage and payment of emergency services and poststabilization care services.
- (1) The MCO, PIHP, or PAHP.
  - (2) The PCOM that has a risk contract that covers these services.
  - (3) The State, in the case of a PCOM that has a fee-for-service contract.
- (c) *Coverage and payment: Emergency services.*—(1) The entities identified in paragraph (b) of this section—
- (i) Must cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with the MCO, PIHP, PAHP, or PCOM; and
  - (ii) May not deny payment for treatment obtained under either of the following circumstances:
    - (A) An enrollee had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in paragraphs (1), (2), and (3) of the definition of *emergency medical condition* in paragraph (a) of this section.
    - (B) A representative of the MCO, PIHP, PAHP, or PCOM instructs the enrollee to seek emergency services.
    - (2) A PCOM must—
      - (i) Allow enrollees to obtain emergency services outside the primary care case management system regardless of whether the case manager refers the enrollee to the provider that furnishes the services; and
      - (ii) Pay for the services if the manager's contract is a risk contract that covers those services.
    - (d) *Additional rules for emergency services:* (1) The entities specified in paragraph (b) of this section may not—
      - (i) Limit what constitutes an emergency medical condition with reference to paragraph (a) of this section, on the basis of lists of diagnoses or symptoms; and
      - (ii) Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's primary care provider, MCO, PIHP, PAHP or applicable State entity of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services.

(2) An enrollee who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.

(3) The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in paragraph (b) of this section as responsible for coverage and payment.

(e) *Coverage and payment: Poststabilization care services.* Poststabilization care services are covered and paid for in accordance with the provisions set forth in §422.113(c) of this chapter. In applying those provisions, reference to "M+C organization" must be read as reference to the entities responsible for Medicaid payment, as specified in paragraph (b) of this section.

(f) *Applicability to PIHPs and PAHPs.* To the extent that services required to treat an emergency medical condition fall within the scope of the services for which the PIHP or PAHP is responsible, the rules under this section apply.

[67 FR 41095, June 14, 2002; 67 FR 65506, Oct. 25, 2002]

**§438.116 Solvency standards.**

- (a) *Requirement for assurances* (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency enrollees will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent.
- (2) Federally qualified HMOs, as defined in section 1310 of the Public Health Service Act, are exempt from this requirement.
- (b) *Other requirements*—(1) *General rule.* Except as provided in paragraph (b)(2) of this section, an MCO or PIHP must meet the solvency standards established by the State for private health maintenance organizations, or



## Contract for Medicaid Services, MHS

### §438.114

POC must comply with the following requirements:

(i) Provides that the entity—  
(1) Does not distribute any marketing materials without first obtaining State approval;

(ii) Distributes the materials to its entire service area as indicated in the contract;

(iii) Complies with the information requirements of §438.10 to ensure that, before enrolling, the recipient receives, from the entity or the State, the accurate oral and written information he or she needs to make an informed decision on whether to enroll;

(iv) Does not seek to influence enrollment in conjunction with the sale or offering of any private insurance; and

(v) Does not, directly or indirectly, engage in door-to-door, telephone, or other cold-call marketing activities.

(2) Specify the methods by which the entity assures the State agency that the marketing, including plans and materials, is accurate and does not mislead, confuse, or defraud the recipients or the State agency. Statements that will be considered inaccurate, false, or misleading include, but are not limited to, any assertion or statement (whether written or oral) that—

(i) The recipient must enroll in the MCO, PIHP, PAHP, or PCOM in order to obtain benefits or in order to not lose benefits; or

(ii) The MCO, PIHP, PAHP, or PCOM is endorsed by CMS, the Federal or State government, or similar entity.

(c) *State agency review.* In reviewing the marketing materials submitted by the entity, the State must consult with the Medical Care Advisory Committee established under §431.12 of this chapter or an advisory committee with similar membership.

### §438.106 Liability for payment.

Each MCO, PIHP, and PAHP must provide that its Medicaid enrollees are not held liable for any of the following:

(a) The MCO's, PIHP's, or PAHP's debts, in the event of the entity's insolvency.

(b) Covered services provided to the enrollee, for which—

(1) The State does not pay the MCO, PIHP, or PAHP; or

(2) The State, or the MCO, PIHP, or PAHP does not pay the individual or health care provider that furnishes the services under a contractual, referral, or other arrangement.

(c) Payments for covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the enrollee would owe if the MCO, PIHP, or PAHP provided the services directly.

### §438.108 Cost sharing.

The contract must provide that any cost sharing imposed on Medicaid enrollees is in accordance with §§447.50 through 447.60 of this chapter.

### §438.114 Emergency and poststabilization services.

(a) *Definitions.* As used in this section—

*Emergency medical condition* means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

(1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.

(2) Serious impairment to bodily functions.

(3) Serious dysfunction of any bodily organ or part.

*Emergency services* means covered inpatient and outpatient services that are as follows:

(1) Furnished by a provider that is qualified to furnish these services under this title.

(2) Needed to evaluate or stabilize an emergency medical condition.

*Poststabilization care services* means covered medical condition related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or, under the circumstances described in paragraph (e) of this section, to improve or resolve the enrollee's condition.



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(843) 207-5040

FAX  
(843) 207-5045

March 15, 2012

David Smith

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

 **COPY**

RE:	Provider:	Greenville Hospital System
		Greenville Memorial Hospital
	Patient:	Christopher Ware
	Dates of Service:	02/19/11 - 02/24/11
	Account Number:	08-0011150461
	Discharge Balance:	\$42,305.40
	Member ID#:	6634525301

Dear Mr. Smith:

I represent Greenville Hospital System concerning the above claim and have been copying you on my correspondence to Select Health in this regard. Accordingly I am enclosing a copy of the letter I received from Julie Bateman at Select Health which is in response to mine dated February 27, 2012 (copy also enclosed). I am writing today to request your assistance in resolving this claim.

You may recall the Administrative Decision issued in the appeal matter of Conway Hospital, Inc. v. SCDHHS (Hearing date June 17, 2011) in which the facts were very similar to this current claim. In that matter, the patient presented to the emergency room, was then placed in the ICU for several days, all of which was prior to being transferred to a regular bed. The Hospital did not notify Select Health until after the patient's discharge. The Hearing Officer in that matter, Vastine Crouch, found that in accordance with 42 C.F.R. 438.114 the Respondent was responsible for payment of emergency medical services and services provided in the critical care unit for this patient. A copy of that decision is enclosed as well.

This particular claim involves an eleven (11) year old boy who presented to GHS' emergency room department with a fracture to his left femur. He was treated in the ER, orthopedic surgery was performed, and he was then admitted until February 24, 2011 when he was discharged. On March 8, 2011 (after his discharge) the minor patient's mother advised my client that he was covered by First Choice/Select Health. The Hospital contacted Select Health for authorization and submitted a bill, but it was denied for late notification. The Hospital submitted an appeal for a retro-authorization however the denial was upheld. Since that time we have asked that the emergency and stabilization services provided to Christopher Ware be paid by Select Health.



Despite that decision, Ms. Bateman and I have two different interpretations of the 42 C.F.R. 438.114. I am enclosing that regulation for your review as well. At this time, I am requesting that you please review this information and provide myself, and Select Health, with DHHS' interpretation of this Federal Regulation.

I look forward to hearing from you in this regard at your earliest convenience so that we may resolve this particular issue.

Should you have any questions, or require any further information, please feel free to contact me. I look forward to hearing from you. With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.



Lawrence A. Laddaga

LAL/jrb  
Enclosures

cc: Lee Robinson  
Ms. Julie M. Bateman, RN, CCM



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TELEPHONE  
(843) 207-5040  
FAX  
(843) 207-5045

February 15, 2012

Ms. Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina  
P.O. Box 40849  
Charleston, SC 29423

RE: Provider:	Greenville Hospital System Greenville Memorial Hospital
Patient:	Christopher Ware
Dates of Service:	02/19/11 - 02/24/11
Account Number:	08-0011150461
Discharge Balance:	\$42,305.40
Member ID#:	6634525301

Dear Ms. Bateman:

Please be advised that I represent Greenville Hospital System ("GHS") regarding the above referenced account/claim.

My understanding of the facts is as follows. On February 19, 2011, this eleven (11) year old male presented to my client's emergency room department due to fracture to his left femur. The patient was treated in the ER and orthopedic surgery was performed. He was discharged from GHS on February 24, 2011. On March 8, 2011 Christopher Ware's mother advised my client that he was covered by First Choice/Select Health. The Hospital contacted Select Health for authorization and submitted a bill, but it was denied for late notification. The Hospital submitted an appeal for a retro-authorization however the denial was upheld.

The Code of Federal Regulations is quite clear that a MCO must pay for emergency services regardless of whether the provider notifies the MCO. Christopher Ware was brought to the emergency department of GHS with a fractured femur. I do not understand why my client has not received payment for the emergency and poststabilization services provided.


I have enclosed a copy of the UB-04 and itemized bill for this admission. If you require copies of the medical records in order for Select Health to determine when the patient was stabilized, please let me know.



With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.

  
Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

David Smith@SCDHHS







REPORT 5111

PAGE 3, 17, 11

PATIENT NAME: WARE, CHRISTOPHER CYRUS  
ADM DATE: 02/19/11  
DIS DATE: 02/24/11  
ET: 53  
FO: 53  
SPU: 393  
LOB: 08/17/83 JOHN CLEWIS CHANDLER

Physician Name

SERVICE POSTING PROCEDURE  
DATE DATE NUMBER DESCRIPTION CPT4 QTY UNIT AMT TOTAL  
AMT

ROOM AND BOARD

6504 2 5 DAYS AT

810.00

TOTAL ROOM AND BOARD

PHARMACY

4,550.00

02/19/11 02/21/11 041565 SOL NS 1000CC POUR BOTTL 1 84.00 84.00  
02/19/11 02/20/11 097005 HYDROCODONE/ACET 5MG/500 2 5.50 11.00  
02/19/11 02/21/11 814979 PROPOFOL 200MG/20ML 20ML 1 35.00 35.00  
02/19/11 02/21/11 837556 LIDOCAINE 1% 20ML MDV IN 1 35.00 35.00  
02/19/11 02/21/11 843656 ROCURONIUM 5MG/0.5ML INC 1 35.00 35.00  
TOTAL PHARMACY FOR 02/19/11 200.00

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TOTAL PHARMACY FOR 02/20/11 27.50

02/21/11 02/21/11 097005 HYDROCODONE/ACET 5MG/500 6 5.50 33.00  
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TOTAL PHARMACY FOR 02/24/11 11.00

IV SOLUTIONS

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TOTAL IV SOLUTIONS FOR 02/20/11 84.00

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Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615 3556  
864-454-8611 (local) or long distance 1-800-998-8595 (toll free)



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DATE: 02/19/11  
PAGE: 3  
DATE: 02/19/11  
PAGE: 3

ACCOUNT NO	PATIENT NAME	Adm Date	Dis Date	PT	RC	SPC	DOB	Physician Name
00001150461	WARE, CHRISTOPHER TYRESE	02/19/11	02/24/11	I	56	059	06/17/93	JORN CLAYTON CHAMBERLAIN
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	QTY	UNIT	AMT	TOTAL AMT
02/19/11	02/19/11	063607	XR TIBIA/FIBULA 2V-14642		1		398.50	398.50
02/19/11	02/19/11	065856	XR FLUORO 41HR -15584		1		653.40	653.40
TOTAL RADIOLOGY - DIAGNOSTIC FOR 02/19/11								
TOTAL RADIOLOGY - DIAGNOSTIC								
CHEST X-RAY								
02/19/11	02/19/11	061207	XR CHEST LVIEW -31882		1		237.00	237.00
TOTAL CHEST X-RAY FOR 02/19/11								
TOTAL CHEST X-RAY								
CT SCAN - HEAD								
02/19/11	02/19/11	066804	CT HEAD W/O CONTRA-32625		1		2011.00	2011.00
TOTAL CT SCAN - HEAD FOR 02/19/11								
TOTAL CT SCAN - HEAD								
CT SCAN - BODY								
02/19/11	02/19/11	064482	CT C-SPINE W/O CONTRA-32625		1		2688.40	2688.40
TOTAL CT SCAN - BODY FOR 02/19/11								
TOTAL CT SCAN - BODY								
OPERATING ROOM SERVICES								
02/19/11	02/21/11	468513	OR TIME 091-120 MIN LEV		1		10531.50	10531.50
TOTAL OPERATING ROOM SERVICES FOR 02/19/11								
TOTAL OPERATING ROOM SERVICES								
ANESTHESIA								
02/19/11	02/21/11	550583	ANESTHESIA GENERAL INTL		1		635.00	635.00
02/19/11	02/21/11	550641	ANESTHESIA GENERAL 31-12		1		1290.00	1290.00
TOTAL ANESTHESIA FOR 02/19/11								
TOTAL ANESTHESIA								
PHYSICAL THERAPY								
02/21/11	02/22/11	445381	PT GAIT TRAINING 15 MIN		2		90.00	180.00
TOTAL PHYSICAL THERAPY FOR 02/21/11								
TOTAL PHYSICAL THERAPY								
02/22/11	03/22/11	445381	PT GAIT TRAINING 15 MIN		2		90.00	180.00
TOTAL PHYSICAL THERAPY FOR 02/21/11								
TOTAL PHYSICAL THERAPY								
PATIENT FINANCIAL SERVICES								
02/19/11	02/21/11	864-454-6611	(local) or long distance 1-800-998-8993 (toll free)		3		29.00	270.00



E - A I L R - L

ACCOUNT NO

PATIENT NAME

DATE 02/01/11  
 PAGE: 4

0000130461 NAME, CHRISTOPHER CYRUS  
 02/19/11 02/24/11 1 55 039 06/11/95 JOHN CLAYTON CHANDLER

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	QTY	UNIT	TOTAL AMT
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02/22/11 02/22/11 445105 PT THERAPEUTIC ACTIVITY

TOTAL PHYSICAL THERAPY FOR 02/22/11	97530	2	100.00	200.00
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02/23/11 02/24/11 445181 PT GAIT TRAINING 15 MIN

02/23/11 02/24/11 445405 PT THERAPEUTIC ACTIVITY	97116	2	90.00	180.00
TOTAL PHYSICAL THERAPY FOR 02/23/11	97530	1	100.00	100.00

02/24/11 02/24/11 445369 PT NEUROMUSCULAR RE-EDUC

TOTAL PHYSICAL THERAPY FOR 02/24/11	97112	2	100.00	200.00
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TOTAL PHYSICAL THERAPY

02/21/11 02/22/11 464044 PT EVALUATION

TOTAL PHYSICAL THERAPY EVALUATI FOR 02/21/11	97001	1	300.00	300.00
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TOTAL PHYSICAL THERAPY EVALUATI

EMERGENCY ROOM

02/19/11 02/21/11 271245 ED FEE LEVEL V  
 02/19/11 02/21/11 546009 ER THERAPYPRO/DX IV PUSH  
 02/19/11 02/21/11 546098 ER THERAPYPRO/DX IV BUS

TOTAL EMERGENCY ROOM FOR 02/19/11	99285	1	1500.00	1,500.00
	96376	1	161.20	161.20
	96374	1	192.70	192.70

TOTAL EMERGENCY ROOM

02/20/11 02/21/11 026011 02 SAT MULTIPLE DETERIMI

TOTAL PULMONARY FUNCTION FOR 02/20/11	94761	3	85.00	255.00
---------------------------------------	-------	---	-------	--------

02/21/11 02/22/11 026011 02 SAT MULTIPLE DETERIMI

TOTAL PULMONARY FUNCTION FOR 02/21/11	94761	1	85.00	85.00
---------------------------------------	-------	---	-------	-------

02/22/11 02/23/11 026011 02 SAT MULTIPLE DETERIMI

TOTAL PULMONARY FUNCTION FOR 02/22/11	94761	3	85.00	255.00
---------------------------------------	-------	---	-------	--------

02/23/11 02/24/11 026011 02 SAT MULTIPLE DETERIMI

TOTAL PULMONARY FUNCTION FOR 02/23/11	94761	2	85.00	170.00
---------------------------------------	-------	---	-------	--------

02/24/11 02/25/11 026011 02 SAT MULTIPLE DETERIMI

TOTAL PULMONARY FUNCTION FOR 02/24/11	94761	1	85.00	85.00
---------------------------------------	-------	---	-------	-------

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3576

864-454-8611 (local) or long distance 1-800-998-8995 (toll free)  
 85.00







February 21, 2012

Greenville Memorial Hospital  
701 Grove Road  
Greenville, SC 29605

**RECEIVED**  
FEB 23 2012

Dear Greenville Memorial Hospital:

Re: Member: Christopher Ware  
Member ID: 40127749-01  
DOS: 02/19/11-02/24/11  
TOS: Inpatient Admission

We have reviewed dispute regarding payment of inpatient stay from 02/19/11 to 02/24/11. Select Health has denied inpatient stay for the above dates of services.

