



*Vasant L. Garde, M.D.*

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Date: December 18, 2014

To: Robert French  
SC Department of Health and Human Services  
Division of Appeals and Hearings

From: Dr. Vasant L. Garde  
408 Two Notch Road  
Lexington, SC 29073

RE: APPEAL Case # 14-0977 [Provider Payment]

Due to recent awareness of a fiasco with WellCare and DHHS concerning payments to Providers dating from November 2013 through June 2014; (see enclosed).

I have concluded it is best for me to drop my complaint and recend my request for a Hearing.

These dates: November 2013 and June2014 were both dates that I had mentioned in my complaint. I must say, it is obviously a gross mistake made by WellCare, as well as, DHHS during this time frame . I do feel remorse for those Providers that must go through the trouble and extra time to refund monies and then refile to obtain said monies. It is my opinion, that it would have been a better approach for WellCare to refund monies to DHHS, instead of putting the burden on the rendering Providers.

I must state that I am disappointed in the DHHS process for handling issues concerning these Managed Care Organizations that contracts with the South Carolina Department of Health and Human Services. After all, it is the people who work for a living that not only help fianace these Medicaid recipients, bur also help pay SC State Employees.

In conclusion, again, I recend my request for a Hearing on Case# 14-0977[Provider Payment].

Sincerely,

  
Dr. Vasant L. Garde

cc: Evan Gessner, Esquire, SCDHHS  
SC Governor's Office



Vasant Garde &lt;vsntgrd@gmail.com&gt;

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**Message from Wellcare**

1 message

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**Shannon Chambers** <chambers@scorh.net>  
To: Shannon Chambers <chambers@scorh.net>

Wed, Dec 10, 2014 at 11:16 AM

Good Morning!

As most of you are aware, DHHS has notified the Managed Care Organizations, as well as the FQHCs and RHCs of an error in the Fee-for-service system which paid claims on members that were MCO members, not covered under FFS. As such, DHHS will be recovering these monies from each of the entities who filed these claims with DHHS and were paid. DHHS has instructed the entities to refile these claims with the appropriate MCO who did cover the member at the time of the claim. The time period is November 2013 through June 2014, and each entity has received a list of the claims that were paid in error and need to be refiled. DHHS has asked the plans to override any timely filing limits that would cause the claims to deny.

Wellcare has asked us to send this out to you. If we receive requests from other plans with specific guidelines then we will forward those along as well.

Message from Wellcare:

In order for WellCare to efficiently manage this project, we are building a front-end filter that will allow us to capture just these claims, and therefore, process them on the first pass in our system. Without this filter, we have no way to know that a claim that is being filed is specific to this project, and all our timely edits would apply.

In order to make this easier for the provider as well as our health plan, we are asking everyone to hold these claims, and not file just yet. We will notify you in the next few days when our system is ready to receive these claims, and we can override the timely filing limits.

If you have already filed these claims, and receive denials from WellCare for timely filing, you will need to contact WellCare about those denials. We will only override timely filing for this specific batch of claims. No other claims will be considered for override.

Thank you for your assistance in cleaning up this project from DHHS.