

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

**EA**

TO <i>Singleton</i>	DATE <i>8-27-14</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>000053</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Ketch</i> <i>See attached, cleared</i> <i>9/29/14</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-8-14</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.			

TO: Anthony Keck -  
Beirdra Singleton

Thank you for your  
help.

||  
u

803-414-7566

**RECEIVED**

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

South Carolina Healthy Connections Choices • P.O. Box 8691 • Columbia, SC 29202-9255  
Ph: 1-877-552-4642 TTY/TTD: 1-877-552-4670 www.SCchoices.com



July 24, 2014

Member ID: 6630156337  
PIN: eXwPXNyBk2



**KIMBERLY STILLINGER**  
120 BUTLER HILL LN  
LEXINGTON, SC 29073-8438

**RECEIVED**

**AUG 27 2014**

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear KIMBERLY:

You have asked to change health plans for the following members of your household:

Member	Member ID
KIMBERLY STILLINGER	6630156337

Because the deadline for changing plans has passed, you will need to show a good reason for making a change now. To do this, fill out the enclosed Health Plan Change Form.

**How to fill out the Health Plan Change Form**

- **Step 1:** Call your health plan and tell them why you want to change plans. Your health plan's phone number is listed on your health plan ID card (if you received one) or you can look it up online at [www.SCchoices.com](http://www.SCchoices.com).
  - Make sure you get the name of the person you talk to and write it in the box under Step 1 of the Health Plan Change Form.
  - Also write down the date and time you called. It's important that you do this, because it gives your health plan a
- **Step 2:** Fill out the rest of the Health Plan Change Form. Carefully read and fill out the boxes according to what you want to do.
- **Step 3:** Sign your name and mail the form back to us in the return envelope. Or fax the form to 1-877-552-4672.

**If you have questions**

We're here to help you. If you have questions about filling out the Health Plan Change Form, call our Customer Service Center at 1-877-552-4642. We can help you in the language you speak.

OVER →

<b>IMPORTANT ACTIONS</b>	<b>NEED HELP?</b>
To change your health plan, fill out the Health Plan Change Form included with this letter. Send it back in the return envelope. Or fax the form to 1-877-552-4672.	Go to <a href="http://www.SCchoices.com">www.SCchoices.com</a> Call 1-877-552-4642 TTY/TTD Line 1-877-552-4670 Customer Service Hours Monday - Friday: 8 a.m. - 6 p.m. We can help you in the language you speak.

\* Please Help \*

<b>Member Information</b>	
Member name: <b>KIMBERLY STILLINGER</b>	Birth date: <b>8-12-67</b>
Health plan name: <b>First Choice by Select Health of South Carolina</b>	Member #: <b>6630156337</b>

**Step 1: Call your health plan to discuss your problem.**  
 You can find your health plan's phone number on your health plan ID card (if you received one). Or visit [www.SCchoices.com](http://www.SCchoices.com) to look up the number online.

When you call, be sure to write down the name of the person you speak to and the date and time of your call in the box to the right.

(my call is in my records)

Person you spoke to: <b>Don't Remember</b>
Date of your call: <b>6/27/2014</b>
Time of your call: <b>Don't Remember</b>

**Step 2: Fill out the boxes according to what you want to do.**

- If you want to change your health plan, fill out boxes A and B. Skip box C.
- If you want to leave your health plan, skip boxes A and B and fill out box C.