The request for payment exceeds the 365 days for claim payment as well as the standard 90 days to file a provider dispute.

Letter that was received from Laddaga and Garrett states that an appeal for retro-authorization was submitted and denial was upheld. The right to appeal is reserved for members only; providers have the right to dispute claims payment issues. However, there is no documentation on file regarding a request for a retro-authorization for the above member. The only request that is on file is a request for inpatient admission, which was denied for late notification.

The request for inpatient services with DOS 02/19/2011-02/24/2011 will remain denied for late notification and exceeding 365 days for claims processing.

If you have any other questions, please call the Dispute Coordinator at 888.559.1010.

Sincerely,

Dispute Coordinator  
Medical Affairs Department

CC: Laddaga-Garrett, P.A





**LADDAGA & GARRETT, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW  
POST OFFICE BOX 62498  
NORTH CHARLESTON, SOUTH CAROLINA 29419

LAWRENCE A. LADDAGA

[laddaga@selecthhs.com](mailto:laddaga@selecthhs.com)  
LINDA C. GARRETT

[garrett@selecthhs.com](mailto:garrett@selecthhs.com)

TELEPHONE  
(843) 207-5040  
FAX  
(843) 207-5045

February 27, 2012

Ms. Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina  
P.O. Box 40849  
Charleston, SC 29423

RE:	Provider:	Greenville Hospital System Greenville Memorial Hospital
	Patient:	Christopher Ware
	Dates of Service:	02/19/11 - 02/24/11
	Account Number:	08-0011150461
	Discharge Balance:	\$42,305.40
	Member ID#:	6634525301

Dear Ms. Bateman:

I am in receipt of Select Health's letter dated February 21, 2012 with regard to the above claim. I am enclosing a copy for your information.

This correspondence appears to be a another denial for the inpatient services provided to this minor child February 19, 2011 through February 24, 2011. As I stated in my letter to you dated February 15, 2012, we were aware of that denial, however, the Code of Federal Regulations is quite clear that a MCO must pay for emergency services regardless of whether the provider notifies the MCO. Select Health's letter does not mention payment for those services.

Please let me know when my client can expect to receive payment for the emergency and poststabilization services provided. I look forward to hearing from you. With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.



Lawrence A. Laddaga

LAL/jrb  
Enclosure  
cc: Lee Robinson  
David Smith@SCDHHS



March 6, 2012

**RECEIVED**  
MAR 12 2012

Laddaga & Garrett, P.A.  
ATTN: Linda Garrett  
P.O. Box 62498  
North Charleston, SC 29419

Re: Provider  
Patient:  
Dates of Service:  
Member ID:

Greenville Hospital System  
Christopher Ware  
2-19-11 to 2-24-11  
40127749-01

Dear Mr. Laddaga,

I am in receipt of your letter dated February 27, 2012. Your letter references the Code of Federal Regulations regarding emergency services.

42 C.F.R. 438.114 states a payor may not "refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's ...MCO,...of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services."

Mr. Ware was seen on an emergent basis on February 19, 2011. Select Health was not notified until March 8, 2011 of his treatment and subsequent admission. This case is also beyond the filing deadline of 365 days.

Sincerely,



Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina



**§438.115**

**42 CFR Ch. IV (10-1-11 Edition)**

- (b) *Coverage and payment. General rule.* The following entities are responsible for coverage and payment of emergency services and poststabilization care services.
- (1) The MCO, PIHP, or PAHP.
  - (2) The POCM that has a risk contract that covers these services.
  - (3) The State, in the case of a POCM that has a fee-for-service contract.
  - (c) *Coverage and payment. Emergency services.*—(1) The entities identified in paragraph (b) of this section—
    - (i) Must cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with the MCO, PIHP, PAHP, or POCM; and
    - (ii) May not deny payment for treatment obtained under either of the following circumstances:
      - (A) An enrollee had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in paragraphs (1), (2), and (3) of the definition of *emergency medical condition* in paragraph (a) of this section.
      - (B) A representative of the MCO, PIHP, PAHP, or POCM instructs the enrollee to seek emergency services.
  - (2) A POCM must—
    - (i) Allow enrollees to obtain emergency services outside the primary care case management system regardless of whether the case manager referred the enrollee to the provider that furnishes the services; and
    - (ii) Pay for the services if the manager's contract is a risk contract that covers those services.
  - (d) *Additional rules for emergency services:* (1) The entities specified in paragraph (b) of this section may not—
    - (i) Limit what constitutes an emergency medical condition with reference to paragraph (a) of this section, on the basis of lists of diagnoses or symptoms; and
    - (ii) Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's primary care provider, MCO, PIHP, PAHP or applicable State entity of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services.
  - (2) An enrollee who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.
  - (3) The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in paragraph (b) of this section as responsible for coverage and payment.
  - (e) *Coverage and payment. Poststabilization care services.* Poststabilization care services are covered and paid for in accordance with provisions set forth at §432.113(c) of this chapter. In applying those provisions, reference to "M+C organization" must be read as reference to the entities responsible for Medicaid payment, as specified in paragraph (b) of this section.
  - (f) *Applicability to PIHPs and PAHPs.* To the extent that services required to treat an emergency medical condition fall within the scope of the services for which the PIHP or PAHP is responsible, the rules under this section apply.

[67 FR 41095, June 14, 2002; 67 FR 65505, Oct. 25, 2002]

**§438.116 Solvency standards.**

- (a) *Requirement for assurances* (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid enrollees will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent.
- (2) Federally qualified HMOs, as defined in section 1310 of the Public Health Service Act, are exempt from this requirement.
- (b) *Other requirements*—(1) *General rule.* Except as provided in paragraph (b)(2) of this section, an MCO or PIHP, must meet the solvency standards established by the State for private health maintenance organizations, or



## Criteria for Medicaid & Medicaid Services, HMS

§ 438.114

PCOM must comply with the following requirements:

- (i) Provides that the entity—
  - (1) Does not distribute any marketing materials without first obtaining State approval;
  - (ii) Distributes the materials to its entire service area as indicated in the contract;
  - (iii) Complies with the information requirements of § 438.10 to ensure that, before enrolling, the recipient receives, from the entity or the State, the accurate oral and written information he or she needs to make an informed decision on whether to enroll;
  - (iv) Does not seek to influence enrollment in conjunction with the sale or offering of any private insurance; and
  - (v) Does not, directly or indirectly, engage in door-to-door, telephone, or other cold-call marketing activities.
- (2) Specify the methods by which the entity assures the State agency that the marketing, including plans and materials, is accurate and does not mislead, confuse, or defraud the recipients or the State agency. Statements that will be considered inaccurate, false, or misleading include, but are not limited to, any assertion or statement (whether written or oral) that—
  - (i) The recipient must enroll in the MCO, PIHP, PAHP, or PCOM in order to obtain benefits or in order to not lose benefits; or
  - (ii) The MCO, PIHP, PAHP, or PCOM is endorsed by CMS, the Federal or State government, or similar entity.
- (c) *State agency review.* In reviewing the marketing materials submitted by the entity, the State must consult with the Medical Care Advisory Committee established under § 431.12 of this chapter or an advisory committee with similar membership.

### § 438.106 Liability for payment.

Each MCO, PIHP, and PAHP must provide that its Medicaid enrollees are not held liable for any of the following:

- (a) The MCO's, PIHP's, or PAHP's debts, in the event of the entity's insolvency.
- (b) Covered services provided to the enrollee, for which—
  - (1) The State does not pay the MCO, PIHP, or PAHP; or

- (2) The State, or the MCO, PIHP, or PAHP does not pay the individual or health care provider that furnishes the services under a contractual, referral, or other arrangement.
- (c) Payments for covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the enrollee would owe if the MCO, PIHP, or PAHP provided the services directly.

### § 438.108 Cost sharing.

The contract must provide that any cost sharing imposed on Medicaid enrollees is in accordance with §§ 447.50 through 447.60 of this chapter.

### § 438.114 Emergency and poststabilization services.

(a) *Definitions.* As used in this section—

*Emergency medical condition* means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- (1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
- (2) Serious impairment to bodily functions.
- (3) Serious dysfunction of any bodily organ or part.

*Emergency services* means covered inpatient and outpatient services that are as follows:

- (1) Furnished by a provider that is qualified to furnish these services under this title.
- (2) Needed to evaluate or stabilize an emergency medical condition.

*Poststabilization care services* means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or, under the circumstances described in paragraph (e) of this section, to improve or resolve the enrollee's condition.



Administrative Division in the appeal matter of County  
Respondent, Inc. v. Respondents  
Appeals' Cases #11-0028C-143

Reopening Date: June 17, 2011

#### JURISDICTION

This case is adjudicated under the authority granted by the South Carolina General Assembly to the South Carolina Department of Health and Human Services to administer various programs and grants (See, e.g., S.C. Code Ann. 44-6-10, et seq.). The appeal has been conducted pursuant to the provisions of the Appeals and Hearings regulations of the South Carolina Department of Health and Human Services (Reg. 126-150, et seq.) and the South Carolina Administrative Procedures Act (S.C. Code Ann. 1-23-310, et seq.).

#### ISSUE

The issue is whether the decision of the Respondent's (South Carolina Department of Health and Human Services) agent (First Choice by Select Health of South Carolina) was correct to deny a claim of \$118,043.01 for Medicaid recipient #9260044801 due to lack of prior approval.

#### STATEMENT OF THE CASE

This matter was commenced by the filing of an appeal by the Petitioner's representative with SCDHHS' Division of Appeals on May 4, 2011. By Notice of Hearing of May 16, 2011, a hearing was scheduled for June 17, 2011.

On June 1, 2011, Vicki Johnson, Assistant General Counsel with SCDHHS filed a Motion to Dismiss with this Hearing Officer. Subsequently, on June 7, 2011, a conference call was conducted to hear argument on the matter. Participating in the call was Ms. Johnson, Ms. Linda C. Garrett, Petitioner's attorney, and this Hearing Officer, Vastine G. Crouch. After hearing both parties' arguments, this Hearing Officer denied Respondent's motion.

By email of June 9, 2011, Ms. Johnson reasserted her Motion to Dismiss with argument. By reply email of June 11, 2011, this Hearing Officer again denied the motion.

A hearing was convened on June 17, 2011. The Petitioner was represented by Linda C. Garrett, Esquire. The Respondent was represented by Julie Bateman of Select Health of South Carolina. Also in attendance for the Respondent were David



Smith, Jeff Bryson and Jennifer Campbell of SCDHHS. The hearing Officer was Vastine G. Crouch.

The undisputed facts of the case are these. Medicaid beneficiary 9260044801 was transported to Conway Hospital by Emergency Medical Services on May 14, 2010, at 1:46 pm. Beneficiary was reported by Emergency Room personnel as in distress. Although awake, beneficiary was unable to give history of medications taken, pain level, etc. Beneficiary had acute renal failure, rhabdomyolysis and respiratory failure. Beneficiary was admitted to the Critical Care Unit at 5:26 pm. After beneficiary was stabilized, he was transferred to the general medical floor of Conway Hospital, where he received dialysis, physical and occupational therapies and other treatments. Beneficiary was discharged to Waccamaw Rehabilitation on June 8, 2010. The Petitioner did not contact the Respondent regarding the beneficiary's treatment until after he was discharged.

#### **FINDINGS OF FACT**

Having observed the witnesses and exhibits presented at the hearing and closely passed upon their credibility, and considering the burden of persuasion by the parties, I make the following Findings of Fact by a preponderance of the evidence:

1. The beneficiary arrived at Conway Hospital in an emergency medical condition, and I so find;
2. Conway Hospital provided appropriate emergency services to the beneficiary, and I so find;
3. The beneficiary was admitted to Conway Hospital's Critical Care Unit and provided stabilization care services for an unspecified number of days, and I so find (See, Petitioner's exhibit #1);
4. After the beneficiary was stabilized, he was transferred to the general medical floor of Conway Hospital and then transferred to Waccamaw Rehabilitation on June 8, 2010, and I so find (See, Petitioner's exhibit #4);
5. The Petitioner made no attempt to contact the Respondent or notify the Respondent of the beneficiary's treatment until some point after the beneficiary was discharged from Conway Hospital, and I so find.



CONCLUSIONS OF LAW

Based upon the above findings of fact and the testimony put forth in this case, I conclude the following as a matter of law:

1. In accordance with 42 C.F.R. 438.114(a), the beneficiary had an emergency medical condition on May 14, 2010;
2. In accordance with 42 C.F.R. 438.114(a), the beneficiary received emergency and poststabilization services from the Petitioner beginning on May 14, 2010;
3. In accordance with 42 C.F.R. 438.114(b), the Respondent is responsible for emergency and poststabilization services;
4. In accordance with 42 C.F.R. 438.114(c), the Respondent must cover and pay for emergency medical services;
5. In accordance with 42 C.F.R. 438.114(d)(1), the Respondent "...may not (ii) Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's ...MCO, ...of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services.";
6. In accordance with 42 C.F.R. 438.114(d)(2), "an enrollee who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.";
7. In accordance with 42 C.F.R. 438.114(d)(3), "The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in paragraph (b) of this section as responsible for coverage and payment.";
8. In accordance with 42 C.F.R. 438.114(e), poststabilization care services are covered in accordance with §422.113(c);
9. In accordance with 42 C.F.R. 422.113(c)(2)(iii), the Respondent is financially responsible for post-stabilization care services obtained within or outside of the MA organization that are not pre-approved by a plan



Provider or other MA organization representative, but administered to maintain, improve, or resolve the enrollee's stabilized condition if.

(A) The MA organization does not respond to a request for pre-approval . . . .

(B) The MA organization cannot be contacted; or

(C) The MA organization representative and the treating physician cannot reach an agreement concerning the enrollee's care . . . .


