

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/Williams</i>	DATE <i>1-13-15</i>
---------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000163</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 2/12/15, see Val's comment at the bottom.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" 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>Valia Williams</i>			<i>This request for assistance was handle via email, 2-12-2015, will continue</i>
2.			<i>Working with the provider to address any additional issues or concerns. Kap</i>
3.			
4.			

**SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

November 24, 2014

Tony Keck  
Director – State of South Carolina  
Dept. of Health and Human Services  
1801 Main Street  
Columbia, SC 29201-8206

**RECEIVED**

DEC 02 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR**Subject: MEDICAID PRIMARY CARE - REQUEST FOR ADDITIONAL REIMBURSEMENT**

Dear Mr. Keck:

On September 25, 2014 I wrote to your office on behalf of physicians affiliated with TeamHealth, Inc. To date, we have yet to receive a response to our inquiry.

The purpose of my communication concerns the status of our group's receipt of supplemental reimbursement payments at the applicable Medicare rates pursuant to Section 1202 of the Affordable Care Act (commonly referred to as the Medicaid Primary Care Rate Increase Program). The medical services we reference constitute statutorily defined primary care services rendered by designated primary care physicians, all of whom have appropriately attested and qualified with the state of South Carolina's Medicaid agency for enhanced reimbursement.

To assist your office's response to this follow-up communication seeking additional reimbursement in the amount of **\$34,315.58**, we have attached the referenced report and letter we sent to your office in a previous communication.

Please contact me at your earliest opportunity as a means to facilitate meaningful dialog on this matter. I can be reached at the mailing address listed above. I can also be reached by telephone phone at (865) 293-5305 or by email at [Aron\\_Goldfeld@TeamHealth.com](mailto:Aron_Goldfeld@TeamHealth.com).



**SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

09/25/2014

Tony Keck  
Director – State of South Carolina  
Dept. of Health and Human Services  
1801 Main Street  
Columbia, SC 29201-8206

**Subject: MEDICAID PRIMARY CARE - REQUEST FOR ADDITIONAL REIMBURSEMENT**

Dear Mr. Keck,

I am writing to you on behalf of TeamHealth, Inc., and our affiliated physicians with regard to their provision of primary care medical services rendered to your South Carolina Medicaid beneficiaries.

The claims for medical services referenced on the attached report were delivered in accordance with Section 1202 of the Affordable Care Act (commonly referred to as the Medicaid Primary Care Rate Increase Program). I bring this to your attention as our services were only partially reimbursed and we are seeking from your office additional primary care reimbursement at the applicable Medicare rate in accordance with federal law.

We base our request on the recognition that the medical services delivered constitute designated primary care services rendered by physicians who have all appropriately attested and secured confirmation as a designated primary care physician from the Medicaid Division of the South Carolina.

Prior to this communication, our representative, in a recent telephone conversation with your office was advised that your plan will not be issuing Section 1202 primary care payments to providers who render primary care in an emergency department or inpatient unit of the hospital. Your office also stated that our physicians were not properly credentialed with your plan thereby precluding their eligibility for primary care reimbursement.

Please note that with respect to the delivery of primary care, Section 1202 of the ACA makes no distinction with regard to site of service, irrespective of whether the physician practices in a private office, clinic or an emergency department or inpatient setting. Additionally, we are aware of no provisions under the final rule (CMS-2370-F), the subsequently published CMS issued FAQs, or the South Carolina State Plan Amendment (SPA) that extends discretionary authority to health plans to require separate credentialing requirements as a means for primary care provider designation.

Qualifying Section 1202 providers are those who properly attest to the delivery of primary care, supported by (i) an active board certification in an applicable primary care specialty; and (ii) the delivery of a minimum requisite threshold of primary care services evidenced by the applicable Evaluation and Management (E&M) primary care codes. Our providers referenced in the attached report have met that criterion. Therefore, it is our position that our providers are due the additional reimbursement being made available through federal funding and we request that you accept this letter as a formal written appeal on the issue.

For the claims referenced on the report, our records show that we are owed an additional **\$5,121.26** which represents the aggregate amount on the difference between the Section 1202 primary care Medicare rate and the Medicaid rate previously paid by your office for these services. Please review the attached report. Additionally, we have enclosed a listing of each of our qualifying enrolled primary care physicians each of whom has appropriately attested with the state's Medicaid agency and fiscal agent, along with their respective enrollment information.

Our representative will follow-up with your office again shortly to offer your staff any assistance needed to facilitate the reprocessing of these claims. Should you have any questions in the meantime, please contact me at the address listed above or by email at [Aron\\_Goldfeld@TeamHealth.com](mailto:Aron_Goldfeld@TeamHealth.com). I can also be reached by telephone phone at (865) 293-5305.

Thank you very much for your assistance in this matter.

