

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>5-13-13</i>
------------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000348</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc. Mr. Jech, Singleton</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5/23/13</i>
<i>Cleared 5/29/13, letter attached</i>	<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.			



NORTH HILLS MEDICAL CENTER
 800 Pelham Road - Greenville, SC 29615
 Ph: (864-234-5800)

GREER 319 S. Buncombe Road Greer, SC 29651 (864) 877-3883	MAULDIN 309 W Butler Rd Mauldin, SC 29662 (864) 297-1575	NORTH MAIN 505-C N. Main Street Greenville, SC 29601 (864) 232-2734	HWY14 3904 S. Highway 14 Greenville, SC 29615 (864) 987-9990
---	--	---	--

To:
 Anthony Keck,
 Director,
 SC DHHS
 PO Box 8206
 Columbia, SC 29202-8206

RECEIVED

MAY 13 2013

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

May 6, 2013

Dear Mr. Keck,

Our office provides services to a large number of Medicaid beneficiaries and has done so for over three decades. We are writing to your office at this time, to request assistance with an issue with SC DHHS Provider Services.

Our OB physician, Dr M. Odogwu, attended and conducted a difficult delivery at an area hospital in January 2012, for a Medicaid member. We have filed a claim for his services multiple times and have repeatedly been denied payment – DHHS states that another provider had already been paid for this service. We have repeatedly sent hospital and medical records to DHHS confirming that our physician alone provided these services.

However, our claim is still denied, and when we have spoken with Provider Services, nobody is willing to give us any guidance on what is required on our part, in order to receive payment for these services. Instead, we were told to submit a letter to the Appeals department; when we did so, we were told they were really not the appropriate forum for this issue, since this was a straight-forward claim reconsideration request. Also, the Appeals process is a formal hearing in Columbia – our office does not have the resources to send staff to hearings out of town for a single claim. We have subsequently sent out a formal letter to SC DHHS Claims, requesting reconsideration, to which we have not received any reply. Our last attempt to refile the claim resulted in another new denial of payment, this time for late filing.

We find this to be completely unacceptable. Our physician is a duly licensed Medicaid provider, he provided appropriate and timely medical care to a Medicaid beneficiary, and claims were submitted correctly in a timely fashion. We have submitted all relevant documentation to support this. There can be no justification for the lack of payment, nor for payment to be made to another entity which did not provide services.

We do not have a representative at SC DHHS that we can speak with who is willing to provide assistance. Therefore at this time, we are earnestly appealing to your office to review this situation.

We appreciate your time and consideration, and are hopeful that your office will be able to assist us.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Gaikwad', written in a cursive style.

S. Gaikwad,
Administrator,
North Hills Medical Center

Bon Secours Health System ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE, SC 29615-4812

DEAN, MARIAN N
MRN: 785026524
DOB: 4/13/1985, Sex: F
Adm: 1/24/2012, D/C: 1/26/2012

Progress Notes signed by Maduka H Odogwu, MD at 01/24/12 0943

Author: Maduka H Odogwu, MD	Service: (none)	Author Type:	Physician
Filed: 01/24/12 0943	Note Time: 01/24/12 0939		

Delivery Note

Obstetrician: Maduka H Odogwu, MD

Assistant: none

Pre-Delivery Diagnosis: Term pregnancy

Post-Delivery Diagnosis: Male

Intrapartum Event: None

Procedure: Spontaneous vaginal delivery

Epidural: NO

Monitor: Fetal Heart Tones - External and Uterine Contractions - External

Indications for instrumental delivery: none

Estimated Blood Loss: 300 cc

Episiotomy: 2nd degree

Laceration(s): none

Laceration(s) repair: YES

Presentation: Cephalic

Fetal Description: singleton

Fetal Position: Right Occiput Anterior

Birth Weight: 2500gms

Birth Length: 49cm

Apgar - One Minute: 8

Apgar - Five Minutes: 9

Umbilical Cord: Nuchal Cord x 1

Specimens: Placenta

Complications: none

Cord Blood Results:

Information for the patient's newborn: Dean, Baby Boy [805017921]