**Change Your Health Plan**

**A** Please tell us why you want to change your health plan by checking the box that most closely explains your reason.

- You moved out of your health plan's service area. The health plan you have now is not offered in the county you moved to.
  - What county did you live in? \_\_\_\_\_
  - What county do you live in now? \_\_\_\_\_
- You received poor medical care. You or a family member received medical treatment that you believe was of poor quality. You need to provide documentation of the poor medical care. If you need help, call 1-877-552-4642.
- Your health plan doesn't cover services for moral or religious reasons (for example, birth control). Please describe the situation: \_\_\_\_\_
- You couldn't get a service that is covered by your health plan. Your health plan doesn't provide a service you need in your area (for example, x-rays or chemotherapy). You need to provide documentation. If you need help, call 1-877-552-4642.
- You were denied a health care service. Please list the denied service: **injections for pain and antibiotics**
- You couldn't find a provider in your area who has experience with your special needs. Please list your special needs: \_\_\_\_\_

Go to "B"

**B** Please tell us the name of the health plan you want to change to by checking the right box.

- Absolute Total Care
- BlueChoice HealthPlan Medicaid
- First Choice by Select Health Plan of South Carolina
- WellCare
- Advicare
- Molina Healthcare of South Carolina

Go to Step 3.

**Leave Your Health Plan**

**C** Please tell us why you want to leave your health plan by checking the box that most closely explains why.

- You are no longer eligible.
- You moved out of state.
- You are now an inmate of a public institution (such as DJJ or DOC).
- You are in foster care.
- You are in a nursing home or long-term care facility.
- You joined a waiver program. Please check the box that tells which waiver program you joined and the date you joined:   /  /   (mm/dd/yyyy)
  - HIV/AIDS waiver
  - Head or spinal cord injury (HSCI) waiver
  - Mechanical ventilator dependent waiver
  - Intellectual disabilities (ID/RD) waiver
  - Pervasive development disorder (PDD) waiver
  - Medically complex children's program

Go to Step 3.

**Medically Complex Adult**  
\* Please Help \*

**Step 3: Read and sign.** Please read the following statement and sign your name.

I acknowledge that all of the information on this form is true. I understand that if I have provided false information, it may result in automatic denial of my request to change or leave my health plan. I have attached the required documentation to support my request. I also truthfully state that I have tried to solve any problems I am having with the health plan and have been unable to do so.

Signature: Kimberly Stillinger  
 Print name: Kimberly Stillinger  
 Date: Aug 2014

To Whom This may concern,

It is not right that First Choice had made bad choices, and not allowed the pain doctors to treat the pain patients effectively. Procedures that were already approved, suddenly denied, and as you see in the copy of the letter posted in the pain center, they have not paid the bills for many patients, which resulted in them no longer taking First Choice.

This is wrong and has created severe problems for the patients involved. We don't want to charge, we are (forced) to charge because of their failure to do what is needed and required of them.

Changing doctors causes severe anxiety for people like myself. My wish is that First Choice would be made to fix this problem they have created. I would like regular medical since nobody oversees these managed care programs and I can't get the care I need because of it.

Kim Stillinger

(Included are only a few examples of the problem)



w7/22/2014

First Choice ID #: 40248900

KIMBERLY STILLINGER  
120 BUTLER HILL LANE  
LEXINGTON, SC 290738438

\*

My Grievance was about  
First Choice not my Doctor.  
This is all First Choice fault -  
Not my Doctor \*

Dear Ms. KIMBERLY STILLINGER,

This letter is to let you know the answer to your grievance we received on 06/27/2014 about a complaint against Dr. Chopra.

We looked at your grievance and want to let you know that the grievance has been addressed and resolved by First Choice: Member Services supervisor reviewed member's account and found that all claims were paid. Provider will no longer accept First Choice member as of September 1st. The following provider is accepting First Choice: Southeast Neurology and Memory Clinic located on 146 N Hospital Dr Ste 500 West Columbia SC 29169, Tel. 803-936-7076. First Choice denied services for sacroiliac injection due to lack of clinical information to meet criteria..

If you have any questions or need help reading this, please call Member Services toll free at 1.888.276.2020. Ask to speak to our Member Advocate.

Sincerely,

Kevin Vaughan  
Director, Member Services

\* Called the Doctor listed above, they do not treat Migrains or Fibromyalgia or give pain meds. \*  
Furthermore, I shouldn't have to change Doctors that I've gone to for years just because First Choice messed up by not paying bills and not approving injections that had already been approved.

