

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

**ACTION REFERRAL**

TO <i>Myers</i>	DATE <i>9-22-08</i>
--------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOC NUMBER <i>300159</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/1/08, <u>DLW</u> attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-1-08</i>  <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.			

Governor Mark Sanford  
Office of the Governor  
P.O. Box 12267  
Columbia, SC 29211

819 Oleander Drive SE  
Aiken, SC 29801  
2 September 2008

**RECEIVED**  
SEP 22 2008  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Governor Sanford,

My name is Amanda Willoner. My husband, Terry, and I are in the process of adopting two children (siblings) out of South Carolina foster care. We have four biological children.

We have a problem and need your help.

Without consulting us, the Lexington County Foster Care Social Worker, Deanna Parrett (supervisor is Trina Elfering) declined to answer a request from SC Medicaid as to which program to keep our children in. Therefore, according to the social worker, Medicaid randomly assigned children. This resulted in Quentin Rotan (our foster son) being transferred to a network that did not include our family pediatrician, Dr. Tracey Middlebrooks of Augusta, GA. The social worker said she thought that if she did not respond, the children would be left in the programs they were in. However, this was not the case.

Thankfully, Quentin has subsequently been switched back and his bills from June 2008 forward have been paid.

However, there remains a **balance of \$260 due** from the time he was switched out of regular SC Medicaid into a network that did not include his pediatrician. Again, this switch was made without my knowledge or input. In fact, I was never even notified. I only uncovered the problem after the pediatrician's bills went unpaid.

The dates of service are shown on the attached bill from Dr. Middlebrook's billing office.

I have made innumerable phone calls and sent many emails trying to resolve this issue without success.

Please would you intervene on our behalf to have Lexington County DSS and or SC Medicaid pay Dr. Tracey Middlebrooks the \$260 he is due?

**This failure to pay for services rendered reflects poorly upon our Department of Social Services and indeed upon our entire State. We do not want to lose the cooperation of our fine doctors in the medical community in Augusta, GA.**

Very truly yours,

Amanda Willoner  
803-649-1816

[inwbluebeard@bellsouth.net](mailto:inwbluebeard@bellsouth.net)

CF: Dr. Tracey Middlebrooks, 2315 Central Avenue, Augusta, GA 30904  
Trina Elfering, Supervisor, Lexington County DSS, Foster Care  
Emma Forkner, Director, South Carolina Medicaid  
Brittany Price, Lexington County DSS, Adoptions

TRACY W. MIDDLEBROOKS, M.D.  
 2315 CENTRAL AVE  
 AUGUSTA, GA 30904

SCAID

Balance Due: **260.00**

Amount Paid: \_\_\_\_\_  
 Date of Svc: 2/1/2008

AMANDA WILLONER  
 819 OLEANDER DR  
 AIKEN, SC 29801

Acct #: 5648-01  
 Patient: QUENTON T ROTAN  
 819 OLEANDER DR  
 AIKEN, SC 29801

----- Cut Here and Return Top Portion with Payment -----

Date	CPT-Modifier	Description	Charges	Credits	Ins Pend	Pt Bal
02/01/08	99214	DETAILED VISIT	80.00		0.00	80.00
04/03/08	InDis	SC MEDICAID		0.00		
04/03/08	Ins1Pmt	SC MEDICAID		0.00		
02/15/08	99213	EXP PROB FOCUS	60.00		0.00	60.00
04/03/08	InDis	SC MEDICAID		0.00		
04/03/08	Ins1Pmt	SC MEDICAID		0.00		
03/03/08	99213	EXP PROB FOCUS	60.00		0.00	60.00
04/03/08	InDis	SC MEDICAID		0.00		
04/03/08	Ins1Pmt	SC MEDICAID		0.00		
03/14/08	99213	EXP PROB FOCUS	60.00		0.00	60.00
04/23/08	InDis	SC MEDICAID		0.00		
04/23/08	Ins1Pmt	SC MEDICAID		0.00		
		PATIENT IS OUT OF NETWORK WITH THIS PHYSICIAN				
06/11/08	99214	DETAILED VISIT	80.00		0.00	80.00
07/09/08	InDis	SC MEDICAID		-7.05		
07/09/08	Ins1Pmt	SC MEDICAID		-72.95		
06/19/08	99213	EXP PROB FOCUS	60.00		0.00	60.00
07/23/08	InDis	SC MEDICAID		-11.88		
07/23/08	Ins1Pmt	SC MEDICAID		-48.12		

Current Charges: 400.00  
 Current Credits: 0.00

Last Pmt Date	Pmt Amt	Current	30	60	90	120+
Insur 07/23/08	48.12	0.00	0.00	0.00	0.00	0.00
Patien		0.00	0.00	0.00	0.00	260.00

Any questions concerning your balance, please call 706-447-3982....

DEPARTMENT O

YES

Beverly,  
I have called Katie Morgan at DSS and suggested we do some training for DSS offices on Managed Care.

