

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

ACTION REFERRAL

TO <i>Milens</i>	DATE <i>5-22-08</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000606</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Don't need to log per Felicity. Close APRA</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<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.			

May 13, 2008

RECEIVED

MAY 22 2008

Emma Forkner, Director
Health and Human Services
PO Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Log: Myers
Appro Sign

Dear Ms. Forkner,

In early April I received copies of 3 letters (attached) sent to my dentist, Dr. Tom Miller. These letters requested the return of payment for services rendered on March 26, 2006, July 27, 2006 and April 11, 2007 totaling \$436.80. I immediately called my dentist and was told they are received similar letters on "a long list" of patients.

I e-mailed customer service and asked how and why they were doing this. I also asked for a copy of the 2006 and 2007 pages concerning coordinating benefits with another insurer. Michele Jones replied "we have recently changed the method we use to coordinate benefits to be compliant with the State Dental contract." Only people with claims over \$50.00 are required to reimburse the State. As she did not address all of my questions nor send the pages from the manual, I e-mailed customer service again and asked how can you justify demanding repayment over 2 years after the service? Did the EOB mean nothing?

This time I received a phone call from Sharon Greer. I also received a letter from BCBS stating they had discovered that as the secondary insurer they had paid more than they should have and wanted the money back.

I find this entire situation unfair, unjust and wonder if it isn't illegal. Apparently contracts with the State of South Carolina for dental insurance and EOBs are meaningless. Will I be refunded for the monthly premium for carrying my husband on my dental plan? I elected to include him based on what the 2006 and 2007 benefits manual said they would pay. I believe that qualifies as a contract. I couldn't break the contract for 2 years but the State condones BCBS breaking the contract? That's a breach of trust at the very least.

While the State is free to reduce benefits for State employees and the consumer must learn to live with it, the actions should not be done retroactively. This isn't right and frankly deserves a class action suit. As my husband is currently unemployed due to a lay-off and I am the sole supporter, on a teacher's salary, of 4 people, I do not have the means to hire a lawyer.

Ironically BCBS denied a dental cleaning claim for my son because he was over 18 and not a full-time student. In fact he was a full-time student at Trident Technical College and proof from the Registrar was sent 3 times. My letter of July 26, 2007 was ignored and a woman in customer service informed me "we never cover anything retroactively". I guess what she should have said was that retroactively actions are only done when it benefits and increases the profits of BCBS and the State.

As you can see I have sent a copy of this letter and attachment to other people who I hope will agree with me. If this action is not reversed I intend on contacting the media to expose this injustice to State employees.

Sincerely yours,

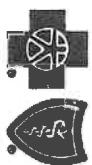
Michelle W. Larsen

Cc: Governor Mark Sanford

Senator Randy Scott

Representative Heyward Hutson

D. Javer



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

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Visit My Insurance Manager at www.SouthCarolinaBlues.com

MARCH 21, 2008



JOHN LARSEN
104 LABRADOR CT
SUMMERVILLE, SC 29485-4805

RE: Patient: John Larsen
ID#: ZCS51882321
Date(s) of Service: March 27, 2006
Refund Number: P0808012074

Dear Subscriber:

The information below is a copy of a letter we sent to WILLIAM T MILLER DMD regarding a refund request:

Dear Provider:

We sent a payment to you on June 14, 2006 in error for the patient listed above. We must request a refund of \$52.20 for the reason(s) stated below:

OUR SECONDARY PAYMENT EXCEEDED THE MAXIMUM AMOUNT ALLOWED UNDER THE STATE DENTAL PLAN.

If we have not heard from you within 60 days, we will deduct this amount from future payments to you.

Again, this is a letter that we sent to your provider. We are not asking for a refund from you. If you have any questions, please call our Customer Service Department at 1-888-214-6230.

Sincerely,

State Group Refunds

SDLT55 /46B/18
IKEY: ZCS51882321
CKEY: P0808012074
QE0D



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of South Carolina**
Columbia, S.C. 29219-0001

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MARCH 21, 2008



JOHN LARSEN
104 LABRADOR CT
SUMMERVILLE, SC 29485-4805

RE: Patient: John Larsen
ID#: ZC551882321
Date(s) of Service: July 27, 2006
Refund Number: P0808012075

Dear Subscriber:

The information below is a copy of a letter we sent to WILLIAM T MILLER DMD regarding a refund request:

Dear Provider:

We sent a payment to you on September 25, 2006 in error for the patient listed above. We must request a refund of \$192.30 for the reason(s) stated below:

OUR SECONDARY PAYMENT EXCEEDED THE MAXIMUM AMOUNT ALLOWED
UNDER THE STATE DENTAL PLAN.

If we have not heard from you within 60 days, we will deduct this amount from future payments to you.

Again, this is a letter that we sent to your provider. We are not asking for a refund from you. If you have any questions, please call our Customer Service Department at 1-888-214-6230.

