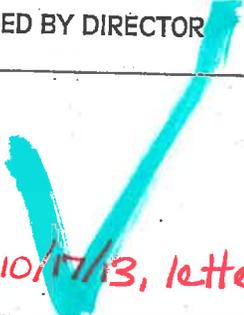


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>10-3-13</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000130</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleared 10/17/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-4-13</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.			

Carolina Surgical Center

RECEIVED

OCT 03 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

9/27/13

Mr. John Supra
SC Department of Health and Human Services
POB 8206
Columbia, SC 29202

Dear Mr. Supra,

This letter is a formal complaint regarding Provider Services and the handling of 3 claims that as of today are still outstanding.

The first claim is for recipient ID 2462689602 for date of service 4/2/13. This claim originally denied on 4/26/13. It was re-filed with notes and has been in review since 5/20/13. I have attached the notes from our system that shows the number of times we have called and the answers we have been given. I cannot think of any rational explanation that would have a claim in review for 4 months.

The second claim is for recipient ID 1781099269 for date of service 5/28/13. This claim has multiple procedures. On remit 6/7/13 three codes paid and the rest were placed in S status. While we were told these were in review on calls to provider services on 7/8/13, 8/30/13 and 09/06/13, they actually were not due to missing operative notes from the ECF. We had to re-send everything again. This delay cost us several weeks in getting this claim resolved since it is only in review as of 9/25/13.

The final claim is for recipient ID 6780890144 for date of service 4/13/13. This claim also has multiple procedures. We made an original billing error by billing two of the codes with a LT modifier instead of RT and LT modifiers. It denied appropriately. The issue began when we tried to correct the error. You will see from the attached notes that we called Provider Services multiple times and were given several different answers on how to get this claim processed. I did speak with a MaryAnn yesterday and was told that this claim has been approved and should pay in the next couple of weeks. However, this would have been resolved some time ago had we been given correct information by Provider Services. The most ridiculous instruction we were given was to provide a copy of the remit where DHHS recouped a payment on this account because DHHS did not have record of the recoupment.

All three claims have aged long past what is acceptable. I am hoping that someone will intervene and assist us in getting these claims finalized quickly.

Sincerely,


Kathy Rogers
Business Office Manager
803-327-4081

Comment Listing

09/26/2013

Patient: HARRIS, KENDRA L

DOS 4/2/13

MCAID ID

2462689602

Account: 91254

Created	User	Status	Key Date	Category	Shared Comment
09/25/13	JPRICE	Note		FOL UP	MCAID/LAUREN,,,, CLM IS ALREADY ESCALATED,,, ALLOW MORE TIME.. CANNOT RESEND... ONCE CLM IS RESOLVED THEN SPECIALIST WILL CALL ME BACK,,, call ref # 554276
09/23/13	JPRICE	Note		FOL UP	MCAID/TONYA CLM STILL IN REVIEW , RESLUTION SPECIALIST TO CALL BACK ONCE REV IS COMPLETE ,, SAME CALL REF # 540560
09/18/13	JPRICE	Note		FOL UP	MCAID/ JOHN AGAIN,, STATES CLM STILL IN REVIEW W CLMS DEPT , ALLOW ADD'L TIME,,, CALL REF # 540560
09/13/13	JPRICE	Note		FOL UP	MCAID/ JOHN,, INFO FORWARDED ON 091213 AS HIGH LEVEL PRIORITY TO CLMS DEPT,,ALLOW ADD'L TIME, REP CANT TELL HOW LONG TO ALLOW
09/12/13	JPRICE	Note		FOL UP	MCAID/LEA,, STATES CORDINATOR HAS ESCALATED TO REC DEPT AT HIGH LEVEL PRIORITY,,, CANT TELL ME HOW LONG THAT WILL TAKE ,,SAME CALL REF # 540560
09/06/13	KROGE	Note		FOL UP	CALLED MCAID.SPOKE TO NICOLE. CLAIM HAS BEEN ESCALATED TO REVIEW BUT SHE CANNOT TELL ME HOW LONG THAT WILL TAKE. REQEUSTED MANAGER RETURN MY CALL.
08/30/13	KROGE	Note		FOL UP	CALLED MCAID TO FILE COMPLAINT. SPOKE WITH TAMARIA. SHE TOOK MY COMPLAINT AND WILL FORWARD TO MANAGER. WILL BE CALLING ME BACK. REF # 540560
08/23/13	JPRICE	Note		FOL UP	MCAID/ NICOLE,,, SYSTEM STIL SHOWS IN REVIEW, SENT INQUIRY TO PROCESSOR TO HAVE PROCESSED
08/02/13	JPRICE	Note		FOL UP	SC MCAID/ AMY..... SYSTEM SHOWS CLM STILL BEING REVIEWED, ALLOW ADD'L TIME
07/08/13	JPRICE	Note		FOL UP	SC MCAID/ JOHN STILL IN REVIEW, ALLOW ADD'L TIME,, SAME CALL REF # 501498
06/18/13	JPRICE	Note		FOL UP	SC MCAID/NICOLE.....INFO WAS SENT TO REVIEW ON 05/20/13 REVIEW CAN TAKE OVER 45 DAYS,,, ALLOW ADD'L TIME,, CALL REF # 501498
05/01/13	JPRICE	Note		FOL UP	PER CODING THERE IS NOT ANOTHER DX THAT CAN BE USED BASED ON PROC AND DICTATION,,, SENT OP NOTE ETC ATTACHED TO ECF FOR REVIEW
04/26/13	JPRICE	Note		EOB RV	MCAID REMIT 042613 CLM DENIED FOR INVALID DX , em to jessica to see if another dx code can be used
04/25/13	JPRICE	Note		FOL UP	MCAID WEB CLM DENIED ON 042613 REMIT