#### DECISION

Based on the Findings of Fact and Conclusions of Law, the decision of the Respondent is **reversed in part**.

The Respondent is responsible for the emergency services and the critical care services provided during the period that the beneficiary was in the critical care unit of the Petitioner.

The Respondent is not responsible for post-stabilization care services after the beneficiary was transferred to the general population of the hospital because the Respondent A) did not fail to respond to a request for pre-approval within one (1) hour; B) the Petitioner was not unable to contact the Respondent; C) the Respondent's representatives and the treating physician were not unable to reach an agreement concerning the enrollee's care because the Respondent was uninformed of the beneficiary's treatment.

AND IT IS SO ORDERED.

  
Vastine G. Crouch  
Hearing Officer

DATED AT COLUMBIA,  
South Carolina

November 8, 2011



# LADDAGA & GARRETT, P.A.

ATTORNEYS AND COUNSELORS AT LAW

POST OFFICE BOX 62498

NORTH CHARLESTON, SOUTH CAROLINA 29419

LAWRENCE A. LADDAGA

[laddaga@sehealthlaw.com](mailto:laddaga@sehealthlaw.com)

LINDA C. GARRETT

[garrett@sehealthlaw.com](mailto:garrett@sehealthlaw.com)

TELEPHONE  
(843) 207-5040

FAX  
(843) 207-5045

March 15, 2012

David Smith

South Carolina Department of

Health and Human Services

Division of Managed Care

Post Office Box 8206

Columbia, SC 29202-8206



COPY

RE: Provider:

Greenville Hospital System

Greenville Memorial Hospital

Patient:

Gloria Bowen

Dates of Service:

06/27/11 - 07/01/11

Account Number:

08-0013442556

Discharge Balance:

\$20,217.50

Member ID#:

1836077501

Dear Mr. Smith:

I represent Greenville Hospital System concerning the above claim and have been copying you on my correspondence to Select Health in this regard. Accordingly I am enclosing a copy of the letter I received from Julie Bateman at Select Health which is in response to mine dated March 5, 2012 (copy also enclosed).

As I explained in my letter of this same date concerning another claim for this provider, I am writing today to request your assistance in resolving the issue of the interpretation of 42 C.F.R. 438.114.

I look forward to hearing from you so that we may resolve this particular issue. With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.

Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

Ms. Julie M. Bateman, RN, CCM





Select Health

of South Carolina, Inc.  
*An AmeriHealth Mercy Company*

South Carolina  
HealthyConnections

RECEIVED  
MAR 14 2012

March 8, 2012

Laddaga & Garrett, P.A.  
P.O. Box 62498  
North Charleston, SC 29419

Re: Provider  
Patient:  
Dates of Service:  
Member ID:

Greenville Hospital System  
Gloria Bowen  
6/27/11-07/01/11  
40224361-01

Dear Mr. Laddaga,

Select Health is in receipt of your letter dated March 5, 2012. Your letter references the Code of Federal Regulations regarding emergency services.

42 C.F.R. 438.114 states a payor may not "refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's ...MCO,...of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services."

Ms. Bowen was seen emergently June 27, 2011. Select Health was not notified until July 11, 2011 via a billed charge for her treatment and subsequent admission. A provider dispute was received on July 21, 2011 and processed. Greenville Hospital System failed to notify Select Health of emergency assessment and treatment within 10 calendar days of presentation.

Sincerely

Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina





LADDAGA & GARRETT, P.A.  
ATTORNEYS AND COUNSELORS AT LAW  
POST OFFICE BOX 62498  
NORTH CHARLESTON, SOUTH CAROLINA 29416

LAWRENCE A. LADDAGA  
laddaga@selecthealthny.com  
LINDA C. GARRETT  
linda@selecthealthny.com

TELEPHONE  
(843) 207-5040  
FAX  
(843) 207-5045

March 5, 2012

Ms. Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina  
P.O. Box 40849  
Charleston, SC 29423

RE: Provider:	Greenville Hospital System Greenville Memorial Hospital
Patient:	Gloria Bowen
Dates of Service:	06/27/11 - 07/01/11
Account Number:	08-0013442556
Discharge Balance:	\$20,217.50
Member ID#:	1836077501

Dear Ms. Bateman:

Please be advised that I represent Greenville Hospital System ("GHS") regarding the above referenced account/claim.

My understanding of the facts is as follows. In the early hours of June 27, 2011, this sixty (60) year old female presented to my client's emergency room department experiencing COPD exacerbation. The patient was treated in the ER and subsequent thereto, her treating physician ordered her admission. Ms. Bowen was treated until her discharge on July 1, 2011. Upon her discharge, the Hospital filed a claim with Select Health which denied for no authorization. My client filed an appeal with Select Health, however the original decision was upheld. In its denial, Select Health states they require members to use plan participating doctors and hospitals "*unless the treatment is provided in an actual emergency.*" GHS IS a participating hospital and Ms. Bowen's treatment began in the emergency room.

The Code of Federal Regulations is quite clear that a MCO must pay for emergency services regardless of whether the provider notifies the MCO. Gloria Bowen presented to the emergency department of GHS after experiencing COPD exacerbation, where she was treated until her admission. I do not understand why my client has not received payment for the emergency and poststabilization services provided.

I have enclosed a copy of the UB-04 and itemized bill for this admission. The medical records were previously submitted with my client's appeal, however, if Select Health requires an additional copy to determine when the patient was stabilized, please let me know and we will provide same.



provide same.

With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.



Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

J. Michael Jernigan, CEO, Select Health  
David Smith@SCDHHS



GREENVILLE MEMORIAL  
701 GROVE ROAD  
GREENVILLE SC 29605-6111  
8344343611 3364341031  
GREENVILLE

DATE	080012442534	0003
TIME	971418003	
REF. NO.	9	11

LONDON, KY 40143

WATER CO.	43 DECEMBER
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0110	ROOM-BOARD/PVT	41 WORKS / RATE / NPFS / OCCS	46 RESID DATE	48 SERV. UNITS	47 TOTAL CHARGES	49 NON-COVERED CHARGES
0110	ROOM-BOARD/PVT	810.00		2	-62000	
0250	PHARMACY	1380.00		2	275000	
0255	DRUGS/RADIOLOGY			156	115850	
0256	IV SOLUTIONS			1	6750	
0271	NON-STER SUPPLY			5	42000	
0300	LABORATORY			86	120400	
0301	LAB/CHEMISTRY			3	27610	
0305	LAB/HEMATOLOGY			21	300210	
0306	LAB/BACT-MICRO			4	58780	
0324	DX X-RAY/CHEST			1	19860	
0352	CT SCAN/BODY			3	109060	
0410	RESPIRATORY SVS			1	287900	
0412	INHALATION SVS			19	148580	
0450	EMERGENCY ROOM			1	10000	
0460	PULMONARY FUNCTION			3	180510	
0536	DRUGS/DETAIL CODE			1	24540	
				61	131700	

00001	PAGE 1	OF 1
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**SQ PRAYER NAME**

**CREATION DATE**

1637 MF

WEDGARD-FIRSTCHOI

52 INSURED'S NAME	59 PREFIX	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	OTHER	PRV ID
BOWEN, GLORIA A	18	1836077501				

AS TREATMENT AUTHORIZATION CODES

84 DOCUMENT CONTROL NUMBER	
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[illegible][illegible]

## EO RESULTS

APPROVED ON: 18 NOV 1978-1987

Printed on Recycled Paper

REF ID: A66015

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS

1981







D E T A I L S

DATE: 07/07/11  
PAGE: 2

ACCOUNT NO	PATIENT NAME	Adm Date	Dis Date	PI	PC	SDC	DCS	Physician Name
2001042566	BOWEN, GLORIA ANN	06/27/11	07/01/11	1	83	035	06/10/11	BRADLEY T. COTTER, MD

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CERT	QTY	UNIT AMT	TOTAL AMT
06/29/11	06/29/11	816679	GUAFENESIN 600MG TAB		1	3.50	3.50
06/29/11	06/29/11	816879	GUAFENESIN 600MG TAB		1	3.50	3.50
06/29/11	07/01/11	816875	GUAFENESIN 600MG TAB		4	3.50	14.00
06/29/11	06/25/11	817256	NICOTINE 21MG PATCH		1	3.50	3.50
06/29/11	06/25/11	822275	IPROTROP BROM 0.02% INH		1	3.30	3.30
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
06/29/11	06/29/11	833165	PROTONIX 40MG TAB		1	5.00	5.00
06/29/11	06/29/11	835638	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/29/11	06/29/11	838546	AVELOX 400MG TAB		1	5.00	5.00
TOTAL PHARMACY FOR 06/29/11							61.40

TOTAL PHARMACY FOR 06/29/11							232.50
06/30/11	06/30/11	036002	MDI TX MEDICATION		1	12.00	12.00
06/30/11	06/30/11	054128	PREDNISONE 20MG TAB		2	3.50	7.00
06/30/11	07/01/11	086080	MILK OF MAGNESIA 30ML LI		2	0.70	1.40
06/30/11	06/30/11	095810	FLEET ENEMA 135ML		2	1.70	3.40
06/30/11	06/30/11	806708	HYDROCOD/ACET 7.5MG/500M		6	5.50	33.00
06/30/11	06/30/11	812079	LISINAPRIL 20MG TAB		1	5.10	5.10
06/30/11	06/30/11	816879	GUAFENESIN 600MG TAB		2	3.50	7.00
06/30/11	06/30/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
06/30/11	06/30/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
06/30/11	06/30/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
06/30/11	06/30/11	833165	PROTONIX 40MG TAB		1	5.00	5.00
06/30/11	06/30/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	23.60	23.60
06/30/11	06/30/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/30/11	06/30/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/30/11	06/30/11	838546	AVELOX 400MG TAB		1	5.00	5.00
TOTAL PHARMACY FOR 06/30/11							61.40

TOTAL PHARMACY FOR 06/30/11							186.50
07/01/11	07/01/11	097232	TERAZEPAM 15MG CAP		1	5.50	5.50
07/01/11	07/01/11	806708	HYDROCOD/ACET 7.5MG/500M		4	5.50	22.00
07/01/11	07/01/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
07/01/11	07/01/11	822275	IPROTROP BROM 0.02% INH		1	5.00	5.00
07/01/11	07/01/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
07/01/11	07/01/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
TOTAL PHARMACY FOR 07/01/11							50.00

TOTAL PHARMACY							47.50
TOTAL PHARMACY FOR 07/01/11							1,150.50

06/27/11 06/27/11 577620 OXILAN 350 100ML -29192 Q3967 1 47.50 47.50

PHARMACY - DRUGS INCIDENT

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-1556

864-454-8611 (local) or Long distance 1-800-998-6955 toll free



LET A 11 8111

DATE: 07/07/11  
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ACCOUNT NO. 0001442555 BOWEN, GLOREN ASTOR  
ADM Data DLE Date 06/27/11 07/01/11  
06/27/11 07/01/11  
BRADLEY T. OLIVER, JR.

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
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TOTAL PHARMACY - DRUGS INCIDENT FOR 06/27/11  
TOTAL PHARMACY - DRUGS INCIDENT  
IV SOLUTIONS  
67.50

06/26/11	06/26/11	040693	IV SOLUTION-ED		1	84.00	84.00
06/26/11	06/26/11	040693	IV SOLUTION-ED		1	84.00	84.00
TOTAL IV SOLUTIONS FOR 06/26/11							168.00

06/27/11	06/27/11	449374	IV SOLUTION 250-1000 ML		1	84.00	84.00
06/27/11	06/27/11	449374	IV SOLUTION 250-1000 ML		1	84.00	84.00
TOTAL IV SOLUTIONS FOR 06/27/11							168.00

06/26/11	06/26/11	449374	IV SOLUTION 250-1000 ML		1	84.00	84.00
TOTAL IV SOLUTIONS FOR 06/26/11							84.00
TOTAL IV SOLUTIONS FOR 06/26/11							84.00
TOTAL IV SOLUTIONS							420.00

NON-STERILE SUPPLIES  
06/27/11 06/28/11 033214 MED GAS THERAPY 1 HR  
24 14.00 336.00

TOTAL NON-STERILE SUPPLIES FOR 06/27/11  
336.00

06/26/11	06/29/11	033214	MED GAS THERAPY 1 HR		24	14.00	336.00
TOTAL NON-STERILE SUPPLIES FOR 06/26/11							336.00

06/29/11	06/30/11	033214	MED GAS THERAPY 1 HR		24	14.00	336.00
TOTAL NON-STERILE SUPPLIES FOR 06/29/11							336.00

07/01/11	07/02/11	033214	MED GAS THERAPY 1 HR		14	14.00	196.00
TOTAL NON-STERILE SUPPLIES FOR 07/01/11							196.00
TOTAL NON-STERILE SUPPLIES							156.00
LABORATORY - GENERAL							1,204.00

LABORATORY - GENERAL  
06/26/11 06/28/11 43555 VAMPUNCTURE  
35415 1 25.00

TOTAL LABORATORY - GENERAL FOR 06/26/11  
25.00

06/27/11	06/27/11	039538	COLLECTION, ARTERIAL		1	73.20	73.20
06/27/11	06/27/11	514238	BLOOD GAS W/O2 SAT		1	172.90	172.90
TOTAL LABORATORY - GENERAL FOR 06/27/11							246.10

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-1555  
864-454-8611 (local) or long distance 1-800-998-8955 (toll free)



DATE: 07/07/11  
PAGE: 1

ACCOUNT NO: 10003001  
PATIENT NAME: EOWEN, GLOTTA ACT:R  
ADDRESS: 10003001  
DATE: 06/27/11  
TIME: 07/07/11  
I 83 095 06/10/11  
SPATIALITY T. OLIVER, MT

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	QTY	UNIT	TOTAL AMT
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TOTAL LABORATORY - GENERAL 275.10

06/26/11	06/26/11	01214C	LIPASE	83690	1	150.00	150.00
06/26/11	06/26/11	012231	MAGNESTIUM	83735	1	39.60	39.60
06/26/11	06/26/11	012559	PROSPHORUS	84100	1	26.00	26.00
06/26/11	06/26/11	015518	ALCOHOL, EXCEPT BREATH	82055	1	176.50	176.50
06/26/11	06/26/11	417398	BASIC METABOLIC (TOT CA)	80048	1	208.00	208.00
06/26/11	06/26/11	417423	HEPATIC FUNCTION PANEL	80076	1	182.00	182.00
06/26/11	06/27/11	506261	TROPONIN, QUANT	84484	1	218.80	218.80
TOTAL LAB/CHEMISTRY FOR 06/26/11							1,050.90

06/27/11	06/27/11	010931	CR, TOTAL	82550	1	77.10	77.10
06/27/11	06/27/11	012231	MAGNESTIUM	83735	1	39.60	39.60
06/27/11	06/27/11	012559	PROSPHORUS	84100	1	26.00	26.00
06/27/11	06/27/11	016108	VITAMIN B12	82607	1	168.90	168.90
06/27/11	06/27/11	017714	FOLIC ACID, SERUM	82746	1	113.90	113.90
06/27/11	06/27/11	103106	CK, MB FRACTION ONLY	82553	1	134.40	134.40
06/27/11	06/27/11	208942	MYOGLOBIN	83874	1	135.80	135.80
06/27/11	06/27/11	296551	TROPONIN, QUANT	84484	1	218.80	218.80
06/27/11	06/27/11	296551	TROPONIN, QUANT	84484	1	218.80	218.80
06/27/11	06/27/11	417398	BASIC METABOLIC (TOT CA)	80048	1	208.00	208.00
06/27/11	06/27/11	489996	METHYLMALONIC ACID, QUANT	83921	1	126.50	126.50
TOTAL LAB/CHEMISTRY FOR 06/27/11							1,653.60

