

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Grise</i>	DATE <i>5-8-12</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>101430</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>David W/5/12, letters attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-21-12</i> 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.			

WALTERBORO FAMILY PRACTICE ASSOCIATES, P.A.

JOSEPH F. FLOWERS, M.D.  
JOHN B. JOHNSTON, M.D.  
CURTIS D. STOKES, M.D.  
GUNTHER RENCKEN, M.D.  
MICHAEL R. SMITH, M.D.  
KIM RENCKEN, FNP

WALTERBORO MEDICAL CENTER  
107 CHURCH ST.  
WALTERBORO, S.C. 29488  
PHONE 843-549-1558  
FAX 843-549-1454

April 20, 2012

Mr. Mark Eggert  
Absolute Total Care  
1441 Main St, Suite 900  
Columbia, S.C. 29201

Dear Mr. Eggert:

I am writing you regarding the significant problems we are having with Absolute Total Care (ATC).

We are having more and more problems with trying to get authorization for studies to be done on our patients with ATC. One problem is that we are having to wait at least three (3) days after the OK of the radiological test to be done before the patient can actually have the test done. Once we have the test OK'd, authorization is suspended at the scheduled facility. ATC then sends the patient a letter giving them other options of where to go for the test. Many times, the places that are suggested are a long distance from the patients. These patients have no funds or travel money to go to these other facilities for their test, and what you are offering the patients at the other suggested facilities is already offered at the place we have scheduled it. The above process is frustrating, time consuming, and delays good medical care.

We are also having a problem with STAT tests being done which you require to have a clinical note before you will authorize the test. It is impossible to have a clinical note dictated and typed and given to you immediately for a STAT test when the STAT test indicates an emergency exists. We are also having STAT tests put in pending status due to the facility. Even though the test is authorized, no authorization is released until the facility is OK'd by the patient. In an emergent situation, there is no time to wait for someone to contact the patient to OK the facility.

Another problem we are encountering is sometimes we're told a test does require authorization and the next time the same test is ordered, someone will tell us it does not require authorization depending on who we speak to in your organization.

We are also having a problem with a minimal number of providers in our area accepting ATC within your referral network.

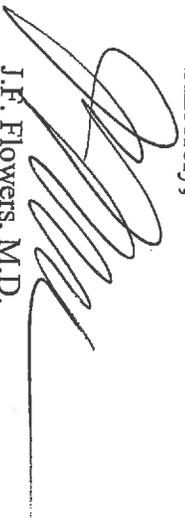
Unrelated to referrals, you recently sent a request to our office for 125 records for record review. We do not mind any of our records being reviewed. However, to send a request for 125 records at one time is ridiculous.

As you can see from the above-stated problems, it is very frustrating trying to deal with ATC because of all the restrictions you have on your referral process and because of the minimal number of physicians and facilities who no longer accept ATC in our area.

In regards to the problem we have been having with your reimbursement, you did not pay the Rural Health Clinic increased rate from January 2011 until November 23, 2011. You indicated with your review that we owed you money though you did not pay us this increased rate for this long period of time for any of our claims. Also, we have gone through the information you provided relative to private insurance payments. What you have done is keyed in the insurance allowable rather than the amount that was actually paid. This is a big error in your computation and certainly would indicate to us that you owe us a considerable amount of money and that we do not owe you the amount of money you are claiming relative to this situation. Our office manager, Beth Avant, has written a number of letters to your people, copies of which will be attached to this letter. These above issues are going to have to be addressed in an expeditious manner in order for us to continue our relationship with ATC in light of the fact that we continue to spend more and more resources on progressive levels of bureaucracy within your organization that interfere with us being able to adequately care for our patients.

We look forward to hearing from you with a positive solution to these problems in the near future.

Sincerely,



J.F. Flowers, M.D.