Very truly yours,



Aron P. Goldfeld, JD

Vice President, Regulatory Affairs

BILLING ENTITY NAME	TAX ID	GROUP NPI	PROVIDER	IDX#	PROVIDER NPI
HOSPITAL PHYSICIAN SERVICES SE,PC	20-3566888	1760410385	SIDHOM MD,VICTOR	5884	1891989075
HOSPITAL PHYSICIAN SERVICES SE,PC	20-3566888	1760410385	TRAN MD,DUC H	12630	1831139484
HOSPITAL PHYSICIAN SERVICES SE,PC	20-3566888	1760410385	PHAN MD,PHONG	51096	1275566846
HOSPITAL PHYSICIAN SERVICES SE,PC	20-3566888	1760410385	LAGLEVA M.D.,RAFAEL L	13658	1487601191
HOSPITAL PHYSICIAN SERVICES SE,PC	20-3566888	1760410385	LAGLEVA M.D.,RAFAEL L	13658	1487601191
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HOSPITAL PHYSICIAN SERVICES SE,PC	20-3566888	1760410385	BUDHOO MD,DAVID J	98718	1821251240
ACS EMERGENCY PHYSICIANS OF SC,PC	27-1273102	1124355375	BERGLIND MD,LARRY	11462	1710957634
ACS EMERGENCY PHYSICIANS OF SC,PC	27-1273102	1124355375	BERGLIND MD,LARRY	11462	1710957634
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ACS PRIMARY CARE PHYSICIANS SE,PC	65-0691102	1861430555	MISHRA MD,SHASHANK	99843	1386641728
ACS PRIMARY CARE PHYSICIANS SE,PC	65-0691102	1861430555	ADEKANMBI MD,ADEBOLA K	27460	1609921212

Thank you in advance for your prompt attention to this matter.

Very truly yours,

Pp: Kristi Sealli

Aron P. Goldfeld, JD

Vice President, Regulatory Affairs

Did not find letter were they  
have sent to us @ any time

12/2/14

Ask Nik or  
Jason if  
they are aware  
1/8/15

2/

~~XXXXXX~~  
~~XXXXXX~~  
~~XXXXXX~~

\* Per Nick this goes to  
Val Williams. Phx by  
Let me know if this 1/12/15  
is something we need to log.

Christie Goshen

Sam Health → providers.

2 letters

→ } Nicholas Thacker  
Jason Taylor

(Cassandra Butler - billing.)  
865-293 5583

(4170)

**TEAMHealth**

265 Brookview Centre  
Knoxville, TN 37919

P.O. Box 30698  
Knoxville, TN 37930

**CERTIFIED MAIL™**



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ZIP 37801 \$ 007.19<sup>0</sup>  
02 1W  
0001393072 NOV 25 2014

Jony Keck  
Director - State of South Carolina  
Dept. of Health & Human Serv.  
1801 Main Street  
Columbia, SC 29201-8204

## Valeria Williams

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**From:** Valeria Williams  
**Sent:** Thursday, February 12, 2015 1:46 PM  
**To:** 'Kasondra Butler'; Jon Tapley  
**Cc:** Aron Goldfeld; Kristi Franklin; Jeff Green; Jennifer Wynn  
**Subject:** RE: South Carolina -- Medicaid Primary Care-Request for Additional Reimbursement  
**Attachments:** Remittance Advice Pages.pdf; MEDICAID SC 1-14-15 ACA 1 2.12.2015.xlsx

Kasondra,

I have completed my review of the spreadsheet provided and determine that DHHS does not owe any additional payments on any of the claims. My review has found a few issues that I have addressed in the attached spreadsheet. The spreadsheet is divided into three sections, each section has a header statement that explains the issue that relates to that section. As a recap the issues are listed below:

- Claims processed by adjustment were not posted as paid in your system. I have included the CCN for each claim, a copy of the adjustment and a copy of the bulletin that addresses the issue. The adjustment was processed August 23, 2013. The adjustment only included the amount owed, this was done to process balance due on claims paid starting January 1, 2013. Remember states had to wait until CMS gave approval to make any payments. After this adjustment the agency processed void and replacement claims for all other catch-up payments.

Bulletin

<https://www.scdhhs.gov/press-release/enhanced-physician-payment-reimbursement>

- TPL was not taken into consideration on claims paid on 9/20/2013. The calculation in the spreadsheet expects a 100% payment for all services regardless of the primary payer. The state plan for these payments, that was approved by CMS, did not exempt TPL payments from the calculation.
- Services in the spreadsheet were delivered in a hospital setting and therefore qualifies for the facility reimbursement rate. Some rates loaded into the spreadsheet are incorrectly using the non-facility rate to determine balance due.

If you have additional questions or concerns please send me an email.

Best regards,

Val

---

**Valeria Williams**

*Program Director*

[WILLVAL@scdhhs.gov](mailto:WILLVAL@scdhhs.gov)

803.898.3477

cell: 803.457.2027

1801 Main Street

Columbia, South Carolina - 29202-8206


SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/Williams	1-13-15

DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 1-26-15
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Thank you very much for your assistance in this matter.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Aron P. Goldfeld".

Aron P. Goldfeld, JD

Vice President, Regulatory Affairs

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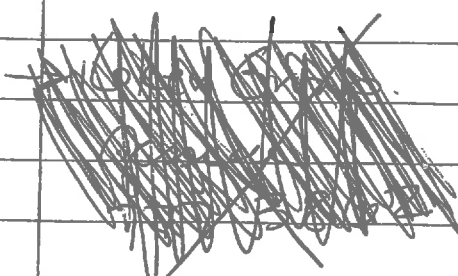
Pp: Kristi Scallie

Aron P. Goldfeld, JD

Vice President, Regulatory Affairs

Did not find letter were they  
have sent to us @ any time  
12/2/14

Ask Nik or  
Jason if  
they are aware.  
1/8/15  
sf



\* Per Nick this goes to Val Williams. Phx by  
Let me know if this 1/12/15  
is something we need to log.

Christie Ganhlen

Sam Health → providers.

2 letters

→ } Nicholas Thacker  
Jason Taylor

(Cassandra Butler - billing.)  
865-293 5583

(4170)

**EAMHealth.**

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Oxville, TN 37919

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Oxville, TN 37930

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Sony Keck  
Director - State of South Carolina  
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1801 Main Street  
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