

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>5-1-12</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101430</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>5-11-12</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Beck, Singleton</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>* log # 143 attached.</i>	<input type="checkbox"/> FOIA DATE DUE _____
<i>* See attached update</i>	<input type="checkbox"/> Necessary Action

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.			



FLORENCE ADDRESS
1817 Pineland Avenue
Florence, South Carolina 29501
(843) 667-1152

HUGH K. LEATHERMAN, SR.
SOUTH CAROLINA STATE SENATE
DISTRICT 31, FLORENCE
AND DARLINGTON COUNTIES
111 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6640

COMMITTEES
Chairman, Finance
Chairman, Operations and Management
Ethics
Interstate Cooperation
Labor, Commerce and Industry
Rules
State House
Transportation

RECEIVED

MAY 01 2012

April 25, 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Dr. Keck:

I am attaching hereto a copy of a letter, with attachments, that I recently received from my constituent, Cornell Poston. It appears that Medicaid has still not paid for his son's surgery despite your agency's letter of July 26, 2010, approving it. As you can see, I wrote you last September relative to this matter, but action has yet to be taken.

Dr. Keck, please ask your staff to look into this and provide Mr. Poston with all possible assistance under the governing statutes and regulations in getting payment to McLeod Regional Medical Center for this pre-approved surgery without further delay.

As always, thank you for your assistance.

Very truly yours,


Hugh K. Leatherman, Sr.
HKL:dsm

Enclosure

cc: Mr. Cornell Poston

12/PO/

Mr. Cornell Poston
956 Swan Circle
Florence, SC 29501
(843) 230-2605

Sen. Hugh K. Leatherman
P. O. Box 142
Columbia, SC 29201

Dear Mr. Leatherman:

I have a problem with an issue involving several of our state agencies and I was hoping that your office could somehow resolve it. A few years ago while learning new skills to reenter the work force, my wife and I had to subscribe to Medicaid to obtain health insurance for our children. A wonderful program that provided an opportunity for my son was the Children's Rehabilitative Services(CRS) program out of DHEC. My son was given approval for very costly restorative surgery.

My son could not get this surgery until it was determined that the bones in his face had matured to where they would not be growing. By that time, I had graduated from college and had reentered the work force. I no longer qualified for Medicaid. However, the CRS kept my son in the program with funding from Medicaid for the surgery until he had it completed. The surgery was performed on July 28, 2010, and my son was discharged on July 30.

However, I was shocked to open my mail to see that all charges for my son's surgery had not been paid. Medicaid reneged on paying the bill. McLeod Regional Medical Center is now asking me for full payment fourteen months later! I followed their procedures, kept our required visits, submitted our claims through the State BCBS Medical Plan (which the denial of the surgery was to be expected, but was still part of the procedure). This is troubling to me because the surgery was flawless, and McLeod is also my employer. I do not want to ask any of the McLeod Charities for help mainly because Medicaid should step up and complete what they promise.

Thank you for any help in this matter. I look forward to any correspondence regarding this. Please let me know what additional paperwork I may have to help resolve this matter.

Very respectfully,



Cornell Poston

cc: Children's Rehabilitative Services

Mr. Cornell Poston
956 Swan Circle
Florence, SC 29501
(843) 230-2605

Sen. Hugh K. Leatherman
P. O. Box 142
Columbia, SC 29201

Dear Mr. Leatherman:

Last year, I sent your office a letter describing a problem I am having with getting a hospital reimbursement for surgery my son had. At the time of his surgery, he was a patient attached to the Children's Rehabilitative Services. The surgery was performed and he was discharged from McLeod Regional Medical Center on July 30, 2010.

Last year, I sent a letter to your office, and your office stepped up shortly letter to help me get the surgery bill sorted to the right people. However, I opened up a letter from McLeod Regional Medical Center the other day, and it was a bill for the services that I thought were taken care of two years ago, and when I wrote to your office last year. If it is possible, please have your office look into this for any more help that you can render. I am sure this is an oversight or a clerical error, because this is the first letter I have received from McLeod since I wrote your office.

