

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-10-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000457</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 3/25/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-20-08</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



February 22, 2008

*Log. M. J. M.
Appro. Sign*

Department of Health and Human Services
Shirley Carrington

PO Box 8206
Columbia, SC 29202

Dear Ms. Carrington,

I am writing as a concerned ambulance provider in reference to the Medicaid 216 form for patients that have other insurance primary to Medicaid.

Most insurance companies follow Medicare's guidelines and request the same information that is on the Medicare PCS. The problem we have is if the primary insurance denies the claim, for whatever reason, and then the claim needs to be billed to the State Medicaid Program (Logisticare doesn't pay if the primary denies - they will not pay retroactively), then we are stuck with the wrong doctors order form. At this point it is virtually impossible to get a 216 form - ultimately we are forced to do the transports free.

I am requesting that Medicaid accept the same PCS that all the other insurance companies use. Not only would it simplify things, it contains much more patient information than the 216 form.

Thank you for your consideration.

Sincerely,

Sue Burgin

RECEIVED

Sue Burgin

MAR 07 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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HEALTH & HUMAN
SERVICES
FEB 27 2008
PREVENTIVE & ANCILLARY
HEALTH SERVICES



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

March 25, 2008

Ms. Sue Burgin
Billing Manager
TransMed, LLC
Post Office Box 417
Georgetown, South Carolina 29442

Dear Ms. Burgin:

Thank you for your suggestions to Medicaid Transportation program staff concerning substitution of DHHS Form 216 with Medicare's Physician Certification Statement (PCS) or Certificate of Medical Necessity (CMN).

Since Medicare does not authorize or reimburse for non-emergency ambulance transportation as permitted under Medicaid policy, we do have different policies and DHHS Form 216 is designed specific to Medicaid's policy guidelines. Alternative use of Medicare's CMN may lead to other policy compliance issues since a number of CMN provisions are not applicable to current Medicaid ambulance policy. Regrettably, SCDHHS cannot allow substitution of DHHS Form 216 for Medicare's PCS or CMN. Please note that no other document may be used in lieu of DHHS Form 216 for reimbursement of Medicaid Ambulance claims.

Thank you for your continued support in the South Carolina Medicaid Ambulance Program. Any questions regarding the letter should be directed to Ms. Vivian Bufford, Ambulance Program Coordinator at (803) 898-2655.

Sincerely,


Felicity Myers
Deputy Director

FM/hhm