

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

ACTION REFERRAL

TO <i>Myles</i>	DATE <i>1-28-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000389</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>2-4-08</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 2/8/08, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



RECORDED

JAN 25 2008

State of South Carolina

Office of the Governor

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MARK SANFORD
GOVERNOR

Post Office Box 12267
COLUMBIA 29211

January 2, 2008

Dr. Michael Lounsbury
c/o Michelle Granley
Office of Senator John McCain
5353 North 16th Street
Suite 105
Phoenix, Arizona 85016

*Log. Myers
Appro. Sign.*

Dear Michael,

Senator McCain was kind enough to forward your correspondence to my office. I have contacted the Department of Health and Human Services regarding this matter requesting they contact you directly. In the meantime, please contact Denise Riley in my office at 803-734-6419 with any questions.

Sincerely,


Mark Sanford

MS/dr

cc: Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services

JOHN MCCAIN
ARIZONA

COMMITTEE ON ARMED SERVICES
COMMITTEE ON COMMERCE,
SCIENCE AND TRANSPORTATION
COMMITTEE ON INDIAN AFFAIRS

United States Senate

241 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510-0303
(202) 224-2235

5353 NORTH 16TH STREET
SUITE 105
PHOENIX, AZ 85016
(602) 952-2410

4703 SOUTH LAKESHORE DRIVE
SUITE 1
TEMPE, AZ 85282
(480) 897-6289

407 WEST CONGRESS STREET
SUITE 103
TUCSON, AZ 85701
(520) 670-6334

TELEPHONE FOR HEARING IMPAIRED
(602) 952-0170

December 27, 2007

Mark Sanford
Governor of South Carolina
Office of the Governor
P.O. Box 12267
Columbia, SC 29211-2267

Dear Governor Sanford:

I wish to bring to your attention a matter concerning Dr. Michael Lounsbury, who has encountered a problem with receiving reimbursement for Medicaid claims. Please investigate my constituent's claim, within the existing rules, regulations and ethical guidelines, and provide me with a copy of the final decision. MARK ALL
CORRESPONDENCE TO:

Attn: Michelle Gramley
Office of Senator John McCain
5353 N. 16th Street
Suite 105
Phoenix, Arizona 85016

The response you provide will be most appreciated and will be forwarded to my constituent. If you should have any questions in the meantime, you can reach my office at (602) 952-2410. I look forward to your reply at your earliest convenience.

Sincerely,



John McCain
United States Senator

JM/xmg



Family Medicine and Psychiatry
1420 Ebenezer Road Suite 105
Rock Hill, SC. 29732
803-324-7792

The Honorable Senator John McCain
5353 North 16th St Suite 105
Phoenix, AZ. 85016
602-952-2410
602-952-8702 fax

December 20, 2007

ATTN: MICHELLE

RE: Family Medicine and Psychiatry of the Carolinas At Rock Hill

Dear Senator McCain,

As you are aware, Michelle from your staff has been assisting our company with problems regarding Medicare, Medicaid and some private insurances. Today I received the most appalling letter yet from Cigna Government Services, which provides services on the behalf of Medicare for North Carolina. We are still owed an amount close to forty eight THOUSAND dollars, continue to see our Medicare patients in long term care facilities in North Carolina, and still have been unable to get through the application credentialing process. The letter received today included our FULL application back so now they have no documents, plus stopping our application process so they can start the 180 days clock over again for the FIFTH TIME.

The reason they give is basically we do not have an office location in North Carolina. We service FIVE facilities in North Carolina so one of them can at least be considered a location. The reason itself makes no sense. What they are saying is unless I have an office in North Carolina I cannot see and bill North Carolina Medicare patients. What if they came to our office in South Carolina?? In addition, they provide no way to get a hold of them by phone so you cannot truly reach them. This whole process with Cigna and others has been a complete childish game that will eventually put us out of business. Please do not allow them to continue this game with us. It is hurting many people including my employees. We are unable to pay most bills at this point because of the money back up. I appreciate anything you can do and know that you are working on these issues for us. On my end I continue to promote you within my circles as the next Presidential candidate. I firmly believe in your abilities just as I know you will help solve this with us.