Comment Listing

09/26/2013

Patient: JONES, DAMIEN M

DOS 5/28/13

MCAID ID
1781099269

Account: 92087

Created	User	Status	Key Date	Category	Shared	Comment
09/25/13	JPRICE	Note		FOL UP		MCAID/LAUREN,, STATES INFO IS NOW IN REVIEW FOR DOS 052813 , ALLOW MORE TIME,,,,,, CALL REF # 554268
09/23/13	JPRICE	Note		FOL UP		MCAID/TONYA STATES THAT NOTES HAVE NOT BEEN ENTERED INTO THE SYSTEM YET,, CANNOT FAX ANYTHING CALL REF # 543812 AND 540579 HAVE BEEN CLOSED
09/18/13	JPRICE	Note		FOL UP		MCAID/ JOHN,, DOESNT SHOW INFO THAT I RESENT ON 091213 YET,,,,,ALLOW ADD'L TIME ,
09/12/13	JPRICE	Note		FOL UP		MCAID / LEA ,, STATES SHE DOES NOT SHOW WHERE TAMARIA SENT ANY NOTES UP FOR DOS 052813.....STATES THE CLAIM DEPT REJECTED THE ECF INDICATING THERE WERE NO NOTES ATTACHED FOR REVIEW OF DUPLICATE CHRGS.....HAVE TO SEND AGAIN FOR REVIEW ,, GAVE REP BOTH REF # 543812 AND 540579 ,,,,,, RESENT ECF W INFO
09/06/13	JPRICE	Note		FOL UP		MCAID/ TAMARIA... STATES DOS 052813 IS STILL IN REVIEW TO ALLOW A FEW MORE DAYS,,, STATES SHE CAN SEE WHAT IS GOING ON WITH THE CLAIM AND REVIEW IS ALMOST COMPLETE,,, CALL REF # 543812
08/30/13	KROGE	Note		FOL UP		CALLED MCAID TO FIEL COMPLAINT. SPOKE WITH TAMARIA. STS CLAIM WAS REVIEWED ON 8/29 AND WE SHOULD HEAR SOMETHING SOON. REF # 540579
07/08/13	JPRICE	Note		FOL UP		SC MCAID / JOHN,, INFO RECD AND IN REVIEW , TAKES UP TO 45 DAYS TO REPROCESS
06/17/13	JPRICE	Note		EOB RV		MCAID REMIT 061413 BALANCE OF CLM DENIED AS A DUPLICATE, SENT ECF, MCAID REMIT DATED 060713 SHOWING 2 OTHER CODES THAT WERE PD
06/07/13	JPRICE	Note		EOB RV		MCAID REMIT 060713 PD 697.46 FOR CODES 42831, 31276 RT/LT,, ALL OTHER CODES IN S STATUS

