

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-21-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000436	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>2/28/08</i> <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>Ref. Log 0389</i> <i>Class'd 3/5/08</i> <i>attached.</i>			

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



MARK SANFORD
GOVERNOR

State of South Carolina
Office of the Governor

OFFICE OF THE CLERK OF
POLICY AND PROCEDURE

FAX TRANSMITTAL COVER

DATE:	2/21/08
FAX TO:	Jennifer Lynch
FAX #:	255-8350
FROM:	Deise Riley

734-6419

Total number of pages:
2
(including this cover sheet)

If you have any problems receiving this document, please contact:

734-10419

Office of Constituent Services
Post Office Box 12267
Columbia, SC 29211
TELEPHONE: (803) 734-6048 - FAX: (803) 734-0799



Family Medicine and Psychiatry of the Carolinas at Rock Hill, SC.

OUR FOCUS. PEOPLE

1400 Beechwood Road
Suite 105
Rock Hill, SC 29732
803-481-7792
803-481-7792

www.MYFMP.com

February 14, 2008

Governor Mark Sanford
Office of the Governor
State of South Carolina
Post Office Box 12267
COLUMBIA, SC 29211

Dear Governor Sanford,

I would like to thank you for your response to my correspondence with Senator John McCain. I own a small medical practice with Doctor Daniel Pistone in Rock Hill. Our practice has struggled with staff turnover including our computers being sabotaged by a prior office manager. Our two prior managers overstated their qualifications and as a result we have had numerous billing errors complicated by insufficient help by Medicaid and Medicare representatives. In the meantime we have hired an extremely competent consultant by the name of Cassandra Rivers. She has been able to pinpoint specific errors in our system and errors with either our intermediary or with government computers. In addition, we have finally found competent dedicated staff that is willing to learn and fix these issues as well as deliver quality care to our patients.

One of our biggest complaints has been with our contacts with South Carolina Medicaid representatives. So far all of our Medicaid representatives have been rude, abrupt, and unwilling to seriously listen and take the time to resolve our issues. Each one has rushed the conversation in a demeaning manner. Our request is very simple. We are requesting a face-to-face meeting with higher-level Medicaid and Medicare representatives, and a DMA representative in Columbia. If possible, we are also requesting to be assigned specific managerial level representatives from Medicaid and Medicare that will take sincere interest in our struggle.

We know that the customer service that has been delivered to us so far cannot be the expectation level modeled by senior staff of Medicaid nor tolerated by your office. We feel we have done our best with what has been and cannot afford to accept continued substandard assistance. We are very thankful of your interest and assistance in these matters.

Sincerely,


Michael D Lounsbury

cc: The Honorable Senator John McCain



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 5, 2008

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

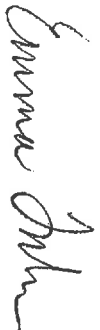
Dear Dr. Lounsbury:

Thank you for your letter dated February 14, 2008 regarding issues you are having resolving billing issues with your medical claims.

We look forward to the opportunity to resolve any outstanding claims issues your practice is experiencing with South Carolina Medicaid. You have recently spoken with Ms. Valeria Williams, Division Director of Physician Services, related to your billing issues. My understanding is that Ms. Williams offered suggestions on ways to expedite reprocessing outstanding claims to determine how Medicaid adjudicated each claim. I would like to recommend a face-to-face meeting be scheduled with Ms. Valeria Williams, Division Director of Physician Services; Ms. Melanie Giese, Bureau Chief of Health Services; Mr. Kevin Rogers, Bureau Chief of Medicaid Systems Management; and Dr. Felicity Myers, Deputy Director of Medical Services. This will provide a forum for you to explain your situation with affected stakeholders and an agreement can be reached on possible recommendations. Please contact Marga Keller at 803-898-2501 if you would like to schedule this meeting.

Our Physician Services staff can also provide on-site educational training related to Medicaid billing. I would highly recommend scheduling this training as soon as possible.

