

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|---------------------|-----------------------|
| TO <i>Mhipes</i> | DATE <i>6-2-09</i> |
|---------------------|-----------------------|

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|---|--|------------------|--|
| 1. LOC NUMBER <i>100665</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | | |
| 2. DATE SIGNED BY DIRECTOR <i>CE. Jacobs, Wells, Singletary</i> <i>Ms. Forkner</i> <i>N/A per Mhipes on 6/4/09</i> | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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. | | | |

Horry County Disabilities and Special Needs

DEVELOPING SUPPORTIVE NETWORKS

250 Victory Lane
Conway, SC 29526

(843) 347-3010 ◀▶ Fax # (843) 347-7308

May 29, 2009

RECEIVED

JUN 02 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Chesapeake Rehab Equipment
420-D Raleigh St.
Wilmington, NC, 28412

Dear Sir or Madam:

I am writing to request your assistance in resolving a problem that has been ongoing for over two years. I am a Service Coordinator for Horry County Disabilities and provide service coordination for two sisters, Heather Insogna and Sierra Knox. Both of these young ladies have severe disabilities and physical limitations.

I will try to be short and concise. Over two years ago, the previous Service Coordinator began working with Tim Williams of Carolina Medical Special (CMS) to provide wheelchairs for both Heather and Sierra. In reviewing the files, it appears there were numerous problems with CMS billing and lack of communication with Medicaid. I began working with Mr. Williams in February of this year in effort to resolve this problem.

I understand that CMS has merged with your company. At this point the family is frustrated with the length of time that has past with no wheelchairs provided. They would like to change providers however it appears that if CMS did actually apply for authorization through Medicaid a new request for chairs may be denied.

I would appreciate if your company could investigate these claims and advise if claims for these chairs were ever submitted to Medicaid and the status of these claims. I am trying very hard to assist this family as they have waited patiently for over two years for much needed wheelchairs.

Thanking you in advance for any assistance you may be able to provide.
I can be reached at 843-347-3010, ext 242.

Sincerely,

Jennie McCarthy, LSW

CC: Alicia Jacobs, Deputy Director Medicaid, Bureau of Eligibility Processing.
William Wells, Deputy Director Medicaid, Bureau of Administration Services
Deirdra Singleton, Deputy Director Medicaid, Bureau of Compliance
Susan John, Executive Director, HCDSN

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