06/29/11	06/29/11	012231	MAGNESTIUM	83735	1	39.60	39.60
06/29/11	06/29/11	417398	BASIC METABOLIC (TOT CA)	80048	1	208.00	208.00
TOTAL LAB/CHEMISTRY FOR 06/29/11							297.60

TOTAL LAB/CHEMISTRY 3,002.10

06/26/11	06/26/11	261641	CBC, AUTO, AUTO DIFF	85025	1	135.80	135.80
TOTAL HEMATOLOGY FOR 06/26/11							135.80

06/27/11	06/27/11	261641	CBC, AUTO, AUTO DIFF	85025	1	135.80	135.80
06/27/11	06/27/11	430293	E-DIMER, QUANT	85379	1	180.40	180.40
TOTAL HEMATOLOGY FOR 06/27/11							316.20

06/29/11	06/29/11	018997	CBC, AUTO, AUTO DIFF	85025	1	135.80	135.80
TOTAL HEMATOLOGY FOR 06/29/11							135.80

TOTAL HEMATOLOGY 451.80

LAB/BACT-MICRO 587.80

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556  
864-454-8611 (local) or long distance 1-800-398-8995 (toll free)



32	13
34	24
62	44
12	19
22	22
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ACCOUNT NO	Patient Name	ACR Date	Dis Date	PT	EC	SC	DOB	Physician Name
001044334	LOWEN, GLOEY ANN	06/27/11	07/01/11	I	83	699	06/10/50	BRADLEY T. OLIVER, MD
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT#	QTY	UNIT AMT	TOTAL AMT	
06/26/11	06/26/11	062331	BLOOD CULTURE		1	158.60	158.60	
		TOTAL LAB/FACT-MICRO FOR 06/26/11				158.60		
		TOTAL LAB/FACT-MICRO				158.60		
06/26/11	06/27/11	061252	XR CHEST 2VIEWS		1	396.80	396.80	
		TOTAL CHEST X-RAY FOR 06/26/11				396.80		
		TOTAL CHEST X-RAY				396.80		
06/27/11	06/27/11	061207	XR CHEST 1VIEW		1	257.00	257.00	
		TOTAL CHEST X-RAY FOR 06/27/11				257.00		
06/29/11	06/29/11	061252	XR CHEST 2VIEWS		1	396.80	396.80	
		TOTAL CHEST X-RAY FOR 06/29/11				396.80		
		TOTAL CHEST X-RAY				396.80		
06/27/11	06/27/11	437314	CTA CHEST W/EN/O C-29192		1	2879.00	2,879.00	
		TOTAL CT SCAN - BODY FOR 06/27/11				2,879.00		
		TOTAL CT SCAN - BODY				2,879.00		
06/26/11	06/27/11	484515	AEROSOL THERAPY TREATMEN		3	78.20	234.60	
		TOTAL RESPIRATORY THERAPY FOR 06/26/11				234.60		
06/27/11	06/27/11	484515	AEROSOL THERAPY TREATMEN		2	78.20	156.40	
06/27/11	06/29/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
06/27/11	06/30/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
		TOTAL RESPIRATORY THERAPY FOR 06/27/11				391.00		
06/26/11	06/28/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
		TOTAL RESPIRATORY THERAPY FOR 06/28/11				312.80		
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN		1	78.20	78.20	
		TOTAL RESPIRATORY THERAPY FOR 06/29/11				234.60		
Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556								
864-454-8611 (local) or long distance 1-800-998-8995 (toll free)								







D E T A I L S I N L

DATE: 07/01/11  
PAGE: 7

ACCOUNT NO	PATIENT NAME	Adm Date	Dis Date	FT	PC	SPC	DOB	PHYSICIAN NAME
0601041256	BOWEN, GLOTTA ANN	06/27/11	07/01/11	1	93	099	06/10/51	BRADLEY T. OLIVER, MD
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT	TOTAL AMT	
06/26/11	06/28/11	091894	SOLU MEDROL 125MG INJ	12930	2	35.00	70.00	
06/28/11	06/28/11	806015	HEPARIN 5000U/ML 1ML INJ	31644	1	35.00	35.00	
06/28/11	06/29/11	806015	HEPARIN 5000U/ML 1ML INJ	31644	1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/28/11					4	105.00	105.00	
06/29/11	06/29/11	806015	HEPARIN 5000U/ML 1ML INJ	31644	2	35.00	70.00	
06/29/11	06/30/11	806015	HEPARIN 5000U/ML 1ML INJ	31644	1	35.00	35.00	
06/29/11	06/29/11	828306	MORPHINE 5MG/ML 1ML INJ	32270	1	35.00	35.00	
06/29/11	06/29/11	850860	MAG SULFATE 2GM/NS 50ML	33475	2	134.00	268.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/29/11							408.00	
06/30/11	06/30/11	806015	HEPARIN 5000U/ML 1ML INJ	31644	2	35.00	70.00	
06/30/11	07/01/11	806015	HEPARIN 5000U/ML 1ML INJ	31644	1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 07/01/11					3		105.00	
TOTAL DRUGS REQUIRING DETAIL CO							35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 07/01/11							35.00	
PRO FEES-EMERGENCY ROOM							1,317.00	
06/26/11	06/26/11	233409	99285 ER MD-LEVEL V	99285	1	525.00	525.00	
TOTAL PRO FEES-EMERGENCY ROOM							525.00	
TOTAL PRO FEES-EMERGENCY ROOM FOR 06/26/11							525.00	
TOTAL CHARGES							20,772.50	

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556  
864-454-8611 (local) or long distance 1-800-398-8995 (toll free)





Select Health

100 South Main Street  
Greenville, SC 29605

South Carolina  
HealthyConnections

July 28 2011

060013442556

Re

GREENVILLE MEMORIAL HOSPITAL  
701 GROVE ROAD  
GREENVILLE MEMORIAL HOSPITAL  
GREENVILLE SC 29605

Member - Gloria Bowser  
Member ID: 40224361-01  
DOS: 06/27/2011-07/01/2011  
TOS: Inpatient Services  
Reference Number: 11206-0720  
Requesting Provider: Bradley T. Oliver

Dear Greenville Memorial Hospital

We have reviewed your dispute for Inpatient Services on 06/27/2011 through 07/01/2011. The Dispute Committee has decided to uphold the original denial.

After review of the documentation submitted, the Dispute Committee has administratively determined to uphold the initial denial. Select Health requires members use plan participating doctors and hospitals unless the treatment is provided in an actual emergency. All other services require authorization requests to be submitted prior to services being rendered. The above criteria have not been met and have been denied for failure to secure prior authorization

The Dispute Committee that reviewed this case included representatives from Provider Relations, Provider Network Management and Medical Services.

If you have any other questions please call the Dispute Coordinator at 888.559.1010.

Sincerely,

Dispute Committee  
Medical Affairs Department



AUG 18 2011  
KYLEAN STEVENSON



**ELECTRONIC REMITTANCE ADVISE**  
Electronic Reproduction ASC 004010X051A1

GREENVILLE MEMORIAL HOSPITAL  
GREENVILLE HOSPITAL SYSTEM  
CHARLOTTE NC 28260

Medical  
SELECT HEALTH PLAN  
200 STEVENS DRIVE  
PHILADELPHIA PA 19113

CHECK/EFT: 20110711121000530000610025 CHECK DATE: 07/11/2011

**BOWEN, GLORIA A**

Account: 080013442356 POS: HIC: 40224361 ICN: 201041891700 Provider: 1689624900 20003145 576007863  
Status: Processed as Primary

PreProv	SrvDate	NOS	REV	Proc/Mod	Billed	Allowed	Deduct	Coins	FC-Amt	Paid	CAS Summary
FC	06/27/2011			HC:00000	0.00						
FC	06/29/2011		0110	HC:00000	1,820.00				1,820.00	0.00	OA 197 0.00 HE M62
FC	06/27/2011		0110	HC:00000	2,760.00				2,760.00	0.00	OA 197 1,620.00 HE M62
FC	06/27/2011		0250	HC:00000	1,158.50				1,158.50	0.00	OA 197 2,760.00 HE M62
FC	06/27/2011		0255	HC:00000	67.50				67.50	0.00	OA 197 1,158.50 HE M62
FC	06/27/2011		0258	HC:00000	420.00				420.00	0.00	OA 197 67.50 HE M62
FC	06/27/2011		0271	HC:00000	1,204.00				1,204.00	0.00	OA 197 420.00 HE M62
FC	06/27/2011		0300	HC:00000	276.10				276.10	0.00	OA 197 1,204.00 HE M62
FC	06/27/2011		0301	HC:00000	3,002.10				3,002.10	0.00	OA 197 276.10 HE M62
FC	06/27/2011		0305	HC:00000	587.80				587.80	0.00	OA 197 3,002.10 HE M62
FC	06/27/2011		0306	HC:00000	198.60				198.60	0.00	OA 197 587.80 HE M62
FC	06/27/2011		0324	HC:00000	1,090.80				1,090.80	0.00	OA 197 198.60 HE M62
FC	06/27/2011		0352	HC:00000	2,879.00				2,879.00	0.00	OA 197 1,090.80 HE M62
FC	06/27/2011		0410	HC:00000	1,485.80				1,485.80	0.00	OA 197 2,879.00 HE M62
FC	06/27/2011		0412	HC:00000	100.00				100.00	0.00	OA 197 1,485.80 HE M62
FC	06/27/2011		0450	HC:00000	1,805.10				1,805.10	0.00	OA 197 100.00 HE M62
FC	06/27/2011		0460	HC:00000	245.40				245.40	0.00	OA 197 1,805.10 HE M62
FC	06/27/2011		0636	HC:00000	1,317.00				1,317.00	0.00	OA 197 245.40 HE M62
REMITTANCE SUMMARY					20,217.50	.00	.00	.00	20,217.50	.00	HE M62 1,317.00
TOTALS					20,217.50	.00	.00	.00	20,217.50	.00	

Denied/Non-Covered: 0.00

OA 197 20,217.50 [Payment adjusted for absence of precertification/ authorization.]  
HE M62 [Missing/incomplete/invalid treatment authorization code.]

\* Denotes denied or non-covered charges



Laddaga - Garrett, P.A.  
Post Office Box 62498  
N. Charleston, SC 29419

**RECEIVED**

APR 20 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



|||||  
Anthony Keck, Director  
South Carolina Department of  
Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206



Log # 000407

April 25, 2012

Lawrence A. Laddaga, Esquire

Post Office Box 62498

North Charleston, South Carolina 29419

Re: Request for Interpretation of 42 CFR 438.114

Dear Mr. Laddaga:

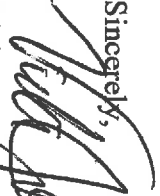
I have reviewed your letter of April 18, 2012, to Director Keck requesting an interpretation of the captioned regulation. It is my understanding from the documents provided that your client, Greenville Hospital System, is in a dispute over payment for rendered services related to the interpretation of this regulation with Select Health of South Carolina, Inc. ("Select Health").

South Carolina Department of Health and Human Services (SCDHHS) contracts with Select Health to provide Medicaid services in accordance with agency policy and state and federal law and regulations. SCDHHS is not the appropriate authority to provide an interpretation of a federal regulation that would be applied to a relationship between Select Health and its provider.

SCDHHS recommends that you contact Select Health's attorney, Robert Tootle, to discuss any opposing interpretations and work to resolve the dispute between the parties. I am copying Mr. Tootle on this letter, and he can be reached directly via email at [robert.tootle@amerihealthmercy.com](mailto:robert.tootle@amerihealthmercy.com) and via telephone at 215.937.8561.

SCDHHS is confident that Greenville Hospital System and Select Health will be able to resolve any issues between themselves.

Sincerely,

  
Vicki Johnson  
Assistant General Counsel

VJ/b

cc: Melanie Giese, Deputy Director, SCDHHS  
Jennifer Campbell, Division of Managed Care, SCDHHS  
Robert E. Tootle, Esquire, Senior Counsel, AmeriHealth Mercy Family of Companies  
200 Stevens Drive, Philadelphia, PA 19113



**LADDAGA & GARRETT, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

POST OFFICE BOX 62498

NORTH CHARLESTON, SOUTH CAROLINA 29419

LAWRENCE A. LADDAGA

[laddaga@sehealthlaw.com](mailto:laddaga@sehealthlaw.com)

LINDA C. GARRETT

[garrett@sehealthlaw.com](mailto:garrett@sehealthlaw.com)

TELEPHONE

(843) 207-5040

FAX

(843) 207-5045

April 18, 2012

**RECEIVED**

Anthony Keck, Director

South Carolina Department of

Health and Human Services

Post Office Box 8206

Columbia, SC 29202-8206

APR 20 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Interpretations of the 42 C.F.R. 438.114

Dear Mr. Keck:

I represent Greenville Hospital System and have recently received some claims which involve Select Health. More particularly, two of these accounts concern Select Health's refusal to issue payment for emergency and post stabilization services rendered at my client's facility citing the above referenced statute. I am enclosing a copy of that statute for your review.

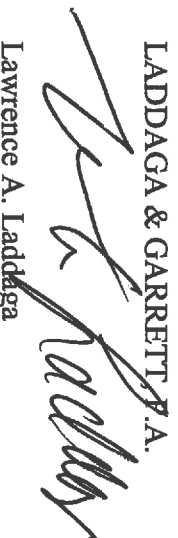
On March 15, 2012 I wrote to David Smith at DHHS in the Division of Managed Care concerning both these claims and asked that this statute be interpreted by SC Department of Health and Human Services so as to resolve this issue with this payer. To date I have not received a response to that letter.

I am enclosing copies of those letters for your review. At this time I am asking for an opinion in order to avoid multiple fair hearings, cost of litigation, and other unnecessary expenses in order to finally resolve this issue.

Should you have any questions, or require any further information, please feel free to contact me. I look forward to hearing from you. With kind regards, I am

Sincerely,

LADDAGA & GARRETT P.A.



Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

Ms. Julie M. Bateman, RN, CCM





Page # 000401

Lawrence A. Laddaga, Esq.  
Post Office Box 62498  
North Charleston, South Carolina 29419

Re: Request for Interpretation of 42 CFR 438.114

Dear Mr. Laddaga:

I have reviewed your letter of April 18, 2012, to Director Keck requesting an interpretation of the

standing from the documents provided that your client, dispute over payment for rendered services related to the Select Health of South Carolina, Inc. ("Select Health").

and Human Services (SCDHHS) contracts with Select accordance with agency policy and state and federal law appropriate authority to provide an interpretation of a to a relationship between Select Health and its provider.

Select Health's attorney, Robert Tootle, to discuss any resolve the dispute between the parties. I am copying Mr. he can be reached directly via email at and via telephone at 215.937.8561.

SCDHHS is confident that Greenville Hospital System and Select Health will be able to resolve any issues between themselves.