No results found for this basename: PCTABR, PCTDIG, BILI

Prenatal Labs:

Lab Results

Component	Value	Date/Time
ABO/Rh(D)	O POS	1/24/12 05:40 AM
Antibody screen	negative	1/24/2012
HBsAg	non reactive	7/5/2011
HIV	non reactive	7/5/2011
Rubella	immune	7/5/2011
RPR	non reactive	7/5/2011
Gonorrhea	negtaive	7/19/2011
Chlamydia	negative	7/19/2011
GrBS	negative	1/19/2012

Attending Attestation: I was present and scrubbed for the entire procedure

Signed By: Maduka H Odogwu, MD
January 24, 2012

Electronically signed by Maduka H Odogwu, MD at 1/24/2012 9:43 AM

Chart Review Routing History

No Routing History on File

Bon Secours Health System ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE, SC 29615-4812

DEAN, MARIAN N
MRN: 785026524
DOB: 4/13/1985, Sex: F
Adm: 1/24/2012, D/C: 1/26/2012

Progress Notes signed by Maduka H Odogwu, MD at 01/24/12 0544

Author: Maduka H Odogwu, MD	Service: (none)	Author Type:	Physician
Filed: 01/24/12 0544	Note Time:	01/24/12 0533	

Patient seen after arriving from Carolina Water Birth Center.

Patient is 38 wks and 5 days based on a first trimester ultrasound which was done at Greenville Women`s clinic (we do not have records of this ultrasound).

Patient is also 38 weeks based on her LMP as seen on the prenatal records.

Patient states she has been contracting since last night. She is very uncomfortable and wants to try only IV pain medication for now

Fundal height is 30cm.

Fetal heart tones are reassuring now.

SVE - cervix is 5cm/100% effaced/+1

I had a detailed conversation with the patient about the size of the fetus which I noted to them is grossly abnormal. They said they were only told last week the baby was small. I told her one of the common causes of IUGR was placental dysfunction and is associated with higher incidences of still birth.

The GBS in the prenatal records was listed as vaginal so I recommended using GBS prophylaxis as it is supposed to be vaginal/rectal.

They verbalised understanding and have no questions for me at this time.

Electronically signed by Maduka H Odogwu, MD at 1/24/2012 5:44 AM

Chart Review Routing History

No Routing History on File

Bon Secours Health System ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE, SC 29615-4812

DEAN, MARIAN N
MRN: 785026524
DOB: 4/13/1985, Sex: F
Adm: 1/24/2012, D/C: 1/26/2012

H&P signed by Maduka H Odogwu, MD at 01/26/12 1456

Author: Maduka H Odogwu, MD	Service: (none)	Author Type:	Physician
Filed: 01/26/12 1456	Note Time:	01/24/12 1534	

ST FRANCIS - EASTSIDE
125 Commonwealth Drive
Greenville, S.C 29615
864-675-4000

HISTORY AND PHYSICAL

NAME: Dean, Marian N	MR: 785026524
LOC: W4F 04431	SEX: F ACCT: 6247152
DOB: 04/13/1985	AGE: 26 PT: I
ADMIT: 01/24/2012	DSCH: MSV: OBS

PRESENTING COMPLAINTS: This patient is a 26-year-old prima gravida who was referred to me by a midwife in the community. The midwife called me early this morning saying the patient was 4-5 cm dilated and was in active labor and wanted pain medications for the laboring process. She is now transferred to my care at St. Joseph's Hospital. On admission, she was found to be uncomfortable and in active labor. Her cervix was found to be 5 cm dilated, 100% effaced and +1 station. She was also noted to be very small. The fundal height was 30 cm indicating a lag of about 8 weeks. She was 38 weeks and 5 days by an early ultrasound which we did not have the report of, but we had the report of a 20-week ultrasound.

PAST MEDICAL HISTORY: None significant.

PAST SURGICAL HISTORY: None significant.

FAMILY/SOCIAL HISTORY: No significant medical problems in the family. The patient is here with her spouse and the spouse's mom. The patient denies smoking cigarettes, drinking alcohol, or abusing medications.

