

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b>  <i>Mjers</i>	<b>DATE</b>  <i>2-24-09</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER  <i>.101463</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____  <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-5-09</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR  <i>cc: Gov office # 904463</i>  <i>Cleared 3/5/09, letter attached</i>			

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

2075-A CHARLIE HALL BLVD.  
CHARLESTON, SC 29414  
P) 843-556-1855  
F) 843-556-1856

CORNERSTONE  
CHILDREN'S DENTISTRY  
PAUL A GALLOWAY, DMD  
www.ccd4kids.com

Gov #904462

Fax

RECEIVED

To: Governor Mark Sanford From: Melinda Treacy FEB 19 2009  
Fax: 803-734-5167 Pages: 2 Referred to: CO  
Phone: Date: 2/18/09 Answered: 2/19/09

Re:

CC:

Below is an email that I sent on February 9, 2009 regarding the trouble I continue to have getting secondary Medicaid (dental) claims paid. To date I have not received a response. As I referenced in my first email (below), I have not been able to get a satisfactory answer to any of my questions or concerns since Amy Humphries left as program director of the department of dental services. As far back as August 2008, I was told that Medicaid was having difficulties in processing secondary claims due to a "software" issue. Every secondary claim that I send in filled out "properly" according to the absurd instructions given for the ADA 2006 dental form - gets sent back stating that either the third party carrier code was left off or that I didn't write in the amount of what the primary carrier paid. Yet, I have copies of what has been sent and those particular fields ARE filled in with the correct information. I was also told in August 2008 that the information supposedly missing or incorrect on secondary claims was often "overlooked" by those keying in the data. On my last claim emailed and faxed to Shirley Carrington (who is my last contact as Program Coordinator of Dental and Transportation Services) I specifically filled in each section correctly and even attached the instructions from Medicaid.

In addition to this aggravation, I was also recently told (by a representative at 803-898-2568) that the SC Medicaid Dental Program Referral Form for Broken Appointments (that we are instructed to send when a patient no shows or is non compliant with their dental treatment) should be neither mailed nor faxed to Medicaid because "there is no room to store them and nothing Medicaid can do about it." I'm sorry, but I don't have assistance for health or dental services. It would seem that the proper department authorities (case workers even) would want to know if Medicaid recipients were using the benefits given to them. If they don't, maybe that money could be budgeted elsewhere. ??? Just a thought from a concerned, frustrated citizen.

February 18, 2009

If anyone reading this email can help me with this situation or suggest another avenue to get these claims paid, please contact me. Several of my claims finally get denied for "time limit/deadline." This is particularly frustrating because the claims are originally filed "on time" at the onset of the tug of war game to get the claim processed.

Thank you for your time.

Malinda Treacy  
www.cod4kids.com  
(843) 556-1655

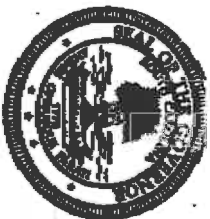
**Subject:** Secondary Medicaid Claims  
**Date:** Mon, 09 Feb 2009 14:36:12 -0500  
**From:** Malinda Treacy <Malinda@cod4kids.com>  
**Organization:** Cornerstone Children's Dentistry  
**To:** Shirley W Cauffman <CAFFINGS@ecdtna.gov>

Shirley,

You have helped me on a question in the past, so I am emailing you now. (lucky you) :- ) Amy Humphries was always able to help me when I had a problem getting claims processed correctly. Of course, she is no longer with Medicaid and I will have to say that I am very sorry to hear this news. Unfortunately, the customer service of the other representatives at Medicaid pale in comparison. I'm not trying to be negative - just letting you know why I am bypassing the customer service line. I faxed you a claim earlier this afternoon on recipient 7780525969 in hopes that you can tell me what it is that I am doing wrong with the secondary claims. I always put the TPL carrier code in the proper field, however, the rejection code that comes back says that the TPL code is missing.

Thank you in advance for your help.

Sincerely,  
Malinda Treacy  
www.cod4kids.com



*State of South Carolina*  
**Office of the Governor**

MARK S ANFORD  
GOVERNOR

OFFICE OF EXECUTIVE  
POLICY AND PROGRAMS

**FAX TRANSMITTAL COVER**

DATE:	2-24-09
FAX TO:	Lena Girgis
FAX #:	805-8235
FROM:	Barren Bowie

Total number of pages:  
  
(including this cover sheet)

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

Per Jenny Lynch you will  
respond - please let us know  
the results

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

Log #463



# State of South Carolina

## Department of Health and Human Services

Mark Sanford  
Governor

March 5, 2009

Emma Forkner  
Director

Ms. Malinda Treacy  
Cornerstone Children's Dentistry  
2075 Charlie Hall Boulevard, Suite A  
Charleston, South Carolina 29414

Dear Ms. Treacy:

Thank you for your email about claims that have rejected due to Third Party Liability (TPL) insurance information. I apologize for the difficulties you have encountered related to this issue. Ms. Shirley Carrington spoke with someone from your office on February 10 or 11, 2009, regarding the steps required to submit these claims for payment. Ms. Carrington also tried unsuccessfully to reach you by telephone several times on February 19, 24, and 26, 2009; she left messages when you were unavailable and was assured that you would call at your convenience. I regret any miscommunication.

Program staff reviewed the claim that you sent on February 9, 2009; they found that there were several boxes with incorrect information that caused the claim to reject. On this claim form, you only complete the boxes for TPL if there is coverage other than Medicaid. On the claim form you sent, you completed boxes 5-11 for their Aetna Insurance and boxes 12-17 with Medicaid information. These two sections are on the claim form to be completed only when a beneficiary carries two insurance policies in **addition** to Medicaid. Medicaid information should be listed only in boxes 18-23 with the Medicaid beneficiaries' ID number in box 23 only.

*For beneficiaries with **one additional insurance besides Medicaid**:*

➤ Leave blocks 5-11 blank

Block 12: List the amount paid by the beneficiaries' insurance company. **ONLY** put the amount of reimbursement in this box. If the claim is denied by the insurance company, indicate by placing the number "1" or \$0.00 in this box.

Block 15: Enter the policy number of the Policyholder

Block 16: Enter the three-digit insurance carrier code number. (The system will pick up all info about the insurance company from this number)

*For beneficiaries with **two additional insurances besides Medicaid**:*

Complete boxes 5-11 for one insurance company

Complete boxes 12-17 for the second insurance company

Add the reimbursements from boxes 11 and 12 and list the total amount of reimbursement from other insurance coverage in box 35 entitled, "Remarks".

Following these instructions when filing claims with third party information should result in clean claims that will be processed and paid with no rejections or delays. Staff members from the dental

Ms. Malinda Treacy

March 5, 2009

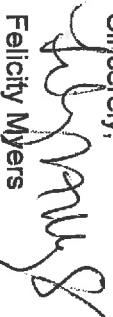
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program can meet with you individually to review the process and/or discuss other processing issues if you so desire.

Regarding, your comments about the Referral Form for Broken Appointments, this program was administered by the Department of Health and Environmental Control (DHEC), rather than the Department of Health and Human Services (which is the Medicaid agency). When this program was offered, providers sent the referral forms to DHEC for processing and investigation. This program was discontinued some time back when DHEC was forced to reduce staff and resources.

I again apologize for the frustrations you have experienced related to the processing of dental claims. Please contact Beverly G. Hamilton, Bureau Director for Care Management and Medical Support Services, if you should need additional assistance or information. She can be reached at (803) 898-4614. Thank you for your continued support of the South Carolina Medicaid Program.

Sincerely,



Felicity Myers  
Deputy Director

FM/hcm