

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Jhells</i>	DATE <i>7-15-09</i>
---------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000034</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 7/20/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-27-09</i> DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:  
ARMED SERVICES  
EDUCATION AND LABOR  
FOREIGN AFFAIRS  
HOUSE POLICY

Congress of the United States  
House of Representatives

RECEIVED  
JUL 13 2009

July 10, 2009

PRESIDENT/GOO  
PALMETTO GBA

COUNTIES:  
Aiken\*  
Allendale  
Barnwell  
Beaufort  
Calhoun\*  
Hampton  
Jasper  
Lexington  
Orangeburg\*  
Richland\*  
(\*PARTS OF)  
DINO TERPARRA  
CHIEF OF STAFF  
AND COUNSEL

RECEIVED

JUL 15 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Bruce Hughes  
President  
Palmetto GBA, LLC  
PO Box 100134  
Columbia, South Carolina 29202

Dear Bruce,

I am writing you on behalf of a constituent, Phillip Francke, who has contacted regarding a Medicaid issue. Mr. Francke is seeking assistance in obtaining a spinal cord stimulator for which he believes he is eligible under SSI disability. I have attached the supporting documents regarding his case and the privacy release form. Your kind assistance in this matter would be greatly appreciated.

Thank you for your time and concern in this and all other matters. Please respond to the Lowcountry District Office at Post Office Box 1538, Beaufort, SC 29901. The telephone number is (843) 521-2530 and the fax number is (843) 521-2535.

It is an honor to represent the people of the Second Congressional District of South Carolina, and I value your input.

If I may be of further assistance to you, please do not hesitate to contact me.

Very truly yours,

JOE WILSON  
Member of Congress

JW:cw

MIDLANDS OFFICE:  
1700 SUNSET BLVD. (US 378), SUITE 1  
WEST COLUMBIA, SC 29169  
(803) 939-0041  
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4002  
(202) 225-2452  
FAX: (202) 225-2455  
www.joewilson.house.gov

LOWCOUNTRY OFFICE:  
903 PORT REPUBLIC STREET  
P.O. BOX 1538  
BEAUFORT, SC 29901  
(843) 521-2530  
FAX: (843) 521-2535

TOLL FREE 1-888-381-1442

**JANET JOYE**

---

**From:** ROSE.VOYLES@bcbssc.net  
**Sent:** Tuesday, July 14, 2009 1:58 PM  
**To:** JANET JOYE  
**Cc:** KEITH GARDNER  
**Subject:** Congressional/Medicaid Issue

**Attachments:** philipp francke.pdf



philipp francke.pdf  
(408 KB)

I received the attached congressional from Congressman Joe Wilson's office. This is regarding a Medicaid not Medicare issue. Can you please forward to the correct area that would process this inquiry?

Thank you,

Rose Voyles  
rose.voyles@palmmettogba.com  
803-763-8128  
803-935-0081 Fax  
x38128 Internal



**CONGRESSMAN JOE WILSON**  
**Second District of South Carolina**  
**Privacy Release**

**Consent for Release of Personal Records by Executive Agencies**

To Whom It May Concern:

I have sought assistance from the Office of Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Name of Agency: South Carolina Medicaid / Total Carolina Care  
 Name (please print) Phillip Francke Date of Birth Aug 14, 1961  
 Address 20 Chipwood Lane Bluffton S.C. 29910  
 City Zip  
 Social Security Number 518-78-4454 Email Address philfrancke@yahoo.com  
 Telephone Number - Home 843-304-4576 Telephone Number - Cell 843-304-4576  
 Signature Phillip Francke Today's Date 7-8-09

Please briefly explain your concern (use the back if necessary) I was granted SSI Disability in August, 2008. I was unaware of my Medicaid eligibility until it was already past the dates I was eligible for. In Sept, 2008 I was granted an extension for Medicaid benefits until Nov. 30, 2008. On Oct 12, 2008 I had a surgery for a 10 day trial of a spinal cord stimulator. After the trial, my Doctor submitted for approval for the permanent stimulator. During this time, Total Carolina Care had turned my case over to South Carolina Healthy Connections. They did not inform myself or my doctor of the change and they did not forward any authorization requests with the change.