JFF/psp

Cc: Anthony Keck

*Walterboro Family Practice Associates, PA*

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107 Church Street  
Walterboro, SC 29488  
Phone: 843-549-1558  
Fax: 843-549-1454

January 30, 2012

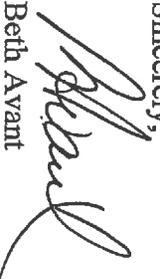
Absolute Total Carolina Care  
1441 Main Street, Ste 900  
Columbia, SC 29201

Atten: Sidney Stone

Dear Ms. Stone;

We have received a copy of the information submitted to South Carolina Department of Health & Human Services regarding Provider Number RHC082/NPI#1871532721 for settlement period April 1 – June 30, 2011. We feel that some of the information provided was incorrect in regard specifically to the amounts paid to us by other primary insurance carriers. We would like to request a review of all of the information be performed as soon as possible. Please feel free to contact me should you have any further questions.

Sincerely,



Beth Avant  
Practice Administrator

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Cc: Jeff Helliges SCDHHS PO Box 8206 Columbia, SC 29102-8206

Ke-Onna Davis Provider Relations Specialist ATCC 1441 Main St, Ste 900 Columbia, SC  
29201



November 28, 2011

Ms. Beth Avant, Office Manager  
Walterboro Family Practice  
107 Church Street  
Walterboro, South Carolina 29488

Provider Number: RHC082/NPI# 1871532721  
Settlement Period: April 1 - June 30, 2011

Dear Ms. Avant:

We are required to ensure that an RHC participating as a member of an HMO does not receive less reimbursement than they would receive in RHC reimbursement. As a result, we have reviewed your service provision as a member of ATC for the June 2011 quarter. Our determination is that no additional funds are due based on the current rate. A copy of our determination is attached for your review. When the actual rate is known, we will review our determination and make any necessary revisions.

If you have any questions or would like to request a detailed copy of your claims for this quarter, please contact me at (803) 898-4583 or e-mail me at [mainek@scdhhs.gov](mailto:mainek@scdhhs.gov).

Sincerely,

Karen A. Maine, Auditor III  
Division of Ancillary Reimbursements

KAM/s  
Enclosure

ATC Provider Quarterly Review

Provider Name: Walterboro Family Practice

Provider Number: RHC082/NPI #: 1871532721

Quarter: April 1 - June 30, 2011

Quarter Ended	June 2011
Encounters per ATC	1,665
RHC/FQHC Rate	\$ 78.07
Total Due at RHC/FQHC Rate	\$ 129,987
Less: Paid per ATC	<u>\$ 132,005</u>
Total Due (From)/To Provider	<u><u>\$ (2,018) (1)</u></u>

- (1) The Wrap-Around settlement for this quarter reflects an amount paid by the MCO to your FQHC or RHC that is greater than the amount that would have been paid by Medicaid for this same time period. No amount is due to the agency.  
Total Due = \$0.00

ATC

RHC/FQHC Summary Report for the Quarter Ended:

6/30/2011

Provider Name: Walterboro Family Practice

Capitation payments

Month	# of members	Amount Paid
April		
May		
June		
<b>Total</b>	<u>0</u>	<u>\$0.00 2a</u>

Fee-for-Service (FFS) Encounters by month

Month	# of clients seen	# of encounters	Payments
April	461	621	\$44,906.18 A
May	449	602	\$44,763.01 B
June	401	550	\$39,258.74 C
<b>Total</b>	<u>1,311</u>	<u>1,773</u>	<u>\$128,927.93 2b = (A+B+C)</u>

Encounters CAP by month

Month	# of clients seen	# of encounters	Payments
April			\$44,906.18
May			\$44,763.01
June			\$39,258.74
<b>Total</b>	<u>0</u>	<u>0</u>	

Σ① Total number of Fee-For-Service encounters claimed by ATC  
 2a Total capitation payments per ATC  
 2b Total Fee-For-Service encounter payments per ATC  
 Σ③ Total number of allowed Fee-For-Service encounters (Reference subsequent pages) = 1,665  
 Σ④ Total number of allowed CAP encounters (Reference subsequent pages) = 0  
 A - C Traces to intermediary's calculation. Reference subsequent pages for determination.

