

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO	Huff
DATE	8-26-14

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000052	1. I 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
<p><i>Cleaned 9/5/14, letter attached.</i></p>		1. I FOIA	DATE DUE
		1. I Necessary Action	DATE DUE

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

RECEIVED

AUG 26 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

South Carolina Foot Care, Inc.

1754 Woodruff Road #308

Greenville, South Carolina 29607

Phone: 864-640-4595 Fax: 864-329-0655

Email: ghmac39@gmail.com

August 21, 2014

Mr. Anthony Keck, Director Healthy Connections - Medicaid

P.O. Box 8206

Columbia, South Carolina 29202

Dear Mr. Keck:

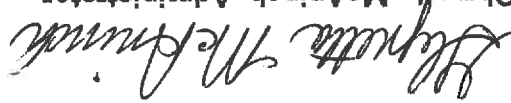
Please find enclosed a letter sent to South Carolina Foot Care, Inc. received on June 11, 2013, requesting reimbursement for claims for which we had been paid. The request was for claims that had been filed in 2010. When the claims were originally filed the Medicaid website indicated that the patients were eligible for Medicaid. Because of the delay in notifying us that they were not Medicaid eligible but rather Medicare we were not able to file Medicare for payment for services rendered. On July 24, 2013 I responded to their request and did not hear from Medicaid until we received their letter, August 6th dated July 30th 2014 (enclosed).

I have also enclosed my response to this letter. Medicaid stated they were not able to offset their payment to us by withdrawing it from claims filed at a future date because we stopped filing claims. We stopped filing because Medicaid stopped paying for foot care in January of 2011. That is something over which we had no control. However, regardless, to request reimbursement from us three years later for payment when it was Medicaid's delay that created this problem is something for which I feel they need to be responsible.

I would appreciate your assistance in this matter as I feel the request for reimbursement is not fair and equitable.

Thanking you in advance, I am

Respectfully Yours



Glynetta McAninch, Administrator

Provider Number / NPI: GP9973 - 1811950884 Dr. William J. McAninch

July 30, 2014

SOUTH CAROLINA FOOTCARE IN
1754 WOODRUFF ROAD #308
GREENVILLE SC 29607

RE: MEDICAID OVERPAYMENT
PROVIDER NUMBER / NPI: GP9973-1811950884
BALANCE DUE: \$186.94

Dear Sir or Madam,

On 6/11/2013 South Carolina Medicaid notified you that an overpayment remains outstanding and a refund is due to the SC Medicaid program. A copy of that notification, which includes details of the overpayment, is enclosed for your reference.

We have been unable to collect this overpayment through a debit on your remittance advice and you have failed to make other arrangements with us to repay this debt. Title 42 of the Code of Federal Regulations Section 447.31 allows Medicaid to refer overpayments of this nature to the Centers for Medicare & Medicaid Services (CMS) for withholding from Medicare payments in order to resolve the debt. It is our intention to refer this debt to CMS for collection if you have not made arrangements with us to repay the debt within sixty (60) days of the date of this letter.

If you have information indicating that this debt has been paid or otherwise satisfied or you wish to appeal the overpayment, please provide supporting documentation to the address below within thirty (30) days from the date of this letter. Otherwise, please return this letter with a check made payable to South Carolina Department of Health and Human Services.

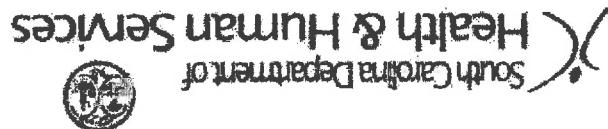
Medicaid Third Party Liability
ATTN: Benefit Recovery
P.O. Box 8355
Columbia, South Carolina
29202 - 8355

If you have any questions regarding this letter, please call the MIVS Service Center at (888) 289-0709 (option #5).