Thank you for any help you may be able to render. I have sent a copy of any available correspondence from the previous exchange with your office. Thank you again.

Very respectfully,



Cornell Poston

cc: Children's Rehabilitative Services



FLORENCE ADDRESS
1817 Pineland Avenue
Florence, South Carolina 29501
(843) 667-1152

HUGH K. LEATHERMAN, SR.
SOUTH CAROLINA STATE SENATE
DISTRICT 31, FLORENCE
AND DARLINGTON COUNTIES
111 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6640

COMMITTEES
Chairman, Finance
Chairman, Operations and Management
Ethics
Interstate Cooperation
Labor, Commerce and Industry
Rules
State House
Transportation

September 23, 2011

Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Dr. Keck:

I am enclosing herewith a copy of a letter, with attachments, that I received this morning from my constituent, Cornell Poston, relative to his son, Calum. As you can see, Calum received restorative surgery over a year ago which, per the attached letter of Shirley Carrington of July 26, 2010, your agency approved under the DHEC's CRS program. Unfortunately, it appears that payment is now being denied.

I would very much appreciate it if you would ask your staff to look into this matter and do everything possible to assist Mr. Poston in getting this hospital bill paid.

As always, thank you for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read "H. K. Leatherman".

Hugh K. Leatherman, Sr.
HKL:dsm

Enclosure

Cc: Mr. Cornell Poston

McLeod Regional Medical Center



P O BOX 100567
FLORENCE, SC 29501-0567

For account information, please call 843-777-2955 - Florence Area
For account information, please call 1-866-443-6025 - Outside Florence Area

POSTON, CALUM R	07/28/10
Service Date	07/30/10
Service End	09/15/11
Last Statement Date	117686980
Account No	

Statement of Account 04/04/12

Transaction Date	Description	Amount
09/24/10	PREVIOUS BALANCE	53,973.00
03/24/11	STATE HEALTH PLAN ADJUSTMENT	-41,309.00
03/24/11	MANUAL STATE HEALTH PLAN ADJ	20,000.00
03/24/11	MANUAL STATE HEALTH PLAN ADJ	20,000.00
03/24/11	MANUAL STATE HEALTH PLAN ADJ	1,309.00

Estimated Insurance Due: .00 Total Patient Credits: Account Balance: 53,973.00

S01 SELF PAY 60 .00
SP
YOUR ACCOUNT IS PAST DUE. PLEASE PAY THE AMOUNT IN FULL OR CONTACT MRM C BUSINESS SVCS. AT 843-777-2955.

Please detach and return with your payment

For Hospital Use Only		Account Number	Please Pay This Amount	
ADM DT: 072810	DSH DT: 073010	117686980	\$53,973.00	Due By: 04/19/12
210688	843-687-9573	Patient Name:	POSTON, CALUM R	
HR: LGX		Card Number:	<input type="checkbox"/> YES <input type="checkbox"/>	<input type="checkbox"/>
		CVV2 Num:	<input type="checkbox"/>	Exp. Date:
		Signature:	Amount Paid:	

Make Check Payable To: MCLEOD REGIONAL MEDICAL CENTER
* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

000139A4 001 0.53
CLARENCE C POSTON JR
956 S SWAN CIR
FLORENCE SC 29501-8421

McLeod Regional Medical Center
ATTN: CASHIERS OFFICE
P O BOX 601743
CHARLOTTE NC 28260-1743

Please check this box if your address or insurance information has changed and record the changes on the back of this statement

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

July 26, 2010

Memorandum

To: Palmetto Oral and Maxillofacial Surgeons, P.A.
From: Shirley W. Carington
Supervisor, Dental Services Program
Subject: Calum, Poston

The surgery for Calum Poston has been approved per the attached request for Prior Authorization. The Dental Services Program policies and guidelines consider surgery that is medically necessary as related to the beneficiary's enrollment in the Department of Health and Environmental Control (DHEC) Children's Rehabilitative Services (CRS); Orthodontic Program to be inclusive in the total treatment.

