

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giuse</i>	DATE <i>7-9-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001005</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 7/27/12, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-19-12</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.			

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JUL 09 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

July 5, 2012

Melanie Giese
Deputy Director, Medical and Managed Care Services
SC Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Director Giese,

I am writing to you on behalf of my sister, Kathy Lynn Williams. She resides with a host family in Summerville, her 2nd such residence since 2001. She suffers from paranoid schizophrenia and is unable to support or care for herself at the age of 60. She obtains counseling through Charleston County Social Services and medical care through the Medicaid Clinic.

My reason for writing directly to you is to request your assistance with regards to her current and rising debt from medical care that she cannot afford. As I reside in North Carolina and have no ability to interact with those who are overseeing her care on a day-to-day basis in Charleston, I felt it necessary to communicate with someone with the authority to look into her situation.

Kathy recently indicated to me that as a result of dizzy spells she had been having, doctors at the ER she visited in Charleston told her it was necessary for her to see a neurologist and to have cat scans performed – to date, she has had 2 different cat scans. To my understanding, there have been no significant findings from these procedures and now, as a result of not just 1, but 2 cat scans along with accompanying blood work, bills are beginning to come to Kathy indicating that she will need to pay some \$2,700 for all these procedures. Kathy barely has funds to buy a pair of shoes, much less pay \$2,700 for cat scans and blood work.

Her case worker has indicated to Kathy that if it is decided that she will have to pay the bills herself, it is very possible that the tiny bit of government benefits that she does receive will be stopped and re-directed towards paying these medical bills. My questions about this situation are as follows:

1 – Who was overseeing the management of her medical case when these hospital and doctor visits occurred?

2 – Why did her case worker and doctors who performed the cat scans and blood work NOT know that these procedures would not be covered by Medicaid BEFORE the tests were completed?

3 – Was there no option at the Medicaid clinic for these tests and if not, why was she not directed to a facility/doctor where her tests would be covered by her Medicaid benefits?

4 – With the sliver of funds she currently receives in government benefits, how can she possibly be expected to pay such a large medical bill? She probably will not survive the amount of time needed for payoff of the debt and in the meantime what little she has will be taken from her for no fault of her own.

I understand the financial burden that the Medicaid system is under in the face of rising costs and decreasing funds. At the same time, I do not understand how those who are charged with overseeing her needs can allow her to enter into expensive treatment options that she is then faced with having to pay for with money she does not have. I would greatly appreciate anything you can do to look into her situation and to resolve any questions about how she may be covered for these services so that she does not have to suffer the further consequences of having what little funds she does receive drop to ZERO and leave her with nothing.

Her contact information is:

Kathy Williams
104 Blackwell Ave
Summerville, SC 29485

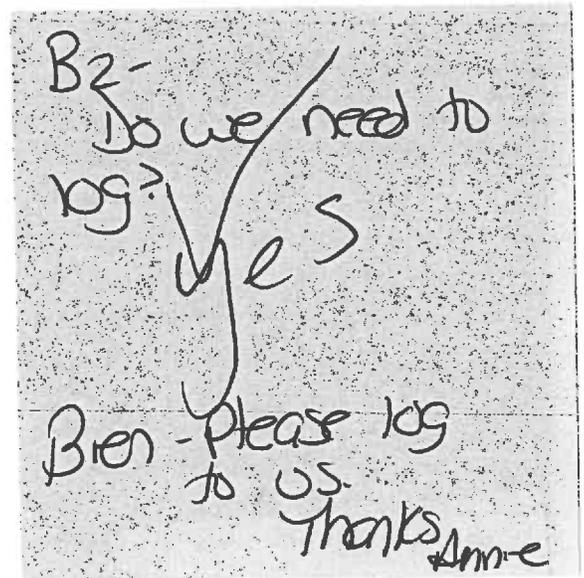
843-851-7185

Thank you in advance for any assistance you can provide to her in this matter.

With much appreciation,



Caroline Carlson
7352 Fontana Ridge Lane
Raleigh, NC 27613
919-571-4740



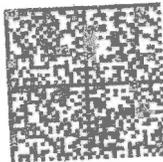
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Yes
Bren - Please log
to us.
Thanks Anne

Carlson
7352 Fontaine L'epave Ln.
Daleigh, Va 27613

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JUL 09 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR



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Melanie Giese
Deputy Director, Medical & Managed
Services
SE Dept. of Health & Human Services
P.O. Box 8206
Columbia, SC 29208-2066

292082066

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese/Williams</i>	DATE <i>7-9-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101005</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-19-12</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. <i>Valeria Williams</i>	<i>7-25-12</i> <i>7-24-12</i>		
2. <i>BG Lew</i>	<i>7/27</i>		
3.			
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Department of Health & Human Services
OFFICE OF THE DIRECTOR

July 5, 2012

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SC Department of Health and Human Services
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Columbia, SC 29202