DRUG ALLERGIES: None.

REVIEW OF SYSTEMS: All systems were reviewed and were found to be noncontributory.

PHYSICAL EXAMINATION

VITAL SIGNS: Were documented as normal.

CHEST: Clear to auscultation bilaterally.

HEART: Heart sounds 1-2. No murmur, rubs, or gallops.

ABDOMEN: Soft. Fundal height was 30 cm.

PELVIC: On vaginal exam, cervix was 5 cm, 100%, and +1 station.

EXTREMITIES: No edema.

IMPRESSION: Full term prima gravida with severe intrauterine growth restriction, in acute labor.

PLAN

1. Offer the patient pain medications versus epidural. She declined an epidural.

1500

HEALTH INSURANCE CLAIM FORM

COLUMBIA

SC 29202

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA PICA

1. MEDICARE <input type="checkbox"/> (Medicare #) <input checked="" type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> (Medicaid #) <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPUS <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> (SSN) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID) <input type="checkbox"/>			1a. INSURED'S I.D. NUMBER (For Program in Item 1) 0781312558		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DEAN MARIAN			3. PATIENT'S BIRTH DATE 04 13 85 SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F		
5. PATIENT'S ADDRESS (No., Street) 10 MAYO DRIVE			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		
CITY GREENVILLE		STATE SC	7. INSURED'S ADDRESS (No., Street) 10 MAYO DRIVE		CITY GREENVILLE
ZIP CODE 29605		TELEPHONE (Include Area Code) ()	8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		STATE SC
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. EMPLOYER'S NAME OR SCHOOL NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____					
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____					

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE MADUKA ODOGWU MD		17a. ZZ 207VG0400X 17b. NPI 1861685372		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 01 24 12 TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 650 2. V27 0 3. _____ 4. _____		23. PRIOR AUTHORIZATION NUMBER			

1	24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY									
1	01 24 12	01 24 12	21		59409	12	1425 00	1		ZZ NPI	207VG0400X 1861685372
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER 570902920		SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 81593621		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 1425 00		29. AMOUNT PAID \$ 0 00		30. BALANCE DUE \$ 1425 00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MADUKA ODOGWU MD SIGNED 040412 DATE _____			32. SERVICE FACILITY LOCATION INFORMATION ST FRANCIS HOSP IH ST FRANCIS DRIVE GREENVILLE SC 29601-3999 a. _____ b. _____				33. BILLING PROVIDER INFO & PH # (864) 234 5800 NORTH HILLS MEDICAL CENTER 800 PELHAM ROAD GREENVILLE SC 29615-3300 a. 1669432902 b. ZZ207VG0400X					

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION



NORTH HILLS MEDICAL CENTER
800 Pelham Road - Greenville, SC 29615
Ph: (864-234-5800)

GREER 319 S. Buncombe Road Greer, SC 29651 (864) 877-3883	MAULDIN 309 W Butler Rd Mauldin, SC 29662 (864) 297-1575	NORTH MAIN 505-C N. Main Street Greenville, SC 29601 (864) 232-2734	HWY14 3904 S. Highway 14 Greenville, SC 29615 (864) 987-9990
---	--	---	--

March 20, 2013

To:
MEDICAID CLAIMS RECEIPT
PO BOX 1412
COLUMBIA SC 29202

RE: Recipient: Marian Dean Date of Birth: 04/13/1985 ID#: 0781312558

RECONSIDERATION OF CLAIM:
REQUEST FOR PAYMENT FOR SERVICES RENDERED.

This is with reference to a delivery attended by our Ob-Gyn physician Dr. M. Odogwu for the above patient on January 24, 2012.

Payment for this service has been made by SCDHHS to a midwife who did not conduct the delivery, and denied for Dr Odogwu even though he was the physician who actually performed the delivery in St Francis Hospital.

We have repeatedly appealed this claim with medical records, including hospital notes, and it has been repeatedly denied. Dr Odogwu is a duly licensed physician, who participates in the Medicaid program; he has performed this service for a Medicaid member, and should be reimbursed for this.