Since Mr. Poston last enrollment in the Medicaid program prior to completion of the treatment, reimbursement will be in the form of a credit adjustment and will be deposited to your EFT account on a separate remittance. Approval of the services by South Carolina Department of Health and Human Services (SCDHHS) also provides approval for the facility where the surgery will be performed.

To process these claims for services rendered they must be submitted by paper and should be mailed directly to:

Shirley W. Carington
Dental Services Program
SCDHHS
1801 Main St.
Columbia, SC 29202

If there are any questions regarding this process, you may contact me at (803) 898-2563.

Shirley W. Carington, Supervisor
Dental Services Program



HUGH K. LEATHERMAN, SR.
SENATOR, DISTRICT 31
P. O. BOX 142
COLUMBIA, SOUTH CAROLINA 29202

RECEIVED

MAY 01 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

IMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE 9-27-11
--------------------	---------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 101143	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>10-14-11</u>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> Necessary Action DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Mr. Fresh Extend until 10/14/11 per Annice on 10/12/11.			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer)	COMMENT
1. Extend until 10/17/11 per Annice, see attached email			
3. Cleared 11/16/11, letter attached.			
4.			



FLORENCE ADDRESS
1817 Pineland Avenue
Florence, South Carolina 29501
(843) 667-1152

HUGH K. LEATHERMAN, SR.
SOUTH CAROLINA STATE SENATE
DISTRICT 31, FLORENCE
AND DARLINGTON COUNTIES
111 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6640

COMMITTEES
Chairman, Finance
Chairman, Operations and Management
Ethics
Interstate Cooperation
Labor, Commerce and Industry
Rules
State House
Transportation

September 23, 2011

RECEIVED

SEP 27 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Dr. Keck:

I am enclosing herewith a copy of a letter, with attachments, that I received this morning from my constituent, Cornell Poston, relative to his son, Calum. As you can see, Calum received restorative surgery over a year ago which, per the attached letter of Shirley Carrington of July 26, 2010, your agency approved under the DHEC's CRS program. Unfortunately, it appears that payment is now being denied.

I would very much appreciate it if you would ask your staff to look into this matter and do everything possible to assist Mr. Poston in getting this hospital bill paid.

As always, thank you for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read "H. K. Leatherman".

Hugh K. Leatherman, Sr.
HKL:dsm

Enclosure

Cc: Mr. Cornell Poston

Mr. Cornell Poston
956 Swan Circle
Florence, SC 29501
(843) 230-2605

Sen. Hugh K. Leatherman
P. O. Box 142
Columbia, SC 29201

Dear Mr. Leatherman:

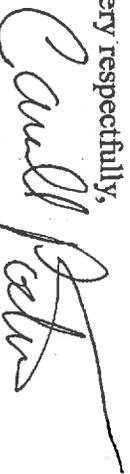
I have a problem with an issue involving several of our state agencies and I was hoping that your office could somehow resolve it. A few years ago while learning new skills to reenter the work force, my wife and I had to subscribe to Medicaid to obtain health insurance for our children. A wonderful program that provided an opportunity for my son was the Children's Rehabilitative Services(CRS) program out of DHEC. My son was given approval for very costly restorative surgery.

My son could not get this surgery until it was determined that the bones in his face had matured to where they would not be growing. By that time, I had graduated from college and had reentered the work force. I no longer qualified for Medicaid. However, the CRS kept my son in the program with funding from Medicaid for the surgery until he had it completed. The surgery was performed on July 28, 2010, and my son was discharged on July 30.

However, I was shocked to open my mail to see that all charges for my son's surgery had not been paid. Medicaid reneged on paying the bill. McLeod Regional Medical Center is now asking me for full payment fourteen months later! I followed their procedures, kept our required visits, submitted our claims through the State BCBS Medical Plan (which the denial of the surgery was to be expected, but was still part of the procedure). This is troubling to me because the surgery was flawless, and McLeod is also my employer. I do not want to ask any of the McLeod Charities for help mainly because Medicaid should step up and complete what they promise.

Thank you for any help in this matter. I look forward to any correspondence regarding this. Please let me know what additional paperwork I may have to help resolve this matter.

