


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Myers	DATE 10-4-07
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000179	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR Cleared 10/15/07, letter attached. 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 10-15-07 <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.			

SANDHILLS AMBULANCE SERVICE OF S.C. INC.

Specializing in Convalescent Transport

100 Covington Road
P.O. Box 938
Cheraw, South Carolina 29520



843-537-5371
1-877-887-7271
Fax 843-537-4408

October 1, 2007

Log: Myers
app. dgr

Division of Appeals
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Sir or Madam:

Sandhills Ambulance Service hereby appeals the enclosed denied claims for Medicaid beneficiaries. These claims were denied for services rendered to patients after the transition to Logisticare (from May to July, 2007).

We are appealing these claims because it was our understanding that claims for medical transport for patients (i.e. patients who had valid 216 forms executed by their physicians) should continue to be billed directly to Medicaid without any involvement from Logisticare. The understanding was based on communications from both the State and conversations with Logisticare. In fact, Logisticare has advised us that they did not know that they would be processing all claims for Medicaid services until late in the negotiating process. Based on our understanding of how these claims would be processed, we filed them directly with Medicaid. We are now going through Logisticare, however, we request that these claims for this limited time period be paid by Medicaid or that Medicaid authorizes payment to be made retroactively through Logisticare.

Thank you for your time and attention to this matter. In the event that a hearing on this appeal is necessary, please let us know.

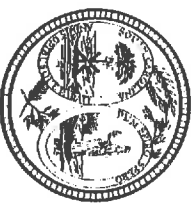
Sincerely,

Derek D. Norton
Executive Director

RECEIVED

OCT 04 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 15, 2007

Mr. Derek D. Norton, Executive Director
Sandhills Ambulance Service
of South Carolina, Incorporated
100 Covington Road
Post Office Box 938
Cheraw, South Carolina 29520

Dear Mr. Norton:

Thank you for your letter dated October 1, 2007, appealing the denial of reimbursement for wheelchair Ambulance claims. The South Carolina Department of Health and Human Services (SCDHHS) issued a Medicaid Bulletin dated March 28, 2007, notifying all Medicaid Ambulance providers of the changes that would take place effective May 1, 2007, with the transition of the Medicaid Non Emergency Transportation (NET) program to the Broker system. Educational Non meetings were also held throughout the state prior to May 1, 2007, for clarification on these changes.

The bulletin noted that all wheelchair Ambulance services would become the responsibility of the Brokers, effective May 1, 2007, and reimbursement by SCDHHS for those services would be discontinued. Included in the bulletin was a list of the Ambulance procedure codes that would remain fee-for-service and billable to SCDHHS. Wheelchair Ambulance procedure codes were deleted from this list.

SCDHHS has again reviewed the claims that were included with your October 1, 2007, appeal to verify the error source. SCDHHS Ambulance Program staff determined that your claims preparation for dates of service on and after May 1, 2007 resulted in billing Ambulance procedure codes that were deactivated effective May 1, 2007. Therefore, it is concluded that your appeal for reimbursement of these claims is denied.

Mr. Derek D. Norton, Executive Director

October 15, 2007

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SCDHHS contracts with Logisticare, LLC, a regional transportation Broker, to provide wheelchair Ambulance services and cannot direct a broker to reimburse for transportation services that the broker has not approved or contracted with an Ambulance company to provide.

Thank you for your participation in the Medicaid program and for providing valuable services to our Medicaid beneficiaries. If you need additional information, please contact Felicity Myers, Ph.D., Deputy Director at (803) 898-2501. If I can be of further assistance, please contact me directly.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/mhw