My Sincerest Gratitude,


Michael D Lounsbury



CIGNA Government Services
PO Box 25226
Nashville, TN 37202-5226

December 18, 2007

FAMILY MEDICINE AND PSYCHIATRY OF THE CAROLINAS AT ROCK HILL PC
ATTN: MS. SERLESS NEWTON
1420 EBENEZER RD STE 105
ROCK HILL, SC 29732-2774

RE: MS. SHENEQUE M. WHITE

Dear MS. SERLESS NEWTON:

CIGNA Government Services (CGS) Provider Enrollment department has reviewed your application and it has been determined that it cannot be processed at this time. Therefore, your original application is being returned to you. CGS did not retain a copy of your application. The application is being returned to you for the following reason(s):

- This physical location of business does not fall within our jurisdiction. Please forward your application to the appropriate carrier.

If you wish to reapply, you will need to submit the application per the above directions, along with a new certification and/or authorization statement. Please complete every field in the certification statement or indicate N/A if not applicable. To access the most current version of the CMS-855 applications, please visit the CMS website at <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>.

If you submit another application, please be sure it is complete, accurate and includes all required attachments as noted in the application instructions. Applications that are received complete and accurate are processed timely. However, processing is delayed for incomplete or inaccurate applications. CMS allows us up to 180 days to process incomplete or inaccurate applications. If you need additional information regarding the enrollment process, please visit our website at cipna.government.services.com and select Provider Enrollment Information.

Sincerely,

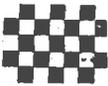
Provider Enrollment

Reference Number 367010

PL00V7MK

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Page 1 of 1



Michael Lounsbury
Family Medicine and Psychiatry of the Carolinas at Rock Hill, PC
1420 Ebenezer Road Suite 105
Rock Hill, SC, 29732
803-981-4799 cell
803-981-7792 fax

The Honorable Senator John McCain
5353 North 16th Street
Phoenix, AZ, 85016
602-952-2410 office
602-952-8702 cell

December 17, 2007

Attention-Michelle

Dear Sir,

Please allow me to first compliment your staff. Every Government issue I have brought to your attention has been handled in a thorough and polite manner. I feel confident when I bring an important stressing matter to your attention it will be resolved. I am praying for your success in this Presidential election.

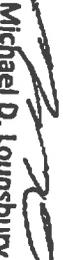
The current matter at hand is my lack of ability to collect funds from insurance companies. I have already submitted a huge amount of information but I have narrowed our scope to our four largest outliers. I am including with this letter a computer printout of all monies due to us broken down by insurance company. As you can see, Blue Cross/Blue Shield, Cigna, Medicaid South Carolina, and Medicare South Carolinas AKA Palmetto GBA owe us the most. To this day we have eight thousand dollars in our account with payroll on Friday taking another 7500.00 of that. This leaves us with virtually no operating funds until we see money from these companies. The total amount owed to us is a staggering 184,199.00. Out of that, Insurances with reimburse us 60 percent of that figure if we are lucky.

I am also including a copy of a recent reject from South Carolina Medicaid in which the rejection was for printer abnormalities. As you can see this is totally subjective and can be abused by personnel less than motivated to do their jobs. The amount that my printer is off is pitiful. This is dated 12/6/07.

I have also discovered this morning that we are missing close to fifty thousand dollars in claims to Medicare. It is showing on our AR, and was with Medicare previously but it has magically disappeared. We are hoping that this money has been moved and will be paid. Presently Medicare is showing \$2,449.65 on account 8746 which was recently created by Medicare for Family Medicine. Previously, we used account 8086 which did have the large sums of money on it. This is very scary for us wondering if we will ever receive our money and if we will even survive.

At this point I just want to save our business. I hope the information I am providing is of help. Your assistance is priceless and we cannot thank you enough.

