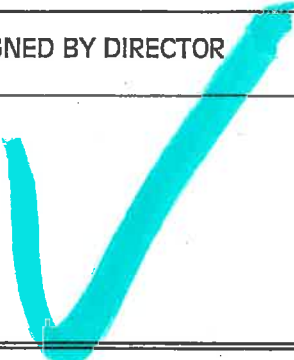


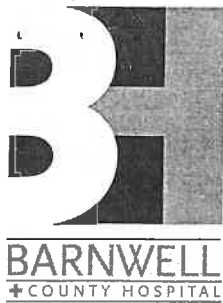
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supria/ Jay Smith</i>	DATE <i>4-9-14</i>
--------------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000357	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input 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.			
2.			
3.			
4.			



RECEIVED

APR 07 2014

**Department of Health & Human Services
OFFICE OF THE DIRECTOR**

March 3, 2014

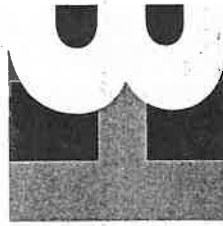
Anthony Keck, Director
SCDHHS
P.O. Box 8206
Columbia, SC 29202
proviso@scdhhs.gov

Dear Mr. Keck:

Pursuant to Section VII.D.2 of Attachment 4.19-A of the South Carolina State Plan, as Chief Financial Officer (CFO) of RMC – Barnwell Health Care, Inc., d/b/a Barnwell County Hospital, I hereby certify that Barnwell County Hospital has policies and procedures in place to comply with the South Carolina Department of Health and Human Services (SCDHHS) recommended workflow for uninsured patients or the alternative workflow for uninsured patients approved by SCDHHS.

Sincerely,

Rodger G. Klein, FACHE
Interim CFO



BARNWELL
COUNTY HOSPITAL

AUGUST 24 2014

04 APR 2014



02 1M
0004280211
MAILED FROM ZIP CODE 29812

\$ 00.48

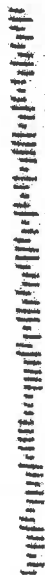


APR 07 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck, Director
SCDHHS
P.O. Box 8206
Columbia, SC 29202

292028206





RMC-Barnwell Healthcare, Inc. dba Barnwell County Hospital
811 Reynolds Road, Barnwell, SC 29812; 803-259-1000; 803-541-4388 (fax)

Attestation for Uninsured Patients

The Affordable Care Act (ACA) has changed many things about health insurance options in the United States. It is important for South Carolinians to understand the various options for health coverage that may be available. The South Carolina Department of Health and Human Services (SCDHHS) reimburses hospitals for the costs of providing health care to the uninsured. SCDHHS requires that hospitals make uninsured patients aware of their health coverage options. This form documents that health coverage options have been explained to all uninsured patients.

This coverage option has been explained to me (check all that apply)	I have applied for this coverage since 10/1/2013 (check all that apply)	
<input type="checkbox"/>	<input type="checkbox"/>	Medicare (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	South Carolina Healthy Connections Medicaid Program
<input type="checkbox"/>	<input type="checkbox"/>	Subsidized Health Insurance at the Federal Marketplace (Exchange)
<input type="checkbox"/>	<input type="checkbox"/>	Employer-sponsored Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Privately Purchased Health Insurance

By signing below, I verify that the above information is correct.

Signature of Patient (or Authorized Rep.)

Date

Name of Patient (please print)

Patient's Date of Birth

FOR HOSPITAL USE ONLY

If a patient is unwilling or unable to sign this form, a hospital employee may provide the following certification in lieu of a patient signature. I certify that this hospital presented this form to this patient and presented health coverage options to this patient and that the patient (or their authorized representative) was:

☐ Unwilling or ☐ Unable to complete the attestation.

Signature of Hospital Employee

Date

Name (please print)

Title

Pursuant to the Affordable Care Act (ACA), many uninsured patients will face a penalty if they fail to acquire insurance. See 26 USC § 5000A(a): "An applicable individual shall for each month beginning after 2013 ensure that the individual, and any dependent of the individual who is an applicable individual, is covered under minimum essential coverage for such month." See also 26 USC § 5000A(b)(1): "If a taxpayer who is an applicable individual ... fails to meet the requirement of subsection (a) for 1 or more months, then, except as provided in subsection (e), there is hereby imposed on the taxpayer a penalty with respect to such failures..."