Very respectfully,



Cornell Poston

cc: Children's Rehabilitative Services



Orthodontic Client Treatment Plan Agreement Children's Rehabilitative Services

Successful completion of orthodontic treatment involves a significant and serious commitment from all participants in the treatment effort - the client, the orthodontist, the dentist and the CRS Program. Most important is the client's agreement and willingness to complete the treatment plan.

The CRS Program agrees to pay for orthodontic treatment under the following circumstances:

1. The client/parent/guardian agrees to cooperate with the treatment plan AND wear all prescribed appliance(s).
2. The client agrees to maintain excellent oral/dental hygiene.
3. The client/parent/guardian agrees to keep monthly orthodontic appointments for the entire length of the treatment plan which may be 3 or more years.
4. The client/parent/guardian agrees to keep appointments with the dentist every six months OR as indicated during the entire treatment.
5. The client/parent/guardian agrees to notify the service provider's office (orthodontist, dentist) when appointments cannot be kept.

THE CRS PROGRAM WILL NOT CONTINUE TO PAY FOR ORTHODONTIC SERVICES WHEN THE CLIENT/PARENT/GUARDIAN FAILS TO FOLLOW THE ABOVE AGREEMENT. IF SERVICES ARE DISCONTINUED DUE TO SUCH FAILURE, THE CRS PROGRAM WILL DISCONTINUE MONTHLY PAYMENTS, COORDINATE THE VISIT TO REMOVE ANY BRACES, THEN CLOSE THE CLIENT TO CRS ORTHODONTIC SERVICES.

NOTE: IF RETAINERS ARE LOST, DAMAGED, OR BECOME UNUSABLE, CRS WILL REPLACE THE UPPER RETAINER AND LOWER RETAINER ONLY ONCE EACH. ALL OTHER REPLACEMENTS ARE THE RESPONSIBILITY OF THE CLIENT/FAMILY.

Client Calum Poston Date _____

Parent/Guardian Sandra Poston Date 3/12/07

Witness Sandra Poston Date 3/12/07

121-0098340
POSTON, CALUM
9/20/1993

Date of Birth _____

White - File Canary - Client

CRS
Gw/Ans
BWP
661-4829



BlueCross BlueShield
of South Carolina
Columbia, S.C. 29219-0001

An independent licensee of the Blue Cross and Blue Shield Association.

Visit My Insurance Manager at www.SouthCarolinaBlues.com

June 10, 2010

Sandra Poston
956 Swan Circle
Florence SC 29501-8421

RE: Patient: Calum Poston ID #: ZCS82031442
Date of Service: To Be Scheduled Type of Service: Dental Surgery
Physician: Frank Douglas Oliver, DMD Facility: not given by mdo

Dear Calum Poston:

I regret to inform you that we are unable to authorize the service request for Inpatient surgery for CPT 21141: Leforte 1 Osteotomy and CPT 21196: Bilateral Sagittal Spl Osteotomies of the Mandible. The clinical and treatment information provided by your physi meet our medical necessity and appropriate level of care authorization criteria. Any deci with the non-authorized service plans without authorization remains with you and your phys you may be financially responsible for all non-authorized charges.

I am sorry that our decision could not be a favorable one. If you and/or the physician have additional information that supports the medical necessity and appropriateness of the proposed care plan, you may appeal this decision by submitting a written request (via FAX or mail) for reconsideration. The following must be submitted within six (6) months of the date of this denial notice to:

State Managed Care, AX-650
Interstate 20 at Alpine Road
Columbia, South Carolina 29219-0001

- * Name and identification number of the member;
- * A copy of the claim or request being appealed;
- * Pertinent information and comments regarding the determination; and,
- * A copy of the medical records that supports the medical necessity and appropriateness of the proposed care.

McLeod Regional Medical Center

McLeod
REGIONAL MEDICAL CENTER
The Choice For Medical Excellence

PO BOX 100567
FLORENCE SC 29501-0567

CALUM R POSTON
Account No: 117686980
Date Of Service: 07/28/10
Account Bal: \$ 53973.00
Ins: Self Pay/Facility

09/14/11

DEAR CLARENCE C POSTON JR

THANK YOU FOR CHOOSING MCLEOD REGIONAL MEDICAL CENTER
FOR YOUR HEALTHCARE NEEDS.

