

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giess</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 cleaned 4/25/12, letters 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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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
laddaga@sehealthlaw.com
LINDA C. GARRETT
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**

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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 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 the 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.

[57 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, established by the State for private health maintenance organizations, or

Contract for Medication & Medicaid Services, DHS

§438.114

POC must comply with the following requirements:

(1) Provides that the entity—
(i) 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 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 lose benefits; or

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

(3) *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.

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FAX
(843) 207-5045

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. SCDDHHS (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

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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 BILL

PAGE 3, 17, 18
 PAGE 1

PATIENT NAME: KIM DREW DUE DATE: 02/19/11 02/14/11
 MR. CHRISTOPHER CYRUS
 SERVICE POSTING PROCEDURE NUMBER: 53
 DATE: 02/19/11
 ROOM AND BOARD: 6504 5 DAYS AT 810.00
 PHYSICIAN NAME: JOHN CLAYTON CHANDLER
 DMIT AMT: 168.00
 TOTAL AMT: 147.00

***** TOTAL ROOM AND BOARD 810.00
 PHARMACY 4,850.00

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 PROPOLF 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 IN 1 35.00 35.00
 TOTAL PHARMACY FOR 02/19/11 200.00

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 33.00

02/23/11 02/23/11 097005 HYDROCODONE/ACET 5MG/500 5 5.50 27.50
 TOTAL PHARMACY FOR 02/23/11 27.50

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 4,850.00
 IV SOLUTIONS 11.00
 IV SOLUTIONS 11.00
 IV SOLUTIONS 321.00

02/20/11 02/20/11 449374 IV SOLUTION 250-1000 ML 1 84.00 84.00
 TOTAL IV SOLUTIONS FOR 02/20/11 84.00
 02/21/11 02/21/11 449374 IV SOLUTION 250-1000 ML 1 84.00 84.00
 TOTAL IV SOLUTIONS FOR 02/21/11 84.00
 ***** TOTAL IV SOLUTIONS 168.00

02/20/11 02/21/11 133055 SLEEVE KNEE FOR SCR DEVI 1 147.00 147.00
 NON-STERILE SUPPLIES 168.00
 Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615 3556
 864-454-8611 (local) or long distance 1-800-998-8595 (toll free)

C E T & L B I L L

DATE: 03/01/11
 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	06/17/99	CORN CLIFTON CHAMBLER
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		73596	73596.00
02/19/11	02/19/11	065856	XR FLEORO <1HR -15594		1		76000	76000.00
			TOTAL RADIOLOGY - DIAGNOSTIC FOR 02/19/11				149596	149596.00
			TOTAL RADIOLOGY - DIAGNOSTIC				149596	149596.00
			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				237.00	237.00
			TOTAL CHEST X-RAY				237.00	237.00
			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				2011.00	2011.00
			TOTAL CT SCAN - HEAD				2011.00	2011.00
			CT SCAN - BODY					
02/19/11	02/19/11	064482	CT C-SPINE W/D CONTR-32625		1		2688.40	2688.40
			TOTAL CT SCAN - BODY FOR 02/19/11				2688.40	2688.40
			TOTAL CT SCAN - BODY				2688.40	2688.40
			OPERATING ROOM SERVICES					
02/19/11	02/21/11	458913	OR TIME 091-120 MIN IEV		1		10531.50	10531.50
			TOTAL OPERATING ROOM SERVICES FOR 02/19/11				10531.50	10531.50
			TOTAL OPERATING ROOM SERVICES				10531.50	10531.50
			ANESTHESIA					
02/19/11	02/21/11	550583	ANESTHESIA GENERAL TWTL		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				1925.00	1925.00
			TOTAL ANESTHESIA				1925.00	1925.00
			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				90.00	180.00
			TOTAL PHYSICAL THERAPY				90.00	180.00
02/23/11	03/22/11	445381	PT GAIT TRAINING 15 MIN		3		90.00	270.00
			Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556 864-454-6611 (local) or long distance 1-800-998-8995 (toll free)					

RETAIL

ACCOUNT NO: 2401130481 PATIENT NAME: WARE, CHRISTOPHER CYRUS ADR DATE: 02/19/11 DIS DATE: 02/24/11 RT: 1 FD: 55 SPC: 039 DOB: 06/17/79 PHYSICIAN NAME: JOHN CLAYTON CHANDLER

DATE: 03/01/11
 PAGE: 4

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	QTY	UNIT AMT	TOTAL AMT
02/22/11	02/22/11	445405	PT THERAPEUTIC ACTIVITY		2	100.00	200.00
TOTAL PHYSICAL THERAPY FOR 02/22/11							
02/23/11	02/24/11	445381	PT GAIT TRAINING 15 MIN		2	90.00	180.00
02/23/11	02/24/11	445405	PT THERAPEUTIC ACTIVITY		1	100.00	100.00
TOTAL PHYSICAL THERAPY FOR 02/23/11							
TOTAL PHYSICAL THERAPY FOR 02/23/11							
02/24/11	02/24/11	445369	PT NEUROSCULPTURE-EDUC		2	100.00	200.00
TOTAL PHYSICAL THERAPY FOR 02/24/11							
TOTAL PHYSICAL THERAPY							
02/21/11	02/22/11	464044	PT EVALUATION		1	300.00	300.00
TOTAL PHYSICAL THERAPY EVALUATI							
TOTAL PHYSICAL THERAPY EVALUATI							
EMERGENCY ROOM							
02/19/11	02/21/11	271245	ED SEE LEVEL V		1	1500.00	1,500.00
02/19/11	02/21/11	546009	ER THERAPYPRO/DX IV PUSH		1	161.20	161.20
02/19/11	02/21/11	546098	ER THERAPYPRO//DX IV BUS		1	192.70	192.70
TOTAL EMERGENCY ROOM FOR 02/19/11							
TOTAL EMERGENCY ROOM							
PULMONARY FUNCTION							
02/20/11	02/21/11	026011	O2 SAT MULTIPLE DETERIMI		3	85.00	255.00
TOTAL PULMONARY FUNCTION FOR 02/20/11							
02/21/11	02/22/11	026011	O2 SAT MULTIPLE DETERIMI		1	85.00	85.00
TOTAL PULMONARY FUNCTION FOR 02/21/11							
02/22/11	02/23/11	026011	O2 SAT MULTIPLE DETERIMI		3	85.00	255.00
TOTAL PULMONARY FUNCTION FOR 02/22/11							
02/23/11	02/24/11	026011	O2 SAT MULTIPLE DETERIMI		2	85.00	170.00
TOTAL PULMONARY FUNCTION FOR 02/23/11							
02/24/11	02/25/11	026011	O2 SAT MULTIPLE DETERIMI		1	85.00	85.00
TOTAL PULMONARY FUNCTION FOR 02/24/11							

Patient Financial Services 255 Enterprise Blvd Greenville, SC 25615-3556
 854-494-8511 (local) or long distance 1-800-998-8995 (toll free)

DATE: 02/19/11
 PAGE: 1

ACCOUNT NO: 02011150461
 PATIENT NAME: WARE, CHRISTOPHER TYRRESE

ADM DATE: 02/19/11

DIS DATE: 02/23/11

PT: 1

FC: 55

SGT: 059

SOB: 02/17/99

PHYSICIAN NAME: JOHN STEPHEN GRADLETT

SERVICE ROUTING PROCEDURE
 DATE DATE NUMBER DESCRIPTION

CPT4 CPT5 UNIT AMT

TOTAL AMT

TOTAL PULMONARY FUNCTION

DRUGS REQUIRING DETAIL CO

DATE	ROUTE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT4	CPT5	UNIT	AMT	TOTAL AMT
02/19/11	02/20/11	050577	KCL 20MEQ-D5/.45NS 1000M					85.40
02/19/11	02/21/11	053025	CERFADOLIN 1GM IMJ					
02/19/11	02/21/11	050462	FENTANYL CITRATE 0.25MG/					
02/19/11	02/21/11	807050	MIDAZOLAM 1MG/ML 5ML IMJ					
02/19/11	02/21/11	821774	ONDANSETRON 4MG/2ML 2ML					
02/19/11	02/19/11	825256	MORPHINE 2MG/ML IMJ (CJ)					
02/19/11	02/19/11	828306	MORPHINE 5MG/ML IMJ IMJ					
02/19/11	02/21/11	843690	SUCCINYLCHOLINE 200MG/10					
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/19/11								35.40
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/20/11								35.40
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/21/11								119.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/22/11								119.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/23/11								119.00