Sincerely,


Emma Forkner
Director

EF/mrm

436



State of South Carolina

MARK SANFORD
GOVERNOR

Office of the Governor

OFFICE OF THE GOVERNOR
POLICY AND PROGRAMS

FAX TRANSMITTAL COVER

DATE:	4-8-08
FAX TO:	Felicity Myers
FAX #:	255-8235
FROM:	Denise Riley

Total number of pages:

3

(including this cover sheet)

If you have any problems receiving this document, please contact:

734-12419

Office of Constituent Services
Post Office Box 12267
Columbia, SC 29211
TELEPHONE: (803) 734-8048 • FAX: (803) 734-0799

next morning
Lombardi
4/8
→
told
to her
4/15
resolved



Family Medicine and Psychiatry of the Carolinas at Rock Hill, SC.

OUR FOCUS. PEOPLE

April 2, 2008

Palmetto GBA

Wanda Holloway, Provider Outreach

Medicare Part B Carrier

PO Box 100190

Columbia, SC 29202

www.MYFNP.com

1420 Denner Road

Box 105

Rock Hill, SC 29732

03-31-7792

03-31-7792

Dear Mrs. Holloway,

Thank you for your attention to our critical billing and reimbursement crisis. With much effort and support from Senator John McCain and Governor Mark Sanford office we are requesting a Hardship Advancement or Accelerated Payment and a face-to-face meeting to discuss and to identify denial trends.

As a private and independent practice in York County, a significantly underserved area, our office has gone through financial challenges over the past year and a half. We have taken numerous steps to identify and correct issues affecting our collection ability. Early in 2007 our office was reconstructed in many ways beginning with a new ownership, new name, Tax Identification, Medicare Provider number and Medical software that changed our Electronic Clearinghouse Vendor. Our old practice Tax Identification and Provider Number was 20-1273038 (8086) and our new Tax Identification and Provider Number is 71-1029623 (8746). It appears we were set-up for failure with the new changes with 100% personnel turnover.

We now can confidently identify most of our billing errors and denial trends thanks to the help of our recently hired billing consultant, Cassandra Rivers. She has done an incredible job with correcting our issues and putting our practice on course for success. She has educated and trained our staff on how to correctly bill and avoid denials.

Mrs. Holloway, our office is truly in dire straits financially, hence the necessity of Hardship Advancement. Our only lifesaver, financially speaking, is to seek Hardship Advancement with understanding of full recoupment, I propose, over a period of 6 months period. This immediate action would assist us greatly and help us to keep our doors open as we continue to provide care to our patients.

Our Clinical Staff here at Family Medicine and Psychiatry focus on Quality of Care and Quality of Services to our Medicare Patient in our Local Nursing Facilities as well as in our local office. We have not lost focus or drive and have never refused to take care of our elderly and disabled patients in the York County area.

In preparation of our face-to-face meeting, Mrs. Rivers and I are working with our current cleaninghouse to obtain the information we have requested, i.e. Acknowledgements Reports and Excel spread sheet of our practice bill charges and Accounts Receivables.

We are looking forward to your positive response.

Best Regards,
Michael D. Lounsbury

cc: The Honorable Senator John McCain
Governor Mark Sanford

#436

MARK SANFORD
GOVERNOROFFICE OF THE CLERK
POLICY AND PROCEDUREState of South Carolina
Office of the Governor

FAX TRANSMITTAL COVER

DATE:	2/21/08
FAX TO:	Jennifer Lynch
FAX #:	255-8350
FROM:	Denise Riley

734-6419

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Office of Constituent Services
Post Office Box 12267
Columbia, SC 29211
TELEPHONE: (803) 734-6048 - FAX: (803) 734-0798



Family Medicine and Psychiatry of the Carolinas at Rock Hill, SC.