Sincerely,

State Group Refunds

SDLT55 /46B/18
IKEY: ZC551882321
CKEY: P0808012075
4E0D



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MARCH 21, 2008



JOHN LARSEN
104 LABRADOR CT
SUMMERVILLE, SC 29485-4805

RE: Patient: John Larsen
ID#: ZCS51882321
Date(s) of Service: April 11, 2007
Refund Number: P0808012084

Dear Subscriber:

The information below is a copy of a letter we sent to WILLIAM T MILLER DMD regarding a refund request:

Dear Provider:

We sent a payment to you on May 28, 2007 in error for the patient listed above. We must request a refund of \$192.30 for the reason(s) stated below:

OUR SECONDARY PAYMENT EXCEEDED THE MAXIMUM AMOUNT ALLOWED
UNDER THE STATE DENTAL PLAN.

If we have not heard from you within 60 days, we will deduct this amount from future payments to you.

Again, this is a letter that we sent to your provider. We are not asking for a refund from you. If you have any questions, please call our Customer Service Department at 1-888-214-6230.

Sincerely,

State Group Refunds

SDLT55 /46B/18
IKEY: ZCS51882321
CKEY: P0808012084
\$E0D



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

Visit My Insurance Manager at www.SouthCarolinaBlues.com

April 14, 2008

Dear Ms. Larsen:

Thank you for using our Web site to ask us a question.

You asked: What is the explanation for the refund requests sent to Dr. Miller's dental office?

I have researched your inquiry and found that we recently changed the method we use to coordinate benefits to be compliant with the State Dental contract. We coordinate to the plan's allowance which means that if the primary carrier's payment, which in some cases is the patient's medical insurance, is more than the State Dental Plan's allowance, we will not make an additional payment.

If you have further questions, please do not reply to this e-mail. Since we need complete information, sending your question through My Insurance Manager is the best way for you to get answers within one business day. Please contact your member service representative at 1-888-214-6230. Thank you for taking the time to write us with your concern.

Sincerely,

Michelle Jones
State Dental Department

WEB9 /46B/18
IKEY: ZCS51882321
TKEY 2008-04-14-13.27.04.073649
#E0D



**BlueCross BlueShield
of South Carolina**

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

Columbia, S.C. 29219-0001

Visit My Insurance Manager at www.SouthCarolinaBlues.com

April 22, 2008

Dear Ms. Larsen:

Thank you for using our Web site to ask us a question.

You asked: How is BlueCross BlueShield justified in asking for refunds from almost two years ago?

I appreciate your patience while I research your inquiry. I will send you a follow up response as soon as possible.

If you have further questions, please do not reply to this e-mail. Since we need complete information, sending your question through My Insurance Manager is the best way for you to get a response within one business day. Or, you may contact our customer service staff at 1-888-214-6230. Thank you for taking the time to write us with your concern.

Sincerely,

Michelle Jones
Member Service Representative
State Dental Department

WEB1 /46B/18

KEY: ZCS51882321

KEY 2008-04-22-15.02.38.214458

DEOD



**BlueCross BlueShield
of South Carolina**

www.SouthCarolinaBlues.com

An Independent Licensee
of the Blue Cross and
Blue Shield Association

1-20 at Alpine Road
Columbia, S.C. 29219-0001
803-788-0222

March 26, 2008

Dear Member,

As you know, BlueCross BlueShield of South Carolina has been the administrator of the State of South Carolina Employees' Dental Plan since January 2003. One of our responsibilities has been to process claims for you or a covered family member when another insurance carrier has paid primary benefits for a service.

We found that our payments as your secondary insurance carrier were more than they should have been on some of the claims. So, we are requesting refunds for the overpaid amounts from the dentists who received the payments. We are bringing this to your attention because your dentist may in turn bill you for the amount of the overpayment.

We are requesting refunds for claims with dates of service 01/01/06-07/31/07 if the overpayment was greater than \$50.00. We apologize for the inconvenience this may cause you. If you have any questions or concerns, you may contact us at 1-888-214-6230 or locally at 803-264-7323.

Best regards,

Management
State Business Unit

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

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TO <i>Milens</i>	DATE <i>5-22-08</i>
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Department of Health & Human Services
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Appro Sign

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Michelle W. Larsen

Cc: Governor Mark Sanford

Senator Randy Scott

Representative Heyward Hutson

Michelle W. Larsen



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Columbia, S.C. 29219-0001

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MARCH 21, 2008

|||||

JOHN LARSEN
104 LABRADOR CT
SUMMERVILLE, SC 29485-4805

RE: Patient: John Larsen
ID#: ZCS51882321
Date(s) of Service: March 27, 2006
Refund Number: P0808012074

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State Group Refunds

SDLT55 /46B/18
IKEY: ZCS51882321
CKEY: P0808012074
\$EOD



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MARCH 21, 2008



JOHN LARSEN
104 LABRADOR CT
SUMMERVILLE, SC 29485-4805

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MARCH 21, 2008



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104 LABRADOR CT
SUMMERVILLE, SC 29485-4805

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April 14, 2008

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State Dental Department

WEB9 /46B/18

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TKEY 2008-04-14-13.27.04.073649

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Sincerely,

Michale Jones
Member Service Representative
State Dental Department

WEB1 /46B/18

KEY: ZC351662321

KEY 2008-04-22-15.02.38.214458

END



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1-20 at Alpine Road
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Best regards,

Management
State Business Unit