DATE	RECOVERY ROOM	RECOVERY RM	MIN	RECOVERY ROOM FOR 02/19/11	RECOVERY ROOM FOR 02/20/11	RECOVERY ROOM FOR 02/21/11	RECOVERY ROOM FOR 02/22/11	RECOVERY ROOM FOR 02/23/11
02/15/11	02/21/11	500390	RECOVERY RM 091-120 MIN	1	1	1	1	1
TOTAL RECOVERY ROOM FOR 02/19/11				1,907.80				
TOTAL RECOVERY ROOM FOR 02/20/11					1,907.80			
TOTAL RECOVERY ROOM FOR 02/21/11						1,907.80		
TOTAL RECOVERY ROOM FOR 02/22/11							1,907.80	
TOTAL RECOVERY ROOM FOR 02/23/11								1,907.80

DATE	PRO FEES/AMBS/CRNA	PT AMBS CRNA BASE RA 012	PF AMBS CRNA PER 15	PRO FEES/AMBS/CRNA FOR 02/19/11	PRO FEES/AMBS/CRNA FOR 02/20/11	PRO FEES/AMBS/CRNA FOR 02/21/11	PRO FEES/AMBS/CRNA FOR 02/22/11	PRO FEES/AMBS/CRNA FOR 02/23/11
02/19/11	02/21/11	047801	PT AMBS CRNA BASE RA 012	1	1	1	1	1
02/19/11	02/21/11	047812	PF AMBS CRNA PER 15	1	1	1	1	1
TOTAL PRO FEES/AMBS/CRNA FOR 02/19/11				516.00	516.00	516.00	516.00	516.00
TOTAL PRO FEES/AMBS/CRNA FOR 02/20/11					688.00			
TOTAL PRO FEES/AMBS/CRNA FOR 02/21/11						1,204.00		
TOTAL PRO FEES/AMBS/CRNA FOR 02/22/11							1,204.00	
TOTAL PRO FEES/AMBS/CRNA FOR 02/23/11								1,204.00

DATE	PRO FEES-EMERGENCY ROOM	EMERGENCY ROOM FOR 02/19/11	EMERGENCY ROOM FOR 02/20/11	EMERGENCY ROOM FOR 02/21/11	EMERGENCY ROOM FOR 02/22/11	EMERGENCY ROOM FOR 02/23/11
02/19/11	02/21/11	274986	EMERGENCY ROOM	1	1	1
TOTAL PRO FEES-EMERGENCY ROOM FOR 02/19/11				525.00	525.00	525.00
TOTAL PRO FEES-EMERGENCY ROOM FOR 02/20/11					525.00	
TOTAL PRO FEES-EMERGENCY ROOM FOR 02/21/11						525.00
TOTAL PRO FEES-EMERGENCY ROOM FOR 02/22/11						
TOTAL PRO FEES-EMERGENCY ROOM FOR 02/23/11						

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3586
 864-454-8611 (local), or long distance 1-800-998-8395 (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.

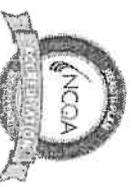
The request for inpatient services with DOS 02/19/2011-02/24/2011 will remain denied for late notification and exceeding 365 days for claims processing.

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
Patient: Greenville Memorial Hospital
Dates of Service: Christopher Ware
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 11 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

(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 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 Inpatient & Medical 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 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 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.
- (3) *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.
- (3) 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 Conway
Hospital, Inc. v. SCDHHS
Appeals' Case #11-003C-143

Rearing 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.

CONFESSIONS 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 ~~is~~.
(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
LINDA C. GARRETT
garrett@sehealthlaw.com

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

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
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
Healthy Connections

March 8, 2012

RECEIVED
MAR 14 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 29415

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

B E T A I L L E

DATE: 07/17/11
 PAGE: 1

Account No: Patient Name: ADM Date: Dis Date: PT: FC: SPC: DOB: Physician Name:
 0600344556 BOWEN, GEORGIA ANN 06/27/11 07/01/11 2 23 089 06/10/51 BRADLEY T. CARTER, MD

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
	4209	1	ROOM AND BOARD				
	4209	2	DAYS AT			1,350.00	
		2	DAYS AT			210.00	
TOTAL ROOM AND BOARD						1,560.00	
PHARMACY						4,380.00	

06/26/11	06/26/11	066460	IBUPROFEN 400MG TAB		2	3.50	7.00
06/26/11	06/27/11	097005	HYDROCODONE/ACET 5MG/500		2	5.50	11.00
06/26/11	06/27/11	818097	AZITHROMYCIN 250MG TAB		2	33.10	66.20
06/26/11	06/27/11	828275	IBuprofen Brom 0.02% INH		3	5.00	15.00
06/26/11	06/27/11	835838	ALBUTEROL 2.5MG/0.5ML IN		3	5.00	15.00
TOTAL PHARMACY FOR 06/26/11						114.20	
06/27/11	06/27/11	091236	POTASSIUM CHL 10MEQ TAB/		4	3.50	14.00
06/27/11	06/27/11	091236	POTASSIUM CHL 10MEQ TAB/		6	3.50	21.00
06/27/11	06/27/11	806708	HYDROCOD/ACET 7.5MG/500M		1	5.50	5.50
06/27/11	06/27/11	806708	HYDROCOD/ACET 7.5MG/500M		1	5.50	5.50
06/27/11	06/27/11	822275	IBuprofen Brom 0.02% INH		2	5.00	10.00
06/27/11	06/27/11	833165	PROTONIX 40MG TAB		2	5.00	10.00
06/27/11	06/27/11	835838	ALBUTEROL 2.5MG/0.5ML IN		2	3.50	7.00
06/27/11	06/27/11	837556	LIDOCAINE 1% 20ML MDV IN		1	35.00	35.00
TOTAL PHARMACY FOR 06/27/11						130.10	

06/28/11	06/28/11	054126	PREDNISON 20MG TAB		3	3.50	10.50
06/28/11	06/28/11	091236	POTASSIUM CHL 10MEQ TAB/		4	3.50	14.00
06/28/11	06/28/11	091236	POTASSIUM CHL 10MEQ TAB/		8	3.50	28.00
06/28/11	06/28/11	806708	HYDROCOD/ACET 7.5MG/500M		5	5.50	27.50
06/28/11	06/28/11	809983	LISINAPRIL 10MG TAB		2	5.10	10.20
06/28/11	06/28/11	817256	IBuprofen Brom 0.02% INH		1	3.30	3.30
06/28/11	06/28/11	822275	IBuprofen Brom 0.02% INH		1	5.00	5.00
06/28/11	06/28/11	822275	IBuprofen Brom 0.02% INH		1	5.00	5.00
06/28/11	06/28/11	824755	FLUTICASONE 0.05% 50MCG		1	5.00	5.00
06/28/11	06/28/11	833165	PROTONIX 40MG TAB		1	225.90	225.90
06/28/11	06/28/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	23.60	23.60
06/28/11	06/28/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/28/11	06/28/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/28/11	06/28/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	5.00	5.00
06/28/11	06/28/11	838546	AVELOX 400MG TAB		1	61.40	61.40
TOTAL PHARMACY FOR 06/28/11						447.10	

06/29/11	06/29/11	054126	PREDNISON 20MG TAB		3	3.50	10.50
06/29/11	06/29/11	091236	TEMAZEPAM 15MG CAP		1	5.50	5.50
06/29/11	06/29/11	806708	HYDROCOD/ACET 7.5MG/500M		8	5.50	44.00
06/29/11	06/29/11	809983	LISINAPRIL 10MG TAB		1	5.10	5.10
06/29/11	06/29/11	812079	LISINAPRIL 20MG TAB		1	5.10	5.10