Sincerely,

  
Vicki Johnson  
Assistant General Counsel

VJ/b

cc: Melanie Giese, Deputy Director, SCDHHS  
Jennifer Campbell, Division of Managed Care, SCDHHS  
Robert E. Tootle, Esquire, Senior Counsel, AmeriHealth Mercy Family of Companies  
200 Stevens Drive, Philadelphia, PA 19113

Byron -  
• file for sent.  
Tony would like  
to know ->  
Please advise - this  
don

Bum-15  
this was orig?  
The Jan 6/14

Byron - ✓

D- we want to hear.  
Byron sent  
TK



**LADDAGA & GARRETT, P.A.**

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NORTH CHARLESTON, SOUTH CAROLINA 29419

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April 18, 2012

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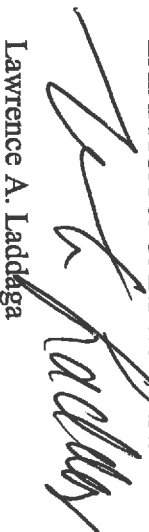
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Sincerely,

LADDAGA & GARRETT, P.A.



Lawrence A. Laddaga

LAL/jrb  
Enclosures

cc: Lee Robinson  
Ms. Julie M. Bateman, RN, CCM



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>4-20-12</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011407</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc Mr. Fack, Singleton cleared 4/25/12, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-1-12</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.			<i>With Johnson is</i>
2.			<i>Asst. Dir w/ Response.</i>
3.			
4.	<i>STARS</i>		



# LADDAGA & GARRETT, P.A.

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April 18, 2012

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APR 20 2012

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Sincerely,

LADDAGA & GARRETT P.A.



Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

Ms. Julie M. Bateman, RN, CCM



(b) *Coverage and payment: General rule.* The following entities are responsible for coverage and payment of emergency services and poststabilization care services.

(1) The MCO, PIHP, or PAHP.

(2) The POCM that has a risk contract that covers these services.

(3) The State, in the case of a POCM that has a fee-for-service contract.

(c) *Coverage and payment: Emergency services.*—(1) The entities identified in paragraph (b) of this section—

(i) Must cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with the MCO, PIHP, PAHP, or POCM; and

(ii) May not deny payment for treatment obtained under either of the following circumstances:

(A) An enrollee had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in paragraphs (1), (2), and (3) of the definition of *emergency medical condition* in paragraph (a) of this section.

(B) A representative of the MCO, PIHP, PAHP, or POCM instructs the enrollee to seek emergency services.

(2) A POCM must—

(i) Allow enrollees to obtain emergency services outside the primary care case management system regardless of whether the case manager referred the enrollee to the provider that furnishes the services; and

(ii) Pay for the services if the manager's contract is a risk contract that covers those services.

(d) *Additional rules for emergency services:* (1) The entities specified in paragraph (b) of this section may not—

(i) Limit what constitutes an emergency medical condition with reference to paragraph (a) of this section, on the basis of lists of diagnoses or symptoms; and

(ii) Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's primary care provider, MCO, PIHP, PAHP or applicable State entity of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services.

(2) An enrollee who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.

(3) The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in paragraph (b) of this section as responsible for coverage and payment.

(e) *Coverage and payment: Poststabilization care services.* Poststabilization care services are covered and paid for in accordance with provisions set forth at §422.113(c) of this chapter. In applying those provisions, reference to "M+O organization" must be read as reference to the entities responsible for Medicaid payment, as specified in paragraph (b) of this section.

(f) *Applicability to PIHPs and PAHPs.* To the extent that services required to treat an emergency medical condition fall within the scope of the services for which the PIHP or PAHP is responsible, the rules under this section apply.

[67 FR 41095, June 14, 2002; 67 FR 65505, Oct. 25, 2002]

**§438.116 Solvency standards.**

(a) *Requirement for assurances* (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid enrollees will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent.

(2) Federally qualified HMOs, as defined in section 1310 of the Public Health Service Act, are exempt from this requirement.

(b) *Other requirements*—(1) *General rule.* Except as provided in paragraph (b)(2) of this section, an MCO or PIHP must meet the solvency standards established by the State for private health maintenance organizations, or



## Commission for Indigent & Medicaid Services, NHS

### §438.114

PCOM must comply with the following requirements:

- (i) Provides that the entity—
  - (1) Does not distribute any marketing materials without first obtaining State approval;
  - (2) Distributes the materials to its entire service area as indicated in the contract;
  - (3) Complies with the information requirements of §438.10 to ensure that, before enrolling, the recipient receives, from the entity or the State, the accurate oral and written information he or she needs to make an informed decision on whether to enroll;
  - (4) Does not seek to influence enrollment in conjunction with the sale or offering of any private insurance; and
  - (v) Does not, directly or indirectly, engage in door-to-door, telephone, or other cold-call marketing activities.
- (2) Specify the methods by which the entity assures the State agency that marketing, including plans and materials, is accurate and does not mislead, confuse, or defraud the recipients or the State agency. Statements that will be considered inaccurate, false, or misleading include, but are not limited to, any assertion or statement (whether written or oral) that—
  - (3) The recipient must enroll in the MCO, PIHP, PAHP, or PCOM in order to obtain benefits or in order to not lose benefits; or
  - (4) The MCO, PIHP, PAHP, or PCOM is endorsed by CMS, the Federal or State government, or similar entity.
- (c) *State agency review.* In reviewing the marketing materials submitted by the entity, the State must consult with the Medical Care Advisory Committee established under §431.12 of this chapter or an advisory committee with similar membership.

### §438.106 Liability for payment.

Each MCO, PIHP, and PAHP must provide that its Medicaid enrollees are not held liable for any of the following:

- (a) The MCO's, PIHP's, or PAHP's debts, in the event of the entity's insolvency.
- (b) Covered services provided to the enrollee, for which—
  - (1) The State does not pay the MCO, PIHP, or PAHP; or

(2) The State, or the MCO, PIHP, or PAHP does not pay the individual or health care provider that furnishes the services under a contractual, referral, or other arrangement.

(c) Payments for covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the enrollee would owe if the MCO, PIHP, or PAHP provided the services directly.

### §438.108 Cost sharing.

The contract must provide that any cost sharing imposed on Medicaid enrollees is in accordance with §§447.50 through 447.60 of this chapter.

### §438.114 Emergency and poststabilization services.

(a) *Definitions.* As used in this section—

*Emergency medical condition* means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

(1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.

(2) Serious impairment to bodily functions.

(3) Serious dysfunction of any bodily organ or part.

*Emergency services* means covered inpatient and outpatient services that are as follows:

(1) Furnished by a provider that is qualified to furnish these services under this title.

(2) Needed to evaluate or stabilize an emergency medical condition.

*Poststabilization care services* means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or, under the circumstances described in paragraph (e) of this section, to improve or resolve the enrollee's condition.



**LADDAGA & GARRETT, P.A.**

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[garrett@sechealthlaw.com](mailto:garrett@sechealthlaw.com)

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March 15, 2012

 **COPY**

David Smith  
South Carolina Department of  
Health and Human Services  
Division of Managed Care  
Post Office Box 8206  
Columbia, SC 29202-8206

RE:	Provider:	Greenville Hospital System Greenville Memorial Hospital Christopher Ware
	Patient:	
	Dates of Service:	02/19/11 - 02/24/11
	Account Number:	08-0011150461
	Discharge Balance:	\$42,305.40
	Member ID#:	6634525301

Dear Mr. Smith:

I represent Greenville Hospital System concerning the above claim and have been copying you on my correspondence to Select Health in this regard. Accordingly I am enclosing a copy of the letter I received from Julie Bateman at Select Health which is in response to mine dated February 27, 2012 (copy also enclosed). I am writing today to request your assistance in resolving this claim.

You may recall the Administrative Decision issued in the appeal matter of Conway Hospital, Inc. v. SCDHHS (Hearing date June 17, 2011) in which the facts were very similar to this current claim. In that matter, the patient presented to the emergency room, was then placed in the ICU for several days, all of which was prior to being transferred to a regular bed. The Hospital did not notify Select Health until after the patient's discharge. The Hearing Officer in that matter, Yastine Crouch, found that in accordance with 42 C.F.R. 438.114 the Respondent was responsible for payment of emergency medical services and services provided in the critical care unit for this patient. A copy of that decision is enclosed as well.

This particular claim involves an eleven (11) year old boy who presented to GHS' emergency room department with a fracture to his left femur. He was treated in the ER, orthopedic surgery was performed, and he was then admitted until February 24, 2011 when he was discharged. On March 8, 2011 (after his discharge) the minor patient's mother advised my client that he was covered by First Choice/Select Health. The Hospital contacted Select Health for authorization and submitted a bill, but it was denied for late notification. The Hospital submitted an appeal for a retro-authorization however the denial was upheld. Since that time we have asked that the emergency and stabilization services provided to Christopher Ware be paid by Select Health.



Despite that decision, Ms. Bateman and I have two different interpretations of the 42 C.F.R. 438.114. I am enclosing that regulation for your review as well. At this time, I am requesting that you please review this information and provide myself, and Select Health, with DHHS' interpretation of this Federal Regulation.

I look forward to hearing from you in this regard at your earliest convenience so that we may resolve this particular issue.

Should you have any questions, or require any further information, please feel free to contact me. I look forward to hearing from you. With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.



Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

Ms. Julie M. Bateman, RN, CCM



**LADDAGA & GARRETT, P.A.**  
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LINDA C. GARRETT  
garrett@selecthalthav.com

TELEPHONE  
(843) 207-5040  
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(843) 207-5045

February 15, 2012

Ms. Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina  
P.O. Box 40849  
Charleston, SC 29423

RE:	Provider:	Greenville Hospital System Greenville Memorial Hospital
	Patient:	Christopher Ware
	Dates of Service:	02/19/11 - 02/24/11
	Account Number:	08-0011150461
	Discharge Balance:	\$42,305.40
	Member ID#:	6634525301

Dear Ms. Bateman:

Please be advised that I represent Greenville Hospital System ("GHS") regarding the above referenced account/claim.

My understanding of the facts is as follows. On February 19, 2011, this eleven (11) year old male presented to my client's emergency room department due to fracture to his left femur. The patient was treated in the ER and orthopedic surgery was performed. He was discharged from GHS on February 24, 2011. On March 8, 2011 Christopher Ware's mother advised my client that he was covered by First Choice/Select Health. The Hospital contacted Select Health for authorization and submitted a bill, but it was denied for late notification. The Hospital submitted an appeal for a retro-authorization however the denial was upheld.

The Code of Federal Regulations is quite clear that a MCO must pay for emergency services regardless of whether the provider notifies the MCO. Christopher Ware was brought to the emergency department of GHS with a fractured femur. I do not understand why my client has not received payment for the emergency and poststabilization services provided.


I have enclosed a copy of the UB-04 and itemized bill for this admission. If you require copies of the medical records in order for Select Health to determine when the patient was stabilized, please let me know.



With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.

  
Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

David Smith@SCDHHS







0000001 LINE OF 001150461 1010001 WARE CHRISTOPHER  
GREENVILLE HOSPITAL SYSTEM  
HARRISBURG CO & HILMER STENOGRAPH

420078  
GREENVILLE MEMORIAL

C E T A T L 1 1 1

DATE: 02/17/11  
PAGE: 1

ACCOUNT NO: PATIENT NAME: ADM DATE: Dis Date: PT: S: SPU: COB: Physician Name:  
0000001150461 WARE, CHRISTOPHER CYRUS 02/19/11 02/24/11 1 2 09 06/17/99 JOHN STEPHEN CHANDLER

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	CPT5	UNIT AMT	TOTAL AMT
ROOM AND BOARD							
6504 P 5 DAYS AT 810.00							
TOTAL ROOM AND BOARD 810.00							
PHARMACY							
02/19/11	02/21/11	041565	SOL NS 1000CC POUR BOTTL				47.50.00
02/19/11	02/20/11	097005	HYDROCODONE/ACET 5MG/500	1		84.00	84.00
02/19/11	02/21/11	814879	PROPOFOL 200MG/20ML 20ML	2		5.50	11.00
02/19/11	02/21/11	837556	LIDOCAINE 1% 20ML MDV IN	1		35.00	35.00
02/19/11	02/21/11	843656	ROCURONIUM 5MG/0.5ML IN	1		35.00	35.00
TOTAL PHARMACY FOR 02/19/11							159.50
02/20/11	02/20/11	097005	HYDROCODONE/ACET 5MG/500	4		5.50	22.00
02/20/11	02/21/11	097005	HYDROCODONE/ACET 5MG/500	1		5.50	5.50
TOTAL PHARMACY FOR 02/20/11							27.50
02/22/11	02/22/11	097005	HYDROCODONE/ACET 5MG/500	6		5.50	33.00
TOTAL PHARMACY FOR 02/22/11							27.50
02/23/11	02/23/11	097005	HYDROCODONE/ACET 5MG/500	5		5.50	27.50
TOTAL PHARMACY FOR 02/23/11							22.00
02/24/11	02/24/11	097005	HYDROCODONE/ACET 5MG/500	4		5.50	22.00
TOTAL PHARMACY FOR 02/24/11							22.00
TOTAL PHARMACY							11.00
TOTAL PHARMACY							11.00
TOTAL PHARMACY							321.00
IV SOLUTIONS							
02/20/11	02/20/11	445374	IV SOLUTION 250-1000 ML	1		94.00	94.00
TOTAL IV SOLUTIONS FOR 02/20/11							94.00
02/21/11	02/21/11	445374	IV SOLUTION 250-1000 ML	1		81.00	81.00
TOTAL IV SOLUTIONS FOR 02/21/11							81.00
TOTAL IV SOLUTIONS							175.00
NON-STERILE SUPPLIES							158.00
02/20/11	02/21/11	133055	SLEEVE KNEE FOR SCD DEVI	1		147.00	147.00
Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556							
864-454-8611 (local) or Long distance 1-800-958-2995 (toll free)							







C E T A I L B I L L

DATE: 03/01/11  
PAGE: 3

ACCOUNT NO	PATIENT NAME	Adm Date	Dis Date	PT	IC	SPC	DOB	PHYSICIAN NAME
00001150461	WARE, CHRISTOPHER TYRESE	02/19/11	02/24/11	1	55	059	06/17/93	JORN CLETUS CHANDLER
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	QTY	UNIT	AMT	TOTAL AMT
02/19/11	02/19/11	063607	XR TIBIA/FIBULA 2V-14642		1	398.50		398.50
02/19/11	02/19/11	063856	XR FULCRO 41HR -15584		1	653.40		653.40
TOTAL RADIOLOGY - DIAGNOSTIC FOR 02/19/11								1051.90
TOTAL RADIOLOGY - DIAGNOSTIC								1051.90
CHEST X-RAY								2,678.10
02/19/11	02/19/11	061207	XR CHEST 1VIEW -31882		1	297.00		297.00
TOTAL CHEST X-RAY FOR 02/19/11								297.00
TOTAL CHEST X-RAY								297.00
CT SCAN - HEAD								297.00
02/19/11	02/19/11	066804	CT HEAD W/O CONTRA-32625		1	2011.00		2,011.00
TOTAL CT SCAN - HEAD FOR 02/19/11								2,011.00
TOTAL CT SCAN - HEAD								2,011.00
CT SCAN - BODY								2,011.00
02/19/11	02/19/11	064482	CT C-SPINE W/O CON-32625		1	2688.40		2,688.40
TOTAL CT SCAN - BODY FOR 02/19/11								2,688.40
TOTAL CT SCAN - BODY								2,688.40
OPERATING ROOM SERVICES								2,688.40
02/19/11	02/21/11	468513	OR TIME 091-120 MIN LEV		1	10531.50		10,531.50
TOTAL OPERATING ROOM SERVICES FOR 02/19/11								10,531.50
TOTAL OPERATING ROOM SERVICES								10,531.50
ANESTHESIA								10,531.50
02/19/11	02/21/11	550583	ANESTHESIA GENERAL INTL		1	635.00		635.00
02/19/11	02/21/11	550641	ANESTHESIA GENERAL 31-12		1	1280.00		1,280.00
TOTAL ANESTHESIA FOR 02/19/11								1,915.00
TOTAL ANESTHESIA								1,915.00
PHYSICAL THERAPY								1,925.00
02/21/11	02/22/11	445381	PT GAIT TRAINING 15 MIN		2	90.00		180.00
TOTAL PHYSICAL THERAPY FOR 02/21/11								180.00
TOTAL PHYSICAL THERAPY								180.00
02/22/11	02/23/11	445381	PT GAIT TRAINING 15 MIN		2	90.00		180.00
TOTAL PHYSICAL THERAPY FOR 02/21/11								180.00
TOTAL PHYSICAL THERAPY								180.00
PATIENT FINANCIAL SERVICES								270.00
864-454-6611 (local) or long distance 1-800-998-8995 (toll free)								270.00