FC-05302012-M-001.4 | Member Grievance Decision Letter

**RECEIVED**

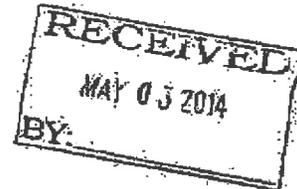
AUG 27 2014


 Department of Health & Human Services  
 OFFICE OF THE DIRECTOR

 Healthy Connections 

May 1, 2014

 Re: Member: Kimberly Stillinger  
 Member ID: 40248900-01  
 DOS: 05/12/2014 through 08/10/2014  
 TOS: Provider's Office Services  
 Reference Number: 140439890  
 Requesting Provider: RAJAN CHOPRA

 FIRST CHOICE HEALTHCARE PC  
 1920 2ND LOOP RD  
 FLORENCE SC 29501-6123


Dear First Choice Healthcare, P.C.:

After carefully reviewing the information provided, a Select Health medical director has determined services provided for Kimberly Stillinger do not meet our criteria for medical necessity.

A Select Health Medical Director has reviewed the request for authorization for a sacroiliac joint epidural injection and has determined it does not meet the criteria for Sacroiliac (SI) Joint Injection and is denied. Based on clinical information available at the time of review, the request is for SI joint injection; the clinical evaluation fails to establish SI disease. There is no documentation of positive provocative testing being done. We require at least three provocative testing to be done. In the absence of these required elements, we are unable to approve the request. Therefore, the request for a sacroiliac joint injection is denied.

Ms. Stillinger has the right to appeal this decision within 90 calendar days. You may appeal on the member's behalf without written consent.

You or the member may file an appeal either orally or in writing. An oral filing must be followed with a written, signed appeal unless an expedited resolution is requested.

- An oral appeal may be made by calling Member Services at 1.888.276.2020.
- Written appeals need to be sent with a copy of this letter to the address below:

Outpatient Medical Necessity Denial (Service Provider Copy)

PO Box 40849 | Charleston, SC 29423-0849 | www.selecthealthofsc.com | Toll Free: 1.800.741.6605 | Charleston: 569.1759

We help people get care, stay well and build healthy communities.

**RECEIVED**

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Select Health of South Carolina  
 Medical Director - Appeals  
 P.O. Box 40849  
 Charleston, SC 29423-0849

A letter has also been sent to your patient advising of the right to appeal any denial or limitation. Appeals are determined within 30 calendar days from request. An expedited appeal may be requested through Select Health's Member Services department when the service is urgent in nature. Expedited appeals are completed within three business days of request.

Your patient may call Member Services at 1.888.276.2020 to request that benefits continue pending the appeal. This request must be made within 10 calendar days from the date of denial notification from Select Health. Members may be held responsible for costs of services furnished if the final determination is to uphold the plan's action.

Select Health and South Carolina Department of Health and Human Services (SCDHHS) provide two levels of member appeals. A second-level appeal is administered through a state fair hearing and may be requested by the member within 30 calendar days of the initial appeal determination. The member may request representation in the state fair hearing by providing written consent. This request must be sent to the following address:

SCDHHS Division of Appeals and Hearings  
 PO Box 8206  
 Columbia, SC 29202-8206

Your patient has been notified of the patient's right to examine at any time the case file, benefit guideline or other criteria on which decision was based. This request must be made in writing and sent to:

Select Health of South Carolina  
 Member Services Department  
 P.O. Box 40849  
 Charleston, SC 29423-0849

RECEIVED  
MAY 03 2014  
BY:

You may request the benefit documents or criteria used in this case by contacting Utilization Management at Select Health. If we may assist you further, or if the treating physician would like to discuss this case with a medical director, please call Utilization Management at 1.888.559.1010.