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556
 854-454-8611 (local) or long distance 1-800-998-8955 (toll free)

DETAILED

ACCOUNT NO: 28010432562
 PATIENT NAME: BOWEN, GLENNA ANN
 ADR DATE: 06/29/11
 DIS DATE: 07/01/11
 PT: I
 PC: 83
 SDC: 055
 DCS: 06/10/11
 PHYSICIAN NAME: BRADLEY T. COTNER, 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	816679	GUAFENESIN 600MG TAB		4	3.50	14.00
06/29/11	07/01/11	816675	GUAFENESIN 600MG TAB		1	3.50	3.50
06/29/11	06/25/11	811256	NICOTINE 21MG PATCH		1	3.10	3.10
06/29/11	06/25/11	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	833165	PROTONIX 40MG TAB		1	5.00	5.00
06/29/11	06/29/11	835838	ALBUTEROL 2.5MG/0.5ML IN		1	23.60	23.60
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

DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CERT	QTY	UNIT AMT	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 MAGNESIA 30ML LI	J7506	1	0.70	0.70
06/30/11	06/30/11	095810	FLEET ENEMA 135ML		2	1.70	3.40
06/30/11	06/30/11	806706	HYDROCOD/ACET 7.5MG/500M		6	5.50	33.00
06/30/11	06/30/11	812079	LININOPRIL 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

DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CERT	QTY	UNIT AMT	TOTAL AMT
07/01/11	07/01/11	097232	TERAZEPAM 15MG CAP		1	5.50	5.50
07/01/11	06/30/11	806706	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	06/30/11	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	5.26	5.26
TOTAL PHARMACY FOR 07/01/11							5.00
TOTAL PHARMACY							47.56
TOTAL PHARMACY - DRUGS INCIDENT							1,150.83

06/27/11 06/27/11 577620 OXILAN 350 100ML -29192 Q3967 1 47.50 47.50
 Patient Financial Services 255 Entenriase Blvd Greenville, SC 29615-1556
 864-454-9611 (local) or Long distance 1-800-998-6955 (toll free)

P E T A 1 1 B I L L

DATE: 07/11
 PAGE: 1

ACCOUNT NO: 0001442586
 SERVICE NAME: BOWEN, GIORIA ANN
 ADM DATE: 06/27/11
 DED DATE: 07/01/11
 RT: 1
 RV: 1
 SPO: 1
 POS: 1
 PAYMENT NAME: BRADLEY T. OLIVER, JR

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
 06/28/11 06/28/11 040893 IV SOLUTION-ED 64.00 1 64.00
 06/28/11 06/28/11 040893 IV SOLUTION-ED 64.00 1 64.00
 TOTAL IV SOLUTIONS FOR 06/28/11 128.00

06/27/11 06/27/11 449374 IV SOLUTION 250-1000 ML 64.00 1 64.00
 06/27/11 06/27/11 449374 IV SOLUTION 250-1000 ML 64.00 1 64.00
 TOTAL IV SOLUTIONS FOR 06/27/11 128.00

06/28/11 06/28/11 449374 IV SOLUTION 250-1000 ML 64.00 1 64.00
 TOTAL IV SOLUTIONS FOR 06/28/11 64.00
 ***** TOTAL IV SOLUTIONS 250.00

NON-STERILE SUPPLIES

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

06/28/11 06/29/11 033214 MED GAS THERAPY 1 HR 14.00 24 336.00
 TOTAL NON-STERILE SUPPLIES FOR 06/29/11 336.00

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

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

LABORATORY - GENERAL

06/28/11 06/28/11 435555 VENIPUNCTURE 35415 1 25.00
 TOTAL LABORATORY - GENERAL FOR 06/28/11 25.00

06/27/11 06/27/11 039530 COLLECTION, ARTERIAL 36600 1 73.20
 06/27/11 06/27/11 514238 BLOOD GAS W/O2 SAT 62605 1 172.90
 TOTAL LABORATORY - GENERAL FOR 06/27/11 251.10

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3555
 864-454-8611 (local) or long distance 1-800-996-8955 (toll free)

D E B I L I S I I I

DATE: 07/11/11
 PAGE: 5

ACCOUNT NO	PATIENT NAME	ADP DATE	DIS DATE	PT	SC	SEC	DOS	PHYSICIAN NAME
06/28/11	ZOMER, GLORIA ANN	06/27/11	07/01/11	I	83	098	06110/52	BRADLEY T. OLIVER, MD
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPTS	QTY	UNIT	TOTAL AMT	
06/26/11	06/26/11	062353	BLOOD CULTURE	87040	1	198.60	198.60	
TOTAL LAB/PACT-MICRO FOR 06/26/11						198.60		
TOTAL LAB/PACR-MICRO						198.60		
TOTAL LAB/PACR-MICRO						198.60		
06/26/11	06/27/11	061252	XR CHEST 2VIEWS	71020	1	396.80	396.80	
TOTAL CHEST X-RAY FOR 06/26/11						396.80		
06/27/11	06/27/11	061207	XR CHEST 1VIEW	71010	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	71020	1	396.80	396.80	
TOTAL CHEST X-RAY FOR 06/29/11						396.80		
TOTAL CHEST X-RAY						1,090.60		
CT SCAN - BODY						2,879.00		
06/27/11	06/27/11	437314	CTA CHEST W/SW/O C-29192	71275	1	2879.00	2,879.00	
TOTAL CT SCAN - BODY FOR 06/27/11						2,879.00		
TOTAL CT SCAN - BODY						2,879.00		
RESPIRATORY THERAPY						234.60		
06/26/11	06/27/11	484515	AEROSOL THERAPY TREATMEN	94640	3	78.20	234.60	
TOTAL RESPIRATORY THERAPY FOR 06/26/11						234.60		
06/27/11	06/27/11	484515	AEROSOL THERAPY TREATMEN	94640	2	78.20	156.40	
06/27/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	
06/27/11	06/30/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	
TOTAL RESPIRATORY THERAPY FOR 06/27/11						312.80		
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20	
TOTAL RESPIRATORY THERAPY FOR 06/28/11						312.80		
TOTAL RESPIRATORY THERAPY FOR 06/28/11						312.80		
TOTAL RESPIRATORY THERAPY FOR 06/28/11						312.80		
TOTAL RESPIRATORY THERAPY FOR 06/28/11						312.80		

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3556
 864-454-8611 (local) or long distance 1-800-998-8995 (coll fee)

DATE: 07/11/11
 PAGE: 4

ACCOUNT NO: 06/27/11 06/27/11
 PATIENT NAME: BOWEN, GEORGIA ANN
 ADM DATE: 06/27/11
 DIS DATE: 07/01/11
 RT: 53
 ST: 039
 SEC: 06/27/11
 DOR: 06/27/11
 PAYER/PLAN NAME: BRADLEY T. COLLIER, III

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CPT3	QTY	UNIT AMT	TOTAL AMT
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06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/29/11							

06/30/11	06/30/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/30/11	06/30/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/30/11	06/30/11	484526	MDI TREATMENT	94640	1	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/30/11							

07/01/11	06/30/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
07/01/11	07/01/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 07/01/11							

06/27/11	06/27/11	514250	CONTINUOUS INHAL TX 1ST	94644	1	100.00	100.00
TOTAL INHALATION SERVICES FOR 06/27/11							

06/26/11	06/26/11	110310	ED FEE LEVEL V	99285	1	1500.00	1,500.00
06/26/11	06/28/11	545984	ER THERAPY/PRO//DX IV PUS	96374	1	192.70	192.70
06/26/11	06/28/11	545995	THPY//PRO/DX IV PUSH ADDL	96375	1	112.40	112.40
TOTAL EMERGENCY ROOM FOR 06/26/11							