YOUR INSURANCE COMPANY HAS FAILED TO MAKE PAYMENT ON THE ACCOUNT
LISTED ABOVE. ANY QUESTIONS ABOUT THIS ACTION SHOULD BE
DIRECTED TO YOUR INSURANCE COMPANY.

SINCE THE INSURANCE COMPANY WILL NOT COVER THIS BILL,
WE NEED HELP IN MAKING PLANS FOR PAYMENT IN FULL ON
THIS ACCOUNT.

PLEASE SEND YOUR PAYMENT TODAY OR CONTACT OUR BUSINESS
SERVICES CENTER AT (843) 777-2955 BETWEEN THE HOURS OF
8:30 A.M. AND 4:30 P.M. MONDAY THROUGH FRIDAY TO
DISCUSS PAYMENT ON THIS BILL. IF YOU LIVE OUTSIDE THE
FLORENCE AREA, YOU MAY CALL 1-800-768-4556, EXTENSION
2955.

SINCERELY,

MCLEOD REGIONAL MEDICAL CENTER, BUSINESS SERVICES

Please detach and return with your payment.

117686980
MCLEOD REGIONAL MEDICAL CENTER
PO BOX 100567
FLORENCE SC 29501-0567
ADDRESS SERVICE REQUESTED

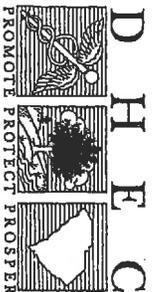
Check box if your address or insurance information
has changed. Please make changes on back.

00038610 001 0.53
CLARENCE C POSTON JR
956 S SWAN CIR
FLORENCE SC 29501-8421

For Hospital Use Only		Account Number: 117686980		
Patient Name: CALUM R POSTON		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature:	CVV2 No.:	Exp. Date:	Amount Paid:	

Make Check Payable To: MCLEOD REGIONAL MEDICAL CENTER
• The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

|||||
MCLEOD REGIONAL MEDICAL CTR
ATTN: CASHIERS OFFICE
PO BOX 601743
CHARLOTTE NC 28260-1743



C Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

Children's Rehabilitative Services

September 9, 2010

Ms. Sandra Poston
956 Swan Circle
Florence, SC 29501

Re: Calum Poston, DOB: 9-20-1993

Dear Ms. Poston:

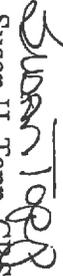
The South Carolina Children's Rehabilitative Services Program (CRS) has been privileged to provide medical care for this child. We are **closing** this patient's record because of the reason marked below:

- | | |
|---|--|
| <input type="checkbox"/> 1. Medically Ineligible | <input type="checkbox"/> 10. Unable To Locate/Contact |
| <input checked="" type="checkbox"/> 2. Financially Ineligible | <input type="checkbox"/> 11. Over Age |
| <input type="checkbox"/> 3. No Further Treatment Needed | <input type="checkbox"/> 12. Not providing any services |
| <input type="checkbox"/> 4. Condition Corrected | <input type="checkbox"/> 13. Noncompliance |
| <input type="checkbox"/> 5. Under Other Agency Care | <input type="checkbox"/> 14. Noncompliance with
Medical Treatment |
| <input type="checkbox"/> 6. Under Private Care | <input type="checkbox"/> 15. Noncompliance Financial
Insurance Guidelines |
| <input type="checkbox"/> 7. Moved Out of State | <input type="checkbox"/> 16. Insurance Guidelines
Chronic Noncompliance |
| <input type="checkbox"/> 8. Deceased | |
| <input type="checkbox"/> 9. Parent's Request Closure | |

Your child will need to continue routine medical care with a primary care provider. If any records are needed from our office, please contact us at 843-661-4835 or 1-800-763-1223.

Please note that if CRS has been paying for any services provided, you are now responsible for payment.