\$ - (Ref. 2a)  
 128,927.93 (Ref. 2b)  
 4,356.36 (Other insurance paid)  
 (1,278.86) (Less Fee-For-Service - services not covered under encounter rate)  
\$ 132,005.43 (Total quarterly payments per ATC)

\* 3 Denied Claims ,  
 0.2% Denied

April Total	<u>\$44,906.18</u>	A	<u>577</u>	\$507.19	<u>\$1,528.00</u>
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A - Cross reference sub-total on Quarterly Summary page.

May Total	<u>\$44,763.01</u>	B	<u>579</u>	\$350.30	<u>\$2,030.82</u>
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B - Cross reference sub-total on Quarterly Summary page.

June Total	<u>\$39,258.74</u>	C	<u>509</u>	\$421.37	<u>\$797.54</u>
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C - Cross reference sub-total on Quarterly Summary page.

Grand Total	<u>\$128,927.93</u>	ΣⓄ	<u>1665</u>	\$1,278.86	<u>\$4,356.36</u>
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DC - Denied claim can not be considered as an allowed encounter.  
 DE - Duplicate encounter not allowed.  
 SE - Second encounter not allowed.  
 \*\* - Other Insurance paid not appropriate with fee-for-service.  
     3 Denied Claims  
 ΣⓄ - Total number of encounters allowed. Reference Quarterly Summary page for further review.  
 A, B & C - Source: Excel claims detail file provided by ATC.

Provider	Month	Monthly Cap	Monthly Cap Pd.	Monthly FFS	Monthly FFS	Monthly FFS Paid	Monthly Cap Enc. Mem.	Monthly Cap Enc.
IC002	Apr-11			946	946	\$53,215.02		
	May-11			969	969	\$54,369.37		
	Jun-11			946	946	\$52,680.98		
IC017	Apr-11			33	33	\$1,564.07		
	May-11			41	41	\$2,160.83		
	Jun-11			29	29	\$1,556.49		
IC018	Apr-11			23	23	\$1,137.49		
	May-11			24	24	\$1,293.41		
	Jun-11			19	19	\$936.98		
	Apr-11							
	May-11							
	Jun-11							
	Apr-11							
	May-11							
	Jun-11							
	Apr-11							
	May-11							
	Jun-11							
	Apr-11							
	May-11							
	Jun-11							
	Apr-11			1,002	1,002	\$55,916.58		
	May-11			1,034	1,034	\$57,823.61		
	Jun-11			994	994	\$55,174.45		
				3,030	3,030	\$168,914.64		

ATC

RHC/FQHC Summary Report for the Quarter Ended:

6/30/2011

Provider Name: Walterboro Family Practice

Capitation payments

Month	# of members	Amount Paid
April		
May		
June		
<b>Total</b>	<u>0</u>	<u>\$0.00 2a</u>

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Encounters CAP by month

Month	# of clients seen	# of encounters	Payments
April			\$44,906.18
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<b>Total</b>	<u>0</u>	<u>0</u>	

Σ ① Total number of Fee-For-Service encounters claimed by ATC  
 2a Total capitation payments per ATC  
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 Σ ③ Total number of allowed Fee-For-Service encounters (Reference subsequent pages) = 1,665  
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\$ - (Ref. 2a)  
 128,927.93 (Ref. 2b)  
 4,356.36 (Other insurance paid)  
 (1,278.86) (Less Fee-For-Service - services not covered under encounter rate)  
 \$ 132,005.43 (Total quarterly payments per ATC)