07/01/11	07/01/11	023121	SPIROMETRY	-23470	1	275.40	275.40
TOTAL PULMONARY FUNCTION FOR 07/01/11							

06/27/11	06/27/11	091894	SOLU MEDROL 125MG INJ	J2930	1	35.00	35.00
06/27/11	06/27/11	091894	SOLU MEDROL 125MG INJ	J2930	1	35.00	35.00
06/27/11	06/27/11	841525	AVILOX 400MG IV	J2930	1	35.00	35.00
06/27/11	06/27/11	843816	CETRIXONE 1GM-DSW 50ML	J0686	1	253.00	253.00
TOTAL DRUGS REQUIRING DETAIL CO							

06/27/11	06/27/11	091894	SOLU MEDROL 125MG INJ	J2930	1	35.00	35.00
06/27/11	06/27/11	091894	SOLU MEDROL 125MG INJ	J2930	1	35.00	35.00
06/27/11	06/27/11	841525	AVILOX 400MG IV	J2930	1	35.00	35.00
06/27/11	06/27/11	843816	CETRIXONE 1GM-DSW 50ML	J0686	1	253.00	253.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/27/11							

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 T

DATE: 07/01/11
 PAGE: 7

ACCOUNT NO	PATIENT NAME	ADM DATE	DIS DATE	RT	PC	SPC	DOB	ENREGISTER NAME
06/26/11 06/26/11	SOBEN, GEORGE AMK	06/27/11	07/01/11		93	099	06/18/51	BRILLIANT C. DRIVER, MD
SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT	TOTAL AMT	
06/26/11	06/26/11	091854	SOLD MEDROL 125MG INJ	12930	2	35.00	70.00	
06/26/11	06/26/11	806015	HEPARIN 50000U/ML 1ML INJ	11644	1	35.00	35.00	
06/26/11	06/26/11	806015	HEPARIN 50000U/ML 1ML INT	11644	1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/26/11					1	104.00	104.00	
06/29/11	06/29/11	806015	HEPARIN 5000U/ML 1ML INJ	11644	2	35.00	70.00	
06/29/11	06/29/11	828306	MORPHINE 5MG/ML 1ML INJ	11644	1	35.00	35.00	
06/29/11	06/29/11	850860	MAG SULFATE 2GM/NS 50ML	13475	1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/29/11					2	104.00	208.00	
06/30/11	06/30/11	806015	HEPARIN 5000U/ML 1ML INJ	11644	2	35.00	70.00	
06/30/11	07/01/11	806015	HEPARIN 5000U/ML 1ML INT	11644	1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/30/11					1	35.00	35.00	
07/01/11	07/01/11	806015	HEPARIN 5000U/ML 1ML INT	11644	1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO FOR 07/01/11					1	35.00	35.00	
TOTAL DRUGS REQUIRING DETAIL CO							1,117.00	
PRO FEES-EMERGENCY ROOM								
06/26/11	06/26/11	233409	99285 ER MD-LEVEL V	99285	1	525.00	525.00	
TOTAL PRO FEES-EMERGENCY ROOM FOR 06/26/11							525.00	
TOTAL PRO FEES-EMERGENCY ROOM							525.00	
TOTAL CHARGES							20,772.56	

PATIENT FINANCIAL SERVICES 255 Enterprise Blvd Greenville, SC 29615-3556
 864-454-8611 (local) or long distance 1-800-998-9995 (toll free)



Select Health

Call us at 1-800-444-4444
or visit us at www.selecthealth.com

South Carolina
HealthyConnections

July 28 2011

060013442556

Re

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

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

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.

016
PDS

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
KYLEIGH STEVENSON



ELECTRONIC REMITTANCE ADVISE
Electronic Reproduction ASC 004010X051A1

GREENVILLE MEMORIAL HOSPITAL
GREENVILLE HOSPITAL SYSTEM
CHARLOTTE NC 28250

Medical
SELECT HEALTH PLAN
200 STEVENS DRIVE
PHILADELPHIA PA 19113

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

Account: 0830013442355 POS: HIC: 40224331 ICN: 201041891700 Provider: 1689624900 20003145 576007863
Status: Processed as Primary

PreProv	SrvDate	NOS	REV	Proc/Mods	Billed	Allowed	Deduct	Coins	FC-Amt	Paid	CAS Summary
FC	06/29/2011		0110	HC:00000	1,820.00				1,820.00	0.00	OA 197 HE M62 0.00
FC	06/27/2011		0110	HC:00000	2,760.00				2,760.00	0.00	OA 197 HE M62 2,760.00
FC	06/27/2011		0250	HC:00000	1,158.50				1,158.50	0.00	OA 197 HE M52 1,158.50
FC	06/27/2011		0255	HC:00000	67.50				67.50	0.00	OA 197 HE M62 67.50
FC	06/27/2011		0271	HC:00000	420.00				420.00	0.00	OA 197 HE M62 420.00
FC	06/27/2011		0300	HC:00000	1,204.00				1,204.00	0.00	OA 197 HE M62 1,204.00
FC	06/27/2011		0301	HC:00000	276.10				276.10	0.00	OA 197 HE M62 276.10
FC	06/27/2011		0305	HC:00000	3,002.10				3,002.10	0.00	OA 197 HE M62 3,002.10
FC	06/27/2011		0306	HC:00000	587.80				587.80	0.00	OA 197 HE M62 587.80
FC	06/27/2011		0324	HC:00000	198.60				198.60	0.00	OA 197 HE M62 198.60
FC	06/27/2011		0352	HC:00000	1,090.60				1,090.60	0.00	OA 197 HE M62 1,090.60
FC	06/27/2011		0410	HC:00000	2,879.00				2,879.00	0.00	OA 197 HE M62 2,879.00
FC	06/27/2011		0412	HC:00000	1,485.80				1,485.80	0.00	OA 197 HE M62 1,485.80
FC	06/27/2011		0450	HC:00000	100.00				100.00	0.00	OA 197 HE M62 100.00
FC	06/27/2011		0460	HC:00000	1,805.10				1,805.10	0.00	OA 197 HE M62 1,805.10
FC	06/27/2011		0636	HC:00000	245.40				245.40	0.00	OA 197 HE M62 245.40
REMITTANCE SUMMARY											
TOTALS					20,217.50	.00	.00	.00	20,217.50	.00	1,317.00
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 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
LINDA C. GARRETT
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



Page # 000401

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

Re: Request for Interpretation of 42 CFR 438.114

Dear Mr. Laddaga:

Best - 15
This is the orig.
The Jan 6/14

Byron - ✓

Byron -
5/16/14 sent.
Tony would like
to know ->
Please advise - thru
John

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

D - ~~the correct one~~ ->
Byron sent
original to TR

LADDAGA & GARRETT, P.A.

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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>Giise</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. Teck, 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>Will Johnson is</i>
2.			<i>Asst. B7 w/ Response.</i>
3.			
4.	<i>STARS</i>	<i>?</i>	

LADDAGA & GARRETT, P.A.

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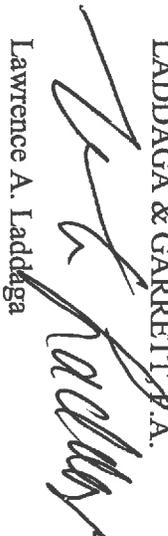
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Sincerely,

LADDAGA & GARRETT P.A.