DATE: 01/01/11  
PAGE: 4

ACCOUNT NO	Patient Name	Adm Date	Dis Date	PT	FC	SD	DOB	Physician Name	DATE: 01/01/11	PAGE: 4
200113046	WARR, CHRISTOPHER CYRUS	02/19/11	02/24/11	1	55	099	06/17/79	CHR CLINTON CHANDLER		
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	QTY	UNIT	TOTAL AMT			
02/22/11	02/22/11	445405	PT THERAPEUTIC ACTIVITY							
		TOTAL PHYSICAL THERAPY FOR 02/22/11			2	100.00	200.00			
02/23/11	02/24/11	445381	PT GAIT TRAINING 15 MIN							
02/23/11	02/24/11	445405	PT THERAPEUTIC ACTIVITY		2	90.00	180.00			
		TOTAL PHYSICAL THERAPY FOR 02/23/11			1	100.00	100.00			
02/24/11	02/24/11	445365	PT NEUROMUSCULAR RE-EDUC							
		TOTAL PHYSICAL THERAPY FOR 02/24/11			2	100.00	200.00			
		TOTAL PHYSICAL THERAPY					200.00			
02/21/11	02/22/11	464044	PT EVALUATION							
		TOTAL PHYSICAL THERAPY EVALUATI			1	300.00	300.00			
		TOTAL PHYSICAL THERAPY FOR 02/21/11					300.00			
		EMERGENCY ROOM								
02/19/11	02/21/11	271245	ED FEE LEVEL V							
02/19/11	02/21/11	546009	ER THERAPYPRO/DX IV PUSH		1	1500.00	1,500.00			
02/15/11	02/21/11	546098	ER THERAPYPRO//DX IV PUS		1	161.20	161.20			
		TOTAL EMERGENCY ROOM FOR 02/19/11			1	192.70	192.70			
		TOTAL EMERGENCY ROOM					1,853.90			
02/20/11	02/21/11	026011	O2 SAT MULTIPLE DETERIMI		3					
		TOTAL PULMONARY FUNCTION FOR 02/20/11					255.00			
02/22/11	02/22/11	026011	O2 SAT MULTIPLE DETERIMI		1					
		TOTAL PULMONARY FUNCTION FOR 02/21/11			1		85.00			
02/22/11	02/23/11	026011	O2 SAT MULTIPLE DETERIMI		3					
		TOTAL PULMONARY FUNCTION FOR 02/22/11					255.00			
02/23/11	02/24/11	026011	O2 SAT MULTIPLE DETERIMI		2					
		TOTAL PULMONARY FUNCTION FOR 02/23/11					170.00			
02/24/11	02/26/11	026011	O2 SAT MULTIPLE DETERIMI		1					
		TOTAL PULMONARY FUNCTION FOR 02/24/11					85.00			
		Patient Financial Services	255 Enterprise Blvd	Greenville, SC	25615-3556					
		864-454-8611 (local) or long distance 1-800-998-6995 (toll free)					85.00			



DATE: 02/19/11  
PAGE: 2

ACCOUNT NO

Patient Name

ARM Face

019 Date

PT

EC

SEC

COA

PHYSICIAN Name

02/17/99 JOHN CLETUS CHANDLER

DATE

02/19/11

02/24/11

1

55

059

02/17/99

JOHN CLETUS CHANDLER

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JOHN CLETUS CHANDLER

DATE

02/19/11

02/24/11

DRUGS REQUIRING DETAIL CO

02/19/11 02/20/11 050577 KCL 20MEQ-D5/.45NS 1000M 03480 119.00 119.00  
02/19/11 02/21/11 053025 CEFACOLIN 1GM INJ 03690 35.00 35.00  
02/19/11 02/21/11 058462 FENTANYL CITRATE 0.25MG/ 03010 35.00 35.00  
02/19/11 02/21/11 807050 MIDAZOLAM 1MG/ML 5ML INJ 03250 35.00 35.00  
02/19/11 02/21/11 821774 ONDANSETRON 4MG/2ML 2ML 02405 35.00 35.00  
02/19/11 02/19/11 825256 MORPHINE 2MG/ML INJ (CJ) 02270 35.00 35.00  
02/19/11 02/19/11 828306 MORPHINE 5MG/ML 1ML INJ 02270 35.00 35.00  
02/19/11 02/21/11 843690 SUCCINYLCHOLINE 200MG/10 00330 35.40 35.40

02/20/11 02/20/11 050577 KCL 20MEQ-D5/.45NS 1000M 03480 119.00 119.00

TOTAL DRUGS REQUIRING DETAIL CO FOR 02/20/11 119.00  
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/20/11 119.00

RECOVERY ROOM

02/19/11 02/21/11 600390 RECOVERY RM 091-120 MIN

TOTAL RECOVERY ROOM FOR 02/19/11 1,907.80  
TOTAL RECOVERY ROOM 1,907.80

PRO FEES/ANES/CRNA

02/19/11 02/21/11 047801 PF ANES CRNA BASE RA 012 01230 1 516.00 516.00  
02/19/11 02/21/11 047812 PF ANES CRNA PER 15 1 688.00 688.00

TOTAL PRO FEES/ANES/CRNA FOR 02/19/11 1,204.00  
TOTAL PRO FEES/ANES/CRNA 1,204.00

PRO FEES-EMERGENCY ROOM

02/19/11 02/21/11 274986 99285 ER MD-LEVEL V 59285 1 525.00 525.00

TOTAL PRO FEES-EMERGENCY ROOM FOR 02/19/11 525.00  
TOTAL PRO FEES-EMERGENCY ROOM 525.00

TOTAL CHARGES 44,034.40

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3536  
864-454-8611 (local) or long distance 1-800-998-8995 (toll free)



February 21, 2012

Greenville Memorial Hospital  
701 Grove Road  
Greenville, SC 29605

**RECEIVED**  
FEB 23 2012

Dear Greenville Memorial Hospital:

Re: Member: Christopher Ware  
Member ID: 40127749-01  
DOS: 02/19/11-02/24/11  
TOS: Inpatient Admission

We have reviewed dispute regarding payment of inpatient stay from 02/19/11 to 02/24/11. Select Health has denied inpatient stay for the above dates of services.

The request for payment exceeds the 365 days for claim payment as well as the standard 90 days to file a provider dispute.

Letter that was received from Laddaga and Garrett states that an appeal for retro-authorization was submitted and denial was upheld. The right to appeal is reserved for members only; providers have the right to dispute claims payment issues. However, there is no documentation on file regarding a request for a retro-authorization for the above member. The only request that is on file is a request for inpatient admission, which was denied for late notification.

The request for inpatient services with DOS 02/19/2011-02/24/2011 will remain denied for late notification and exceeding 365 days for claims processing.

If you have any other questions, please call the Dispute Coordinator at 888.559.1010.

Sincerely,

Dispute Coordinator  
Medical Affairs Department

CC: Laddaga-Garrett, P.A





**LADDAGA & GARRETT, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW  
POST OFFICE BOX 62498  
NORTH CHARLESTON, SOUTH CAROLINA 29419

LAWRENCE A. LADDAGA  
laddaga@selecthealthsc.com  
LINDA C. GARRETT  
garrett@selecthealthsc.com

TELEPHONE  
(843) 207-5040  
FAX  
(843) 207-5045

February 27, 2012

Ms. Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina  
P.O. Box 40849  
Charleston, SC 29423

RE: Provider: Greenville Hospital System  
Greenville Memorial Hospital  
Patient: Christopher Ware  
Dates of Service: 02/19/11 - 02/24/11  
Account Number: 08-0011150461  
Discharge Balance: \$42,305.40  
Member ID#: 6634525301

Dear Ms. Bateman:

I am in receipt of Select Health's letter dated February 21, 2012 with regard to the above claim. I am enclosing a copy for your information.

This correspondence appears to be a another denial for the inpatient services provided to this minor child February 19, 2011 through February 24, 2011. As I stated in my letter to you dated February 15, 2012, we were aware of that denial, however, the Code of Federal Regulations is quite clear that a MCO must pay for emergency services regardless of whether the provider notifies the MCO. Select Health's letter does not mention payment for those services.

Please let me know when my client can expect to receive payment for the emergency and poststabilization services provided. I look forward to hearing from you. With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.



Lawrence A. Laddaga

LAL/jrb  
Enclosure  
cc: Lee Robinson  
David Smith@SCDHHS



# Select Health

of South Carolina, Inc.  
An AmeriHealth Albany Company

From Carolina  
Healthy Connections

March 6, 2012



Laddaga & Garrett, P.A.  
ATTN: Linda Garrett  
P.O. Box 62498  
North Charleston, SC 29419

Re: Provider  
Patient:  
Dates of Service:  
Member ID:

Greenville Hospital System  
Christopher Ware  
2-19-11 to 2-24-11  
40127749-01

Dear Mr. Laddaga,

I am in receipt of your letter dated February 27, 2012. Your letter references the Code of Federal Regulations regarding emergency services.

42 C.F.R. 438.114 states a payor may not "refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's...MCO,...of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services."

Mr. Ware was seen on an emergent basis on February 19, 2011. Select Health was not notified until March 8, 2011 of his treatment and subsequent admission. This case is also beyond the filing deadline of 365 days.

Sincerely,

Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina





## § 438.115

## 42 CFR Ch. IV (10-1-11 Edition)

(b) *Coverage and payment: General rule.* The following entities are responsible for coverage and payment of emergency services and poststabilization care services.

(1) The MCO, PIHP, or PAHP.

(2) The PCCM that has a risk contract that covers these services.

(3) The State, in the case of a PCCM that has a fee-for-service contract.

(c) *Coverage and payment: Emergency services.*—(1) The entities identified in paragraph (b) of this section—

(i) Must cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with the MCO, PIHP, PAHP, or PCCM; and

(ii) May not deny payment for treatment obtained under either of the following circumstances:

(A) An enrollee had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in paragraphs (1), (2), and (3) of the definition of *emergency medical condition* in paragraph (a) of this section.

(B) A representative of the MCO, PIHP, PAHP, or PCCM instructs the enrollee to seek emergency services.

(2) A PCCM must—

(i) Allow enrollees to obtain emergency services outside the primary care case management system regardless of whether the case manager referred the enrollee to the provider that furnishes the services; and

(ii) Pay for the services if the manager's contract is a risk contract that covers those services.

(d) *Additional rules for emergency services:* (1) The entities specified in paragraph (b) of this section may not—

(i) Limit what constitutes an emergency medical condition with reference to paragraph (a) of this section, on the basis of lists of diagnoses or symptoms; and

(ii) Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's primary care provider, MCO, PIHP, PAHP or applicable State entity of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services.

(2) An enrollee who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.

(3) The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in paragraph (b) of this section as responsible for coverage and payment.

(e) *Coverage and payment: Poststabilization care services.*

Poststabilization care services are covered and paid for in accordance with provisions set forth at § 422.113(c) of this chapter. In applying those provisions, reference to "M+C organization" must be read as reference to the entities responsible for Medicaid payment, as specified in paragraph (b) of this section.

(f) *Applicability to PIHPs and PAHPs.* To the extent that services required to treat an emergency medical condition fall within the scope of the services for which the PIHP or PAHP is responsible, the rules under this section apply.

[67 FR 41095, June 14, 2002; 67 FR 65506, Oct. 25, 2002]

## § 438.116 Solvency standards.

(a) *Requirement for assurances* (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid enrollees will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent.

(2) Federally qualified HMOs, as defined in section 1310 of the Public Health Service Act, are exempt from this requirement.

(b) *Other requirements*—(1) *General rule.* Except as provided in paragraph (b)(2) of this section, an MCO or PIHP, must meet the solvency standards established by the State for private health maintenance organizations, or



## Criteria for MCOs and Medicaid Services, HHS

§ 438.114

PCOM must comply with the following requirements:

- (i) *Provide that the entity—*  
(1) Does not distribute any marketing materials without first obtaining State approval;
- (ii) Distributes the materials to its entire services area as indicated in the contract;
- (iii) Complies with the information requirements of § 438.10 to ensure that, before enrolling, the recipient receives, from the entity or the State, the accurate oral and written information he or she needs to make an informed decision on whether to enroll;
- (iv) Does not seek to influence enrollment in conjunction with the sale or offering of any private insurance; and
- (v) Does not, directly or indirectly, engage in door-to-door, telephone, or other cold-call marketing activities.

(2) Specify the methods by which the entity assures the State agency that marketing, including plans and materials, is accurate and does not mislead, confuse, or defraud the recipients or the State agency. Statements that will be considered inaccurate, false, or misleading include, but are not limited to, any assertion or statement (whether written or oral) that—

- (i) The recipient must enroll in the MCO, PIHP, PAHP, or PCOM in order to obtain benefits or in order to not lose benefits; or
- (ii) The MCO, PIHP, PAHP, or PCOM is endorsed by CMS, the Federal or State government, or similar entity.

(c) *State agency review.* In reviewing the marketing materials submitted by the entity, the State must consult with the Medical Care Advisory Committee established under § 431.12 of this chapter or an advisory committee with similar membership.

### § 438.106 Liability for payment.

Each MCO, PIHP, and PAHP must provide that its Medicaid enrollees are not held liable for any of the following:

- (a) The MCO's, PIHP's, or PAHP's debts, in the event of the entity's insolvency.
- (b) Covered services provided to the enrollee, for which—  
(1) The State does not pay the MCO, PIHP, or PAHP; or

(2) The State, or the MCO, PIHP, or PAHP does not pay the individual or health care provider that furnishes the services under a contractual, referral, or other arrangement.

(c) Payments for covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the enrollee would owe if the MCO, PIHP, or PAHP provided the services directly.

### § 438.108 Cost sharing.

The contract must provide that any cost sharing imposed on Medicaid enrollees is in accordance with §§ 447.50 through 447.60 of this chapter.