\* 3 Denied Claims  
 0.2% Denied

*He to pull Q1/11's.  
 Review Submitted.  
 Info.  
 AA 3/15*

Unique Claim Number	Member Last Name	Member First Name	Medicaid ID	Date of Service	CPT Code	Net Paid Amount	Insurance Ar	Claim Type	Status	Explanation
K133SC002523	HUSEMAN	TORII ELIZAB	4150424902	4/5/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K151SC000966	BLACKBURN	KENDELL MIC	4150424901	4/5/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K133SC002522	HUSEMAN	BRISTON D	1780395328	4/11/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K122SC002306	EDWARDS	MARY L	0780372757	4/7/2011	T1015	\$31.76		E	P	PAID ACCORDING TO CON
K133SC002525	GOMEZ	SIFERRA T	0630108821	4/11/2011	T1015	\$47.76		E	P	PAID ACCORDING TO CON
K133SC001080	BLACKBURN	KENDELL MIC	4150424901	4/11/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K133SC002524	JOHNSON	JAMAREANA	4780940446	4/14/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K151SC000964	ASHE	MACKENNA J	5780157003	4/18/2011	T1015	\$37.76		E	P	PAID ACCORDING TO CON
K151SC000965	ASHE	SHELBI REN	8182753602	4/18/2011	T1015	\$54.76		E	P	PAID ACCORDING TO CON
K137SC001078	BLACKBURN	KENDELL MIC	4150424901	4/19/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K137SC001170	JOHNSON	JAMAREANA	4780940446	4/19/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K137SC001076	MARTIN	ABAGAIL C	6780922434	4/20/2011	T1015	\$44.76		E	P	PAID ACCORDING TO CON
K137SC001168	HUSEMAN	BRISTON D	1780395328	4/25/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K137SC001169	HUSEMAN	TORII ELIZAB	4150424902	4/25/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K151SC000969	JOHNSON	JAMAREANA	4780940446	4/26/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K151SC000970	EDWARDS	MARY L	0780372757	4/26/2011	T1015	\$31.76		E	P	PAID ACCORDING TO CON
K151SC000968	HUSEMAN	BRISTON D	1780395328	4/28/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K151SC000962	BLACKBURN	KENDELL MIC	4150424901	5/2/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K151SC000967	HUSEMAN	BRISTON D	1780395328	5/2/2011	T1015	\$39.36		E	P	PAID ACCORDING TO CON
K164SC001012	ASHE	MACKENNA J	5780157003	5/2/2011	T1015	\$54.76		E	P	PAID ACCORDING TO CON
K151SC000971	CARTER	AUSTIN K	6780993368	5/4/2011	T1015	\$22.59		E	P	PAID ACCORDING TO CON
K193SC000693	EDWARDS	MARY L	0780372757	5/4/2011	T1015	\$31.76		E	P	PAID ACCORDING TO CON
K172SC001507	GOMEZ	BRANDIE	2630224650	5/5/2011	T1015	\$47.76		E	P	PAID ACCORDING TO CON
K158SC001619	FENNEL	TIMOTHY T	4160206402	5/9/2011	T1015	\$54.76		E	P	PAID ACCORDING TO CON
K164SC001013	BLACKBURN	KENDELL MIC	4150424901	5/9/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K151SC000963	HUSEMAN	TORII ELIZAB	4150424902	5/11/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K164SC001015	BLACKBURN	KENDELL MIC	4150424901	5/11/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K164SC001016	HUSEMAN	BRISTON D	1780395328	5/11/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K172SC001509	STANLEY	CHRISTINE M	115292101	5/11/2011	T1015	\$31.54		E	P	PAID ACCORDING TO CON
K164SC001014	JOHNSON	JAMAREANA	4780940446	5/12/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K179SC001246	HUSEMAN	BRISTON D	1780395328	5/18/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K172SC001508	JOHNSON	JAMAREANA	4780940446	5/19/2011	T1015	\$29.76		E	P	PAID ACCORDING TO CON
K179SC001240	HUSEMAN	BRISTON D	1780395328	5/23/2011	T1015	\$49.76		E	P	PAID ACCORDING TO CON
K179SC001244	BLACKBURN	KENDELL MIC	4150424901	5/23/2011	T1015	\$59.76		E	P	PAID ACCORDING TO CON
K179SC001245	PADGETT	JIMMY E	3780957369	5/23/2011	T1015	\$54.76		E	P	PAID ACCORDING TO CON
K186SC003886	GOMEZ	BRANDIE	2630224650	5/27/2011	T1015	\$47.76		E	P	PAID ACCORDING TO CON
K133SC002526	Member Last Name	Member First Name	Medicaid ID	Date of Service	CPT Code	Net Paid Amount	Insurance Ar	Claim Type	Status	Explanation