OUR FOCUS. PEOPLE

February 14, 2008

Governor Mark Sanford
Office of the Governor
State of South Carolina
Post Office Box 12267
COLUMBIA, SC 29211

www.MYFHP.com

1400 Beech Road
Suite 105
Rock Hill, SC 29732
(803) 481-7792
(803) 481-7792

Dear Governor Sanford,
I would like to thank you for your response to my correspondence with Senator John McCain. I own a small medical practice with Doctor Daniel Pistone in Rock Hill. Our practice has struggled with staff turnover including our computers being sabotaged by a prior office manager. Our two prior managers overstated their qualifications and as a result we have had numerous billing errors complicated by insufficient help by Medicaid and Medicare representatives. In the meantime we have hired an extremely competent consultant by the name of Cassandra Rivers. She has been able to pinpoint specific errors in our system and errors with either our intermediary or with government computers. In addition, we have finally found competent dedicated staff that is willing to learn and fix these issues as well as deliver quality care to our patients.

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Sincerely,


Michael D Lounsbury

cc: The Honorable Senator John McCain



436
✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 5, 2008

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

Dear Dr. Lounsbury:

Thank you for your letter dated February 14, 2008 regarding issues you are having resolving billing issues with your medical claims.

We look forward to the opportunity to resolve any outstanding claims issues your practice is experiencing with South Carolina Medicaid. You have recently spoken with Ms. Valeria Williams, Division Director of Physician Services, related to your billing issues. My understanding is that Ms. Williams offered suggestions on ways to expedite reprocessing outstanding claims to determine how Medicaid adjudicated each claim. I would like to recommend a face-to-face meeting be scheduled with Ms. Valeria Williams, Division Director of Physician Services; Ms. Melanie Giese, Bureau Chief of Health Services; Mr. Kevin Rogers, Bureau Chief of Medicaid Systems Management; and Dr. Felicity Myers, Deputy Director of Medical Services. This will provide a forum for you to explain your situation with affected stakeholders and an agreement can be reached on possible recommendations. Please contact Marga Keller at 803-898-2501 if you would like to schedule this meeting.

Our Physician Services staff can also provide on-site educational training related to Medicaid billing. I would highly recommend scheduling this training as soon as possible.

Sincerely,

Emma Forkner
Emma Forkner
Director

EF/mrm



State of South Carolina

Department of Health and Human Services

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/ca825c6d7b19d85c85256e6700528ecf/85256fd6004cb52185256e62006caba5?OpenDocument>

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/mm

Medicare SC

Date	Charges	Payments	Credit	Debit	Write-off	Custom	InsPhy006
Carrier: NIPES-C/NIPRON LIFE INSURANCE CO. Count: 6							
Year: 2007 Count: 3							
8/1/2007	\$4,360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9/1/2007	\$21,783.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$18,113.00	\$272.06	\$0.00	\$0.00	\$434.91	\$0.00	
11/1/2007	\$26,267.00	\$9,928.73	\$85.00	\$0.00	\$15,916.17	\$0.00	
12/1/2007	\$18,730.00	\$6,994.45	\$0.00	\$0.00	\$13,020.67	\$0.00	
	\$88,763.00	\$17,457.05	\$86.00	\$0.00	\$28,375.76	\$109.07	
	\$68,763.00	\$17,457.05	\$86.00	\$0.00	\$28,375.76	\$109.07	
Carrier: PHYS-PRIMARYPHY-CARE Count: 2							
Year: 2007 Count: 2							
8/1/2007	\$86.00	\$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	
11/1/2007	\$390.00	\$290.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$400.00	\$90.00	\$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: PRIM-PRIMARYPHY-CARE Count: 2							
Year: 2007 Count: 2							
8/1/2007	\$446.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$390.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$400.00	\$100.00	\$0.00	\$0.00	\$250.00	\$0.00	
	\$390.00	\$180.00	\$0.00	\$0.00	\$230.00	\$0.00	
	\$390.00	\$130.00	\$0.00	\$0.00	\$230.00	\$0.00	
Carrier: SOUTH-CARE Count: 1							
Year: 2007 Count: 1							
7/1/2007	\$216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Miyas</i>	DATE <i>1-28-08</i>
--------------------	------------------------