Congressman Joe Wilson (SC-02)  
 1700 Sunset Boulevard, Suite 1 | West Columbia, SC 29169  
 Phone: (803) 939-0041 | Fax: (803) 939-0078

MS. LINDA TEXIN  
20 CHIPWOOD LANE  
BLUFFTON, S.C. 29910  
Lvsdolphins61@yahoo.com  
(843) 304-3157

April 2, 2009

Mr. Robert E. Leonard  
Hearing Officer  
Division of Appeals and Hearings

RE: PHILLIP FRANCE Case # 09-misc - 006

As you requested at Phillip's hearing I have collected as much additional information that was made available to me. There are a total of 5 pages with this faxes, including this page. Two of the letters, Certification of Medicaid Coverage and the other Total Carolina Care's welcome letter. The Medicaid letter clearly shows a date of the letter being 10/23/08 and that was when we became aware of having coverage.

The additional two letters were provided to us by Diane, who handles the insurance claims for Dr. Bishop. I had asked her to send along a letter with the information, but apparently felt that wasn't necessary. She provided us with two documents showing the records she received in regards to Phillip.

I hope these additional documents help in making a decision in regards to our appeal.

Thank you,





SUSAN CRAMER, M.D.,  
38 Sheridan Park Circle, Suite F  
Bluffton, SC 29910  
843.757.6744 fax 843.757.6743

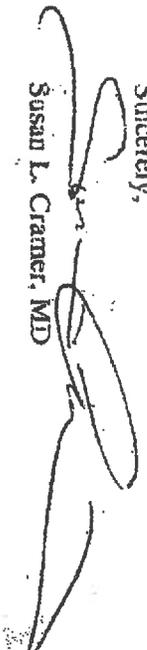
March 16, 2009

Re: Philip Francke

To Whom It May Concern:

Mr. Francke suffers from post cervical laminectomy syndrome and has severe neck and arm pain. He has failed all conservative measures including multiple medications, injections and physical therapy. He is an excellent candidate for a spinal cord stimulator implant. He already underwent a spinal cord stimulator trial on October 9, 2008 which helped significantly. He is in need of the permanent implant.

Sincerely,

  
Susan L. Cramer, MD

LOWCOUNTRY MEDICAL GROUP  
\_\_\_\_\_  
LLC

March 18, 2009

RE: Phillip Francke  
DOB: 8/14/61  
REASON: Medical necessity

To Whom It May Concern:

I have been following the above mentioned patient for close to three years now. He has a chronic neck condition of which he has had two separate surgeries. Currently his neurosurgeon is recommending a spinal stimulator because the patient is taking chronic narcotic medications and this would be a way to potentially get him off these medications. He wants to become a productive member of the labor force. I would highly recommend that the spinal stimulator and any other forms of treatment be allowed. If you need any further information, or would like to contact my office, please feel free to do so.

Sincerely,



Fletcher C. Derrick, M.D.  
FCD/rb

D: 3/19/09  
T: 3/22/09

PHONE: 843-784-8305

1010 MEDICAL CENTER DRIVE, SUITE 130  
HARDEEVILLE, SOUTH CAROLINA 29927

FAX: 843-784-8309

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Neuroscatology  
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Administrator  
 Robert T. Mathews

March 23, 2009

ATTENTION: South Carolina Medicaid

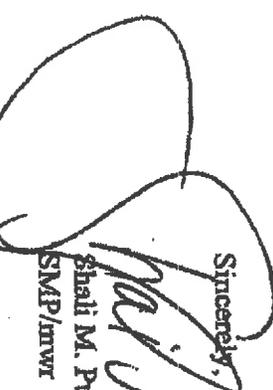
Re: Phillip Francke  
 DOB: 8-14-61  
 Chart #: 2414775