TO

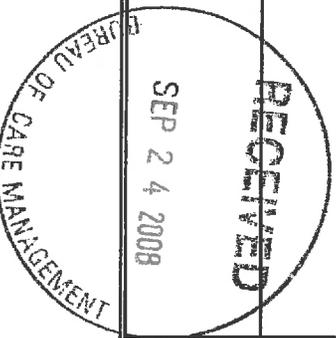
Mylers / Hess

9-22-08

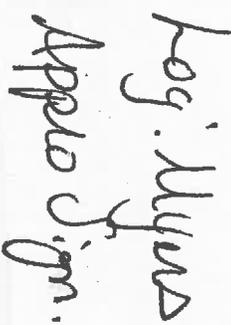
DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000159	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	_____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <u>10-1-08</u>
		<input type="checkbox"/> 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. <u>Ray Hess</u>	<u>Ray Hess</u> 9-29-08		
2. <u>Beverly Hawthitt</u>	9/30/08		
3.			
4.			

Approve FAX Letter  
 Please FAX the Microfilm  
 TO KATHIE MORGAN  
 @ DSS 838B, Newark, NJ  
 T 212 727 (E)



Governor Mark Sanford  
Office of the Governor  
P.O. Box 12267  
Columbia, SC 29211



Roy Myers  
Apple Sign.

819 Oleander Drive SE  
Aiken, SC 29801  
2 September 2008

**RECEIVED**  
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The dates of service are shown on the attached bill from Dr. Middlebrook's billing office.

I have made innumerable phone calls and sent many emails trying to resolve this issue without success.

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[mwbluebeard@bellsouth.net](mailto:mwbluebeard@bellsouth.net)

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TRANSMISSION VERIFICATION REPORT

TIME : 10/02/2008 14:42  
NAME : DHHS  
FAX : 803-255-8232  
TEL :  
SER.# : BRDA4J164198

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

10/02 14:41  
98987277  
00:00:36  
02  
OK  
STANDARD  
ECM



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Fortner  
Director

FAX COVER SHEET

“CONFIDENTIAL INFORMATION ENCLOSED”

DATE: 10/02/08

TO: Kate Moggan  
Telephone #: \_\_\_\_\_  
Fax #: 898-7077

FROM: Moore McCone

Total Number of Pages Transmitted: 2 (Including Cover Sheet)

COMMENTS:



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Fortner  
Director

FAX COVER SHEET

“CONFIDENTIAL INFORMATION ENCLOSED”

DATE: 10/10/08

TO: Katie McGinn

Telephone #: \_\_\_\_\_

Fax #: 898-7077

FROM: Aaron McCane

Total Number of Pages Transmitted: 2 (Including Cover Sheet)

COMMENTS:

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**Confidentiality Note**

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this in error, please notify us immediately and destroy the related message. Thank you.



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

Mark Sanford  
Governor

October 1, 2008

Emma Forkner  
Director

Ms. Amanda Willoner  
819 Oleander Drive Southeast  
Aiken, South Carolina 29801

Dear Ms. Willoner:

We are in receipt of your letter of September 2, 2008 to Governor Sanford regarding unpaid medical bills from Dr. Middlebrooks and circumstances that resulted in your foster child being assigned to a Managed Care Health Plan without your knowledge or consent. We regret and apologize for any confusion and/or inconvenience that may have resulted from these occurrences. I am writing to report that First Choice by Select Health has informed us that they will be paying the balance due to Dr. Middlebrooks in full. We are also initiating contacts with the Department of Social Services Adoptions and Foster Care to offer training to appropriate staff, and take other steps to ensure that similar circumstances do not occur again in the future.

Thank you for having these matters brought to out attention and for this opportunity to be of service.

Sincerely,

A handwritten signature in black ink, appearing to read "Felicity Myers".

Felicity Myers  
Deputy Director

FM/hhc

cc: The Honorable Mark Sanford  
Dr. Tracey Middlebrooks  
Trina Effering, Lexington County DSS, Foster Care  
Brittany Price, Lexington County DSS, Adoptions

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

**ACTION REFERRAL**

TO <i>Myers / Hess</i>	DATE <i>9-22-08</i>
---------------------------	------------------------

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1. LOG NUMBER <i>100159</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
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	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	COMMENT
1. _____	<i>Beverly, I have called Katie Morgan at DSS and suggested we do some training for DSS offices on Managed Care.</i>
2. _____	_____
3. _____	_____
4. _____	_____

*Marge*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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

Log # 159  
Checked

Mark Sanford  
Governor

October 1, 2008

Emma Forkner  
Director

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Deputy Director

FM/hhc

cc: The Honorable Mark Sanford  
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Trina Elfering, Lexington County DSS, Foster Care  
Brittany Price, Lexington County DSS, Adoptions

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OFFICE OF DIRECTOR**

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