Lawrence A. Laddaga

LAL/jrb

Enclosures

cc: Lee Robinson

Ms. Julie M. Bateman, RN, CCM

(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—
- (1) 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
 - (1) 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—
- (1) 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
- (1) 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—

- (1) 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

- (1) 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 organizations" 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, RMS

§438.114

PCGM must comply with the following requirements:

- (i) Provides that the entity—
- (i) 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 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 PCGM in order to obtain benefits or in order to not lose benefits; or

(ii) The MCO, PIHP, PAHP, or PCGM 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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LINDA C. GARRETT

lgarret@sehealthlaw.com

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

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:	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, 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.
ATTORNEYS AND COUNSELORS AT LAW
POST OFFICE BOX 62498
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LAWRENCE A. LADDAGA

laddaga@selecthealthv.com

LINDA C. GARRETT

garrett@selecthealthv.com

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

D E B T I L I T Y

ACCOUNT NO: PATIENT NAME: AMT DED: DUE DATE: PT: EQ: SPD: COB: PHYSICIAN NAME: RATE: 03/17/11
 001150461 WARE, CHRISTOPHER CYRUS 02/19/11 02/24/11 1 3 099 06/17/99 JOHN STEPHEN CHANDLER PAUSE: 03/17/11

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

6504 5 5 DAYS AT 810.00
 ROOM AND BOARD
 TOTAL ROOM AND BOARD 810.00
 PHARMACY 47651.00
 TOTAL 52551.00

02/15/11 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 IN 1 35.00 35.00
 TOTAL PHARMACY FOR 02/19/11 2 120.00 120.00

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 5 33.00 33.00

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

02/23/11 02/23/11 097005 HYDROCODONE/ACET 5MG/500 5 5.50 27.50
 TOTAL PHARMACY FOR 02/23/11 5 27.50 27.50

02/24/11 02/24/11 097005 HYDROCODONE/ACET 5MG/500 4 5.50 22.00
 TOTAL PHARMACY FOR 02/24/11 4 22.00 22.00

02/20/11 02/20/11 449374 IV SOLUTION 250-1000 ML 1 94.00 94.00
 TOTAL IV SOLUTIONS FOR 02/20/11 1 94.00 94.00

02/21/11 02/21/11 449374 IV SOLUTION 250-1000 ML 1 84.00 84.00
 TOTAL IV SOLUTIONS FOR 02/21/11 1 84.00 84.00

02/20/11 02/21/11 133055 SLEEVE KNEE FOR SCP 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)

DATE: 02/19/11

PAGE: 1

ACCOUNT NO: 0201150461
 PATIENT NAME: WARE, CHRISTOPHER TESTI
 ADR DATE: 02/19/11
 DIS DATE: 02/24/11
 RT: 55
 FC: 059
 SPC: 05/17/95
 DOS: JOHN STEWART CHANDLER
 PHYSICIAN NAME: JOHN STEWART CHANDLER

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
02/20/11	02/21/11	567220	SLEEVE KNEE FOR SPD LEVI				
TOTAL NON-STERILE SUPPLIES FOR 02/20/11 479.70							
TOTAL NON-STERILE SUPPLIES FOR 02/20/11 479.70							
STERILE SUPPLY							
02/19/11	02/21/11	441796	GUIDE ROD BALL TIP		2	658.20	1,316.40
02/19/11	02/21/11	462317	BIT DRILL C-6		1	734.80	734.80
02/19/11	02/21/11	462317	BIT DRILL C-6		1	734.80	734.80
TOTAL STERILE SUPPLY FOR 02/19/11 2,785.80							
TOTAL STERILE SUPPLY 2,785.80							

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
02/19/11	02/21/11	441810	SCREW CAPTURED C-6		1	788.00	788.00
02/19/11	02/21/11	441810	SCREW CAPTURED C-6		1	788.00	788.00
02/19/11	02/21/11	441832	NAIL KNEE 8.5-13		1	4,979.80	4,979.80
02/19/11	02/21/11	546838	GUIDE PIN THREADED		1	655.60	655.60
TOTAL MED.SURG. OTHER IMPLANTS FOR 02/19/11 7,211.40							
TOTAL MED.SURG. OTHER IMPLANTS 7,211.40							

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
02/19/11	02/19/11	417398	BASIC METABOLIC (NOT CA)		1	208.00	208.00
TOTAL LAB/CHEMISTRY FOR 02/19/11 208.00							
TOTAL LAB/CHEMISTRY 208.00							
HEMATOLOGY							
02/19/11	02/19/11	261641	C9C/AUTO/AUTO DIFF		1	135.80	135.80
TOTAL HEMATOLOGY FOR 02/19/11 135.80							
TOTAL HEMATOLOGY 135.80							

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
02/20/11	02/20/11	019872	HEMOGLOBIN		1	49.20	49.20
02/20/11	02/20/11	015283	HEMATOCRIT		1	58.40	58.40
TOTAL HEMATOLOGY FOR 02/20/11 107.60							
TOTAL HEMATOLOGY 107.60							
RADIOLOGY - DIAGNOSTIC							
02/19/11	02/19/11	062015	XR C-SPINE 2-VIEW-14642		1	435.80	435.80
02/19/11	02/19/11	062355	XR BELT/LS 1-2-VIEWS-31882		1	372.60	372.60
02/19/11	02/19/11	063403	XR FEMUR 2-VIEWS -14642		1	408.90	408.90
02/19/11	02/19/11	063403	XR FEMUR 2-VIEWS -15534		1	408.90	408.90
TOTAL RADIOLOGY 1,626.20							

Patent Financial Services 255 Enterprise Blvd Greenville, SC 29615-3555
 864-454-8611 (local) or long distance 1-800-998-9995 (toll free)

C E T & I L B I L L

DATE: 03/01/11
 PAGE: 3

ACCOUNT NO 0001150461 PATIENT NAME WARE, CHRISTOPHER
 Adm Date 02/19/11 Dis Date 02/24/11
 PHYSICIAN NAME JOHN CLIFTON CHANDLER

DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	QPT4	QTY	UNIT	AMT	TOTAL AMT	
02/19/11	063607	XR TIBIA/FIBULA 2V-14642		1		73890	73890.00	
02/19/11	065856	XR FULCRUM K1HR		1		76000	76000.00	
TOTAL RADIOLOGY - DIAGNOSTIC FOR 02/19/11							149890	149890.00
TOTAL RADIOLOGY - DIAGNOSTIC							653.40	653.40
CHEST X-RAY							2,678.10	2,678.10
02/19/11	061207	XR CHEST LVIEW		1		297.00	297.00	
TOTAL CHEST X-RAY FOR 02/19/11							297.00	297.00
TOTAL CHEST X-RAY							297.00	297.00
CT SCAN - HEAD							297.00	297.00
02/19/11	066804	CT HEAD W/O CONTRA-32625		1		70450	70450.00	
TOTAL CT SCAN - HEAD FOR 02/19/11							2,011.00	2,011.00
TOTAL CT SCAN - HEAD							2,011.00	2,011.00
CT SCAN - BODY							2,011.00	2,011.00
02/19/11	064482	CT C-SPINE W/O CONTR-32625		1		72125	2688.40	
TOTAL CT SCAN - BODY FOR 02/19/11							2,688.40	2,688.40
TOTAL CT SCAN - BODY							2,688.40	2,688.40
OPERATING ROOM SERVICES							2,688.40	2,688.40
02/19/11	468513	OR TIME 091-120 MIN LEV		1		10531.50	10,531.50	
TOTAL OPERATING ROOM SERVICES FOR 02/19/11							10,531.50	10,531.50
TOTAL OPERATING ROOM SERVICES							10,531.50	10,531.50
ANESTHESIA							10,531.50	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	1,915.00
TOTAL ANESTHESIA							1,915.00	1,915.00
PHYSICAL THERAPY							1,925.00	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	180.00
TOTAL PHYSICAL THERAPY							180.00	180.00

02/22/11 02/22/11 445381 PT GAIT TRAINING 15 MIN 97116 2 90.00 180.00
 Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-1556
 864-454-8611 (local) or long distance 1-800-998-8995 (toll free)