Health Insurance and Coverage Options

Health insurance helps cover the cost of health care such as hospital stays, doctor's visits and prescription medicines. The following are all options for obtaining health insurance:

Medicare

This is a federal program that primarily serves the elderly. Individuals aged 65 or older are automatically eligible for the program. People who are disabled and have received Social Security disability benefits for a minimum of 24 months also qualify. So do individuals undergoing dialysis for kidney failure or in need of a kidney transplant. Individuals who have Amyotrophic lateral sclerosis (Lou Gehrig's disease) also are covered by the program.

South Carolina Healthy Connections Medicaid

This is South Carolina's insurance program that funds medical care for certain citizens who have low income and/or are disabled. This is a separate program from Medicare. Some individuals may qualify for both Medicaid and Medicare.

Subsidized Health Insurance at the Federal Marketplace (Exchange)

Certain people with lower income levels can receive discounted rates on health insurance through the new federal marketplace. Individuals can apply online at www.healthcare.gov, by telephone (toll-free at 1-800-318-2596), with a paper application or with an in-person assister.

Employer-sponsored Health Insurance

Many employers provide health insurance to their employees as part of an employee benefit package. Typically, each employee shares in the cost of this insurance. Individuals should contact their employer if they believe this insurance may be an option.

Privately Purchased Health Insurance

Individuals can buy their own health insurance from sources including an insurance company or broker.

Hospitals also can direct patients to additional sources for insurance information, including navigators, certified application counselors, hospital financial counselors, Medicaid sponsored workers and eligibility vendors used by the hospital.

Where's My Ride?

Please call our "Where's My Ride" line if:

- Transportation is running more than 15 minutes past the scheduled pick-up time and you have not heard from the driver
- Your member has finished at the appointment and is ready to go home
- If you have problems or concerns with transportation

Region 1: 866-910-7689
Region 2: 866-445-9962
Region 3: 866-445-9964

TTY - 866-288-3133

To report fraud & abuse call:
888-364-3224

For more information and forms on LogistiCare in South Carolina, visit us at:

<https://facilityinfo.logisticare.com/scfacility>

Facility Fax Numbers:

Region 1	866 420-6253
Region 2	877-272-3939
Region 3	877-272-3990
Nursing Homes	877-272-3486

For Members Scheduling a Ride

To schedule a ride, members may call our reservation line Monday through Friday 8:00 AM to 5:00 PM. They should call at least 3 business days before their medical appointment.

Region 1: 866-910-7688

Abbeville	Anderson
Cherokee	Edgefield
Greenville	Greenwood
Laurens	McCormick
Oconee	Pickens
Saluda	Spartanburg

Region 2: 866-445-6860

Alken	Allendale
Bamberg	Barnwell
Calhoun	Chester
Clarendon	Fairfield
Kershaw	Lancaster
Lee	Lexington
Newberry	Orangeburg
Richland	Sumter
Union	York

Region 3: 866-445-9954

Beaufort	Berkeley
Charleston	Chesterfield
Colleton	Darlington
Dillon	Dorchester
Florence	Georgetown
Hampton	Horry
Jasper	Marion
Marlboro	Williamsburg

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HOW DOES A
HEALTHCARE FACILITY
ACCESS NON-
EMERGENCY MEDICAL
TRANSPORTATION FOR
HEALTHY CONNECTIONS
MEMBERS?

South Carolina

Facility Brochure

LogistiCare

South Carolina
HealthyConnections

ITAL PATIENTS



Assistance or
Payment Made

Determine eligibility
for charity care and
DSH for payment of
current claims

Yes



Does the individual qualify

For DSH and/or Charity Care?

No

Collections
or write



Follow up on
application
results and
update
account
information.

Application
results

Refer account to the
appropriate eligibility
source. (Sponsored
Medicaid Worker, Navigator
C, Social Security,
Employer, Agent/Broker

APTC/CSR

Private
Market

Patient
did not
follow up

After multiple failed attempts
To obtain additional documentation

Information
not able to
be verified

Request additional documentation

Submit current and/or
retroactive claims for
payment

MEDICAID