Sincerely,


Susan H. Tapp, CRS
Administrative Specialist

cc: File

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Region 4

Serving Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro and Sumter Counties
Florence Public Health Office • 145 E. Cheves Street • Florence, SC 29506 • Phone: (843) 661-4830 • www.scdhec.gov

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

July 26, 2010

Memorandum

To: Palmetto Oral and Maxillofacial Surgeons, P.A.
From: Shirley W. Carlington
Supervisor, Dental Services Program
Subject: Calum Poston

The surgery for Calum Poston has been approved per the attached request for Prior Authorization. The Dental Services Program policies and guidelines consider surgery that is medically necessary as related to the beneficiary's enrollment in the Department of Health and Environmental Control (DHEC) Children's Rehabilitative Services (CRS) Orthodontic Program to be inclusive in the total treatment.

Since Mr. Poston lost enrollment in the Medicaid program prior to completion of the treatment, reimbursement will be in the form of a credit adjustment and will be deposited to your EFT account on a separate remittance. Approval of the services by South Carolina Department of Health and Human Services (SCDHHS) also provides approval for the facility where the surgery will be performed.

To process these claims for services rendered they must be submitted by paper and should be mailed directly to:

Shirley W. Carlington
Dental Services Program
SC DHHHS
1801 Main St.
Columbia, SC 29202

If there are any questions regarding this process, you may contact me at (803) 898-2563.

*Shirley W. Carlington, Supervisor
Dental Services Program*



C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment

Children's Rehabilitative Services
145 E. Cheves Street
Florence, S.C. 29506

Mr. & Ms. Poston
956 Swan Circle
Florence, S.C. 29501

RE: Calum

Dear Mr. & Ms. Poston:

Hope this letter finds everyone doing well. And I hope Calum is recovering nicely from his jaw surgery. This letter is to notify you that following your recently provided proof of income, Calum is now over-income for the CRS program. CRS has completed all orthodontia payments that are due to Dr. Holt. And Medicaid agreed to pay the cost of Calum's surgery, as well as the surgeons' fees. We will be closing Calum to the CRS program at this time. It has been a pleasure to have Calum on the CRS program. Best of luck to your family.

Sincerely,
Barbara Gaskins
Barbara Gaskins, RN/CRS
8/3/10

cc: Dr. Holt

Zerbin at CRS

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Region 4

Serving Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro and Sumter Counties
Florence Public Health Office • 145 E. Cheves Street • Florence, SC 29506 • Phone: (843) 661-4830 • www.scdhec.gov

STRONGER TOGETHER
Darlington County Coordinating Council
203 Green Street • Darlington, SC 29532 • 307.5383

September 20, 2011

Dear Senator Leatherman:

On behalf of the Darlington County Coordinating Council and the Byerly Foundation, you are invited to attend the annual Darlington County Services Forum. Each year, the council hosts a community gathering where the organizations meeting human need in our county present information on the particular services they provide. As you know, having a good understanding of the many different kinds and levels of services provided makes meeting the needs of individuals in Darlington County that much easier and more effective. Plus, having an opportunity to share and hear what others are providing can create stronger communication and cooperation among all of us.

Date: October 7, 2011

Time: 8:00 a.m. – 8:30 a.m. – Continental Breakfast
8:30 a.m. – 1:00 p.m. – Service Forum Presentations
1 p.m. – 2 p.m. – Lunch and Forum Guest Speaker

Location: Lakeview Baptist Church (202 Lakeview Blvd, Hartsville)

As someone representing the residents of our county, your presence at the forum is vitally important. We believe that the political connections and ramifications associated with the provision of services to those in need are more crucial than anytime in recent memory. At the forum, we expect to improve communication, minimize duplication and create stronger collaborations among agencies and community organizations providing services to Darlington County residents. We will provide you, as a representative, with a better understanding of the services being provided as well as the fundamental problems facing the people in Darlington County. We also believe you will come away with a better understanding of solutions that can be accomplished if those representing the people of our communities work together with those in the field providing them. We hope you will be free to join us.

Please RSVP to Jackie Anderson at 307.5383. She will also be capable of answering questions you may have about the forum.