K179SC001243	BLACKBURN	KENDALL MIC	4150424901	6/2/2011	T1015	\$59.76	\$59.76	\$72.00	P	PAID ACCORDING TO CON
K193SC000695	JOHNSON	JAMAREANA	4780940446	6/9/2011	T1015	\$59.76	\$59.76	\$36.00	P	PAID ACCORDING TO CON
K193SC000691	STRICKLAND	STEPHANIE	3780533114	6/11/2011	T1015	\$57.46	\$57.46	\$54.00	P	PAID ACCORDING TO CON
K193SC000691	STRICKLAND	STEPHANIE	3780533114	6/13/2011	T1015	\$57.46	\$57.46	\$54.00	P	PAID ACCORDING TO CON
K193SC000694	EDWARDS	MARY L	0780372757	6/13/2011	T1015	\$29.46	\$29.46	\$92.00	P	PAID ACCORDING TO CON
K199SC007211	ZAHLER	JUNE L	1251418301	6/13/2011	T1015	\$48.69	\$48.69	\$54.00	P	PAID ACCORDING TO CON
K206SC007614	STANLEY	CHRISTINE M	1155292101	6/15/2011	T1015	\$29.47	\$29.47	\$323.54	E	PAID ACCORDING TO CON

5575 HUSEMAN, BRISTON D.  
 CASE: 25 \$195.00 BIL:A

TYPE AA IC Insurance Company  
 1- 140 Y Y BCBS OF SOUTH CAROLINA  
 2- 377 Y P ABSOLUTE TOTAL CARE RURAL  
 3-  
 4-  
 Payment Codes  
 D-Deductible  
 N-Non Allowed  
 U-Unspecified  
 P-Paid C-Cap

DATE	CODE	AMOUNT	INS	B	CLAIM #115	INSURANCE COMPANY	PAYMENTS	Pg: 1 of 1
1-06/03/11	528C	-20.00	NN	B				
2-05/02/11	528C	-47.00	NN	Y				
3-05/02/11	140	-28.00	NN	Y				
4-04/05/11	99213	95.00	NN	Y	28.00	N R		67.00 0.00
Claim Total:		0.00						Total Unpaid: 0.00

Option (PgUp/PgDn/P#) :

*68.00 Paid*  
*78.01*  
*Debit*

575 HUSEMAN, BRISTON D.  
 BASE: 29 \$0.00 BIL.A

Type AA IC Insurance Company  
 1- 140 Y Y BCBS OF SOUTH CAROLINA  
 2- 377 Y P ABSOLUTE TOTAL CARE RURAL  
 3-  
 4-  
 Payment Codes  
 D-Deductible  
 N-Non Allowed  
 U-Unspecified  
 P-Paid C-Cap

DATE	CODE	AMOUNT	INS	FLAGS	CLAIM #117	INSURANCE COMPANY	PAYMENTS	Pg: 1 of 1
1-05/02/11	528C	-47.00	NN	B	- 1 -	- 2 -	- 3 -	- 4 -
2-05/02/11	140	-48.00	NN	B	- 1 -	- 2 -	- 3 -	- 4 -
3-04/19/11	99213	95.00	NN	B	- 1 -	- 2 -	- 3 -	- 4 -
Claim Total:		0.00						
Total Unpaid:		47.00						0.00

Option (PgUp/PgDn/P#):

*48.00 Paid*  
~~*48.00*~~  
*48.00*  
*48.00*

17313 EDWARDS, MARY L.:n Type AA IC Insurance Company Payment Codes  
CASE: 14 \$3.30 BIL:A 1- 55 Y Y MAIL HANDLERS BENEFIT PLAN D-Deductible

2- 377 Y P ABSOLUTE TOTAL CARE RURAL N-Non Allowed  
3- U-Unspecified  
4- P-Paid C-Cap

DATE	CODE	AMOUNT	INS	B	CLAIM #115	INSURANCE COMPANY	PAYMENTS	Pg: 1 of 1
1-06/03/11	160D	11.76	NN	N	- 1 -	- 2 -	- 3 -	- 4 - ADJ+PAT UNPAID
2-06/03/11	377	-31.76	NN	N				
3-04/25/11	528C	-29.00	NN	N				
4-04/25/11	55	-46.00	NN	N				
5-04/07/11	99213	95.00	NN	N	46.00	20.00	-	29.00 0.00
Claim Total:		0.00						Total Unpaid: 0.00

