

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ciese</i>	DATE <i>9-6-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101108</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 9/15/11, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-15-11</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.			

Maurice & Elizabeth Walsh
219 Carroll Cove
Clover, SC 29710

August 31, 2011

Mr. Anthony Keck
Director
SC Department Health & Human Services
1801 Main Street
Columbia, SC 29201

RE: TEFRA recipient
Samuel R. Walsh

Dear Mr. Keck:

This letter is to inform you that my family has been very frustrated with the Medicaid TEFRA services received for my son Samuel. We have been very fortunate to receive such benefits as co-pays paid at the pediatrician's office as well as the dentist office. We have our son on our Blue Cross Blue Shield (BCBS) policy and then his TEFRA card picks up the difference on items that are not covered by the primary policy.

However, over a year ago, our speech therapist applied to be an approved Medicaid provider with the state of South Carolina. She was approved and has been told numerous times that not only are her future hours with Samuel covered but her previous hours will be paid for as well. During the process of SC Medicaid informing her that she was going to be paid any day for months on end, she has canceled speech for Samuel in an effort to cut down on the amount of time she is not being reimbursed.

In my desperation as a parent, I am contacting you directly to help with the situation. My son has not had consistent speech services in over a year due to the SC Medicaid office not paying an approved speech therapist. I was surprised to find out today that we were back to the same questions from Medicaid that were addressed in 2010 regarding my son's primary insurance. We have already documented by having BCBS deny the speech services that we do not have any primary speech coverage. Therefore, Medicaid is supposed to pay in full.

This is the only government benefit that my family is accepting even though we were allowed to participate in the SC PDD-Waiver program. Unfortunately the program that we need to work is not working, as it should. Samuel was up for re-certification this year and we even asked his representative and she said that she could not help with the situation. I hope that other families with special needs kids are not having as much of a problem as we are experiencing. Believe me, it is enough stress on a family to deal with the educational, medical and social issues with children to not have to be burdened by an organization that continues to give our speech therapist the run around on payment. I am

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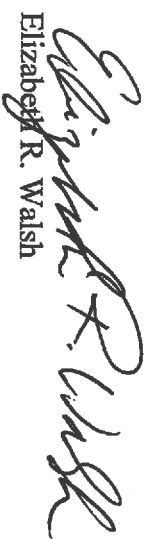
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Department of Health & Human Services
OFFICE OF THE DIRECTOR

ready and willing to hire an attorney at this point if that is what this has come to in order to get the services needed for my son.

Please contact me at your earliest convenience with a solution to this matter.

Sincerely,


Elizabeth R. Walsh

704-747-0182 (mobile)
803-831-5435 (home)

Cc: Mrs. Becca Shiflett, speech therapist
Mr. John Supra, Deputy Director

Maurice & Elizabeth Walsh
219 Carroll Cove
Clover, SC 29710



Attn: Anthony Reek
SC Department Health and Human Services
1801 Main St.
Columbia, SC 29201

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Log # 108

September 15, 2011

Mrs. Elizabeth Walsh
219 Carroll Cove
Clover, South Carolina 29710

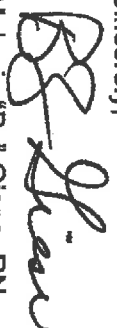
Dear Mrs. Walsh:

Thank you for your recent letter regarding unpaid claims for speech therapy services provided to your son Samuel by Ms. Becca Shifflett. I have had our Program Manager for the BlueChoice Medicaid Program investigate the matters of your concern, develop findings, and take corrective action as necessary.

As a condition of participation in any Medicaid program, a Provider, once properly enrolled, must be able to submit a payable claim to the proper payer. Our research indicates that, until August 14, 2011, Ms. Shifflett had not provided BlueChoice with sufficient information for a complete enrollment, including her National Provider Identification (NPI) Number, which is a mandatory requirement for all Medicaid providers.

The Medicaid claims information system records multiple claims submitted by this provider to Medicaid for payment instead of BlueChoice, which is the Medicaid payer with secondary coverage for Samuel. Each Medicaid denial generated from these incorrectly filed claims identified the proper Medicaid Plan that the Provider might have contacted for assistance with billing issues. BlueChoice reports that claims subsequently submitted to them by this provider were incomplete, or had required information entered in incorrect fields on the claim forms. The claims were also submitted to BlueChoice as a primary payer, rather than as secondary to private insurance. Blue Choice is familiar with this provider's difficulties and has pledged to make a special effort to educate this provider in correctly billing for any future services for Samuel applicable to BlueChoice as a secondary payer. In the event that Ms. Shifflett reports payment problems again to you in the future, please refer her to the BlueChoice provider issues assistance line at (Toll free) 1-866-757-8286, or to the Medicaid Managed Care Department at 803-898-4614.

Sincerely,


Melanie "Bz" Giese, RN
Deputy Director

MG/cbm

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

ACTION REFERRAL

TO <i>Liese Campbell</i>	DATE <i>9-6-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>James E. Kelly</i>	<i>9/6/11</i>		
2. <i>BS Steen</i>	<i>9/14/11</i>		
3.			
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