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



RECEIVED

JAN 25 2008

State of South Carolina Office of the Governor

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

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

*Log. Myers
Appx. Sign.*

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) 224-2236

5353 NORTH 16TH STREET
SUITE 105
PHOENIX, AZ 85016
(602) 962-2410

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
(802) 952-0170

December 27, 2007

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

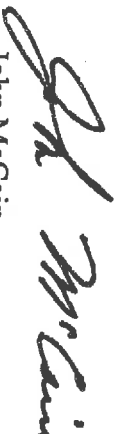
Dear Governor Sanford:

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 cigna.gov/enrollmentservices.com and select Provider Enrollment Information.

Sincerely,

Provider Enrollment

Reference Number 367010

PE-0097/NK

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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 Fortner
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.

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

HEALTH INSURANCE CLAIM FORM

REMOVED BY NATIONAL UNIFORM CLAIM COMMITTEE-0805

MEDICAID SC
POB 1458
COLUMBIA SC 29202

Corrected claim

1. MEDICARE		MEDICAID		TRICARE		CHAMPVA		GROUP HEALTH PLAN		FEDERAL EMPLOYMENT		OTHER	
<input type="checkbox"/> (Medicare only)		<input type="checkbox"/> (Medicaid only)		<input type="checkbox"/> (Tricare only)		<input type="checkbox"/> (Champva only)		<input type="checkbox"/> (Group Health Plan only)		<input type="checkbox"/> (Federal Employment only)		<input type="checkbox"/> (Other)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) JOHANSON, KENNEDY													
3. PATIENT'S ADDRESS (No. Street) 1902 PARDOE ST													
CITY BENCASTER													
STATE SC													
ZIP CODE 29720													
TELEPHONE (Include Area Code) () 803 2838908													
4. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)													
5. OTHER INSURED'S POLICY OR GROUP NUMBER													
6. OTHER INSURED'S DATE OF BIRTH MM DD YY													
7. EMPLOYER'S NAME OR SCHOOL NAME													
8. INSURANCE PLAN NAME OR PROGRAM NAME													
9. PATIENT'S SIGNATURE ON FILE SIGNED DATE 07 11 2007													
10. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY													
11. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Include items 1, 2, 3 & 4 to item 14 by line) 313 89 V65 2													
12. RESERVED FOR LOCAL USE													
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100. RESERVED FOR LOCAL USE													

— Blue Cross / Blue Shield South Carolina	\$ 46,688.00
— Cigna	\$ 17,605.00
— Medicaid SC	\$ 48,730.40
— Medicare SC	\$ 88,763.00

\$ 184,199.00

Outstanding
to be paid
to us.