Option (PgUp/PgDn/P#):

A# -Add Pay/Credit D# -Add Debit Adj C# -Change Line# L -List Detail  
B# -Bill Flag I# -Ins. Flag T/O-Toggle Column X# -Edit Tran Notes  
CP -Claim Payment CT -Claim Total G# -Goto Claim # +/- -Next/Prev Claim  
Z -Edit Job Info N -FastNotes

*177.76 paid  
No on Rate*

535 BLACKBURN, KENDELL:n Type AA IC Insurance Company Payment Codes  
 SE: 12 \$95.00 BIL: A 1- 140 Y Y BCBS OF SOUTH CAROLINA D-Deductible

2- 377 Y P ABSOLUTE TOTAL CARE RURAL N-Non Allowed  
 3- U-Unspecified  
 4- P-Paid C-Cap

DATE	CODE	AMOUNT	INS	B	1	2	3	4	ADJ+PAF	UNPAID
06/10/11	160D	29.76	NN	Y						
06/10/11	377	-59.76	NN	Y						
05/02/11	528C	-47.00	NN	Y						
05/02/11	140	-18.00	NN	Y						
04/11/11	99213	95.00	NN	Y	18.00	30.00	-	-	47.00	0.00
= Claim Total: 0.00										Total Unpaid: 0.00

-Add Pay/Credit D# -Add Debit Adj C# -Change Line# L -List Detail  
 -Bill Flag I# -Ins. Flag T/O-Toggle Column X# -Edit Tran Notes  
 -Claim Payment CT -Claim Total G# -Goto Claim # +/- -Next/Prev Claim  
 -Edit Bob Info N -FastNotes

Option (PgUp/PgDn/P#):

*77.76 paid  
 78.00 RHC for*

184 GOMEZ, SIERRA                   Type AA IC Insurance Company                   Payment Codes  
 SE: 11   \$0.00 BIL:N   1- 209 Y Y CIGNA HEALTHCARE                   D-Deductible  
                           2- 377 Y P ABSOLUTE TOTAL CARE RURAL           N-Non Allowed  
                           3-   U-Unspecified  
                           4-   P-Paid C-Cap

DATE	CODE	AMOUNT	INS	INSURANCE COMPANY	PAYMENTS	CLAIM #33	Pg: 1 of 1
06/17/11	160D	22.76	NN				
06/10/11	377	-47.76	NN				
05/02/11	528C	-40.00	NN				
05/02/11	209	-30.00	NN				
04/11/11	99213	95.00	NN		30.00	25.00	40.00
= Claim Total:		0.00					Total Unpaid: 0.00

-Add Pay/Credit D# -Add Debit Adj C# -Change Line# L -List Detail  
 : -Bill Flag I# -Ins. Flag T/O-Toggle Column X# -Edit Tran Notes  
 , -Claim Payment CR -Claim Total G# -Goto Claim # +/- -Next/Prev Claim  
 -Edit Rob Info N -FastNotes

Option (PgUp/PgDn/P#) :

*977.76 Paid  
 98.00 by rate*

75 HUSEMAN, TORII ELIZAB Type AA IC Insurance Company

Payment Codes

SE: 27 \$0.00 BILL: A 1-140 Y Y BCBS OF SOUTH CAROLINA

D-Deductible

2-377 Y P ABSOLUTE TOTAL CARE RURAL

N-Non Allowed

3-

U-Unspecified

4-

P-Paid C-Cap

CLAIM #114

Pg: 1 of 1

DATE	CODE	AMOUNT	INS	B	1	2	3	4	ADJ+PART	UNPAID
06/17/11	160D	29.76	NN	B						
06/10/11	377.	-49.76	NN	B						
05/02/11	528C	-47.00	NN	Y						
05/02/11	140	-28.00	NN	Y						
04/05/11	99213	95.00	NN	Y	28.00	20.00				
= Claim Total:										0.00
Total Unpaid:										47.00
Total Unpaid:										0.00