5 2 1 1 8 1 1

DATE: 01/01/11 PAGE: 4

ADMIT NO	Patient Name	Adm Date	Dis Date	PT	PC	SPC	DOB	Physician Name	CHP CLINIC CHAIRSIDE
200113046	WARR, CHRISTOPHER CURSE	02/19/11	02/24/11	1	AS	039	06/11/79		
SERVICE DATE	POSTING DATE	PROCEDURE NUMBRP	PROCEDURE DESCRIPTION	CHPT	QTY	UNIT AMT	TOTAL AMT		
02/22/11	02/22/11	445405	PT THERAPEUTIC ACTIVITY		2	100.00	200.00		
		TOTAL PHYSICAL THERAPY FOR 02/22/11					200.00		
02/24/11	02/24/11	445381	PT GAIT TRAINING IS MEN		2	90.00	180.00		
02/25/11	02/24/11	445405	PT THERAPEUTIC ACTIVITY		1	160.00	160.00		
		TOTAL PHYSICAL THERAPY FOR 02/23/11					340.00		
02/24/11	02/24/11	445365	PT NEUROMUSCULAR RE-EDUC		2	100.00	200.00		
		TOTAL PHYSICAL THERAPY FOR 02/24/11					200.00		
		TOTAL PHYSICAL THERAPY					200.00		
02/21/11	02/22/11	464044	PT EVALUATION		1	300.00	300.00		
		TOTAL PHYSICAL THERAPY EVALUATI					300.00		
		TOTAL PHYSICAL THERAPY FOR 02/21/11					300.00		
		EMERGENCY ROOM					300.00		
02/19/11	02/21/11	271245	ED FEE LEVEL V		1	1500.00	1,500.00		
02/19/11	02/21/11	546009	BR THERAPYPRO/DX IV PUSH		1	161.20	161.20		
02/19/11	02/21/11	546098	ER THERAPYPRO//DX IV BUS		1	192.70	192.70		
		TOTAL EMERGENCY ROOM FOR 02/19/11					1,853.90		
		TOTAL EMERGENCY ROOM					1,853.90		
02/20/11	02/21/11	026011	O2 SAT MULTIPLE DETERIMI		3	85.00	255.00		
		TOTAL PULMONARY FUNCTION FOR 02/20/11					255.00		
02/22/11	02/22/11	026011	O2 SAT MULTIPLE DETERIMI		1	85.00	85.00		
		TOTAL PULMONARY FUNCTION FOR 02/21/11					85.00		
02/22/11	02/23/11	026011	O2 SAT MULTIPLE DETERIMI		3	85.00	255.00		
		TOTAL PULMONARY FUNCTION FOR 02/22/11					255.00		
02/23/11	02/24/11	026011	O2 SAT MULTIPLE DETERIMI		2	95.00	170.00		
		TOTAL PULMONARY FUNCTION FOR 02/23/11					170.00		
02/24/11	02/24/11	026011	O2 SAT MULTIPLE DETERIMI		1	85.00	85.00		
		TOTAL PULMONARY FUNCTION FOR 02/24/11					85.00		
		Patient Financial Services	255 Enterprise Blvd	Greenville, SC	29615-3556		85.00		
		864-454-8811 (local) or long distance 1-800-998-6995 (toll free)					85.00		

P A T I E N T B I L L

ACCOUNT NO: 0201150461 PATIENT NAME: WARE, CHRISTOPHER TYRRE
 DATE: 02/19/11 PAGE: 2

ACCOUNT NO	PATIENT NAME	ADM DATE	DIS DATE	PT	FC	SGT	SOB	PROCESSED NAME
0201150461	WARE, CHRISTOPHER TYRRE	02/19/11	02/24/11	I	55	059	02/17/99	JOHN CUSTOS CHAVELER

SERVER	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	QTY	UNIT AMT	TOTAL AMT
DRUGS REQUIRING DETAIL CO						
02/19/11	02/20/11	050577	KCI 20MEQ-D5/.45NS 100GM	1	65.00	65.00
02/19/11	02/21/11	053025	CEFACOLIN 1GM IMJ	1	119.00	119.00
02/19/11	02/21/11	058462	PENTANYL CITRATE 0.25NS/	2	76.00	152.00
02/19/11	02/21/11	807050	MIDAZOLAM 1MG/ML 5ML IMJ	1	35.00	35.00
02/19/11	02/21/11	821774	ONDANSETRON 4MG/2ML 2ML	1	35.00	35.00
02/19/11	02/19/11	825256	MORPHINE 2MG/ML IMJ (CJ)	1	35.00	35.00
02/19/11	02/19/11	828306	MORPHINE 5MG/ML 1ML IMJ	1	35.00	35.00
02/19/11	02/21/11	843690	SUCCINYLCHOLINE 200MG/10	1	35.00	35.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/19/11 395.00						

02/20/11	02/20/11	050577	KCI 20MEQ-D5/.45NS 100GM	1	65.00	65.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/20/11 119.00						
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/19/11 119.00						
TOTAL DRUGS REQUIRING DETAIL CO FOR 02/20/11 119.00						
RECOVERY ROOM						
02/19/11	02/21/11	500390	RECOVERY RM 091-120 MIN	1	1907.80	1,907.80
TOTAL RECOVERY ROOM FOR 02/19/11 1,907.80						
TOTAL RECOVERY ROOM 1,907.80						

02/19/11	02/21/11	047801	PF ANES CRNA BASE RA 012	1	516.00	516.00
02/19/11	02/21/11	047812	PF ANES CRNA PRR 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	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 41,034.40						

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3356
 864-454-8611 (local) or long distance 1-800-998-8995 (toll free)

FirstChoice
by Select Health of South Carolina

Your Hometown Health Plan

South Carolina
HealthyConnections

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@sehealthcare.com
LINDA C. GARRETT
garret@sehealthcare.com

TELEPHONE
(843) 297-5040
FAX
(843) 297-5045

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 11 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.

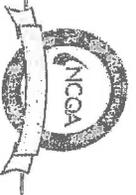
42 C.F.R. 438.114 states a payor may not "refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's...MCO,...of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services."

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 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 Medicare & Medicaid Services, HHS

§ 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 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, PHP, PAHP, or PCOM in order to obtain benefits or in order to not lose benefits; or
 - (ii) The MCO, PHP, 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, PHP, and PAHP must provide that its Medicaid enrollees are not held liable for any of the following:

- (a) The MCO's, PHP'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, PHP, or PAHP; or

- (2) The State, or the MCO, PHP, 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, PHP, 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 Review in the appeal matter of Correy
Reppert, Inc. v. SCDEHS
Appeals' Case #11-0123C-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, 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 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
LINDA C. GARRETT
garrett@sehealthlaw.com

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

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
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 Agency 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 29415

LAVRENCE A. LADDAGA
laddaga@selecthealthsc.com
LINDA C. GARRETT
lgarrett@selecthealthsc.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

MSD145896

GREENVILLE MEMORIAL
 701 GROVE ROAD
 GREENVILLE SC 29605611
 6344548611 5644442021

GREENVILLE HOSPITAL SVST
 P O BOX 601177
 CHARLOTTE NC 282601177

GREENVILLE
 415 NORTH MAIN ST APT 5A
 29601177

030013442556
 971418003
 0083

INSURED'S NAME: BOWEN, GLORIA A
 SEX: F
 BIRTHDATE: 062711
 SSN: 060121
 MEDICATED SELECT ME
 PC BOX 712C
 LONDON, KY 40742

81 PRESENT ADDRESS: 415 NORTH MAIN ST APT 5A
 82 GREENVILLE
 83 SC 29601
 84 437

85 PLAN NO: 030013442556
 86 PLAN NAME: GREENVILLE
 87 PLAN TYPE: 1
 88 PLAN CLASS: 1
 89 PLAN RATE: 1380.00
 90 PLAN DATES: 070811 - 070811
 91 PLAN STATUS: 1
 92 PLAN CHANGES: 1
 93 PLAN EFFECTIVE DATE: 070811
 94 PLAN EXPIRES: 070811
 95 PLAN CARRIER: 1
 96 PLAN COVERAGE: 1
 97 PLAN COVERAGE FROM: 070811
 98 PLAN COVERAGE TO: 070811
 99 PLAN COVERAGE TYPE: 1
 100 PLAN COVERAGE CLASS: 1

42 REV CL	43 DESCRIPTION	44 RPTCD / RATE / MP5 CODE	46 SERV DATE	45 SERV LNS	47 TOTAL CHRGES	48 NONCOVERD CHRGES	49
0110	ROOM-BOARD/EVT	810.00		2	162000		
0110	ROOM-BOARD/EVT	1380.00		2	276000		
0250	PHARMACY			156	115850		
0255	BRUGS/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	180610		
0460	PULMONARY PUNCTION			1	24540		
0636	DRUGS/DETAIL CODE			61	131700		