Sincerely,

Senator Gerald Malloy
Chair, Darlington County Coordinating Council

R.A. Puffer
Executive Director, Byerly Foundation

From: Annmarie McCanne
To: Jamelle Smith
CC: Brenda James
Date: 10/14/2011 11:15 AM
Subject: Re: Log Letter 143

Bz approved extending till COB Monday, Oct 17th.

>>> Jamelle Smith 10/14/2011 10:43 AM >>>
Annie:

We are waiting on a response from the local county office on this recipient. Zenovia has called to get some addition information from them and the father. Jennifer Lynch is also in the loop on this as well. Can we extend this log until Wednesday October 19?

Thanks
JaMelle Smith

Ja'Melle R. Smith
Office Manager
Office of Hospitals, Dental, Transportation & Durable Medical Equipment
Telephone: (803) 898-2645
Fax: (803) 255-8351
1801 Main Street
Columbia, SC 29202

Life is like a taxi. The meter just keeps a-ticking whether you are getting somewhere or just standing still. -- Lou Erickso

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Grise Wayne</i>	DATE <i>9-27-11</i>
--------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100143</i>	<input checked="" type="checkbox"/> PRE Extension
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keith</i>	<input type="checkbox"/> PRE October 17, 2011
	<input type="checkbox"/> FQ
	<input type="checkbox"/> ME

APPROVALS (Only when prepared for director's signature)	APPROVE	* DIS (Not: disal return to preparer.)	
1. <i>[Signature]</i>			<i>10/15/11</i>
2. <i>[Signature]</i>	<i>1/16 OK</i>		
3.			
4.			



November 16, 2011

The Honorable Hugh K. Leatherman, Sr.
South Carolina State Senate
District 31, Florence and Darlington Counties
111 Gressette Senate Office Building
Columbia, South Carolina 29202

Dear Senator Leatherman:

As follow up to our most recent contact with you through Mr. Bryan Kost regarding this matter, we are pleased to provide additional information. We appreciate your patience, as this research had to be completed before our final reply.

Ms. Zenovia Vaughn, Program Director at the South Carolina Department of Health and Human Services (SCDHHS), has worked with McLeod Regional Hospital along with our Agency's medicaid eligibility staff to stop the requests being sent to Mr. Poston for payment of these services.

We were successful in our efforts to have the business office staff at McLeod Regional to change the responsibility for payment of the service to Medicaid, until such time that the child's eligibility can be reinstated. This has released Mr. Poston from all liability of the rehabilitative surgery that was performed. Unfortunately when contacted, Mr. Poston informed the eligibility staff that he would not complete the necessary paperwork to reinstate his son's eligibility. As a result, the agency made a commitment to pay for these services. SCDHHS will proceed to reimburse McLeod and the oral surgeon for the services rendered.

Thank you for bringing your concerns to our attention. Please contact me if you have additional questions.

Sincerely,

Melanie "Bz" Giese, RN
Deputy Director

MG/vm

Brenda James

From: Annmarie McCanne
Sent: Thursday, May 17, 2012 11:16 AM
To: Brenda James
Subject: Logs

Hey, Bren - Just an update - Log 420 - I sent back for more info (Jan and I agreed TK will want). I have just sent another email to see where we are with gathering the additional info.

Log 398 - Bz has - Since we are past the deadline for the LOS Bz is going to call Lathran.

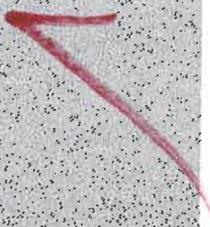
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese Williams</i>	DATE <i>5-1-12</i>
-----------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011420</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>5-11-12</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Kpek, Singleton *log # 143 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 refer to preparer.)	COMMENT
1. <i>[Signature]</i>	<i>5-22-12</i>		
2. <i>[Signature]</i>	<i>5/1/12</i>		
3.			
4.			