### § 438.114 Emergency poststabilization services. and

(a) *Definitions.* As used in this section—

*Emergency medical condition* means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

(1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.

(2) Serious impairment to bodily functions.

(3) Serious dysfunction of any bodily organ or part.

*Emergency services* means covered inpatient and outpatient services that are as follows:

(1) Furnished by a provider that is qualified to furnish these services under this title.

(2) Needed to evaluate or stabilize an emergency medical condition.

*Poststabilization care services* means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or, under the circumstances described in paragraph (e) of this section, to improve or resolve the enrollee's condition.



Administrative Decision in the appeal matter of Conway  
Respondent, Inc. v. SCDHHS  
Appeals' Case #11-072C-143

Hearing Date: June 17, 2011

#### JURISDICTION

This case is adjudicated under the authority granted by the South Carolina General Assembly to the South Carolina Department of Health and Human Services to administer various programs and grants (See, e.g., S.C. Code Ann. 44-6-10, et seq.). The appeal has been conducted pursuant to the provisions of the Appeals and Hearings regulations of the South Carolina Department of Health and Human Services (Reg. 126-150, et seq.) and the South Carolina Administrative Procedures Act (S.C. Code Ann. 1-23-310, et seq.).

#### ISSUE

The issue is whether the decision of the Respondent's (South Carolina Department of Health and Human Services) agent (First Choice by Select Health of South Carolina) was correct to deny a claim of \$118,043.01 for Medicaid recipient #9260044801 due to lack of prior approval.

#### STATEMENT OF THE CASE

This matter was commenced by the filing of an appeal by the Petitioner's representative with SCDHHS' Division of Appeals on May 4, 2011. By Notice of Hearing of May 16, 2011, a hearing was scheduled for June 17, 2011.

On June 1, 2011, Vicki Johnson, Assistant General Counsel with SCDHHS filed a Motion to Dismiss with this Hearing Officer. Subsequently, on June 7, 2011, a conference call was conducted to hear argument on the matter. Participating in the call was Ms. Johnson, Ms. Linda C. Garrett, Petitioner's attorney, and this Hearing Officer, Vastine G. Crouch. After hearing both parties' arguments, this Hearing Officer denied Respondent's motion.

By email of June 9, 2011, Ms. Johnson reasserted her Motion to Dismiss with argument. By reply email of June 11, 2011, this Hearing Officer again denied the motion.

A hearing was convened on June 17, 2011. The Petitioner was represented by Linda C. Garrett, Esquire. The Respondent was represented by Julie Bateman of Select Health of South Carolina. Also in attendance for the Respondent were David



Smith, Jeff Bryson and Jennifer Campbell of SCDHHS. The Hearing Officer was Vastine G. Crouch.

The undisputed facts of the case are these. Medicaid beneficiary 9260044801 was transported to Conway Hospital by Emergency Medical Services on May 14, 2010, at 1:46 pm. Beneficiary was reported by Emergency Room personnel as in distress. Although awake, beneficiary was unable to give history of medications taken, pain level, etc. Beneficiary had acute renal failure, thrombocytolysis and respiratory failure. Beneficiary was admitted to the Critical Care Unit at 5:26 pm. After beneficiary was stabilized, he was transferred to the general medical floor of Conway Hospital, where he received dialysis, physical and occupational therapies and other treatments. Beneficiary was discharged to Waccamaw Rehabilitation on June 8, 2010. The Petitioner did not contact the Respondent regarding the beneficiary's treatment until after he was discharged.

#### **FINDINGS OF FACT**

Having observed the witnesses and exhibits presented at the hearing and closely passed upon their credibility, and considering the burden of persuasion by the parties, I make the following Findings of Fact by a preponderance of the evidence:

1. The beneficiary arrived at Conway Hospital in an emergency medical condition, and I so find;
2. Conway Hospital provided appropriate emergency services to the beneficiary, and I so find;
3. The beneficiary was admitted to Conway Hospital's Critical Care Unit and provided stabilization care services for an unspecified number of days, and I so find (See, Petitioner's exhibit #1);
4. After the beneficiary was stabilized, he was transferred to the general medical floor of Conway Hospital and then transferred to Waccamaw Rehabilitation on June 8, 2010, and I so find (See, Petitioner's exhibit #4);
5. The Petitioner made no attempt to contact the Respondent or notify the Respondent of the beneficiary's treatment until some point after the beneficiary was discharged from Conway Hospital, and I so find.



CONCLUSIONS OF LAW

Based upon the above Findings of Fact and the testimony put forth in this case, I conclude the following as a matter of law:

1. In accordance with 42 C.F.R. 438.114(a), the beneficiary had an emergency medical condition on May 14, 2010;
2. In accordance with 42 C.F.R. 438.114(a), the beneficiary received emergency and poststabilization services from the Petitioner beginning on May 14, 2010;
3. In accordance with 42 C.F.R. 438.114(b), the Respondent is responsible for emergency and poststabilization services;
4. In accordance with 42 C.F.R. 438.114(c), the Respondent must cover and pay for emergency medical services;
5. In accordance with 42 C.F.R. 438.114(d)(1), the Respondent "...may not (ii) Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's ...MCO, ...of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services.";
6. In accordance with 42 C.F.R. 438.114(d)(2), "an enrollee who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.";
7. In accordance with 42 C.F.R. 438.114(d)(3), "The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in paragraph (b) of this section as responsible for coverage and payment.";
8. In accordance with 42 C.F.R. 438.114(e), poststabilization care services are covered in accordance with §422.113(c);
9. In accordance with 42 C.F.R. 422.113(c)(2)(iii), the Respondent is financially responsible for post-stabilization care services obtained within or outside of the MA organization that are not pre-approved by a plan



provider or other MA organization representative, but administered to maintain, improve, or resolve the enrollee's stabilized condition 12.

(A) The MA organization does not respond to a request for pre-approval . . . .'

(B) The MA organization cannot be contacted; or

(C) The MA organization representative and the treating physician cannot reach an agreement concerning the enrollee's care . . . .".


#### DECISION

Based on the Findings of Fact and Conclusions of Law, the decision of the Respondent is **reversed in part**.

The Respondent is responsible for the emergency services and the critical care services provided during the period that the beneficiary was in the critical care unit of the Petitioner.

The Respondent is not responsible for post-stabilization care services after the beneficiary was transferred to the general population of the hospital because the Respondent A) did not fail to respond to a request for pre-approval within one (1) hour; B) the Petitioner was not unable to contact the Respondent; C) the Respondent's representatives and the treating physician were not unable to reach an agreement concerning the enrollee's care because the Respondent was uninformed of the beneficiary's treatment.

AND IT IS SO ORDERED.

  
Vastine G. Crouch  
Hearing Officer

DATED AT COLUMBIA,  
South Carolina

November 8, 2011



**LADDAGA & GARRETT, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

POST OFFICE BOX 62498

NORTH CHARLESTON, SOUTH CAROLINA 29419

LAWRENCE A. LADDAGA

[laddaga@sehealthlaw.com](mailto:laddaga@sehealthlaw.com)

LINDA C. GARRETT

[garrett@sehealthlaw.com](mailto:garrett@sehealthlaw.com)

TELEPHONE  
(843) 207-5040

FAX  
(843) 207-5045

March 15, 2012

David Smith

South Carolina Department of

Health and Human Services

Division of Managed Care

Post Office Box 8206

Columbia, SC 29202-8206

 COPY

RE: Provider:

Greenville Hospital System

Greenville Memorial Hospital

Patient:

Gloria Bowen

Dates of Service:

06/27/11 - 07/01/11

Account Number:

08-0013442556

Discharge Balance:

\$20,217.50

Member ID#:

1836077501

Dear Mr. Smith:

I represent Greenville Hospital System concerning the above claim and have been copying you on my correspondence to Select Health in this regard. Accordingly I am enclosing a copy of the letter I received from Julie Bateman at Select Health which is in response to mine dated March 5, 2012 (copy also enclosed).

As I explained in my letter of this same date concerning another claim for this provider, I am writing today to request your assistance in resolving the issue of the interpretation of 42 C.F.R. 438.114.

I look forward to hearing from you so that we may resolve this particular issue. With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.



Lawrence A. Laddaga

LAL/jtb

Enclosures

cc: Lee Robinson

Ms. Julie M. Bateman, RN, CCM





Select Health

of South Carolina, Inc.  
An AmeriHealth Mercy Company

South Carolina  
HealthyConnections

RECEIVED  
MAR 14 2012

March 8, 2012

Laddaga & Garrett, P.A.  
P.O. Box 62498  
North Charleston, SC 29419

Re: Provider  
Patient:  
Dates of Service:  
Member ID:

Greenville Hospital System  
Gloria Bowen  
6/27/11-07/01/11  
40224361-01

Dear Mr. Laddaga,

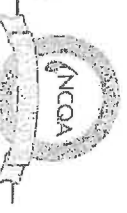
Select Health is in receipt of your letter dated March 5, 2012. Your letter references the Code of Federal Regulations regarding emergency services.

42 C.F.R. 438.114 states a payor may not "refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's ...MCO...of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services."

Ms. Bowen was seen emergently June 27, 2011. Select Health was not notified until July 11, 2011 via a billed charge for her treatment and subsequent admission. A provider dispute was received on July 21, 2011 and processed. Greenville Hospital System failed to notify Select Health of emergency assessment and treatment within 10 calendar days of presentation.

Sincerely

Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina





LADDAGA & GARNETT, P.A.  
ATTORNEYS AND COUNSELORS AT LAW  
POST OFFICE BOX 62498  
NORTH CHARLESTON, SOUTH CAROLINA 29415

LAWRENCE A. LADDAGA  
laddaga@selecthltm.com  
LINDA C. GARNETT  
lgarnett@selecthltm.com

TELEPHONE  
(843) 207-5040  
FAX  
(843) 207-5045

March 5, 2012

Ms. Julie M. Bateman, RN, CCM  
Director, Utilization Management  
Select Health of South Carolina  
P.O. Box 40849  
Charleston, SC 29423

RE: Provider:	Greenville Hospital System Greenville Memorial Hospital
Patient:	Gloria Bowen
Dates of Service:	06/27/11 - 07/01/11
Account Number:	08-0013442556
Discharge Balance:	\$20,217.50
Member ID#:	1836077501

Dear Ms. Bateman:

Please be advised that I represent Greenville Hospital System ("GHS") regarding the above referenced account/claim.

My understanding of the facts is as follows. In the early hours of June 27, 2011, this sixty (60) year old female presented to my client's emergency room department experiencing COPD exacerbation. The patient was treated in the ER and subsequent thereto, her treating physician ordered her admission. Ms. Bowen was treated until her discharge on July 1, 2011. Upon her discharge, the Hospital filed a claim with Select Health which denied for no authorization. My client filed an appeal with Select Health, however the original decision was upheld. In its denial, Select Health states they require members to use plan participating doctors and hospitals "*unless the treatment is provided in an actual emergency.*" GHS IS a participating hospital and Ms. Bowen's treatment began in the emergency room.

The Code of Federal Regulations is quite clear that a MCO must pay for emergency services regardless of whether the provider notifies the MCO. Gloria Bowen presented to the emergency department of GHS after experiencing COPD exacerbation, where she was treated until her admission. I do not understand why my client has not received payment for the emergency and poststabilization services provided.

I have enclosed a copy of the UB-04 and itemized bill for this admission. The medical records were previously submitted with my client's appeal, however, if Select Health requires an additional copy to determine when the patient was stabilized, please let me know and we will provide same.



provide same.

With kind regards, I am

Sincerely,

LADDAGA & GARRETT, P.A.

A handwritten signature in dark ink, appearing to read 'Lawrence A. Laddaga', written over a horizontal line.

Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

J. Michael Jernigan, CEO, Select Health  
David Smith@SCDHHS



MSD14595

GREENVILLE MEMORIAL  
701 GROVE ROAD  
GREENVILLE SC 29605611  
6344546611 5644543202

GREENVILLE HOSPITAL SVST  
P O BOX 601177  
CHARLOTTE NC 282601177

INSURED NAME  
BOWEN, GLORIA A

PRESENT ADDRESS  
GREENVILLE

415 NORTH MAIN ST APT 5A  
GREENVILLE  
SC 29601  
457

PC BOX 712C  
MEDICAID SELECT ME

LONDON, KY 40142

12 REV CL	13 DESCRIPTION	14 HOPES / RATE / MP'S CODE	15 SERV DATE	16 SERV LING	17 TOTAL CHARGES	18 NON-COVERED CHARGES	19
0110	ROOM-BOARD/PVT	810.00		2	162000		
0110	ROOM-BOARD/PVT	1380.00		2	276000		
0250	PHARMACY			156	115850		
0255	DRUGS/RADIOLOGY			1	6750		
0258	IV SOLUTIONS			5	42000		
0271	NON-STER SUPPLY			86	120400		
0300	LABORATORY			3	27610		
0301	LAB/CHEMISTRY			21	300210		
0305	LAB/HEMATOLOGY			4	58780		
0306	LAB/BACT-MICRO			1	19860		
0324	DX X-RAY/CHEST			3	109060		
0352	CT SCAN/BODY			1	287900		
0410	RESPIRATORY SVS			19	148580		
0412	INHALATION SVS			1	10000		
0450	EMERGENCY ROOM			3	180510		
0460	PULMONARY FUNCTION			1	24540		
0636	DRUGS/DETAIL CODE			61	131700		

0001 PAGE1 OF1

637 MEDICAID-FIRSTCHOI  
CREATION DATE 070811  
TOTAL 2021750  
1689624900

INSURED'S NAME  
BOWEN, GLORIA A  
SERIAL 18  
60 INSUREE'S UNIQUE ID 1836077501  
81 GROUP NAME  
82 INSURANCE GROUP NO.