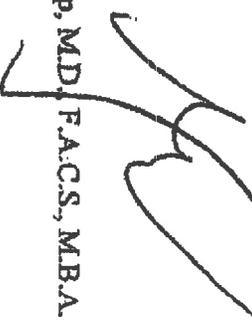
To Whom It May Concern:

This is a letter in response to an appeal that is scheduled for Phillip Francke on Wednesday of this week. Mr. Francke is an established patient of The Neurological Institute of Savannah and Dr. Randolph Bishop. Mr. Francke underwent a spinal cord stimulator trial on October 9, 2008. Following the trial, the patient decided that he desired permanent implantation of the spinal cord stimulator. Pre-certification for the stimulator was sent from our accounting office to South Carolina Medicaid on November 17, 2008. A pre-certification reference number of RE226576 was provided for approval of the spinal cord stimulator implant which was authorized to take place between November 20, 2008 and December 5, 2008. Dr. Bishop was out of the country on Friday, November 21<sup>st</sup> through Friday November 28<sup>th</sup>. For that reason, Mr. Francke was given the next available surgery date which was Thursday, December 4, 2008 at St. Joseph's Hospital. On December 3<sup>rd</sup>, the day before the implant was to take place, our pre-cert office spoke with Terry at South Carolina Medicaid to reverify insurance coverage and pre-certification for the following day's procedure. Our office was told at that time that the patient's insurance had terminated on November 30, 2008. For that reason, Mr. Francke's spinal cord stimulator implant scheduled for December 4, 2008 was cancelled.

It is my understanding that the patient is scheduled to have a hearing for his appeal on Wednesday of this week. I have informed Mr. Francke that once our accounting office can verify coverage and approval for the spinal cord stimulator implant, that we will proceed accordingly. If there are any questions, please don't hesitate to call us at (912) 355-1010.

Sincerely,

  
 Shaili M. Purvis, ANP-BC  
 SMP/mwr

  
 Randolph C. Bishop, MD, F.A.C.S., M.B.A.

4 E. Jackson Boulevard | Savannah, Georgia 31405 | ph: 912-356-1010 | fax: 912-351-0569

www.neurologicalinstitute.com

1007100 P

1E6925E(XAF)

AB5 J0 31U115M1 78719070R03M

01:51 (301)6002-02-RRM

**EXPERT PM** SYSTEM

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eBusiness Accounts Receivable Appointment Sched Insurance Billing Dictionaries Reg

UNAME: [ ] Last Invoice Due: [ ] Invoices Due: [ ] Last Balance: [ ] Accounts Due: [ ]

Submit: [ ] IBM: [ ] 100

Account	Billed	Seqn	Responsible Party	FSC	AC	CS	Age	Balance	Agency
2414775	00/00/00		PHILLIP FRANCKE	00	32	99	0		

Seqn	Date	Account Notes	User / Process
20	11/12/08	FAX TOTAL CAROLINA CARE PRECERT FORM TO GET APPROV	DIANNE B
21	11/12/08	AL FOR SURG (OUTPT) @ SJH ASAP.	DIANNE B
22	11/12/08	Que Contact 89 PRECERT FORM FAXED	DIANNE B
23	11/14/08	TALK TO LATRISHA @ 866-433-6041 TO GET STATUS OF S	DIANNE B
24	11/14/08	URG (OUTPT) @ SJH ASAP -- SHE SAID IS IN REVIEW. T	DIANNE B
25	11/14/08	HEY WILL EITHER FAX OR CALL FINDINGS ASAP.	DIANNE B
26	11/14/08	Que Contact 88 PRECERT ON HOLD	DIANNE B
29	11/18/08	SHARON @ 866-433-6041 (TOTAL CAROLINA CARE-MEDICAL)	DIANNE B
30	11/18/08	D SC) CALL & OK'D SURG (OUTPT) @ SJH ASAP REF #RE2	DIANNE B
31	11/18/08	26576 EFF DATE 11/20/08 - 12/06/08.	DIANNE B
32	11/18/08	Que Contact 78 PRECERT RETURNED TO SECRETRY	DIANNE B
33	11/18/08	Que Contact 84 PRECERT AUTHORIZED/COMPLETED	DIANNE B
34	12/03/08	TALK TO TERRI @ 803-898-2665 (MEDICAID SC) TO RE-V	DIANNE B
35	12/03/08	ERIFY INS FOR SURG ON 12/04/08 -- SHE SAID HIS INS	DIANNE B
36	12/03/08	TERM ON 11/30/08. ALSO AUTH FOR SURG TERM ON 11/30	DIANNE B
37	12/03/08	08. PASS INFORMATION TO SHALLE.	DIANNE B
38	12/03/08	Que Contact 78 PRECERT RETURNED TO SECRETRY	DIANNE B