Date	Charges	Payments	Credit	Debit	Write-off	Cosham	Ins Phone
Carrier: AETN-AETNA Count: 2							
10/1/2007	\$2,079.00	\$216.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$0.00	\$836.00	\$0.00	\$0.00	\$54.00	\$0.00	
12/1/2007	\$180.00	\$286.20	\$0.00	\$0.00	\$120.00	\$0.00	
	\$2,639.00	\$1,312.20	\$0.00	\$0.00	\$174.00	\$0.00	
	\$2,639.00	\$1,312.20	\$0.00	\$0.00	\$174.00	\$0.00	
Carrier: APS-APS HEALTHCARE Count: 5							
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: BCB2-BOESNC Count: 1							
10/1/2007	\$285.00	\$180.02	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$285.00	\$180.02	\$0.00	\$0.00	\$0.00	\$0.00	
Carrier: BCB2-BOESNC Count: 1							
10/1/2007	\$8,935.00	\$108.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$1,795.00	\$1,633.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$9,148.00	\$4,143.99	\$0.00	\$0.00	\$4,380.69	\$0.00	
	\$13,888.00	\$3,825.33	\$0.00	\$0.00	\$3,970.03	\$0.00	
	\$13,888.00	\$3,825.33	\$0.00	\$0.00	\$3,970.03	\$0.00	
Carrier: BCB2-BOESNC Count: 1							
10/1/2007	\$46,988.00	\$9,880.54	\$0.00	\$0.00	\$8,681.32	\$0.00	
11/1/2007	\$0.00	\$9,880.54	\$0.00	\$0.00	\$8,681.32	\$0.00	
12/1/2007	\$0.00	\$0.00	\$0.00	\$0.00	\$8,681.32	\$0.00	
	\$46,988.00	\$19,761.08	\$0.00	\$0.00	\$17,362.64	\$0.00	
	\$46,988.00	\$19,761.08	\$0.00	\$0.00	\$17,362.64	\$0.00	
Carrier: BCB2-BOESNC Count: 1							
10/1/2007	\$285.00	\$180.02	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$285.00	\$180.02	\$0.00	\$0.00	\$0.00	\$0.00	
Carrier: BCB2-BOESNC Count: 1							
10/1/2007	\$8,935.00	\$108.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$1,795.00	\$1,633.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$9,148.00	\$4,143.99	\$0.00	\$0.00	\$4,380.69	\$0.00	
	\$13,888.00	\$3,825.33	\$0.00	\$0.00	\$3,970.03	\$0.00	
	\$13,888.00	\$3,825.33	\$0.00	\$0.00	\$3,970.03	\$0.00	
Carrier: BCB2-BOESNC Count: 1							
10/1/2007	\$46,988.00	\$9,880.54	\$0.00	\$0.00	\$8,681.32	\$0.00	
11/1/2007	\$0.00	\$9,880.54	\$0.00	\$0.00	\$8,681.32	\$0.00	
12/1/2007	\$0.00	\$0.00	\$0.00	\$0.00	\$8,681.32	\$0.00	
	\$46,988.00	\$19,761.08	\$0.00	\$0.00	\$17,362.64	\$0.00	
	\$46,988.00	\$19,761.08	\$0.00	\$0.00	\$17,362.64	\$0.00	

Blue Cross / Blue Shield South Carolina

Blue Cross — Blue Shield

Blue Shield

Date	Charge	Payments	Credit	Debit	Write-off	Question	Line	Phone
Year: 2007 Count: 4								
9/1/2007	\$500.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00		
10/1/2007	\$130.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00		
11/1/2007	\$270.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
12/1/2007	\$400.00	\$160.00	\$0.00	\$0.00	\$3.00	\$0.00		
	\$1,398.00	\$200.00	\$0.00	\$0.00	\$3.00	\$0.00		
	\$1,398.00	\$200.00	\$0.00	\$0.00	\$3.00	\$0.00		
Owner: CBA0 - CBA - Count: 4								
Year: 2007 Count: 4								
9/1/2007	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
10/1/2007	\$2,338.00	\$320.00	\$0.00	\$0.00	\$179.00	\$0.00		
11/1/2007	\$730.00	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00		
12/1/2007	\$1,466.00	\$295.50	\$0.00	\$0.00	\$300.00	\$0.00		
	\$4,912.00	\$740.50	\$0.00	\$0.00	\$479.00	\$0.00		
	\$4,912.00	\$740.50	\$0.00	\$0.00	\$479.00	\$0.00		
Owner: CBA0 - CBA - Count: 4								
Year: 2007 Count: 4								
9/1/2007	\$1,390.00	\$130.00	\$0.00	\$0.00	\$0.00	\$0.00		
10/1/2007	\$4,342.00	\$791.00	\$0.00	\$0.00	\$709.00	\$0.00		
11/1/2007	\$993.00	\$92.00	\$0.00	\$0.00	\$1,082.00	\$0.00		
12/1/2007	\$2,405.00	\$742.00	\$0.00	\$0.00	\$721.00	\$0.00		
	\$9,090.00	\$2,865.00	\$0.00	\$0.00	\$2,512.00	\$0.00		
	\$9,090.00	\$2,865.00	\$0.00	\$0.00	\$2,512.00	\$0.00		
Owner: CIG2 - CIGNA - Count: 2								
Year: 2007 Count: 2								
9/1/2007	\$130.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
11/1/2007	\$130.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00		
	\$260.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00		
	\$260.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00		
Owner: CIGN - CIGNA - HEALTHCARE - Count: 4								
Year: 2007 Count: 4								
9/1/2007	\$130.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
11/1/2007	\$130.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00		
	\$260.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00		
	\$260.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00		