Sincerely,


Michael D. Lounsbury
803-981-4799



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Date: 12/6/07

Dear South Carolina Medicaid Provider:

Effective January 1, 2007, South Carolina Department of Health and Human Services (SCDHHS) began accepting the revised version of the CMS-1500 claim form to accept the National Provider Identifier (NPI). The use of the revised form is mandatory for providers filing claims with National Drug Code (NDC) information. The revised CMS-1500 claim form is optional for use by all other providers through May 31, 2007. Beginning June 1, 2007 it is mandatory for all providers to use the revised CMS-1500 format. The "old" version of the form is no longer be accepted.

We review all claims to assure certain standards are met in processing South Carolina Medicaid claims. We must return the enclosed claims because they were filed incorrectly. The claims cannot be processed for the reason(s) listed below:

- Submitted revised CMS-1500 claim form without the qualifier – 1D (one D) in front of the legacy number in field 33b shaded.
- Submitted revised CMS-1500 claim form with a taxonomy code in field 33b – but without the NPI number in field 33a. NPI number must be 10 digits and in field 33a.
- Submitted revised CMS-1500 claim form with NPI and Taxonomy. Taxonomy must include the qualifier ZZ and the 10-digit taxonomy code ending in "X" in field 33b.
- Submitted revised CMS-1500 claim form without a 10 digit NPI number in block 33a.
- Submitted revised CMS-1500 claim form with Date of Service (field 24A-J) line information in shaded area. DOS line information must appear in the unshaded area.
- Submitted claims information must fall inside the designated blocks. Check alignment of claim information in Block # _____ or the Entire claim.
- Submitted a claim with "no line information" on the claim to represent billed charges. (Date of Service, Procedure Code, or Charges)
- Submitted revised CMS-1500 claim form without the six-character legacy number in field 33b, must be in field 33b shaded and have the qualifier 1D (one D) in front of the six-character legacy number.
- Submitted claims are not legible for processing because of the following:
 - Background is too dark
 - Character is not clearly written
 - Data too light to microfilm
- Other: _____

To review South Carolina Medicaid bulletins about the revised CMS-1500, NPI and NDC, visit www.scdhhs.gov.

RM

- To enroll in a provider outreach CMS-1500/ND/CNPI workshop, visit www.semedicalprovider.org.
- If you have any questions about this letter, please call South Carolina Medicaid Provider Outreach at 1-803-264-9609.

M

5003

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

MEDICAID SC
POB 1458
COLUMBIA SC 29202

DeeReda Blair

PICIA

ITC

MEDICARE

MEDICAID

TRICARE

CHAMPVA

GROUP HEALTH PLAN

FECA

OTHER

PICIA

1. MEDICATE

MEDICARE

TRICARE

CHAMPVA

GROUP HEALTH PLAN

FECA

OTHER

19. INSURER'S ID NUMBER

(For Program in Item 1)

JOHNSON, BENJAMIN (Last Name, First Name, Middle Initial)

2. PATIENT'S ADDRESS (No. Street)
1902 PARDEE ST
BONCASTER

3. PATIENT'S BIRTH DATE
08 20 03

4. PATIENT'S RELATIONSHIP TO INSURED
Self

5. PATIENT STATUS
Single

6. EMPLOYMENT (Current or Previous)
Employed

7. INSURER'S ADDRESS (No. Street)
8780176730

8. INSURER'S POLICY GROUP OR FECA NUMBER
NONE

CITY

STATE

ZIP CODE
29720

TELEPHONE (Include Area Code)
803 2838908

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? YES NO
b. AUTO ACCIDENT? YES NO
c. OTHER ACCIDENT? YES NO

11. INSURER'S POLICY GROUP OR FECA NUMBER

12. INSURER'S DATE OF BIRTH

13. EMPLOYER'S NAME OR SCHOOL NAME

14. INSURANCE PLAN NAME OR PROGRAM NAME

14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident) OR PREGNANCY (Date)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE

16. DATES PATIENT MADE TO WORK IN CURRENT OCCUPATION

17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

18. OUTSIDE LAB? YES NO

19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

20. CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Include Items 1, 2, 3 or 4 to Item 21E in Unit)

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)
SIGNATURE ON FILE
DATE 07 11 2007