Add:

Submit

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 CARLOS A. RIVERA, M.D.  
 ADMINISTRATOR  
 ROBERT T. MATHEWS

INSURANCE PRECERTIFICATION REQUEST FORM

Date: 10/23/2008  
 Patient Account#: 2414775  
 Patient Name: PHILIP FRANCKE  
 Patient Insurance: MEDICAID SC  
 Insurance Contact Name:  
 Precertification Phone#: 866-433-6041 (TOTAL CAROLINA CARE)  
 Ordering Physician: RCB Date: ASAP

Hospital: SJH MIOS: Other

Inpatient: Outpatient: XXX 23 Hour Unit:  
 Memorial Health University

4700 Waters Ave. Savannah, Ga. 31404  
 Phone: 912-350-8000 Tax ID#: 311126469

XXX St. Joseph Hospital Savannah, Ga. 31419  
 11705 Mercy Blvd. Tax ID#: 580568702  
 Phone: 912-819-4100

Candler Hospital Savannah, Ga. 31405  
 5353 Reynolds Street Tax ID#: 580593388  
 Phone: 912-819-6000

CPT:	63655	63685	77003		
Description:	SPINAL CORD STIMULATOR PLACEMENT				

ICDA:	721.0				
Description:	CERVICAL SPONDY				

PRECERTIFICATION#: RD226576

Approval Dates: Begin: 11/20/2008 End: 12/05/2008

Authorized By Whom: SHARON  
 Precertification Completed By: DIANNE BIEZENBOS  
 Precertification Completion Dates: 11/18/2008

The authorization should have taken 72 hours. After 2 weeks I called Total Carolina Care and was informed of the changes and was told the doctor needed to resubmit the authorization to South Carolina Healthy Connections. Again, this should have taken 72 hours, but was dragged out longer. When authorization was finally given it was for between the dates of November 20, 2008 and December 5, 2008. I called Healthy Connections and informed them my benefits ended at midnight of Nov. 30, 2008. I was told that because I had the authorization it would be fine. Because of the Thanksgiving holiday, the next available surgery date was Dec 4, 2008, which my doctor scheduled me for. Needless to say, I was denied the surgery because by that time my benefits had expired. I filed a complaint and was denied again. I filed an appeal, had the hearing in March 2008 and have been waiting for an answer. The case worker told me he would have an answer fairly soon, he had about 5 cases in front of mine. Today I was informed that this case worker denied my claim, has cleared his board of cases and will be retiring at the end of the month. This "fiasco" was caused by a complete lack of communication between both agencies, to each other, to my doctor and to myself. I have attached letters from my doctors and a letter from South Carolina Healthy Connections. Although this letter is dated October 27, 2008, I did not receive it until mid November when I called and complained about not being notified. At the appeal, I had all of the proper documents to back up my claim. When questions were asked, neither South Carolina Healthy Choices or Total Carolina Care were able to respond. I am seeking your help in this matter. I should have had this surgery 9 months ago. By this time I had hoped to be out of pain, off the medication, and hopefully off of disability.

I am a fourth generation American citizen. I have worked for over 30 years and have always paid my taxes. I have never asked for, nor received government aid. Now, being on disability and not getting the treatment I need to get me back to work, I am at risk to losing everything I own.