*Medicaid ID
6780890144*

Patient: HAYNES, ALLISON A

DOS: 4/3/13

Account: 91405

Created	User	Status	Key Date	Category	Shared Comment
09/26/13	KROGE	Note		FOL UP	CALLED PROVIDER SERVICES AND ASKED TO SPEAK TO ELAINE. SHE IS ON VACATION. SPOKE TO ANOTHER MANAGER MARYANN. STS SHE WILL RESEARCH AND CALL ME BACK BY 5 PM TODAY
09/20/13	JPRICE	Note		EOB RV	MCAID REMIT 092013 CPT CODES 30901 WERE VOIDED OUT AND REPROCESSED TO PAY 305.07,, REMAINDER OF CODES IN S STATUS
09/11/13	JPRICE	Note		BILL	BILLED 30901 RT/LT AS A VOIDED CLM (ENDING IN 600) , THEN BILLED ALL 5 LINES AS NEW CLM PER INSTRUCITON FROM ELAINE, CLM MGR AT MCAID
09/11/13	KROGE	Note		REG	ELAINE FROM MEDICAID CALLED. INSTRUCTED US TO VOID CLAIM WHERE 30901 PAID (CLAIM ENDING IN 600) AND REFILE AS NEW CLAIM WITH ALL 5 PROCEDURES.
09/10/13	KROGE	Note		FOL UP	MICHELLA B CALLED BACK FROM MCAID. INSTRUCTED US TO FILE VOID/REPLACEMENT CLAIM ON PROCEDURE CODES 30190, THEN TO FILE ALL 5 LINES AS NEW CLAIM. EXPLINED WE HAVE ALREADY BEEN TOLD TO FILE NEW CLAIM ON 3 NON-PAID CODES AND THEY DUPLICATED OUT. AKSED WHAT WOULD PREVENT THAT FROM HAPPENING THIS TIME. REP COULD NOT ANSWER MY QUESTION. WILL HAVE SOMEONE CALL BACK.
09/09/13	JPRICE	Note		FOL UP	MAILED FORMAL COMPLAINT TO MR. KECK
09/09/13	KROGE	Note		EOB RV	SPOKE TO PROVIDER SERVICES 9/6/13. WAS TOLD TO SEND IN COPY OF REMIT WHERE PAYMENT WAS RECOUPED. REQEUSTED MANAGER CALL ME BACK. SENT LETTER OF COMPLAINT TO DHHS DIRECTOR KECK.
08/30/13	KROGE	Note		FOL UP	CALLED MCAID TO FILE COMPLAINT. SPOKE WITH TAMARIA. SHE TOOK MY COMPLAINT AND WILL FORWARD TO MANAGER. WILL BE CALLING ME BACK. REF # 540571
08/23/13	JPRICE	Note		FOL UP	MCAID/NICOLE ,, CLM STILL IN REVIEW
08/07/13	JPRICE	Note		FOL UP	MCAID/ NICOLE..... INFO RECD IN REVIEW AS OF 080513,, ALLOW ADD'L TIME... CLM # 1317500502810800A
07/19/13	JPRICE	Note		FOL UP	MCAID / TAMARIA..... STATES TO SEND MEDIAL NOTES W LATEST ECF FOR REPROCESSING DUE TO MULTIPLE SUBMISSIONS AND THE SURGEON BILLING SAME CODES.... SENT ECF & NOTES TO MCAID
07/18/13	JPRICE	Note		FOL UP	MCAID/ MARCIE,,, WILL RESEARCH AND CALL ME BACK W RESOLUTION CALL REF # 517046