Sincerely,

MIVS Benefit Recovery

Anthony E. Keck, Director
Nikki R. Haley, Governor



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Sincerely,

MIVS Benefit Recovery

Benefit Recovery
P. O. Box 8355 • Columbia, South Carolina 29202-8355
(888) 289-0709 • Fax (803) 462-2582

South Carolina Foot Care, Inc.
1754 Woodruff Road # 308
Greenville, South Carolina 29607
Phone: 864-640-4595 Fax: 864-329-0655
Email: ghmac39@gmail.com

August 21, 2014

TO: Healthy Connections Medicaid/ MIVS Benefit Recovery
P.O. box 8355
Columbia, SC 29202-8355

FROM: South Carolina Foot Care, Inc./ Dr. William J. McAninch
Provider Number/ NPI: GP9973-1811950884

Subject: Response to July 30, 2014 Correspondence

I am in receipt of your letter of July 30, 2014. As stated you did notify South Carolina Foot Care, Inc. of the overpayment regarding the claims filed as identified in your letter June 11, 2013. Claims which were filed in 2010. Your notice was three years later. I responded to your letter July 24, 2013 which was addressed to Trishonda Lawson (see enclosed). Until your letter of July 20, 2014 I had received no reply. Because of the "no reply" I concluded that Medicaid agreed that it was unfair to ask us to reimburse them when it was their delay in notifying South Carolina Foot Care, Inc. that made it impossible for us to refile with Medicare.

Please once again, note the following:

(1) While the overpayment did occur, Medicaid failed to notify South Carolina Foot Care, Inc. in a timely manner of the overpayment thus preventing the refiling of the Claims with Medicare in order for South Carolina Foot Care, Inc. to receive payment for Services rendered. Surely Medicaid will agree that it is therefore unfair to expect South Carolina Foot Care, Inc. to reimburse Medicaid given these circumstances.

(2) As explained in the previous letter Medicaid was unable to recoup the overpayment at a later date because it was our understanding that foot care was not covered by Medicaid after January, 2011. A call was placed to Medicaid after the first letter and it was confirmed that Medicaid stopped reimbursement for foot care. Therefore we stopped filing claims with Medicaid. This is not something for which South Carolina Foot Care, Inc. was responsible. However, Medicaid should have been aware of the change.

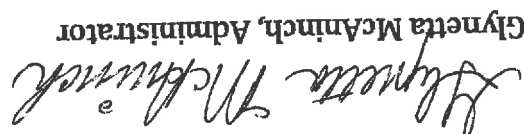
(3) Again the Medicaid website verified that these patients were Medicaid eligible

South Carolina Foot Care, Inc.
1754 Woodruff Road # 308
Greenville, South Carolina 29607
Phone: 864-640-4595 Fax: 864-329-0655
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August 21, 2014

(Page 2)

South Carolina Foot Care, Inc. is still of the opinion that to ask for reimbursement after three years with no means to recoup the fee for services rendered because Medicaid did not notify South Carolina Foot Care of the patients' ineligibility is not fair and equitable.
Your consideration in this matter and timely response will be greatly appreciated.

Respectfully yours,


Glynetta McAninch, Administrator

Cc: Anthony Keck, Director of Healthy Connections



South Carolina Department of
Health & Human Services

Anthony E. Keck, Director
Nikki R. Haley, Governor

June 11, 2013

SOUTH CAROLINA FOOT CA
1754 WOODRUFF ROAD #308
GREENVILLE, SC 29607

RE: PAST DUE MEDICAID OVERPAYMENT
PROVIDER NUMBER / NPI: GP9973-1811950884
BALANCE DUE: \$186.94

Dear Provider,

It has been determined that a past due overpayment remains outstanding and a refund is due to the SC Medicaid program as a result of retro-active Medicaid entitlement. Please refer to the below information regarding this overpayment.

Medicaid ID: Medicaid CCN Patient Name: From DOS To DOS Total Payment Balance

0781210518	1036400899812500A	BARBARA CULBREATH	12/10/2010	12/10/2010	\$22.21	\$22.21
2190594701	1016500647814400A	ANN CORLEY	6/7/2010	6/7/2010	\$13.01	\$13.01
2190594701	1026700142811700A	ANN CORLEY	9/16/2010	9/16/2010	\$13.01	\$13.01
2190594701	1036400898812500A	ANN CORLEY	12/10/2010	12/10/2010	\$13.01	\$13.01
5717535601	1012200165873000A	BETTY GIBSON	4/21/2010	4/21/2010	\$32.70	\$29.28
5717535601	1024700197810100A	BETTY GIBSON	8/27/2010	8/27/2010	\$13.01	\$13.01
5717535601	1033500919811000A	BETTY GIBSON	11/19/2010	11/19/2010	\$13.01	\$13.01
6424254801	1020900648813200A	PEGGY JONES	7/26/2010	7/26/2010	\$13.01	\$13.01
6424254801	1033500785813500A	PEGGY JONES	11/23/2010	11/23/2010	\$13.01	\$13.01
7714273001	1023100748812400A	PATSY MCABEE	8/12/2010	8/12/2010	\$44.38	\$44.38

Please enclose this letter along with payment made payable to SCDHHS and mail to the following address:

Medicaid Third Party Liability
ATTN: Benefit Recovery
P.O. Box 8355
Columbia, South Carolina
29202 - 8355

If you have already refunded the Medicaid payment, please provide us with the check number, check amount, and check date so we can properly apply credit to the overpayment.