CIGNA BH

- Blue C
- CIGN
- medic
- me

12/12/2007 5:06:22 PM

9,090.00
+ 8,515.00

817,605.00 - CIGNA
Alone

Listing for: Insurance Financials(DOE)

Date	Charges	Payments	Credit	Debit	Write-off	Custn	Ins Engine
Carrier: COMF - GOMPSYCH, Count: 4							
Year: 2007, Count: 4							
9/1/2007	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$360.00	\$72.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$260.00	\$120.00	\$0.00	\$0.00	\$228.00	\$0.00	\$0.00
12/1/2007	\$130.00	\$74.00	\$0.00	\$0.00	\$96.00	\$0.00	\$0.00
	\$750.00	\$336.00	\$0.00	\$0.00	\$324.00	\$0.00	\$0.00
Carrier: DEB - DEBINTY-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
Carrier: DUKE - DUKE-BOWAJER-CLAIMS-DEPARTM, 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	\$12.00	\$0.00	\$0.00
12/1/2007	\$0.00	\$208.00	\$0.00	\$0.00	\$146.00	\$0.00	\$0.00
	\$1170.00	\$456.00	\$0.00	\$0.00	\$258.00	\$0.00	\$0.00
Carrier: GEHA - GEHA, Count: 4							
Year: 2007, Count: 4							
10/1/2007	\$250.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$250.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Date	Charges	Payments	Credit	Debit	W/Med-Off	Custom	Life	Phone
Year: 2007 Count: 6								
7/1/2007	\$2,540.00	\$240.00	\$0.00	\$0.00	\$120.00	\$0.00		
8/1/2007	\$7,540.00	\$240.00	\$0.00	\$0.00	\$120.00	\$0.00		
9/1/2007	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
10/1/2007	\$20,351.40	\$2,790.40	\$0.00	\$0.00	\$1,879.14	\$0.00		
11/1/2007	\$9,583.00	\$482.16	\$0.00	\$0.00	\$998.79	\$0.00		
12/1/2007	\$48,730.40	\$7,477.66	\$0.00	\$0.00	\$6,326.62	\$109.01		
Year: 2007 Count: 4	\$48,730.40	\$7,477.66	\$0.00	\$0.00	\$6,326.62	\$109.01		
Carrier: MEDIC - MEDICAID - NO EDS Count: 4								
Year: 2007 Count: 4								
6/1/2007	\$720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
10/1/2007	\$250.00	\$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		
Year: 2007 Count: 4	\$1,850.00	\$110.98	\$0.00	\$0.00	\$131.27	\$0.00		
Carrier: MEDIC - MEDICOST Count: 4								
Year: 2007 Count: 4								
6/1/2007	\$860.00	\$105.00	\$0.00	\$0.00	\$0.00	\$0.00		
10/1/2007	\$3,636.00	\$806.50	\$104.00	\$0.00	\$978.00	\$0.00		
11/1/2007	\$2,903.00	\$808.52	\$0.00	\$0.00	\$812.84	\$0.00		
12/1/2007	\$2,250.00	\$864.52	\$0.00	\$0.00	\$720.82	\$0.00		
Year: 2007 Count: 6	\$9,649.00	\$2,574.54	\$104.00	\$0.00	\$1,752.70	\$0.00		
Carrier: MEDIC - MEDICOST Count: 6								
Year: 2007 Count: 6								
7/1/2007	\$510.00	\$260.61	\$0.00	\$0.00	\$0.00	\$109.01		

48,730.40 Medicaid SC