NAME: **SS#:**
REGARDING:

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER: Giant
DATE OF HIRE: December 19, 1988
PLAN: X

LOCAL: 400
STATUS: Part Time

ISSUE: Hospital/Medical – Routine Services #M13/602-7373

FUND RULE:
"Exclusions and Limitations
13. Services or supplies not medically necessary for the treatment of sickness or injury (e.g. routine immunizations, screening examinations including x-ray examinations made without film, routine or periodic physical examinations except where previously defined as covered.)"
(Plan X SPD, Page 108, #13)

"Effective January 1, 2013, Gardisil Vaccine is now covered.
The Board of Trustees is pleased to announce that Gardisil, the HPV vaccine for girls, now is covered under the Active Plan and Retiree Plan for dependent daughters..."
(Quoted from the FELRA & UFCW Health and Welfare Fund Plan X Summary of Material Modifications, August 2013, Page 3)

SUMMARY:

Date(s) of Service:	July 11, 2013
Received:	July 24, 2013
Denied:	July 25, 2013
Appeal Received:	October 9, 2013

The **participant's ex-spouse** is appealing for payment of a HPV vaccination, for their 17 year-old son (DOB: 6-25-1996), that was denied. The participant's ex-spouse states, "I now understand that the policy doesn't routinely cover HPV vaccines for adolescent boys, but as the national standard of care, I urge you to reconsider. It is FDA-approved and recommended by the CDC...".

Fund records indicate "Drs. Parker, Fields, and Cohen" submitted a claim for a HPV vaccination with the diagnoses "routine health exam and need for prophylactic vaccination against other viral disease". The claim was denied because it was considered routine in nature and because the HPV vaccination for males is not a benefit of the Plan.

Note: The FDA has approved the use of Gardasil for boys and men ages 9 through 26.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

This appeal was presented at the appeals subcommittee meeting on December 10, 2013. The Union Trustee tabled the appeal. The Employer Trustees denied the appeal. After discussion, the trustees agreed to present the appeal to the Full Board of Trustees at their next meeting.

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Giant	**LOCAL:**	400
DATE OF HIRE:	October 9, 1989	**STATUS:**	Part Time
PLAN:	X		

ISSUE: Hospital/Medical – Ambulance Services #M13/550-4885

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	May 8, 2013
Received:	July 25, 2013
Paid:	August 20, 2013
Appeal Received:	September 9, 2013

The **participant** is appealing for additional payment on a claim for an interfacility ground ambulance transport. The participant states that she treated in the emergency room (INOVA HealthPlex) for atrial fibrillation and it was determined that she needed to be transferred to INOVA Alexandria Hospital. The participant further states that "they wouldn't let [her] husband transport [her] because of [her] atrial fibrillation."

Fund records indicate the participant was treated at INOVA HealthPlex on May 8, 2013 with the diagnoses "Atrial fibrillation and other chest pain". A ground ambulance transfer was requested from INOVA HealthPlex located in Alexandria, Virginia, to INOVA Alexandria Hospital, located in Alexandria, Virginia (approximately 7.9 miles, 14 minutes). The participant was admitted to INOVA Alexandria Hospital on May 8, 2013, treated, and discharged on May 9, 2013. The interfacility transport was paid, up to the limits of the Plan ($25.00). Medical Transport Service does not participate with CareFirst.

After the appeal was received, a letter was mailed to the participant on September 11, 2013, requesting complete medical records regarding the treatment she received on this date. The Fund office received medical records from the participant on September 18, 2013, indicating the interfacility transport was necessary because "specialized care" was needed.

Note: Pending the Trustees' decision, the Fund office can send the transport records to SHPS/Carewise Health for review of medical necessity at an additional cost to the Fund.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Giant	**LOCAL:**	400
DATE OF HIRE:	October 7, 1996	**STATUS:**	Full Time
PLAN:	X		

ISSUE: Hospital/Medical – Ambulance Services #M13/588-9024

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	June 17, 2013
Received:	June 27, 2013
Paid:	July 31, 2013
Appeal Received:	October 2, 2013

The **provider,** Medical Transport Service, is appealing for additional payment on a claim for an interfacility ground ambulance transport. The provider states they should be reimbursed at 100%.

Fund records indicate the participant was treated at INOVA HealthPlex on June 17, 2013 with the diagnoses "disturbance of skin sensation and chest pain". A ground ambulance transfer was requested from INOVA HealthPlex located in Alexandria, Virginia, to INOVA Alexandria Hospital, located in Alexandria, Virginia (approximately 7.6 miles, 14 minutes). The participant was admitted to INOVA Alexandria Hospital from June 17, 2013 through June 21, 2013 with diagnoses including "cervical disc degeneration, disturbance of skin sensation, CNS demyelination (disease of nervous system), and cervical spinal stenosis". The interfacility transport was paid, up to the limits of the Plan ($25.00). Medical Transport Service later resubmitted their claim on September 12, 2013 which was also paid ($25.00). Medical Transport Service does not participate with CareFirst.