13. INSURER'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)
SIGNATURE ON FILE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. OUTSIDE LAB? YES NO

19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

20. CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Include Items 1, 2, 3 or 4 to Item 21E in Unit)

22. MEDICAID RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

24. ORIGINAL REF. NO.

V61 21

V65 2

V65 2

070807

250.00 1

1801876446

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1D N01445

1801876446

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PHYSICIAN OR SUPPLIER INFORMATION

PATIENT AND INSURED INFORMATION

273038
SIGNATURE OF PHYSICIAN OR SUPPLIER
CLIPPING DEGREES OR CREDENTIALS
agry that the statements on the reverse
by to this bill and are made a part hereof.)
PISTONE MD

26. PATIENT'S ACCOUNT NO.
JOHTR001 4759
27. ACCIDENT ASSIGNMENT?
X YES NO
28. SERVICE FACILITY LOCATION INFORMATION
PSYCHIATRIC MEDICINE
1420 EBENEZER RD
ROCKHILL, SC 29732

29. TOTAL CHARGE 25000 \$
30. AMOUNT PAID \$
31. BALANCE DUE \$
32. BILLING PROVIDER INFO & PH # (803 3247792
DAN PISTONE MD
PO BOX 11647
ROCKHILL, SC 29731
1801876446 1D N01445

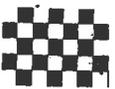
INSTRUCTION MANUAL AVAILABLE AT WWW.NUCC.ORG

APPROVED OMB-09-94-0004 FCMR

- Blue Cross Blue Shield South Carolina \$46,688.00
- Cigna \$17,605.00
- Medicaid SC \$48,730.40
- Medicare SC \$8,763.00

\$184,199.00

Outstanding
to be paid
to us.



Date	Charges	Payments	Credit	Debit	Write-off	Custom	InsPhone
Carrier: AETNA - AETNA Count: 2							
10/1/2007	\$2,079.00	\$215.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$0.00	\$838.00	\$0.00	\$0.00	\$4.00	\$0.00	
12/1/2007	\$180.00	\$286.20	\$0.00	\$0.00	\$120.00	\$0.00	
	\$2,639.00	\$1,372.20	\$0.00	\$0.00	\$174.00	\$0.00	
	\$2,639.00	\$1,372.20	\$0.00	\$0.00	\$174.00	\$0.00	
Year: 2007: Count: 2							
10/1/2007	\$430.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$0.00	\$129.50	\$0.00	\$0.00	\$270.50	\$0.00	
	\$430.00	\$159.50	\$0.00	\$0.00	\$270.50	\$0.00	
	\$430.00	\$159.50	\$0.00	\$0.00	\$270.50	\$0.00	
Carrier: APS - APS HEALTHCARE Count: 5							
Year: 2007: Count: 5							
7/1/2007	\$260.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	
9/1/2007	\$1,655.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$1,575.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$1,390.00	\$659.26	\$85.00	\$0.00	\$1,195.64	\$0.00	
12/1/2007	\$610.00	\$24.90	\$0.00	\$0.00	\$496.36	\$0.00	
	\$5,580.00	\$1,244.16	\$85.00	\$0.00	\$1,891.96	\$0.00	
	\$5,580.00	\$1,244.16	\$85.00	\$0.00	\$1,891.96	\$0.00	
Carrier: BCB - BCB Count: 6							
Year: 2007: Count: 6							
7/1/2007	\$285.00	\$180.02	\$0.00	\$0.00	\$0.00	\$0.00	
8/1/2007	\$806.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9/1/2007	\$6,935.00	\$108.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$17,956.00	\$1,653.00	\$0.00	\$0.00	\$380.80	\$0.00	
11/1/2007	\$9,148.00	\$4,143.99	\$0.00	\$0.00	\$4,380.89	\$0.00	
12/1/2007	\$46,888.00	\$3,825.38	\$0.00	\$0.00	\$3,970.03	\$0.00	
	\$46,888.00	\$9,880.34	\$0.00	\$0.00	\$8,681.32	\$0.00	
	\$46,888.00	\$9,880.34	\$0.00	\$0.00	\$8,681.32	\$0.00	