64 TREATMENT AUTHORIZATION CODES  
64 DOCUMENT CONTROL NUMBER  
66 EMPLOYER NAME

49121	Y	51881	Y	2752	Y	53081	Y	5771	Y	V1251	1	3051	Y	4019	Y	7852	Y	35			
78651	Y																				
3897		062711																			
74	CODE	PERSONAL PROCEDURE DATE	70 PATIENT REASON DX	71 CODE	OTHER PROCEDURE DATE	72 CODE	OTHER PROCEDURE DATE	73 CODE	OTHER PROCEDURE DATE	74 CODE	OTHER PROCEDURE DATE	75 CODE	OTHER PROCEDURE DATE	76 CODE	OTHER PROCEDURE DATE	77 CODE	OTHER PROCEDURE DATE	78 CODE	OTHER PROCEDURE DATE		
76	ATTENDING	WA1154744474	QUA2	24877238	77	OPERATING	WA154744474	QUA2	24877238	78	OTHER	WA1	QUA1	79	OTHER	WA1	QUA1	80	OTHER	WA1	QUA1
REMARKS																					

1804 CHS 1450  
APPROVED CHS NO. 2008-097  
Printed on Recycled Paper  
MDC 11-11 UCAS1056  
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF







C E T A I L S

DATE: 07/07/11  
PAGE: 3

ACCOUNT NO	Patient Name	Adm Date	Dis Date	PT	PC	SPC	DCS	Physician Name
0013142556	LOWEN, GEORGE ALLEN	06/27/11	07/07/11	I	83	955	06/10/11	BRADLEY T. CANNON, MD

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	QTY	UNIT	TOTAL AMT
06/29/11	06/29/11	816879	GUAFENESIN 600MG TAB	1	3.50	3.50
06/29/11	06/29/11	816879	GUAFENESIN 600MG TAB	4	3.50	14.00
06/29/11	07/01/11	816879	GUAFENESIN 600MG TAB	1	3.50	3.50
06/29/11	06/28/11	817256	NICOTINE 21MG PATCH	1	3.30	3.30
06/29/11	06/28/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
06/29/11	06/29/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
06/29/11	06/29/11	833165	PROTONIX 40MG TAB	1	5.00	5.00
06/29/11	06/28/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	23.50	23.50
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	5.00	5.00
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	5.00	5.00
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	5.00	5.00
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	5.00	5.00
06/29/11	06/29/11	838546	AVELOX 400MG TAB	1	61.40	61.40
TOTAL PHARMACY FOR 06/29/11 232.50						

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	QTY	UNIT	TOTAL AMT
06/30/11	06/30/11	036002	MDI TX MEDICATION	1	12.00	12.00
06/30/11	06/30/11	054128	PREDNISONE 20MG TAB	2	3.50	7.00
06/30/11	07/01/11	086080	MILK OF MAGNESTA 30ML LI	2	0.70	1.40
06/30/11	06/30/11	086080	FLEET ENEMA 135ML	2	1.70	3.40
06/30/11	06/30/11	806708	HYDROCOD/ACET 7.5MG/500M	6	5.50	33.00
06/30/11	06/30/11	812079	LISINAPRIL 20MG TAB	1	5.10	5.10
06/30/11	06/30/11	816879	GUAFENESIN 600MG TAB	2	3.50	7.00
06/30/11	06/30/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
06/30/11	06/30/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
06/30/11	06/30/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
06/30/11	06/30/11	833165	PROTONIX 40MG TAB	1	5.00	5.00
06/30/11	06/30/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	23.50	23.50
06/30/11	06/30/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	5.00	5.00
06/30/11	06/30/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	5.00	5.00
06/30/11	06/30/11	838546	AVELOX 400MG TAB	1	61.40	61.40
TOTAL PHARMACY FOR 06/30/11 186.50						

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	QTY	UNIT	TOTAL AMT
07/01/11	07/01/11	037232	TEMAZEPAM 15MG CAP	1	5.50	5.50
07/01/11	07/01/11	806708	HYDROCOD/ACET 7.5MG/500M	4	5.50	22.00
07/01/11	07/01/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
07/01/11	07/01/11	822275	IPROTROP BROM 0.02% INH	1	5.00	5.00
07/01/11	07/01/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	5.00	5.00
07/01/11	07/01/11	835838	ALBUTEROL 2.5MG/0.5ML IN	1	5.00	5.00
TOTAL PHARMACY FOR 07/01/11 41.50						

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	QTY	UNIT	TOTAL AMT
06/27/11	06/27/11	577620	Oxilan 350 100ML	1	57.50	57.50
TOTAL PHARMACY 1158.50						

PHARMACY - DRUGS INCIDENT

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556  
864-454-8511 (local) or long distance 1-800-998-8995 (toll free)







DETAIL

ACCOUNT NO	PATIENT NAME	ADT DATE	DIS DATE	RT	FC	SPC	DOB	Physician Name
0601348556	GEORGE, GEORGE ALTON	06/27/11	07/01/11	1	81	285	06/10/55	BARRETT, OLIVER, MD

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	CPT5	UNIT AMT	TOTAL AMT
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TOTAL LABORATORY - GENERAL

LAB/CHEMISTRY

06/26/11	06/26/11	012140	LIPASE	83690	1	150.00	150.00
06/26/11	06/26/11	012231	MAGNESIUM	83735	1	89.60	89.60
06/26/11	06/26/11	012559	PHOSPHORUS	84100	1	26.00	26.00
06/26/11	06/26/11	015518	ALCOHOL, EXCEPT BREATH	82055	1	176.50	176.50
06/26/11	06/26/11	417398	BASIC METABOLIC (TOT CA)	80048	1	208.00	208.00
06/26/11	06/26/11	417423	HEPATIC FUNCTION PANEL	80076	1	182.00	182.00
06/26/11	06/27/11	506261	TROPONIN, QUANT	84484	1	218.80	218.80
TOTAL LAB/CHEMISTRY FOR 06/26/11							275.20

06/27/11	06/27/11	010911	CR, TOTAL	82550	1	77.10	77.10
06/27/11	06/27/11	012231	MAGNESIUM	83735	1	89.60	89.60
06/27/11	06/27/11	012559	PHOSPHORUS	84100	1	26.00	26.00
06/27/11	06/27/11	016188	VITAMIN B12	82607	1	158.90	158.90
06/27/11	06/27/11	017114	FOLIC ACID, SERUM	82746	1	113.90	113.90
06/27/11	06/27/11	103106	CR, MB FRACTION ONLY	82553	1	134.40	134.40
06/27/11	06/27/11	208942	MYOGLOBIN	83874	1	135.80	135.80
06/27/11	06/27/11	208942	MYOGLOBIN	83874	1	135.80	135.80
06/27/11	06/27/11	296551	TROPONIN, QUANT	84484	1	218.80	218.80
06/27/11	06/27/11	296551	TROPONIN, QUANT	84484	1	218.80	218.80
06/27/11	06/27/11	417398	BASIC METABOLIC (TOT CA)	80048	1	208.00	208.00
06/27/11	06/27/11	489996	METHYLMALONIC ACID, QUANT	83921	1	126.50	126.50
TOTAL LAB/CHEMISTRY FOR 06/27/11							1,653.60

06/28/11	06/29/11	012231	MAGNESIUM	83735	1	89.60	89.60
06/29/11	06/29/11	417398	BASIC METABOLIC (TOT CA)	80048	1	208.00	208.00
TOTAL LAB/CHEMISTRY FOR 06/29/11							297.60
TOTAL LAB/CHEMISTRY							3,002.10

HEMATOLOGY

06/26/11	06/26/11	261641	CBC, AUTO, AUTO DIF	85025	1	135.80	135.80
TOTAL HEMATOLOGY FOR 06/26/11							135.80
06/27/11	06/27/11	261641	CBC, AUTO, AUTO DIF	85025	1	135.80	135.80
06/27/11	06/27/11	430293	D-DIMER, QUANT	85375	1	180.40	180.40
TOTAL HEMATOLOGY FOR 06/27/11							316.20
06/28/11	06/29/11	018397	CBC, AUTO, AUTO DIF	85025	1	135.80	135.80
TOTAL HEMATOLOGY FOR 06/29/11							135.80
TOTAL HEMATOLOGY							587.80

LAB/BACT-MICRO

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556  
864-454-8611 (local) or long distance 1-800-398-8955 (toll free)



E Z O A I L S I L

DATE: 07/01/94  
PAGE: 5

ACCOUNT NO	Patient Name	Adm Date	Dis Date	PT	FC	SPC	DOS	Physician Name
10623001	BORNEN, GLORIA ANN	06/27/11	107/01/11	I	83	059	06/10/94	BRADLEY T. OLIVER, MD
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT	TOTAL AMT	TOTAL AMT
06/26/11	06/26/11	062333	BLOOD CULTURE	87340	1	158.60	158.60	158.60
TOTAL LAB/FACT-MICRO FOR 06/26/11							158.60	158.60
TOTAL LAB/FACT-MICRO							158.60	158.60
CHEST X-RAY								198.60
06/26/11	06/27/11	061252	XR CHEST 2VIEWS	71020	1	356.80	356.80	356.80
TOTAL CHEST X-RAY FOR 06/26/11							356.80	356.80
06/27/11	06/27/11	061207	XR CHEST 1VIEW	71010	1	257.00	257.00	257.00
TOTAL CHEST X-RAY FOR 06/27/11							257.00	257.00
06/29/11	06/29/11	061252	XR CHEST 2VIEWS	71020	1	356.80	356.80	356.80
TOTAL CHEST X-RAY FOR 06/29/11							356.80	356.80
TOTAL CHEST X-RAY							1,090.60	1,090.60
CT SCAN - BODY								2,879.00
06/27/11	06/27/11	437314	CTA CHEST W/EN/O C-29192	71275	1	2879.00	2,879.00	2,879.00
TOTAL CT SCAN - BODY FOR 06/27/11							2,879.00	2,879.00
TOTAL CT SCAN - BODY							2,879.00	2,879.00
RESPIRATORY THERAPY								2,879.00
06/26/11	06/27/11	484515	AEROSOL THERAPY TREATMEN	94640	3	78.20	234.60	234.60
TOTAL RESPIRATORY THERAPY FOR 06/26/11							234.60	234.60
06/27/11	06/27/11	484515	AEROSOL THERAPY TREATMEN	94640	2	78.20	156.40	156.40
06/27/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
06/27/11	06/30/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/27/11							390.00	390.00
06/26/11	06/28/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/28/11							312.80	312.80
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/29/11							234.60	234.60
TOTAL RESPIRATORY THERAPY							1,090.60	1,090.60
Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-4556								
864-454-8611 (local) or long distance 1-800-998-8995 (toll free)								



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GREENVILLE HOSPITAL SYSTEM  
 HOSPITAL CONTRACT TO A HIGHER STANDARD

100733  
 GREENVILLE MEMORIAL

DATE OF BILL 06/28/11

PAGE: 7

ACCOUNT NO	PATIENT NAME	Adm Date	Dis Date	PT	PC	SPC	DOB	Physician Name
06/28/11 06/28/11	BOWEN, GLORIA ANN	06/27/11	07/01/11		63	095	05/10/51	BRALEY, C. OLIVER, MD
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT	
06/28/11	06/28/11	091894	SOLD MEDROL 125MG INJ	J1930	2	35.00	70.00	
06/28/11	06/28/11	806015	HEPARIN 5000U/ML 1ML INJ	J1644	1	35.00	35.00	
06/28/11	06/29/11	806015	HEPARIN 5000U/ML 1ML INJ	J1644	1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/28/11						140.00		
06/29/11	06/29/11	806015	HEPARIN 5000U/ML 1ML INJ	J1644	2	35.00	70.00	
06/29/11	06/30/11	806015	HEPARIN 5000U/ML 1ML INJ	J1644	1	35.00	35.00	
06/29/11	06/29/11	828306	MORPHINE 5MG/ML 1ML INJ	J2270	1	35.00	35.00	
06/29/11	06/29/11	850860	MAG SULFATE 2GM/NS 50ML	J3475	2	134.00	268.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/30/11						408.00		
06/30/11	06/30/11	806015	HEPARIN 5000U/ML 1ML INJ	J1644	2	35.00	70.00	
06/30/11	07/01/11	806015	HEPARIN 5000U/ML 1ML INJ	J1644	1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 07/01/11						105.00		
TOTAL DRUGS REQUIRING DETAIL CO						35.00		
PRO FEES-EMERGENCY ROOM						1,317.00		
06/28/11	06/28/11	233409	99285 ER MD-LEVEL V	99285	1	525.00	525.00	
TOTAL PRO FEES-EMERGENCY ROOM FOR 06/28/11						525.00		
TOTAL PRO FEES-EMERGENCY ROOM						525.00		
TOTAL CHARGES						26,772.50		

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556  
 864-454-8611 (local) or long distance 1-800-398-6995 (toll free)





Select Health

Member of Select Health  
A Select Health Company

South Carolina  
HealthConnections

July 28 2011

0606/3442556

GREENVILLE MEMORIAL HOSPITAL  
701 GROVE ROAD  
GREENVILLE MEMORIAL HOSPITAL  
GREENVILLE SC 29605

Re

Member - Gloria Bowen  
Member ID: 40224351-01  
DOS: 06/27/2011-07/01/2011  
TOS: Inpatient Services  
Reference Number: 11206-0720  
Requesting Provider: Bradley T. Oliver

Dear Greenville Memorial Hospital:

We have reviewed your dispute for Inpatient Services on 06/27/2011 through 07/01/2011. The Dispute Committee has decided to uphold the original denial.

After review of the documentation submitted, the Dispute Committee has administratively determined to uphold the initial denial. Select Health requires members use plan participating doctors and hospitals unless the treatment is provided in an actual emergency. All other services require authorization have not been met and have been denied for failure to secure prior authorization

The Dispute Committee that reviewed this case included representatives from Provider Relations, Provider Network Management and Medical Services.

If you have any other questions please call the Dispute Coordinator at 888.559.1010.

Sincerely,

Dispute Committee  
Medical Affairs Department

016  
804

AUG 18 2011  
Business Services





**ELECTRONIC REMITTANCE ADVISE**  
Electronic Reproduction ASC 004010X091A1

GREENVILLE MEMORIAL HOSPITAL  
GREENVILLE HOSPITAL SYSTEM  
CHARLOTTE NC 28260

Medical  
SELECT HEALTH PLAN  
200 STEVENS DRIVE  
PHILADELPHIA PA 19113

CHECK/REF: 2011071112100530000610025

CHECK DATE: 07/11/2011

**BOWEN, GLORIA A**

Account: 08001344255  
Status: Processed as Primary

POS: HIC: 40224361

ICH: 201041891700

Provider: 1699623900 20003145 576007863

PreProv	Ser/Date	NOS	REV	Proc/Mod	Billed	Allowed	Deduct	Coins	RC-Amt	Paid	CAS Summary
FC	06/29/2011		0110	HC:00000	1,620.00					0.00	OA 197 1,620.00
FC	06/27/2011		0110	HC:00000	2,760.00					0.00	HE M62 2,760.00
FC	06/27/2011		0250	HC:00000	1,158.50					0.00	HE M62 1,158.50
FC	06/27/2011		0255	HC:00000	67.50					0.00	HE M62 67.50
FC	06/27/2011		0258	HC:00000	420.00					0.00	HE M62 420.00
FC	06/27/2011		0271	HC:00000	1,204.00					0.00	HE M62 1,204.00
FC	06/27/2011		0300	HC:00000	276.10					0.00	HE M62 276.10
FC	06/27/2011		0301	HC:00000	3,002.10					0.00	HE M62 3,002.10
FC	06/27/2011		0305	HC:00000	587.80					0.00	HE M62 587.80
FC	06/27/2011		0306	HC:00000	198.60					0.00	HE M62 198.60
FC	06/27/2011		0324	HC:00000	1,090.60					0.00	HE M62 1,090.60
FC	06/27/2011		0352	HC:00000	2,879.00					0.00	HE M62 2,879.00
FC	06/27/2011		0410	HC:00000	1,485.80					0.00	HE M62 1,485.80
FC	06/27/2011		0412	HC:00000	100.00					0.00	HE M62 100.00
FC	06/27/2011		0450	HC:00000	1,805.10					0.00	HE M62 1,805.10
FC	06/27/2011		0460	HC:00000	245.40					0.00	HE M62 245.40
FC	06/27/2011		0836	HC:00000	1,317.00					0.00	HE M62 1,317.00
REMITTANCE SUMMARY					20,217.50	.00	.00	.00	20,217.50	.00	HE M62 1,317.00
TOTALS					20,217.50	.00	.00	.00	20,217.50	.00	
Denied/Non-Covered: 0.00											
OA 197 20,217.50 [Payment adjusted for absence of precertification/ authorization.]											
HE M62 [Missing/incomplete/invalid treatment authorization code.]											

\* Denotes denied or non-covered charges



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**RECEIVED**

APR 20 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



|||||  
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