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

May 17, 2012

Mr. Poston
4605 Bannockburn Road
Florence, S.C. 29205

Dear Mr. Poston:

This letter is in reference to a bill you received from McLeod Regional Medical Center in behalf of your son, Calum R. Poston, for date of service 7/28/10 through 7/30/10. We are pleased to let you know that the bill has been paid.

If you have questions, please feel free to contact me at 803-898-2665.

Sincerely,

Mr. Ervin Yarrell, Supervisor
Bureau of Hospital Services

SUPPORT
demonstration



May 9, 2012

McLeod Regional Medical Center
Attention: Stephanie Stokes, Patient Accounts
P. O. Box 100567
Florence, SC 29501

NPI: 117686980

Dear Ms. Stokes:

An adjustment has been prepared which will increase your account in the amount of \$4,322.00. This adjustment will appear on a future remittance advice in the Own Reference Number column under reference 117686930. This adjustment is being prepared for the following beneficiary.

<u>Name</u>	<u>Medicaid #</u>	<u>Date of Service</u>	<u>Account #</u>	<u>Amount</u>
Calum Poston	7780233198	7/28-30/2010	117686980	\$4,322.00

If you have any questions regarding this matter, please call me at (803) 898-2665.

Sincerely,

Jimmy A. Pugh
Jimmy A. Pugh, Program Coordinator
Department of Hospital Services

COVER ID: 1699756221 PAGE: 0001
 EL CLAIM CTL NO RC CHK DATE ADJ AMT SUBM CD RECIPIENT ST

121300003387000000U	30	05/18/12	-1,107.00	HIP837	1781206364	C
121300003397000000U	30	05/18/12	-429.23	HIP837	9216838003	C
121300003407000000U	30	05/18/12	-2,035.36	HIP837	4727519101	C
12131001027000000U	30	05/18/12	-18.72	HIP837	9731099401	C
1213200034030400U	11	05/18/12	4,322.00	IHO893	9999999999	C
1213200650700200U	30	05/18/12	-109.32	HIP837	1213766201	C
1213200651700200U	30	05/18/12	-34.42	HIP837	4780085061	C
1213500074700000U	30	05/18/12	-443.84	HIP837	3729228801	C
1213500155650000U	12	05/18/12	-29.23	G06936	9999999999	C
1213500156650000U	12	05/18/12	-331.57	G06937	9999999999	C
1213500157650000U	12	05/18/12	-58.67	G06938	9999999999	C
1213500158650000U	12	05/18/12	-41.42	G06939	9999999999	C
1213500159650000U	12	05/18/12	-25.95	G06940	9999999999	C
1213500160650000U	12	05/18/12	-41.42	G06941	9999999999	C
1213500161650000U	12	05/18/12	-41.42	G07150	9999999999	C
1213500162650000U	12	05/18/12	-41.42	G07151	9999999999	C

NOT ALL CLAIMS DISPLAYED - MEMORY IS FULL
 ENTER->ADJ PAGE 1 PF4->LIST ALL ADJ PF5->LIST UNCOLL ADJ PF7->PAGE UP
 PF8->PAGE DOWN PF10->PREVIOUS MENU PF12-NPI INFO PF21->ADJ

May 24, 2012

The Honorable Hugh K. Leatherman, Sr.
South Carolina State Senate
District 31, Florence and Darlington Counties
111 Gressette Senate Office Building
Columbia, South Carolina 29202

Re: Calum Poston

Dear Senator Leatherman:

Thank you for your letter concerning unpaid claims for the son of your constituent Mr. Cornell Poston. We welcome the opportunity to be of assistance.

The South Carolina Department of Health and Human Services has contacted McLeod Regional Medical Center and resolved the payment issue concerning the surgery. We have also contacted Mr. Poston by phone and in writing to assure him that payment has been forwarded to McLeod Regional.

We apologize that prompt payment of this claim was inadvertently delayed and have put measures in place to assure this won't happen again. McLeod Regional Medical Center received payment for this claim on Friday, May 18, 2012.

Please contact Ms. Valeria Williams, Director of Health Services, at (803) 898-3477 if you have additional questions concerning this matter.

Sincerely



Melanie "Bz" Giese, RN
Deputy Director

MG/wyw