After the appeal was received, the participant's file was reviewed. The Fund office previously received transport records from Medical Transport Service, indicating the interfacility transport was medically necessary because a higher level of care was needed and an inpatient bed was not available at the sending facility. Medical records, previously received from INOVA Alexandria Hospital, indicated the participant was admitted due to "left arm, leg, and facial numbness" which began one week prior. The participant was evaluated, multiple tests were ordered, and a MRI was performed, noting degenerative disc disease at C5-C6. The participant was discharged home on June 21, 2013 with prescriptions for Neurontin (pain reliever) and prednisone (corticosteroid), and was recommended to follow up with his physician in two weeks.

Note: All claims related to this treatment were processed, applied to the participant's annual deductible, and paid up to the limits of the Plan. Pending the Trustees' decision, a refund will be requested from Medical Transport Service for the "duplicate" claim paid. The Fund office can send the transport records to SHPS/Carewise Health for review of medical necessity at an additional cost to the Fund.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Giant	**LOCAL:**	400
DATE OF HIRE:	January 2, 1989	**STATUS:**	Part Time
PLAN:	X		

ISSUE: Hospital/Medical – Ambulance Services #M13/648-3839

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	August 29, 2013
Received:	September 15, 2013
Paid:	September 24, 2013
Appeal Received:	November 8, 2013

The **participant** is appealing for additional payment on a claim for a ground ambulance transport. The participant states that he was treated at Civista Medical Center due to severe chest pains. After observation, the physician advised that he should be tranferred to Washington Hospital Center for a cardiac catheterization and additional testing. The participant further states that the physician would not allow his spouse to transport him to Washington Hospital Center by car and "insisted that [he] be transported via ambulance." The participant states that he cannot afford to pay the balance on this claim.

Fund records indicate Lifestar Response submitted a claim for an interfacility ground ambulance transport with the diagnoses "chest pain and intermediate coronary syndrome". The participant was transported from Civista Medical Center ("Charles Regional Medical Center") located in LaPlata, Maryland to Washington Hospital Center located in Washington, D.C. (approximately 35.9 miles, 55 minutes). The participant was treated and underwent a cardiac catheterization. Transport records, received with the claim, indicated the participant was transported with "advanced life support" at 1:14am and that the transport was medically necessary because cardiac catheterization services were not available at the sending facility. The claim for the ambulance transport was paid, up to the limits of the Plan ($25.00).

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER: Giant
DATE OF HIRE: October 4, 2003
PLAN: X

LOCAL: 400
STATUS: Part Time

ISSUE: Hospital/Medical – Ambulance Services #M14/136-4816

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	November 2, 2013
Received:	November 14, 2013
Paid:	December 10, 2013
Appeal Received:	January 30, 2014

The **provider,** Medical Transport Service, is appealing for additional payment on a claim for a ground ambulance transport, for the participant's spouse. The provider states, "Please note that the service provided was a 911 emergency transport, therefore, this should be processed at the in-network level to reimburse at 100%."

Fund records indicate Medical Transport Service submitted a claim for an interfacility ground ambulance transport with the diagnosis "foreign body in pharynx". The participant's spouse was transported from INOVA HealthPlex Emergency Care Center located in Alexandria, Virginia to INOVA Alexandria Hospital located in Alexandria, Virginia (approximately 7.4 miles, 11 minutes). The participant's spouse was treated and underwent an endoscopy procedure. The claim for the ambulance transport was paid, up to the limits of the Plan ($25.00).

Transport records, received with the appeal, indicated the participant's spouse was transported "non-immediately" at 3:26am for a higher level of care unavailable at the sending facility. "Patient was sleeping at approximately 11:30pm last night, inhaled deeply and ingested the 'bridge' portion of her dentures and swallowed them. An x-ray shows the dentures in the GI tract in the upper chest."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Giant	**LOCAL:**	400
DATE OF HIRE:	March 18, 1985	**STATUS:**	**COBRA**, October 1, 2013
PLAN:	X		

ISSUE: Hospital/Medical – Ambulance Services #M14/109-7154

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	December 17, 2013
Received:	December 26, 2013
Paid:	December 27, 2013
Appeal Received:	January 13, 2014

The **participant** is appealing for additional payment on a claim for an interfacility ground ambulance transport. The participant states that she was treated in the emergency room (Sentara Northern Virginia Medical Center) for depression and anxiety. It was determined that she needed to be transferred to Prince William County Hospital for psychiatric care. The participant further states that "they wouldn't let [her] husband transport [her] because of [her] anxiety."

Fund records indicate the participant was treated at Sentara Northern Virginia Medical Center on December 17, 2013 with the diagnoses "depressive disorder and anxiety state". A ground ambulance transfer was requested from Sentara Northern Virginia Medical Center located in Woodbridge, Virginia, to Prince William County Hospital, located in Manassas, Virginia (approximately 16.4 miles, 27 minutes). The participant was admitted to Prince William County Hospital on December 17, 2013, treated, and discharged on December 18, 2013. The interfacility transport was paid, up to the limits of the Plan ($25.00).

