

**BEFORE THE OFFICE OF STATE ADMINISTRATIVE HEARINGS
STATE OF GEORGIA**

ROCKDALE MEDICAL CENTER,)	
)	DOCKET NO. OSAH-DCH-PROP-
Petitioner,)	1336852-122-OAKLEY
)	
v.)	Agency No. P13-041
)	
DEPARTMENT OF COMMUNITY)	
HEALTH,)	
)	
Respondent.)	

INITIAL DECISION

A hearing was held in this matter on June 17, 2013, pursuant to the Petitioner’s appeal of a Notice of Denial of Medicaid Claims for patient JRO. The Petitioner was represented by Joshua L. Becker, Esq. The Respondent was represented by Elizabeth K. Brooks, Esq.

Findings of Fact

1.

The Petitioner provided hospital services to Patient JRO (the “Patient”) from December 17, 2009, through September 30, 2010. The Patient continues to be cared for in the Petitioner’s facility. Exhibits R-11 and R-12; Testimony of Dr. Gillespie.

2.

The Patient was deemed eligible for Emergency Medical Assistance for Immigrants Medicaid (“EMA”) on May 27, 2010. Information regarding the Patient’s eligibility determination was available to the Petitioner beginning of May 28, 2010. Testimony of Ms. Williams; Exhibit 10.

3.

On a retroactive basis, the Patient was determined to be eligible for EMA coverage of hospital services for the period of December, 2009 through September, 2010. Exhibits P-6 through P-9.

4.

Over fourteen (14) months after the determination of the Patient's retroactive eligibility, the Petitioner filed an interim claim for services provided to the Patient from December 17, 2009, through September 30, 2010. Exhibits P-5 and P-12. The Petitioner's claim for services did not include medical documentation of hospital services rendered to the Patient. Exhibit P-5. Due to the lack of accompanying medical documentation, the Petitioner's claim was not reviewed. Testimony of Ms. Ariail.

4.

The Petitioner's claim, as supplemented by additional information submitted by the Petitioner, was reviewed by the Georgia Medical Care Foundation. Exhibit P-11. The Respondent's denial of the Petitioner's claim was upheld later on the basis of the insufficiency of the later submitted documentation. Exhibit P-11; Testimony of Ms. Ariail. The Petitioner omitted to include the Patient's Admission Notes, the Patient's Physician Progress Notes, and the Physician Orders for the Patient in the later submitted documentation for the Respondent's review. Testimony of Ms. Ariail; Exhibit P-11.

5.

The Patient's Discharge Summary was not available for submission to Respondent by the Petitioner in support of its claim. Testimony of Dr. Gillespie. The lack of a Discharge Summary for the Patient did not form the basis of the Respondent's denial of the Petitioner's claim. Testimony of Ms. Ariail.

Conclusions of Law

1.

The federal Center for Medicare and Medicaid requires the Respondent to provide that claims for payment be submitted no later than twelve (12) months from the date of service. 42 C.F.R. § 447.45(d). The Georgia Legislature has determined that claims for medical assistance must be submitted not more than six (6) months after the month in which the service is rendered. O.C.G.A. § 49-4-145.

2.

The Respondent's Policies and Procedures for the submission of claims for payment requires that such claims must be submitted within six (6) months after the provision of services. Part I, Policies and Procedures for Medicaid/PeachCare for Kids, Section 202.1(C). An exception to the six (6) month requirement for the submission of claims is allows in cases involving retroactive eligibility determinations. In such cases, the Respondent requires that claims for payment must be submitted within six (6) months of the determination of retroactivity. Id. at Section 202.2(C).

3.

The Respondent has provided for a class of assistance for immigrants who would be eligible for Medicaid were it not for their immigration status. Part I, Policies and Procedures for Medicaid/PeachCare for Kids, Section 208. Generally, this class of assistance allows payment for claims for emergent medical services provided to immigrants. Id. The Respondent requires that such claims for emergency medical services “must be submitted with documentation that supports the emergent nature of the services provided.” Id. at Section 208.1(C). Included within the required documentation are Admission Notes, Physician Progress Notes and Physician Orders. Id. at Section 208.1(C)(2), (5) and (6).

4.

The Petitioner asserts that the timeliness requirement for the submission of claims do not apply to claims for payment for the provision of emergency medical services to immigrants. In support of its assertions, the Petitioner cites to the specific provisions relating to Emergency Medical Assistance for Immigrants which contain no timeliness requirements for the submission of claims for payment. Id. at Sections 208 and 208.1. The Petitioner’s assertions are without merit.

5.

The Respondent’s denial of the Petitioner’s claim for payment was in accordance with its policies and procedures and statutory directives. O.C.G.A. § 49-4-145; Part I, Policies and Procedures for Medicaid/PeachCare for Kids, Sections 202.1, 202.2(C) and 208.1(C)(2)(5) and (6).

Decision

For all the above and foregoing reasons, the Respondent’s denial of the Petitioner’s claim for payment is **AFFIRMED** and the Respondent’s appeal is **DISMISSED**.

This 27th day of June, 2013.

Lois F. Oakley
Administrative Law Judge