Congressman Joe Wilson (SC-02)

1700 Sunset Boulevard, Suite 1 | West Columbia, SC 29169

Phone: (803) 939-0041 | Fax: (803) 939-0078

JEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/15/09  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 07/13/09 END: PAGE: 0001

NAME: FRANCKE PHILLIP D HH NAME: FRANCKE PHILLIP D  
RCP NUMBER: 8780920693 HH NUMBER: 101287838 ACTION TYPE: MAINTENANCE  
SSN: 518-78-4954 VC: V APL STATUS: ACTION DATE: 07/15/09  
PRIMARY INDIVIDUAL: APL CO: 07 WORKER ID: MNARV LOCATION: 001  
20 CHIPWOOD LANE SSCN: 518784954A RRN:

BLUFFTON SC 29910-6106 DOB: 08/14/1961 DOD:  
CORRECT RCP NUMBER: \_\_\_\_\_ LIV ARRANGEMENT: HOME INCOME TRUST:

BG BEG END BENEFITS QMB RETRO % OF POV  
S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND LEVEL SPONSOR  
90277084 03/01/2007 12/01/2008 80 50 FULL N N .00 JS05

UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM ID: SDX1000 DATE: 09/20/08  
ME900063 RECIPIENT RECORD FOUND  
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV  
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

*closed EE 0005- Eligibility Period has ended*

*R Jordan,*

*Wagner re joining the*

*call you on the*

*message about this*

*(He says that contact was  
made with this group  
for re joining part  
Wagner*



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

July 20, 2009

The Honorable Joe Wilson, M.C.  
Lowcountry District Office  
Post Office Box 1538  
Beaufort, South Carolina 29901

Re: Appeal Matter of Phillip Francke v. SCDHHS  
Appeals case #09-MISC-006

Dear Congressman Wilson:

We are in receipt of your correspondence of July 10, 2009, regarding Mr. Phillip Francke, which was originally sent to Mr. Bruce Hughes of Palmetto GBA.

Mr. Francke was receiving Supplemental Security Income (SSI) Title XVI benefits from Social Security prior to being approved for Retirement, Survivors and Disability Insurance (RSDI) Title II benefits. As a South Carolina resident and SSI recipient, Mr. Francke was also Medicaid eligible until his SSI was terminated on November 30, 2008. In October of 2008, Mr. Francke was notified that he was being enrolled in a Medicaid Managed Care Organization effective November 1, 2008. Mr. Francke states that he was not previously informed of his right to select a MCO, or to remain in regular fee-for-service Medicaid. In October of 2008, Mr. Francke's physician had requested approval for a spinal cord stimulator. Because of Mr. Francke's enrollment in a MCO on November 1<sup>st</sup>, a new request had to be filed with the MCO. The approval, as documented in the attachments from Mr. Francke's physician, was granted on November 18<sup>th</sup> for the period from November 20 to December 5, 2008. Mr. Francke's physician was unavailable from November 21 through November 28 (the Friday after Thanksgiving). His physician's office scheduled the procedure for December 3, 2008. As previously stated, Mr. Francke's SSI eligibility, and SSI related Medicaid, terminated on November 30, 2008; and, therefore, he was unable to have the procedure.

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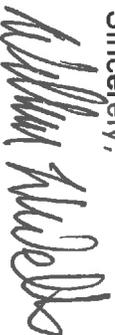
034

The Honorable Joe Wilson, M.C.  
July 20, 2009  
Page Two

Mr. Francke appealed on the basis that the MCO's delay resulted in his not being able to receive the stimulator. A hearing was held and a decision rendered that found there was no unusual delay in the processing of the request, and that the physician's unavailability was also a contributing factor.

If I can be of further assistance in this or any other matter, please feel free to contact me again.

Sincerely,

A handwritten signature in black ink, appearing to read "William L. Wells". The signature is written in a cursive style with a large, stylized initial "W".

William L. Wells, CPA  
Deputy Director