- Add Pay/Credit D# - Add Debit Adj C# - Change Line# L - List Detail  
 - Bill Flag I# - Ins. Flag T/O-Toggle Column X# - Edit Tran Notes  
 - Claim Payment CT - Claim Total G# - Goto Claim # +/- - Next/Prev Claim  
 - Edit Eob Info N - PastNotes

Option (PgUp/PgDn/P#):

777.76 Paid  
 78.07  
 R. Hebert

:75 HUSEMAN, BRISTON D. Type AA IC Insurance Company Payment Codes  
 ASE: 25 \$190.00 BIL:A 1- 140 Y X BCBS OF SOUTH CAROLINA D-Deductible

2- 377 Y P ABSOLUTE TOTAL CARE RURAL N-Non Allowed  
 3- U-Unspecified  
 4- P-Paid C-Cap

DATE	CODE	AMOUNT	INS	B	- 1 -	- 2 -	- 3 -	- 4 -	ADJ+PAT	UNPAID
-07/15/11	160D	29.76	NN	Y						
-07/15/11	377	-49.76	NN	Y						
-06/13/11	528C	-47.00	NN	Y						
-06/13/11	140	-28.00	NN	Y						
-06/02/11	99213	95.00	NN	Y	28.00	20.00			47.00	0.00
= Claim Total: 0.00										Total Unpaid: 0.00

# -Add Pay/Credit D# -Add Debit Adj C# -Change Line# L -List Detail  
 # -Bill Flag I# -Ins. Flag T/O-Toggle Column X# -Edit Tran. Notes  
 P -Claim Payment CT -Claim Total G# -Goto Claim # +/- -Next/Prev Claim  
 -Edit Eob Info N -FastNotes

Option (PgUp/PgDn/P#):

*177.76 - Paid  
 78.07 - Paid  
 -----  
 99.69 - Paid*

*Walterboro Family Practice Associates, PA*

---

107 Church Street  
Walterboro, SC 29488  
Phone: 843-549-1558  
Fax: 843-549-1454

November 9, 2011

Absolute Total Carolina Care  
1441 Main Street, Ste 900  
Columbia, SC 29201

Yolanda T Marsh MHA  
Manager, Provider Relations  
Ke-Onna Davis  
Provider Relations Specialist

Ms. Marsh & Ms. Davis;

As we discussed this morning our current RHC rate is still incorrect according to a check we received today from ATC dated 11/1/11. We feel that ATC has been provided the proper information in a timely manner in which to have this information loaded in their payment systems correctly. As you know this has been an ongoing discussion during each one of your visits to our practice and was discussed with your predecessor Karen Phillips.

We feel we have given ATC an ample amount of time in which to resolve this issue and that we have no further recourse but to contact South Carolina Medicaid if we cannot get this resolved by noon next Friday, November 18, 2011

Sincerely,

Beth Avant  
Practice Administrator

WALTERBORO FAMILY PRACTICE ASSOCIATES, P.A.

JOSEPH F. FLOWERS, M.D.  
JOHN B. JOHNSTON, M.D.  
CURTIS D. STOKES, M.D.  
GUNTHER RENCKEN, M.D.  
MICHAEL R. SMITH, M.D.  
KIMI RENCKEN, FNP

WALTERBORO MEDICAL CENTER  
107 CHURCH ST.  
WALTERBORO, S.C. 29488  
PHONE 843-549-1558  
FAX 843-549-1454  
*843-4494*

DATE: 2/25/11

FAX NO: 866-912-3605

NUMBER OF PAGES: 3 (INCLUDING COVER SHEET)

TO: Phonon Philips

FROM: Bill

RE: RH's State Letter

Phonon we received a New Letter re our State.

NOTE: THE INFORMATION CONTAINED IN THIS FACSIMILE MAY BE PRIVILEGED AND CONFIDENTIAL AND PROTECTED FROM DISCLOSURE. IF THE READER OF THIS FACSIMILE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY READING, DISSEMINATION, DISTRIBUTION, COPYING, OR OTHER USE OF THIS FACSIMILE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE AND DESTROY THIS FACSIMILE.

