

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

ACTION REFERRAL

TO	DATE
<i>Miles</i>	<i>12-29-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>.100337</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-6-09</i>
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cc: Gov office #809764</i> <i>Extend to 1/2/09, all</i> <i>attached email response.</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. <i>Cleared 1/23/09, letter attached.</i>			
2.			
3.			
4.			



Log. Mervis
App. Sec. R
cc. Gov. H

RECEIVED

DEC 29 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State of South Carolina

Office of the Governor

MARK SANFORD
GOVERNOR

Post Office Box 12267
COLUMBIA 29211

December 19, 2008

Ms. Angie Nix, Practice Manager
Plantation Pediatrics
1871 Savage Road
Charleston, South Carolina 29407

Dear Angie,

I am sorry to hear that the difficulties you had encountered with Medicaid have not been resolved and am asking that someone from the Department of Health and Human Services again contact you directly. You should hear from that office soon. In the meantime, please call Denise Riley in my office, 803-734-6419, with any questions.

Sincerely,

A handwritten signature of Mark Sanford, appearing as a stylized 'M' with a flourish.

Mark Sanford

MS/dr

cc: The Honorable Emma Forkner, Director
South Carolina Department of Health and Human Services

From: <Angela.Nix@lmamd.com>
To: <mark@gov.sc.gov>
Date: Tue, Dec 16, 2008 10:14 AM
Subject: Medicaid HMO PROBLEMS

Contact the Office of the Governor

Name | Angie Nix
Company | Plantation Pediatrics
Address1 | 1871 Savage Road
Address2 |
City | Charleston
State | SC
Zip | 29407
County | Charleston
Phone | 843-766-6308 ext 1203
Email | Angela.Nix@lmamd.com
IP | 10.92.2.5
Date | 12/16/2008 10:13:41 AM
Subject | Medicaid HMO PROBLEMS

Good morning,

As we get deeper and deeper into this world of medicaid hmos we are finding that we continue to have problems. We spend several hours per day running medicaid eligibility only to find that 75% of our medicaid pts have been set up with a plan or a provider that would render our services unpayable without further work on our end. So we have spent hours calling for authorizations or calling pts to let them know that we need to reschedule their appts. We also ask the patients to call SC healthy connections to make the corrections to their plan and/or provider so that we can continue to see them as patients.

In the beginning we were told that Medicaid had employed a company to handle all of this for them (Maximus) and that the company would be unbiased in their approach. Does that mean that they are unbiased or completely incompetent to do the job. Our patients tell them the doctors' names and the name of the practice and they continue to be signed up with Palmetto Primary Care. We are not affiliated with Palmetto Primary Care. The only thing that we have in common is that our name starts with a "P". We have also worked very hard to get much of our medicaid hmo payments. Nebulizers machines aren't being paid by anyone other than standard medicaid when they are clearly a covered expense by the medicaid dme program. We file to the program that is listed on the eligibility sheet and it comes back as the wrong plan so we have to re-run it only to find out that the plan has changed. We get denial after denial that has to be worked by someone in my billing department. We work extremely hard for the perrence that we get from the medicaid program. The patients feel like it is our responsibility to get it straightened out for them and in many cases we get on the phone while the patient is in the office to help them get the problems worked out. We work harder for medicaid eligibility than we do for any other health insurance plan that we participate in at this time. As you know many of these patients have lower educational

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Referred to *ACCS*
Answered *Elvis*

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

backgrounds and they just don't understand what or how to correct these issues. With up to 5 providers per day and well over 120 patients per day and with 40% of those being on some kind of medicaid program; we just don't have the man power to handle the issues that continue to come up on a daily basis. Having said that, we are now asking our patients to call SCHC and change back to standard medicaid. We've really tried to make this work however, until it is mandatory to go with an HMO we stick with what works. Please let me know if you have any suggestions.

Sincerely,

Angie Nix,

Practice Manager

From: Roy Hess
To: Felicity Myers
Date: 1/5/2009 12:14 pm
Subject: Fwd: Re: Log Letter #000337 - Plantation Pediatrics

CC: Brenda James
That is more than adequate. Thank you.

Extend until 1/12/09

Roy

>>> Felicity Myers 1/5/2009 11:45 AM >>>
Roy,
Does next Monday work for you?

>>> Roy Hess 1/5/2009 11:03 AM >>>
Felicity,

I will need an extension on this log letter of several days. See attached.

Roy

Log # 337

Gov # 809764 ✓



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

January 23, 2009

Emma Forkner
Director

Ms. Angie Nix
Practice Manager
Plantation Pediatrics
1871 Savage Road
Charleston, South Carolina 29407

Dear Ms. Nix:

Thank you for your letter dated December 16, 2008, regarding the Medicaid Managed Care enrollment process and your payment issues regarding Durable Medical Equipment (DME) services. I understand the transition from traditional fee-for-service to managed Medicaid has been challenging to many of our providers. We have established ongoing training opportunities and are working with the various plans to closely coordinate with providers who are in their networks as well as those who do not maintain contracts with the managed care organizations.

As discussed during your conversations with Mrs. Mel Martin, Managed Care Provider Relations, please continue to forward specific examples of problems you are having with various plans or the enrollment process for further research. Having details assists the agency in researching not only issues that impact a single provider, but also issues that impact providers statewide.

I understand that Mrs. Martin will be meeting with you on February 10, 2009. It is our hope we will better understand the issues you have encountered so that we may work together towards resolution. In addition, we invite you to attend a provider training scheduled for March 11, 2009 in the Charleston area (please call our office for specifics).

If you should need additional information, please contact Mrs. Martin, Managed Care Provider Relations, at (803) 898-2838, Ms. Jennifer Campbell, Department Manager for Managed Care at (803) 898-2593, or Mr. Roy Hess, Division Director for Care Management, at (803) 898-3929.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/mhh