Blue Cross Active Status South Carolina
Blue Cross
Blue Shield

Date	Charges	Payments	Credit	Debit	Write-off	Custom	Ins. Phone
Carrier: COMP - COMPTONCLF Count: 4							
Year: 2007 Count: 4							
9/1/2007	\$640.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$5,475.00	\$425.00	\$0.00	\$0.00	\$90.00	\$0.00	\$0.00
11/1/2007	\$950.00	\$512.00	\$0.00	\$0.00	\$788.00	\$0.00	\$0.00
12/1/2007	\$1,450.00	\$397.00	\$0.00	\$0.00	\$273.00	\$0.00	\$0.00
	\$8,515.00	\$1,504.00	\$0.00	\$0.00	\$1,144.00	\$0.00	\$0.00
	\$8,515.00	\$1,504.00	\$0.00	\$0.00	\$1,144.00	\$0.00	\$0.00
Carrier: DEEL - DEINITY HEALTHCARE Count: 3							
Year: 2007 Count: 3							
9/1/2007	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$270.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/1/2007	\$130.00	\$189.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$650.00	\$189.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$650.00	\$189.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Carrier: DUKE - DUKE BOWATER CLAIMS DEPT. Count: 3							
Year: 2007 Count: 3							
10/1/2007	\$910.00	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$260.00	\$108.00	\$0.00	\$0.00	\$112.00	\$0.00	\$0.00
12/1/2007	\$0.00	\$208.00	\$0.00	\$0.00	\$146.00	\$0.00	\$0.00
	\$1,170.00	\$456.00	\$0.00	\$0.00	\$258.00	\$0.00	\$0.00
	\$1,170.00	\$456.00	\$0.00	\$0.00	\$258.00	\$0.00	\$0.00
Carrier: GEHA - GEHA Count: 4							
Year: 2007 Count: 4							
7/1/2007	\$250.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DATE	Charges	Payments	Credit	Debit	Balance	Custom	Life Phone
Year: 2007- Count: 6							
7/1/2007	\$2,540.00	\$240.00	\$0.00	\$0.00	\$1,200.00	\$0.00	
	\$7,540.00	\$740.00	\$0.00	\$0.00	\$1,200.00	\$0.00	
<i>Medicaid SC</i>							
Year: 2007- Count: 6							
7/1/2007	\$110.00	\$200.81	\$0.00	\$0.00	\$0.00	\$109.01	
8/1/2007	\$170.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9/1/2007	\$10,050.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$20,351.40	\$2,790.40	\$0.00	\$0.00	\$1,879.11	\$0.00	
11/1/2007	\$8,566.00	\$3,844.40	\$0.00	\$0.00	\$5,447.72	\$0.00	
12/1/2007	\$9,583.00	\$482.15	\$0.00	\$0.00	\$998.79	\$0.00	
	\$48,730.20	\$7,447.66	\$0.00	\$0.00	\$8,326.62	\$109.01	
Carrier: MED - MEDICAID-NO-EDS-Count: 4	\$48,730.20	\$7,447.66	\$0.00	\$0.00	\$8,326.62	\$109.01	
Year: 2007- Count: 4							
9/1/2007	\$720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$260.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$630.00	\$110.98	\$0.00	\$0.00	\$111.27	\$0.00	
	\$1,850.00	\$110.98	\$0.00	\$0.00	\$131.27	\$0.00	
Carrier: MED - MEDICOST-Count: 4	\$1,850.00	\$110.98	\$0.00	\$0.00	\$131.27	\$0.00	
Year: 2007- Count: 4							
9/1/2007	\$860.00	\$105.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$3,636.00	\$806.60	\$104.00	\$0.00	\$979.00	\$0.00	
11/1/2007	\$2,803.00	\$808.52	\$0.00	\$0.00	\$852.68	\$0.00	
12/1/2007	\$2,260.00	\$854.52	\$0.00	\$0.00	\$720.82	\$0.00	
	\$9,549.00	\$2,574.64	\$104.00	\$0.00	\$1,752.70	\$0.00	
Carrier: MED - MEDICOST-Count: 6	\$9,549.00	\$2,574.64	\$104.00	\$0.00	\$1,752.70	\$0.00	
Year: 2007- Count: 6							
7/1/2007	\$510.00	\$260.81	\$0.00	\$0.00	\$0.00	\$109.01	