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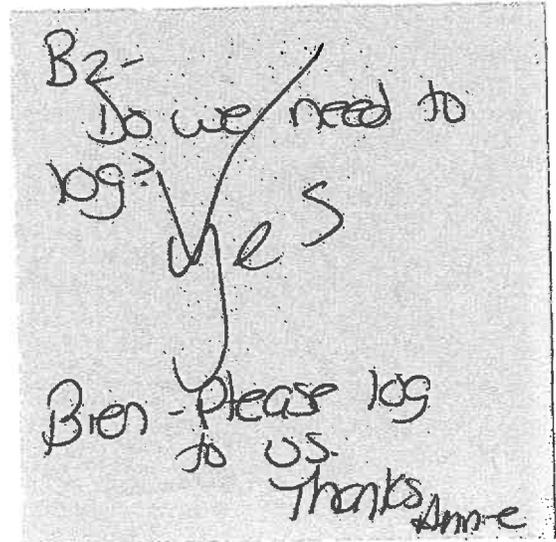
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With much appreciation,



Caroline Carlson
7352 Fontana Ridge Lane
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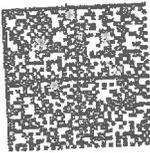
B2-
Do we need to
log?
Yes
Brien - Please log
to us.
Thanks Anne

Carlson
7352 Foxhollow Lane
Daleigh, Va 27613

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MAILED FROM ZIP CODE 27615

Melanie Giese
Deputy Director, Medical & Operated
Services
Sr. Dept. of Health & Human Services
P.O. Box 8206
2920282060



July 27, 2012

Ms. Caroline Carlson
7352 Fontana Ridge Lane
Raleigh, North Carolina 27613

Dear Ms. Carlson:

Thank you for your letter regarding your sister, Kathy Lynn Williams and issues she is experiencing as it relates to claims reimbursement. We welcome the opportunity to be of assistance.

Due to the Health Insurance Portability and Accountability Act (HIPAA) privacy rules, we are unable to discuss specific beneficiary's care without written consent from the beneficiary. Therefore, we will respond to your inquires by providing policy information that relates to all Medicaid beneficiaries.

Medicaid policy states *"Once a provider has accepted a beneficiary as a Medicaid patient, the provider must accept the amount established and paid by the Medicaid program (or paid by a third party, if equal or greater) as payment in full. Neither the beneficiary, beneficiary's family, guardian, or legal representative may be billed for any difference between the Medicaid allowable amount for a covered service and the provider's actual charge, or for any coinsurance or deductible not paid by a third party. In addition to not charging the patient for any coinsurance or deductible amounts, providers may not charge the patient for the primary insurance carrier's copayment. Only applicable Medicaid copayments and services not covered by Medicaid may be billed to the beneficiary."* This means that once a provider accepts a beneficiary as a patient and submits a claim to South Carolina Medicaid for services rendered, they are unable to bill the patient and they are responsible for following the Medicaid policy to resolve any issues related to getting that claim paid. If there are additional medical services that have not been paid for any reason, the provider should contact our Provider Service Center at 1-888-289-0709 or submit claims to Medicaid Claims Receipt, P.O. Box 1458, Columbia, SC 29202-1458 for processing.

In response to your specific questions regarding your sister's care and case management, we have responded to each:

1. Who was overseeing the management of her medical case when these hospital and doctor visits occur?

South Carolina Medicaid is not responsible for determining who coordinates the medical needs of its beneficiaries. The beneficiary has the authority to assign an authorized representative to make medical decisions and to access medical records if necessary. If an authorized representative is needed to assist you with medical decisions, please contact the local eligibility office at 1-843-821-0444 or 1-800-249-8751 and speak with a case worker. The case worker can assist you with determining if an authorized representative has been assigned and if not provide the information on how to have an authorized representative assigned to a beneficiary's file.

2. **Why did her case worker and doctors who performed the CAT scans and blood work NOT know that these procedures would not be covered by Medicaid BEFORE the tests were completed?**

Providers have the ability at all times to view coverage status on services via our web tool and provider manuals prior to delivering any services.

3. **Was there no option at the Medicaid clinic for these tests and if not, why was she not directed to a facility/doctor where her tests would be covered by Medicaid benefits?**

When the patient schedules an appointment or presents in an emergency room, it is the provider's responsibility to explain to the patient if they do not accept their insurance coverage. If the provider tells the beneficiary that they do not accept Medicaid, then it is the responsibility of the patient or their authorized representative to take them to a facility that does cover Medicaid.

4. **With the sliver of funds she currently received in government benefits, how can she possibly be expected to pay such a large medical bill?**

A beneficiary is not responsible for paying for services as long as they presented their Medicaid card to the provider at the time the services were rendered. If a provider is billing for services rendered, and they are having issues with claims payment, the provider should call the Provider Service Center at 1-888-289-0709 to address outstanding issues for resolution.

Thank you for bringing your concern to our attention, if you have any additional questions please contact the Beneficiary Call Center at 1-888-549-0820.

Sincerely,



Melanie "BZ" Giese, RN
Deputy Director

MG/wr