

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Miles</i>	DATE <i>2-19-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000430	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Claud 3/5/08, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-28-08</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.			

RECEIVED

FEB 19 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Palmetto Surgery Center
109 Blarney Drive
Columbia, S.C. 29223-6244

February 15, 2008

Emma Forkner,
Director
SC Dept. of H&HS
PO Box 8206
Columbia, SC 29202-8206

Loy: Myers
Appeal Sign.

Dear Director Forkner:

I need your assistance. We treated 3 patients at our ASC that showed Medicaid eligibility when we verified their status online prior to their surgery. We received ECF's showing they were Unison patients. We contacted Unison and they denied the claims because they require a precert, Medicaid and First Choice Select Health do not require precerts for these procedures. We filed an appeal with Unison and they told us they provided Medicaid with the coverage and if the information was not updated in the system it was not their fault.

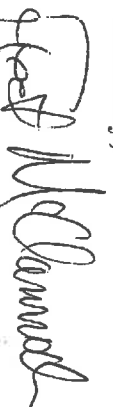
We provided this information to David Smith, with the Medicaid program, and asked for his assistance. He responded that he could not approve the cases without the permission of someone higher in the agency.

I would like for you to approve the payment of these 3 claims for our facility fee.

We did everything we could to verify coverage and if the cases were regular Medicaid or First Choice Select Health a precert would not be required and the claims would be eligible for payment.

Thank you for your assistance.

Sincerely,



Fleet McClamrock
Administrator

**PALMETTO SURGERY CENTER
109 BLARNEY DRIVE
COLUMBIA, SC 29223
(803) 865-8200 phone
(803) 419-7910 fax**

FACSIMILE TRANSMITTAL SHEET

TO:	<i>David Smith</i>	FROM:	<i>Knudty Gaurie</i>
COMPANY:	<i>SC Medicaid</i>	DATE:	<i>1-24-08</i>
FAX NUMBER:	<i>255-8232</i>	TOTAL NO. OF PAGES:	<i>7</i>
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	

RE:	<i>Union Denials</i>	YOUR REFERENCE NUMBER:	
-- urgent	-- please review	-- please reply	

NOTES/COMMENTS:

*David,
For our conversation this afternoon,
Please see the following Union
denials -*

- * Drew Barrett - # 598 0548548
Union off. date was 7-1-07 - 8-31-07*
- * Shantavia Prescott # 3926 998201 -
off. 6-1-07 - present*
- * Madison Brown # 1980561595
off. 7-1-07 - 8-31-07*

*Please call with any
questions - Knudty 865-
8200*

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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 5, 2008

Mr. Fleet McClamrock
Administrator
Palmetto Surgery Center
109 Blarney Drive
Columbia, South Carolina 29223-6244

Dear Mr. McClamrock:

Thank you for your letter dated February 15, 2008, requesting assistance in the payment of three (3) claims denied by Unison Health Plan, a Managed Care Organization contracted with South Carolina Department of Health and Human Services (SCDHHS).


I certainly understand your position with this matter regarding payment of your claims. If you have exhausted the appeals process with Unison Health Plan and are still not satisfied with the results, you have the right to request a Fair Hearing through SCDHHS. This request must be received in writing within thirty (30) days from the date of Unison Health Plan's notice of resolution by SCDHHS at the following address:

Division of Appeals and Hearings
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

In order to preserve your appeal rights, you may also fax this request to the Division of Appeals and Hearings at (803) 255-8206. If you choose to fax your request, you must still mail the original request to the address above.

Thank you for your continued participation and support of the South Carolina Medicaid program. If you have any questions or if we can be of further assistance, please contact Ms. Jennifer Campbell, Managed Care Department Head, at (803) 898-2593.

Sincerely,


Felicity Myers
Deputy Director

FM/hcs