We do not see any reason at all for this service to be denied payment. We are once again submitting this claim for reconsideration for payment, along with all supporting documentation.

Please reconsider this claim for payment as soon as possible.
We appreciate your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Gaikwad'.

S. Gaikwad
Administrator
North Hills Medical Center

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

PLEASE NOTE: Edit Correction Forms (ECFs) returned with "NO CORRECTIVE ACTION" will be disregarded. Corrected ECFs should be returned to the Medicaid Claims Receipt address which is located at the bottom of the ECF. If the ECF does not require corrections, but needs to be reprocessed because information in the system has been updated, submit a new claim for processing.

Edit Code	Description	CARC	RARC	Resolution
853	DUPLICATE SERV/DOS FROM MULTIPLE PROV	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Medicaid will not reimburse a physician if the procedure was also performed by a laboratory, radiologist, or a cardiologist. If none of the above circumstances apply, attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the ECF for review and consideration for payment and resubmit. Verify that the procedure code and date of service were billed correctly. If incorrect, make the appropriate corrections to the ECF and resubmit. If correct, this indicates that the first provider was paid and additional providers should attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the ECF for review and consideration for payment and resubmit.
854	VISIT WITHIN SURG PKG TIME LIMITATION	16 - Claim/service lacks information which is needed for adjudication.	M144 - Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	If the visit is related to the surgery and is the only line on the ECF, disregard the ECF. The visit will not be paid. If the visit is related to the surgery and is on the ECF with other payable lines, draw a red line through the line with the 854 edit and resubmit. This indicates you do not expect payment for this line. If the visit is unrelated to the surgical package, enter the appropriate modifier, 24 or 25, in field 18 on the ECF and resubmit.
855	SURG PROC/PAID VISIT/TIME LIMIT CONFLICT	151 - Payment adjusted because the payer deems the information submitted does not support this many services.		Either request recoupment of the visit to pay the surgery, or, if the visit and surgery are non-related, attach documentation to the ECF to justify the circumstances and resubmit for review and consideration of payment.
856	2 PRIM SURGEON BILLING FOR SAME PROC/DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Check to see if individual provider number (in field 19 on the ECF) is correct, and the appropriate modifier is used to indicate different operative session, assistant surgeon, surgical team, etc. Make appropriate changes to ECF and resubmit. If no modifier is applicable, and field is correct, attach appropriate clinical documentation (i.e., operative notes, etc.) to the ECF for review and consideration for payment and resubmit.

If claims resolution assistance is needed, contact the SCDHHS Medicaid Provider Service Center (PSC) at the toll free number 1-888-289-0709. PSC customer service representatives are available to assist providers Monday through Friday from 7:30 a.m. to 5 p.m. Providers can also submit online inquiries at <http://www.scdhhs.gov/contact-us>.

2. Watch labor _____ and anticipate spontaneous vaginal delivery.

Maduka Harold Odogwu, MD

This is an unverified document unless signed by physician.

TID: wmx DIC ID: 33863 DT: 01/24/2012 3:34 P
JOB: 000111771 DOC#: 399300 DD: 01/24/2012

cc: Maduka Harold Odogwu, MD

Electronically signed by Maduka H Odogwu, MD at 1/26/2012 2:56 PM

Chart Review Routing History

No Routing History on File



May 29, 2013

S. Gaikwad, Administrator
North Hills Medical Center
800 Pelham Road, South Carolina 29615

Dear Ms. Gaikwad:

Thank you for your letter regarding an outstanding claim for a delivery performed by Dr. M. Odogwu. As you indicated, it does appear that there is a conflict in the primary provider of the service rendered to this beneficiary. In instances such as this, we will review all medical documentation to resolve the conflict.

We have reviewed your claim and supporting documentation and found it to be sufficient to justify the delivery of the service provided to this beneficiary on January 24, 2012. We will resubmit your claim for processing, which will appear on a future remittance advice.

We appreciate your support of the Medicaid program as we all work to provide the best healthcare to the citizens of this State. If you have any additional questions please feel free to contact at 1-888-289-0709.

Sincerely,



John R. Supra Jr.
Deputy Director

JRS/ns