48,730.40 Medicaid SC

Medicare SC

Date	Charges	Payments	Credit	Debit	Write-off	Customer	InsPhone
8/1/2007	\$4,360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9/1/2007	\$2,193.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$18,113.00	\$272.08	\$0.00	\$0.00	\$434.91	\$0.00	
11/1/2007	\$2,526.00	\$999.73	\$85.00	\$0.00	\$15,916.00	\$0.00	
12/1/2007	\$18,730.00	\$6,994.45	\$0.00	\$0.00	\$13,020.67	\$0.00	
	\$88,765.00	\$17,457.05	\$85.00	\$0.00	\$29,371.75	\$109.01	
	\$89,765.00	\$17,467.05	\$85.00	\$0.00	\$28,371.75	\$109.01	
Carrier: NIPPON LIFE INSURANCE CO. - Count: 4							
Year: 2007 - Count: 3							
10/1/2007	\$500.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$380.00	\$280.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$400.00	\$80.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$1,280.00	\$380.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$1,280.00	\$380.00	\$0.00	\$0.00	\$0.00	\$0.00	
Carrier: PHYSICIANS MUTUAL - Count: 2							
Year: 2007 - Count: 2							
9/1/2007	\$85.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$445.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$445.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Carrier: PRIMARY CARE - Count: 2							
Year: 2007 - Count: 2							
10/1/2007	\$390.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$30.00	\$100.00	\$0.00	\$0.00	\$230.00	\$0.00	
	\$390.00	\$130.00	\$0.00	\$0.00	\$240.00	\$0.00	
	\$390.00	\$130.00	\$0.00	\$0.00	\$240.00	\$0.00	
Carrier: SOUTH CARE - Count: 1							
Year: 2007 - Count: 1							
7/1/2007	\$215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	



State of South Carolina
Department of Health and Human Services

389

Mark Sanford
Governor

Emma Forkner
Director

February 8, 2008

Michael D. Lounsbury, M.D.
Family Medicine and Psychiatry
1420 Ebenezer Road, Suite 105
Rock Hill, South Carolina 29732

Dear Dr. Lounsbury:

This letter is in response to your letter dated December 20, 2007 to Senator John McCain regarding billing issues you are experiencing with South Carolina Medicaid. As you recall, your letter refers to printing abnormalities that are causing your claims to be returned to you.

The South Carolina Department of Health and Human Services (SCDHHS) contracts with Blue Cross Blue Shield of South Carolina (BCBSSC) for claims data entry. BCBSSC utilizes high-speed imaging and Optical Recognition Software (OCR) for the entry and subsequent keying of both professional and hospital claims that have been filed with South Carolina Medicaid in hard copy format. We always work closely with BCBSSC to ensure fields and sections of these claim forms are captured and keyed appropriately. With the introduction of a new version of the professional claim form, the CMS 1500, additional fields are required due to National Drug Code (NDC) requirements. Due to these changes to the form, there has been an increase in forms returned to providers because of printer errors. In response to your letter, we will continue to work with BCBSSC to ensure these fields are being captured correctly and verify that forms are not being returned inappropriately.

Please be aware that SCDHHS offers electronic billing for providers, both in EDI format and through the use of a web claims billing software. Please visit the website listed at the end of this letter for information on those billing options. These forms not only offer options that may eliminate hard copy billing errors, but also allow for more expedited payment. These billing options are available at no cost to the provider.

<http://www.scdhshippaa.org/internet/hrsm/mdc/medicaid.nsf/ca825c6d7b19d85c85256e6700528e cf/85256fd6004cb52185256e62006caba5?OpenDocument>

If you have any other questions, please contact your program representative.

Sincerely,

A handwritten signature in black ink that reads "Emma Forkner".

Emma Forkner
Director

EF/mrm