Benefit Recovery
P. O. Box 8355 - Columbia, South Carolina 29202-8355
(888) 289-0709 • Fax (803) 462-2582

COPY

South Carolina Foot Care, Inc.
1754 Woodruff Road # 308
Greenville, South Carolina 29607
ghmac39@gmail.com

July 24, 2013

TO: Trishonda Lawson

FROM: South Carolina Foot Care, Inc./ Glynetta McAninch RN,BS
HCADM- Provider Number/ NPI: GP9973-1811950884

RE: Overpayment for DOS in 2010

Thank you so much for your assistance in this matter.

The explanation for why we were being notified of an overpayment at this late date (June, 2013) for claims paid in 2010 was because we stopped filing claims in 2011 and therefore Medicaid could not recoup the overpayment by withholding payment for future services. In January of 2011 we were notified that Medicaid stopped paying for Podiatry services altogether. I called Medicaid to see if they had stopped paying for Podiatry Services and was told yes. Therefore, could you please provide me with the following information? It would help me to understand the process since these are 2010 dates of service.

1. What was the date Medicaid did actually stop paying for Podiatry services?

2. When did Medicaid first identify the overpayment of \$186,947

South Carolina Foot Care was notified of the overage June of 2013 for the first time.

My issues are these:

If Medicaid stopped paying for Podiatry Services in January of 2011 that meant South Carolina Foot Care, Inc. could not submit claims for the service.

South Carolina Foot Care, Inc.
1754 Woodruff Road # 308
Greenville, South Carolina 29607
Ghmac39@gmail.com

July 24, 2013

At the time of filing South Carolina Foot Care checked on the beneficiaries eligibility on the Medicaid website and these patients were identified as being eligible for payment. If the website was in error South Carolina Foot Care, Inc. would have no way of knowing it was. Whatever date the overage was discovered, Medicaid in essence is asking South Carolina Foot Care to pay the overpayment with no ability to recoup the overpayment from the source that would have been responsible for payment. I'm asking Medicaid to consider whether this is really fair and equitable.

Again any assistance you can provide will be greatly appreciated.

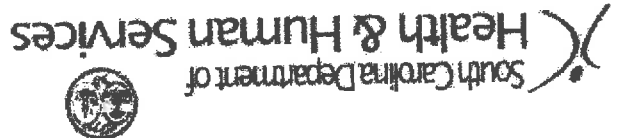
Respectfully yours,



Glynetta McAninch, RN, BS HCADM

Provider Number/ NPI: GP9973-1811950884

Anthony F. Keck, Director
Nikki R. Haley, Governor



June 11, 2013

SOUTH CAROLINA FOOT CA
1754 WOODRUFF ROAD #308
GREENVILLE, SC 29607

RE: PAST DUE MEDICAID OVERPAYMENT
PROVIDER NUMBER / NPI: GP9973-1811950884
BALANCE DUE: \$186.94

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2190594701	1026700142811700A	ANN CORLEY	9/16/2010	9/16/2010	\$13.01	\$13.01
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6424254801	1020900648813200A	PEGGY JONES	7/26/2010	7/26/2010	\$13.01	\$13.01
6424254801	10335007885813500A	PEGGY JONES	11/23/2010	11/23/2010	\$13.01	\$13.01
7714273001	1023100748812400A	PATSY MCABEE	8/12/2010	8/12/2010	\$44.38	\$44.38

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Benefit Recovery
P. O. Box 8355 • Columbia, South Carolina 29202-8355
(888) 289-0709 • Fax (803) 462-2582