Patient: HAYNES , ALLISON A

Account: 91405

Created	User	Status	Key Date	Category	Shared	Comment
07/16/13	JPRICE	Note		EOB RV		MCAID REMIT 070513 CLM DENIED AS A DUPLICATE AGAIN
06/28/13	JPRICE	Note		EOB RV		MCAID REMIT 062813 CLM IN S STATUS
06/18/13	JPRICE	Note		FOL UP		SC MCAID/ NICOLE..... STATES TO REBILL THE FIRST 3 LINES AS A NEW CLAIM..... CALL REF # 501507
06/10/13	JPRICE	Note		FOL UP		RECD FROM 130 BACK STATING TO SUBMIT A REPLACEMENT CLAIM,, PRINATED HCFA AND RESENT W/ REMITS
05/09/13	JPRICE	Note		FOL UP		MCAID WEB SHOWS CLM DENIED,, SENT CLM ADJUSTMENT FORM 130 TO HAVE REPROCESSED CORRECTLY WITH COPIES OF BOTH REMITS (REMIT RECD 051713)
05/06/13	JPRICE	Note		EOB RV		MCAID REMIT 050313 CLM IN S STATUS
04/30/13	JPRICE	Note		FOL UP		MCAID WEB CLM IN PROCESS
04/26/13	JPRICE	Note		EOB RV		MCAID REMIT 042613 PD 305.07 FOR CODES 30901, BUT RECOUPED 1ST PMT OF 697.46 IN ERROR,, WILL REBILL ,, I DID NOT BILL 30901 CODES AS A REPLACEMENT CLM SO NOT SURE WHY THEY RECOUPED
04/25/13	JPRICE	Note		FOL UP		MCAID WEB CLM PD ON 042613 REMIT
04/19/13	JPRICE	Note		EOB RV		MCAID REMIT 041913 PD 697.46,, CODES 30901 NOT PD ON. STATES NUMBER OF UNITS INCORRECT HOWEVER NO ECF ATTACHED TO REMIT,, WILL REBILL THESE CODES
04/12/13	JPRICE	Note		EOB RV		MCAID REMIT 041213 CLM IN S STATUS



October 17, 2013

Kathy Rogers
Business Office Manager
Carolina Surgical Center
Post Office Box 3212
Rock Hill, South Carolina 29732

Dear Ms. Rogers:

Thank you for notifying me of the difficulty you have experienced with Provider Services and the handling of claims. It is our mission to provide excellent customer service in timely manner to all constituents and providers.

I am aware that you have been in contact with a member of our Claims Operations and Provider Relations department, Nicholas Thacker. Mr. Thacker is working diligently to resolve this issue as quickly as possible. The Claims Operations and Provider Relations department will also communicate with the Provider Service Center reeducate them on first call resolution practices and providing callers with correct information to prevent future difficulties.

If I can be of further assistance with this or any other matter please let me know. We greatly appreciate your continued support of the South Carolina Medicaid Program.

Sincerely,



John R. Supra
Deputy Director and CIO

From: Nicholas Thacker
Sent: Wednesday, October 09, 2013 4:15 PM
To: Tamara McDaniel
Subject: FW: Carolina surgery

Should have included you on the initial response to John. Sorry. This is in reference to the outstanding Log Letter. Not sure how we need to approach filing a response since I did a one-on-one conversation with her.

-Nick

-----Original Message-----

From: John Supra
Sent: Wednesday, October 09, 2013 4:04 PM
To: Nicholas Thacker
Cc: Jason Taylor
Subject: Re: Carolina surgery

Thanks for the update.

> On Oct 9, 2013, at 4:03 PM, "Nicholas Thacker" <THACKER@scdhhs.gov> wrote:

>

> I had a nice conversation with Kathy Rogers at Carolina Surgical this afternoon. There are 2 claims that we will be resolving on an expedited path, but more importantly, there are significant conversations and training that we will be addressing with the Provider Service Center staff regarding relaying adequate and correct information to the providers for first call resolution and move away from generic and "canned" responses that are not appropriate to addressing the issues and that are causing the provider more frustration.

>

> As a point of consideration, Lance and I have been working through the feasibility regarding process improvement by implementing a process flow that allows PSC reps to communicate with MCCS Claims Resolution staff regarding specific claim information. Stay tuned for more info as we make more progress.

>

> -Nick

>

> -----Original Message-----

> **From:** John Supra
> **Sent:** Wednesday, October 09, 2013 2:36 PM
> **To:** Nicholas Thacker; Jason Taylor
> **Subject:** Carolina surgery

>

>

> Can you make sure that you contact her today. She called me yesterday.