IF YOU DO NOT RECEIVE THE ENTIRE TRANSMISSION OR HAVE ANY QUESTIONS, CALL:

AT WALTERBORO, 843-549-1558



February 17, 2011

Ms. Beth Avant, Office Manager  
Walterboro Family Practice  
107 Church Street  
Walterboro, South Carolina 29488

Re: Walterboro Family Practice  
Medicaid Rate (RHCO82)

Dear Ms. Avant,

The South Carolina Medicaid program reimburses for the provision of rural health clinic services at the rate as determined by Medicare. We have been advised of a change in the rate for your clinic to \$78.07. As a result, your Medicaid rural health clinic rate shall be revised to \$78.07 effective as of January 1, 2011. The new rate was updated in our payment system on February 16, 2011.

Please share this information with the appropriate billing staff.

If you have any questions, please contact me at (803) 898-1060.

Sincerely,

Alexis Martin

Division of Ancillary Reimbursements

ARM/s

WALTERBORO FAMILY PRACTICE ASSOCIATES, P.A.

JOSEPH F. FLOWERS, M.D.  
JOHN B. JOHNSTON, M.D.  
CURTIS D. STOKES, M.D.  
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MICHAEL R. SMITH, M.D.  
KIMI RENCKEN, FNP

WALTERBORO MEDICAL CENTER  
107 CHURCH ST.  
WALTERBORO, S.C. 29488  
PHONE 843-549-1558  
FAX 843-549-1454

DATE: 1/4/2011

FAX NO: 866-912-3605

NUMBER OF PAGES: 3 (INCLUDING COVER SHEET)

TO: Baron Dupuy

FROM: Alena

RE: Alte Note letters

NOTE: THE INFORMATION CONTAINED IN THIS FACSIMILE MAY BE PRIVILEGED AND CONFIDENTIAL AND PROTECTED FROM DISCLOSURE. IF THE READER OF THIS FACSIMILE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY READING, DISSEMINATION, DISTRIBUTION, COPYING, OR OTHER USE OF THIS FACSIMILE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE AND DESTROY THIS FACSIMILE.

IF YOU DO NOT RECEIVE THE ENTIRE TRANSMISSION OR HAVE ANY QUESTIONS, CALL:

843-118 AT WALTERBORO, 843-549-1558



December 13, 2010

Ms. Beth Avant, Office Manager  
Walterboro Family Practice  
107 Church Street  
Walterboro, SC 29488

Re: Walterboro Family Practice  
Medicaid Rate Change (RHC082)

Dear Ms. Avant:

The South Carolina Medicaid program reimburses for the provision of rural health clinic services at the rate as determined by Medicare. We have been advised of the rate revision for the clinic referenced above. As a result, your Medicaid rural health clinic rate shall be \$77.99 effective as of January 1, 2011. The new rate was updated in our payment system on December 7, 2010.

Please share this information with the appropriate billing staff.

If you have any questions, please contact me at (803) 898-1060.

Sincerely,

Alexis Martin  
Division of Ancillary Reimbursements

AM/s

*2/3/11 - Mrs. She has sent 1/11 letter writing on  
response & will processed our letters along  
As the has sent settlement reports for 2006-current  
Overdue -*

*2015 last report  
rd. 2007  
rd. 1st 1st*

  
South Carolina Department of  
Health & Human Services



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

June 5, 2012

Joseph F. Flowers, M.D.  
Walterboro Family Practice Associates, P.A.  
Walterboro Medical Center  
107 Church Street  
Walterboro, South Carolina 29488

Dear Dr. Flowers:

Thank you for forwarding your recent communication to Absolute Total Care (ATC) regarding the significant issues your practice is encountering with this Managed Care Organization.

The South Carolina Department of Health and Human Services met with the Executive Staff of ATC on May 17<sup>th</sup> to discuss these and other concerns in regards to their meeting all deliverables of the contract. We will personally contact your office to address these issues.

If you have additional questions, please do not hesitate to contact Ms. Jennifer Campbell at (\*03) 898-2593. Thank you for bringing your concerns to our attention.

Sincerely,

Melanie "Bz" Giese, RN  
Deputy Director

MG/abc