CERTIFIED MAIL™

SOUTH CAROLINA FOOT CARE INC.
1754 WOODRUFF RD. # 308
GREENVILLE, SC 29607



7013 1710 0001 8773 9571



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29202



U.S. POSTAGE
PAID
GREENVILLE, SC
29608
AUG 22, 14
AMOUNT

\$4.00

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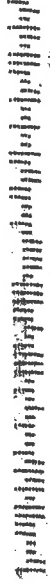
RECEIVED

AUG 26 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

AUG 26 2014
SEP 1 12 04
Mr. Anthony Keck
Director - Healthy Connections
P.O. Box 8206
Columbia, SC. 29202

2920238206



Log # 00052



Nikki Haley
Anthony Keck
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

September 5, 2014

Ms. Glynetta McAninch, Administrator
South Carolina Foot Care, Inc.
1754 Woodruff Road, #308
Greenville, South Carolina 29607

Dear Ms. McAninch:

Thank you for your recent correspondence in regards to this outstanding retroactive Medicare overpayment.

Eleven claims submitted by South Carolina Foot Care, Inc. were pulled into the retroactive Medicare recovery cycle on February 11, 2011. Our first notice was mailed to you in February, 2011. Those claims totaled \$203,37, paid by SC Medicaid as the primary payer; however, Medicare should have been the primary payer. This notification informed you that SC Medicaid would withhold this amount from your remittance and that you would need to bill Medicare for these claims. Because there has been inactivity in billing SC Medicaid, the entire overpayment has not been collected. Therefore, an outstanding amount of \$186,94 remains uncollected. Please find enclosed a copy of the original listing of these retroactive Medicare claims.

Unfortunately, we have no record of receiving your letter dated July 24, 2013, to Ms. Trishonda Lawson.

We notified your practice in February, 2011 of these claims. Therefore, the outstanding amount of \$186,94 is due SC Medicaid. Please review the Third Party Liability Supplement of your Provider Manual for further explanation at www.scdhhs.gov.

Sincerely,

Elizabeth B. Hutto

Eligibility, Enrollment and Member Services

EBH/lp

Enclosure

RUNDATE: 02/11/2011

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

REPORT: TPL6300

MEDICAID MANAGEMENT INFORMATION SYSTEM

RETROACTIVE MEDICARE

PROVIDER ID PROVIDER NAME AND ADDRESS

GP9973 SOUTH CAROLINA FOOTCARE IN

1754 WOODRUFF ROAD #308

GREENVILLE SC 29607

NPI 1811950884

CLAIM CONTROL	CHECK	RECIPIENT	RECIPIENT	REF NO.	RECIPIENT NAME	LINE	FIRST DATE	LAST DATE	PROCEDURE	AMOUNT
NUMBER	DATE	MEDICAID ID	MEDICARE ID			NO	OF SERVICE	OF SERVICE	CODE	PAID
1036400899812500A	01/07/11	0781210518	236684253M	18345-2	B CULBREATH	01	12/10/10	12/10/10	11721	\$22.21
1016500647814400A	06/18/10	2190594701	251788298M	14122-9	A CORLEY	01	06/07/10	06/07/10	11720	\$13.01
1026700142811700A	10/01/10	2190594701	251788298M	14122-10	A CORLEY	01	09/16/10	09/16/10	11720	\$13.01
1036400898812500A	01/07/11	2190594701	251788298M	14122-11	A CORLEY	01	12/10/10	12/10/10	11720	\$13.01

1012200165873000A	05/07/10	5717535601	587546703M	17842-1	B A GIBSON	01	04/21/10	04/21/10	99307	\$32.70
1024700197810100A	09/10/10	5717535601	587546703M	17842-2	B A GIBSON	01	08/27/10	08/27/10	11720	\$13.01
1033500919811000A	12/10/10	5717535601	587546703M	17842-3	B A GIBSON	01	11/19/10	11/19/10	11720	\$13.01
1009700852813700A	04/16/10	6424254801	251722458M	5286-12	P J JONES	01	04/01/10	04/01/10	11720	\$13.01
1020900648813200A	08/06/10	6424254801	251722458M	5286-13	P J JONES	01	07/26/10	07/26/10	11720	\$13.01
1033500785813500A	12/10/10	6424254801	251722458M	5286-14	P J JONES	01	11/23/10	11/23/10	11720	\$13.01
1023100748812400A	08/27/10	7714273001	247767062M	12363-5	P MCABEE	01	08/12/10	08/12/10	99324	\$44.38

PROVIDER TOTAL:

\$203.37