

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <u>Jason</u>	DATE <u>6-19-15</u>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <u>000277</u>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <u>cc: T. Mc Daniels</u> <u>Cleared 6-23-15, letter attached.</u>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>6-30-15</u> <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.			



**SOUTH CAROLINA
DEPARTMENT OF INSURANCE**

NIKKI HALEY
Governor

**Division of Consumer and Individual Licensing
Services**

Office of Consumer Services
1201 Main St, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6180 or 1-800-768-3467

RECEIVED

JUN 19 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

June 11, 2015

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

In Reply Refer To: 155373
Insured/Complainant: France Mance/Louis L Martin, OD

Dear Sir or Madame:

This office has received a request for assistance from the above-named complainant.

We are aware that the coverage is a contracted plan with Medicaid. However in an effort to be of assistance, we are faxing this information to your office and ask that you review this matter and respond accordingly.

Please respond directly to the complainant with a copy to this Department.

Thank you for your cooperation in this matter.

Respectfully,

Kayla Baker
Insurance Regulatory Analyst

Enclosures

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JUN 15 2015

SCDHHS APPEALS

Kayla Baker

Subject:

FW: Complaint from Louis L Martin OD

Name: Louis L Martin OD

Email: sam4uga@gmail.com

Addresse: 399 E HENRY ST

City: SPARTANBURG

County: South Carolina

State: South Carolina

Zip Code: 29302-2639

Phone: 8645850208

Filing complaint as: Medical Provider

Previously contacted: No

When?:

Policy Holder Name: Frances Mance

Policy Holder Email:

Policy #: 6698842901

Claim #:

Claim ID:

Date of Loss:

Insurance Company Involved: Medicaid

Company Phone: 8882890709

Agent/Adjuster:

Agent/Adjuster Phone:

Name of Employer Offering Coverage:

Type of Insurance: Accident/Health Individual

Type of Insurance (specify other):

Reason for Complaint: Claim Denial

Reason (specify other):

Discrimination Based On:

Attorney?: No

Fair Resolution: The above patient was seen in our office on 09/16/14 for post op care. The physician that does the surgery co-manages with our office. He does the surgery and we do the pre and post op care. We billed accordingly as we always do and he also billed accordingly. Medicaid is denying payment to us stating that two doctors cannot bill for the same procedure when in fact it is correct to bill this way as long as the correct modifiers are used and they of course were. Medicaid has refused to escalate this for review again and states there is nothing more they can do. This is unacceptable. This claim needs to be paid in the usual manner. All documents have been supplied and claim has been filed correctly. It has been 9 months and still no payment.

STATE OF SOUTH CAROLINA
DEPARTMENT OF INSURANCE
P.O. BOX 100105
COLUMBIA, SOUTH CAROLINA 29202-3105

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SCDHHS APPEALS

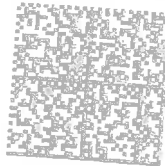
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Nikki R. Haley GOVERNOR

Christian L. Saura DIRECTOR

P.O. Box 8206 • Columbia, SC 29202

www.scdhhs.gov

Louis L Martin OD
399 E Henry Street
Spartanburg, SC 29302

June 23, 2015

Mr. Martin:

Thank you for bringing this to my attention. The claim in question has been paid. Let me know if you ever need additional assistance.

Sincerely,



Jason E. Taylor, Senior Program Director
Operations and Provider Relations
(803) 898-1052