0001 PAGE1 OF1
 50 PAYER NAME: 637 MEDICAID-FIRSTCHOI
 51 HEALTH PLAN ID: CREATION DATE 070811
 52 INSURED'S NAME: BOWEN, GLORIA A
 59 RPTCD: 18
 60 INSURER'S UNIQUE ID: 1836077501
 61 GROUP NAME:
 62 INSURANCE GROUP NO:
 63 TREATMENT AUTHORIZATION CODES:
 64 DOCUMENT CONTROL NUMBER:
 65 EMPLOYER NAME:
 66 EMPLOYER VALUE:
 67 TOTAL: 2021750
 68 SUBT AMOUNT DUE: 1689624900

69	70 ACCT	71 YR	72 DATE	73 YR	74 DATE	75 YR	76 DATE	77 YR	78 DATE	79 YR	80 DATE	81 YR	82 DATE	83 YR	84 DATE	85 YR	86 DATE	87 YR	88 DATE	89 YR	90 DATE	
9	78651	Y	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y	V1251	1	3051	Y	4019	Y	7852	Y		
69	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y												
70	78651	Y	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y	V1251	1	3051	Y	4019	Y	7852	Y		
71	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y												
72	78651	Y	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y	V1251	1	3051	Y	4019	Y	7852	Y		
73	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y												
74	78651	Y	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y	V1251	1	3051	Y	4019	Y	7852	Y		
75	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y												
76	78651	Y	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y	V1251	1	3051	Y	4019	Y	7852	Y		
77	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y												
78	78651	Y	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y	V1251	1	3051	Y	4019	Y	7852	Y		
79	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y												
80	78651	Y	49121	Y	51881	Y	2752	Y	53081	Y	5771	Y	V1251	1	3051	Y	4019	Y	7852	Y		

81 ATTENDING: MA1194744474
 82 OPERATING: MA194744474
 83 OTHER: MA194744474
 84 FIRST: BRADLEY
 85 LAST: OLIVER
 86 FIRST: BRADLEY
 87 LAST: OLIVER
 88 FIRST: BRADLEY
 89 LAST: OLIVER
 90 FIRST: BRADLEY
 91 LAST: OLIVER

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

92 FINED ON RECEIVED PAPER
 93 MEDICATED ON RECEIVED PAPER
 94 LUGAR1056

P E R A M B L E

PAGE: 0001 11
 PAGE: 1

ATTEND: DR FOWEN, GEORGIA ADULT
 ADM DATA DIS DATE PT FC SPC DOS
 06/27/11 07/01/11 2 29 2412 11 SPADREV OLIVER, JR

DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHG#	QTY	UNIT AMT	TOTAL AMT
------	--------------	------------------	-----------------------	------	-----	----------	-----------

TOTAL PHARMACY - DRUGS INCIDENT FOR 06/27/11
 ***** TOTAL PHARMACY - DRUGS INCIDENT *****
 IV SOLUTIONS 67.50

06/26/11 06/26/11 040893 IV SOLUTION-ED 84.00 2 84.00
 06/26/11 06/28/11 040893 IV SOLUTION-ED 84.00 2 84.00
 TOTAL IV SOLUTIONS FOR 06/26/11 168.00

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

06/28/11 06/28/11 449374 IV SOLUTION 250-1000 ML 84.00 1 84.00
 TOTAL IV SOLUTIONS FOR 06/28/11 84.00
 ***** TOTAL IV SOLUTIONS *****
 NON-STERILE SUPPLIES 420.00

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

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

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

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

06/26/11 06/28/11 430555 VENTILUCTURE 35415 1 35415
 TOTAL LABORATORY - GENERAL FOR 06/26/11 35415

06/27/11 06/27/11 029538 COLLECTIOM, ARTERIAL 78.20 1 78.20
 06/27/11 06/27/11 514238 BLOOD GAS W/O2 SAT 172.90 1 172.90
 TOTAL LABORATORY - GENERAL FOR 06/27/11 251.10

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-3586
 864-454-9611 (local) or long distance 1-800-998-8955 (toll free)

DETAILED BILL

ACCOUNT NO: 100833001 PATIENT NAME: FOWEN, GEORGE ALVIN
 APT. DATE: 06/27/11 DIS. DATE: 07/01/11
 ROOM: 344355E ROOM: 3030A ANN: 06/27/11
 I 81 085 06/07/11 SPANLEY T. OLIVER, MD

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
LAB/CHEMISTRY - GENERAL							
LAB/CHEMISTRY							
06/26/11	06/26/11	01214C	LIPASE	63690	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	80075	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 1,450.90							

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	159.90	159.90
06/27/11	06/27/11	017714	FOLIC ACID, SERUM	82746	1	134.40	134.40
06/27/11	06/27/11	103106	CR, MB FRACTION ONLY	82553	1	135.80	135.80
06/27/11	06/27/11	208942	MYOGLOBIN	83874	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	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 2,002.10							
HEMATOLOGY							

06/26/11	06/26/11	251641	CBC, AUTO, AUTO DIFF	95025	1	135.80	135.80
TOTAL HEMATOLOGY FOR 06/26/11 135.80							
06/27/11	06/27/11	261641	CBC, AUTO, AUTO DIFF	95025	1	135.80	135.80
06/27/11	06/27/11	430293	F-DIMER, QUANT	85375	1	180.40	180.40
TOTAL HEMATOLOGY FOR 06/27/11 316.20							
06/29/11	06/29/11	018997	CBC, AUTO, AUTO DIFF	95025	1	135.80	135.80
TOTAL HEMATOLOGY FOR 06/29/11 135.80							

TOTAL HEMATOLOGY 587.80							

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

E N O A I L B I L L

DATE: 07/01/11
 PAGE: 5

ACCOUNT NO Patient Name ADR Date Dis Date PT FC SPC DOS PHYSICIAN NAME
 0013442856 BORNH, GIORIA KRN 06/27/11 07/01/11 I 03 059 06/10/81 BRADLEY T. DRIVER, MD

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
06/26/11	06/26/11	062333	BLOOD CULTURE	87240	1	158.40	158.40
TOTAL LAB/FACT-MICRO FOR 06/26/11							158.40
TOTAL LAB/FACT-MICRO							158.40
CHEST X-RAY							198.60
06/26/11	06/27/11	061252	XR CHEST 2VIEWS	71020	1	356.80	356.80
TOTAL CHEST X-RAY FOR 06/26/11							356.80
06/27/11	06/27/11	061207	XR CHEST 1VIEW	71010	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	71020	1	356.80	356.80
TOTAL CHEST X-RAY FOR 06/29/11							356.80
TOTAL CHEST X-RAY							1,099.60

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	TOTAL AMT
06/27/11	06/27/11	437314	CTA CHEST W/EN/O C-29192	71275	1	2879.00	2,879.00
TOTAL CT SCAN - BODY FOR 06/27/11							2,879.00
TOTAL CT SCAN - BODY							2,879.00
RESPIRATORY THERAPY							2,879.00
06/26/11	06/27/11	484515	AEROSOL THERAPY TREATMEN	94640	3	78.20	234.60
TOTAL RESPIRATORY THERAPY FOR 06/26/11							234.60
06/27/11	06/27/11	484515	AEROSOL THERAPY TREATMEN	94640	2	78.20	156.40
06/27/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/27/11	06/30/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/27/11							399.20
06/26/11	06/28/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/28/11	06/28/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/28/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/29/11	06/29/11	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/28/11							312.80

Patient Financial Services 255 Enterprise Blvd Greenville, SC 29615-4356
 864-654-8611 (local) or long distance 1-800-998-8995 (toll free)

D S T A I L S I C E

DATE: 07/1/83
 PAGE: 3

ACCOUNT NO	PATIENT NAME	ADM DATE	DIS DATE	RT	TC	SDC	DOB	PHYSICIAN NAME
15003442556	EOWEN, GIORIA ANN	06/21/82	07/01/81		53	039	06/15/51	BRADLEY T. CLAYTON, MD