After the appeal was received, a letter was mailed to the participant on January 14, 2014 requesting complete medical records from the sending facility. The Fund office received medical records from the participant on January 22, 2014, indicating the interfacility transport was necessary because "specialized care" was needed.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Giant	**LOCAL:**	400
DATE OF HIRE:	March 14, 1988	**STATUS:**	Part Time
PLAN:	X		

ISSUE: Hospital/Medical – Ambulance Services #M14/128-3237

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	July 13, 2013
Received:	January 6, 2014
Paid:	January 14, 2014
Appeal Received:	January 23, 2014

The **provider,** Medical Transport Service, is appealing for additional payment on a claim for a ground ambulance transport. The provider states, "Please note that the service provided was a 911 emergency transport, therefore, this should be processed at the in-network level to reimburse at 100%."

Fund records indicate Medical Transport Service submitted a claim for an interfacility ground ambulance transport with the diagnoses "cognitive deficits due to cerebrovascular disease and dependence on machine for supplemental oxygen". The participant was transported from INOVA Emergency Care Center ("Cornwall") located in Leesburg, Virginia to INOVA Fairfax Hospital located in Fairfax, Virginia (approximately 33.1 miles, 36 minutes). The participant was treated and underwent surgery for a trimalleolar (ankle) fracture. The claim for the ambulance transport was paid, up to the limits of the Plan ($25.00).

Transport records, received with the appeal, indicated the participant was transported "immediately" at 9:20pm and that the transport was medically necessary because surgical services were needed and unavailable at the sending facility.

Note: The participant advised the Fund office on August 14, 2013 that she tripped and fell on July 13, 2013. No third party was involved.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Safeway	**LOCAL:**	27
DATE OF HIRE:	November 11, 2010	**STATUS:**	Part Time
PLAN:	XX		

ISSUE: Hospital/Medical – Ambulance Services #M13/566-3483

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan XX SPD, Page 105)

SUMMARY:

Date(s) of Service:	July 18, 2013
Received:	August 6, 2013
Paid:	August 19, 2013
Appeal Received:	September 17, 2013
Late Warning Issued:	n/a

The **provider,** Baltimore City Fire Department, is appealing for additional payment on a claim for a ground ambulance transport. The provider states "we expect payment at 100% of billed charges at the in-network benefit level." The provider further states, if payment is not received, the participant will be billed for the remaining balance ($588.48).

Transport records, received with the appeal, indicate the participant was transported from her home to Johns Hopkins Bayview Medical Center (.3 miles) on a Thursday night at 3:44am. Records further indicate the participant had a syncopal episode (fainted).

Fund records indicate claims were received from Johns Hopkins Hospital for an inpatient stay from July 18, 2013 through July 20, 2013 with diagnoses; "hematemesis (vomiting of blood), anemia, syncope and collapse, and Mallory-Weiss Syndrome (gastro-esophageal lacerations)."

After the appeal was received, letters were mailed to the participant and Johns Hopkins Bayview Medical Center on September 23, 2013 and October 10, 2013, requesting complete medical records for review. Medical records received on November 25, 2013, indicate the participant was admitted to Johns Hopkins Hospital from July 18, 2013 through July 20, 2013 with diagnoses: gastrointestinal bleed, Mallory Weiss Tear, iron deficiency, anemia, bipolar disorder. Medical records indicate the participant had a hysterectomy two weeks prior and had a syncopal episode at home. Upon arrival at the emergency room, she was "pale, hypotensive and tachycardic." Blood tests and an endoscopy were performed. Medical records further indicate that upon arrival, the participant was "critically ill and required [35 minutes] of critical care services."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐

COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Associated Administrators	**LOCAL:**	27
DATE OF HIRE:	November 21, 2011	**STATUS:**	Full Time
PLAN:	XX		

ISSUE: Hospital/Medical – Ambulance Services #M13/639-4663

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan XX SPD, Page 105)

SUMMARY:

Date(s) of Service:	August 12, 2013
Received:	September 11, 2013
Paid:	September 12, 2013
Appeal Received:	November 4, 2013
Late Warning Issued:	n/a

The **participant** is appealing for additional payment on a claim for a ground ambulance transport. The participant states that her physician was concerned that she was having a heart attack and would not allow her to drive herself to the hospital.

Medical records, received with the appeal, indicate the participant was treated by Gloria Fern Moretz, CRNP for a diagnosis of "chest pain". Upon examination, Ms. Moretz called an ambulance to transport the participant from Waters Edge Family Practice, to Upper Chesapeake Medical Center (11 miles) "to rule out a heart attack." Fund records indicate the participant was treated in the emergency room, and discharged home that day.

Note: The claim for the ambulance transport was paid up to the limit of the Plan ($25.00).

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐

COMMENTS: