

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
June 11, 2010

Phys
MC
Hosp

MEDICAID BULLETIN

TO: Hospitals, Physicians and Managed Care Providers

SUBJECT: Contingency Plan for Prior Authorization and Medical Support Documentation Reviewed By Qualis Health

The South Carolina Department of Health and Human Services (SCDHHS) will implement the following Contingency Plan for Prior Authorization requests and Medical Support Documentation reviews that are currently being performed by Qualis Health.

Effective June 15, 2010, Prior Authorization and Support Documentation reviews will be performed by the University of South Carolina's College of Nursing (CON) Faculty Practice Plan. In an effort to avoid any interruption of services, providers are required to adhere to the following procedures until further notice:

- All requests for Prior Authorizations **must** be submitted via facsimile to the SCDHHS at (803) 255-8260. **No telephone or mail-in requests will be accepted during this contingency plan period.**
- **All** requests for Prior Authorization must be submitted at least **30 days** before the scheduled surgery. Exception: Emergency or Urgent cases.
- Emergency or Urgent cases **must also** be submitted for approval via facsimile before the claim is sent to processing.
- All approvals and/or denial letters will be sent to providers via facsimile or regular mail from SCDHHS.

Attached are updated Forms for use during this contingency period. SCDHHS will notify you of any additional changes through a Medicaid Bulletin.

Hospital providers, please note that all requests for medical records for Retrospective Reviews due by June 15, 2010, should be submitted with the invoices for copy and mailing to Qualis Health. If the due date for receipt of records is June 16th or after, please forward records and invoices to the SCDHHS, Division of Hospital Services.

If you have any questions regarding this temporary plan, please contact your Medicaid Program Managers in the Divisions of Physician Services at (803) 898-2660 or Hospital Services at (803) 898-2665.

We appreciate your continued support of the SC Medicaid program.

/S/
Emma Forkner
Director

EF/mgvb

Attachments

Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT) for instructions.

**SOUTH CAROLINA MEDICAID PROGRAM
SURGICAL JUSTIFICATION REVIEW FOR HYSTERECTOMY**

**THIS COMPLETED FORM AND A SIGNED
“ACKNOWLEDGMENT OF RECEIPT OF
HYSTERECTOMY INFORMATION” FORM
MUST BE RECEIVED 30 DAYS PRIOR TO
SCHEDULED SURGERY.**

**FAX TO:
PRIOR APPROVAL REVIEW
DIVISION OF HOSPITAL SERVICES
FAX: (803) 255-8260**

PATIENT

NAME _____ MEDICAID # _____
 LAST FIRST MI
BIRTHDATE _____ GRAVITY _____ PARITY _____
 MONTH/DAY/YEAR

PROCEDURE

HOSPITAL _____
 NAME NPI (IF AVAILABLE)
PLANNED ADMISSION DATE _____ PLANNED SURGERY DATE _____
TYPE OF HYSTERECTOMY PLANNED _____

GYNECOLOGICAL HISTORY/PHYSICAL EXAM RELATING TO PRINCIPAL DIAGNOSIS:

HCT ____ HGB ____ CHECK ONE: PREMENOPAUSAL ____ POSTMENOPAUSAL ____

CONSERVATIVE TREATMENT/MEDICATION WITH DATES:

PRIOR GYN SURGERY/DIAGNOSTIC PROCEDURES (INCLUDE COPIES OF ALL REPORTS):

**OFFICE NOTES AND ALL SUPPORTING DOCUMENTATION (e.g., ULTRASOUND, OPERATIVE AND PATH
REPORTS, ETC.) ARE REQUIRED FOR APPROVAL AND SHOULD BE ATTACHED TO THIS FORM.**

ATTENDING PHYSICIAN'S NAME _____
 LAST FIRST MI NPI

ADDRESS _____

CONTACT PERSON _____ TELEPHONE (____) _____

SIGNATURE _____ DATE _____

ATTENDING PHYSICIAN

APPROVALS ARE VALID FOR 180 DAYS FROM DATE OF ISSUE.