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	QPT4	QTY	UNIT AMT	TOTAL AMT
06/25/81	06/23/81	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/25/81	05/29/81	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/25/81							156.40

06/30/81	06/30/81	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/30/81	06/30/81	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
06/30/81	06/30/81	484526	MDI TREATMENT	94640	1	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 06/30/81							234.60

07/01/81	06/30/81	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
07/01/81	07/01/81	484515	AEROSOL THERAPY TREATMEN	94640	1	78.20	78.20
TOTAL RESPIRATORY THERAPY FOR 07/01/81							156.40
TOTAL RESPIRATORY THERAPY							391.00
INHALATION SERVICES							1,485.80

06/27/81	06/27/81	514250	CONTINUOUS INHAL TX 1ST	94644	1	100.00	100.00
TOTAL INHALATION SERVICES FOR 06/27/81							100.00
TOTAL INHALATION SERVICES							100.00
EMERGENCY ROOM							100.00

06/26/81	06/26/81	110310	ED FEE LEVEL V	99285	1	1500.00	1,500.00
06/26/81	06/26/81	545984	ER THERAPYPRO//DX IV PUS	96374	1	192.70	192.70
06/26/81	06/28/81	545995	TRFY/PRO/DX IV PUSH ADDL	96375	1	112.40	112.40
TOTAL EMERGENCY ROOM FOR 06/26/81							1,805.10
TOTAL EMERGENCY ROOM							1,805.10

07/01/81	07/01/81	023121	SPINOMETRY	94010	1	275.40	275.40
TOTAL PULMONARY FUNCTION FOR 07/01/81							275.40
TOTAL PULMONARY FUNCTION							275.40
DRUGS REQUIRING DETAIL CO							275.40

06/27/81	06/27/81	091894	SOLU MEDROL 125MG IM3	J2930	1	35.00	35.00
06/27/81	06/27/81	091894	SOLU MEDROL 125MG IM3	J2930	1	35.00	35.00
06/27/81	06/27/81	091893	SOLU MEDROL 125MG IM3	J2930	1	35.00	35.00
06/27/81	06/27/81	841528	AYEHOX 400MG IV	J2280	1	253.00	253.00
06/27/81	06/27/81	843816	CETRITAXONE 150-DSW 50ML	J0696	1	271.00	271.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/27/81							833.00

Patient Financial Services 256 Enterprise Blvd Greenville, SC 29615-3556 529.05
 864-484-8611 (local) or long distance 1-800-998-8995 (toll free)

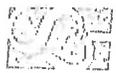
P E T A = 1 5 1 1 1

DATE: 07/01/11
 PAGE: 7

ACCOUNT NO: 03111342561
 PATIENT NAME: BOWEN, GIORIA ANN
 Adm Date: 06/27/11
 Dis Date: 07/01/11
 RT: 53
 PC: 095
 SPC: 06/28/11
 DOR: BOWEN, G. GIORIA, MT

SERVICE DATE	POSTING DATE	PROCEDURE NUMBER	PROCEDURE DESCRIPTION	CHRG	QTY	UNIT AMT	PHYSICIAN NAME	TOTAL AMT
06/28/11	06/28/11	091894	SOLD MEDROL 125MG INJ	22930	2	35.00		70.00
06/28/11	06/28/11	806015	HEPARIN 50000U/ML 1ML INJ	21644	1	35.00		35.00
06/28/11	06/29/11	806015	HEPARIN 50000U/ML 1ML INJ	21644	1	35.00		35.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/28/11								140.00
06/29/11	06/29/11	806015	HEPARIN 50000U/ML 1ML INJ	21644	2	35.00		70.00
06/29/11	06/30/11	806015	HEPARIN 50000U/ML 1ML INJ	21644	1	35.00		35.00
06/29/11	06/29/11	828306	MORPHINE 5MG/ML 1ML INJ	22270	1	35.00		35.00
06/29/11	06/29/11	850860	MAG SULFATE 2GM/NS 50ML	23475	2	134.00		268.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/29/11								408.00
06/30/11	06/30/11	806015	HEPARIN 50000U/ML 1ML INJ	21644	2	35.00		70.00
06/30/11	07/01/11	806015	HEPARIN 50000U/ML 1ML INJ	21644	1	35.00		35.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 06/30/11								105.00
07/01/11	07/01/11	806015	HEPARIN 50000U/ML 1ML INJ	21644	1	35.00		35.00
TOTAL DRUGS REQUIRING DETAIL CO FOR 07/01/11								35.00
PRO FEES-EMERGENCY ROOM								1,317.00
TOTAL PRO FEES-EMERGENCY ROOM FOR 06/28/11								525.00
TOTAL PRO FEES-EMERGENCY ROOM								525.00
TOTAL CHARGES								26772.50

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

Of Select Health, the
Member of Select Health Company

South Carolina
Health Connections

July 28 2011

0806/3442556

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.

Oliver
BOWEN

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
BY MAIL SERVICE



ELECTRONIC REMITTANCE ADVISE
Electronic Reproduction ASC 004010X09141

GREENVILLE MEMORIAL HOSPITAL
GREENVILLE HOSPITAL SYSTEM
CHARLOTTE NC 28226

Medical
SELECT HEALTH PLAN
200 STEVENS DRIVE
PHILADELPHIA PA 19113

BOWEN, GLORIA A

CHECK DATE: 07/11/2011

Account: 080013442555
Status: Processed as Primary

POS: HC: 40224351

ICH: 201041891700

Provider: 1699623900 20003145 578007863

PreProv	Srv/Date	NOS	REV	Proc/Modcs	Billed	Allowed	Deduct	Coins	PC-Amt	Paid	CAS Summary
FC	06/29/2011		0110	HC:000000	1,620.00	0.00			1,620.00	0.00	OA 197 M62 0.00
FC	06/27/2011		0110	HC:000000	2,760.00				2,760.00	0.00	OA 197 HE M62 1,620.00
FC	06/27/2011		0250	HC:000000	1,158.50				1,158.50	0.00	OA 197 HE M62 2,760.00
FC	06/27/2011		0255	HC:000000	67.50				67.50	0.00	OA 197 HE M62 1,158.50
FC	06/27/2011		0258	HC:000000	420.00				420.00	0.00	OA 197 HE M62 67.50
FC	06/27/2011		0271	HC:000000	1,204.00				1,204.00	0.00	OA 197 HE M62 420.00
FC	06/27/2011		0300	HC:000000	276.10				276.10	0.00	OA 197 HE M62 1,204.00
FC	06/27/2011		0301	HC:000000	3,002.10				3,002.10	0.00	OA 197 HE M62 276.10
FC	06/27/2011		0305	HC:000000	587.80				587.80	0.00	OA 197 HE M62 3,002.10
FC	06/27/2011		0306	HC:000000	198.60				198.60	0.00	OA 197 HE M62 587.80
FC	06/27/2011		0324	HC:000000	1,090.60				1,090.60	0.00	OA 197 HE M62 198.60
FC	06/27/2011		0352	HC:000000	2,879.00				2,879.00	0.00	OA 197 HE M62 1,090.60
FC	06/27/2011		0410	HC:000000	1,485.80				1,485.80	0.00	OA 197 HE M62 2,879.00
FC	06/27/2011		0412	HC:000000	100.00				100.00	0.00	OA 197 HE M62 1,485.80
FC	06/27/2011		0450	HC:000000	1,805.10				1,805.10	0.00	OA 197 HE M62 100.00
FC	06/27/2011		0460	HC:000000	245.40				245.40	0.00	OA 197 HE M62 1,805.10
FC	06/27/2011		0836	HC:000000	1,317.00				1,317.00	0.00	OA 197 HE M62 245.40
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										
HE	M62										

* Denotes denied or non-covered charges
[Missing/incomplete/invalid treatment authorization code.]
[Payment adjusted for absence of precertification/ authorization.]

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Department of Health & Human Services
OFFICE OF THE DIRECTOR



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