Sincerely,

Utilization Management  
Medical Affairs Department

**RECEIVED**

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**RECEIVED**

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

TO: Carla F.

Fax #

1-800-575-0419

From Kimberly Stillinger  
402 489 00

Please call me so I know you got the papers that were faxed to you. I also got Denial letters in the mail for my SI Joint shots, which I have had before. My Doctors encouraged me to switch to YALL because they didnt have as much problem trying to get things approved, and that yall really wanted the patients to get better. Well... I'm not seeing that with this company so far.. and feel like I was misled by the person who said (any) of my meds for chronic illness would be covered... Yet they think pain meds for chronic pain is optional....

**RECEIVED**

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

# **EFFECTIVE SEPTEMBER 1<sup>ST</sup> 2014.**

We will no longer accept Select Health insurance secondary to non-payment. We will help assist these patients in any way for a much smoother transition for all parties involved. If you have any questions regarding transition, please call our Billing Department at (864) 343-2671. If you have any questions regarding your insurance plan NOT paying your claims, please contact them directly at (215) 478-1885 and/or (215) 937-8864.

Thank you.

**RECEIVED**July 28<sup>th</sup>, 2004 p.11

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

To: S.C. Governor Nikki R. Haley,

My mother went into her long time doctors office to find posted on all the walls that they would no longer be accepting Select Health Insurance, which happens to be the very insurance they themselves had just talked my mother into switching to, stating they were easier to work with. It is our understanding they told all patients that weren't already on it to switch. My mom did not have an easy time switching at all, and they had her in tears, as nobody seemed to have the same answer on if she were able to switch, and they were rude to her! She finally was allowed to switch.. and very shortly after, finds out that now, unless she switches to a different plan, she will no longer be able to go to the doctors that she has gone to for several years for her treatments. My mom sat in the office and cried.. as she knew they wouldn't allow her to switch again, and she would no longer have the care she needed. The doctor said that she should fight it, and get switched, so that she could continue care with them, as she is already established with them. My mother called the numbers listed on the posted letter to call.. since it states they will assist patients, but they never called her back! My mother called and reported this to the insurance company, and has called several times to follow up. She had been told they were going to try and re-establish the relationship with the doctor so she could continue care. (which we found wasn't true) Also at this time, she called the Governors Office and told them in detail what happened, and had anticipated a call back.. which did not happen! As well, when she called, she informed them that we had called all other pain mangement doctors, and they will not take her insurance, so she needed help! She called and left a message with News On Your Side.. and they did not call back as well. It appears that nobody cares about chronically ill patients at all! My mother also found out that when she called to make the complaint with the manage care medicaid program, they actually made a grievance against the doctor, when the problem is with them.. and not the doctor! My mothers doctor said that Select Health is denying injections and treatments that

patients have been getting for years.. and aren't allowing them to treat thier patients correctly.. and refusing to pay for the required drug testing for all manage care patients.. which puts them in a position were they have no choice, but to not see medicaid patients anymore. As well, that they have not paid the bills for many patients.. and the letter they posted states this as well! The doctor stated that there is talk that all medicaid will be dropped because of this! In addition to all this, my mother was told that she could dis-enroll and just have regular medicaid which would help her situation with doctors not wanting to participate in these managed care programs, which aren't run well.. Only to find out that the person she spoke to at the SSI medicaid office told her incorrectly.. she can't have regular medicaid and must pick a plan, and she is not even elligible to change plans. My question to you.. WHAT are you going to do to help not just my mother.. but ALL Chronic Pain Patients who are affected by this!

I am not posting my mothers name, as this isn't about just her, its about the problem with nobody caring about ALL Chronic Pain Patients! Its about WHY she didn't get a return call from your office.. why doesn't anyone care about Chronic Pain Patients in general?????????? You are our GOVERNOR.. IF YOU CAN'T FIX THIS WHO CAN????????????

\*\*\*You can reply to myemailtown@yahoo.com \*\*\*

Thank you for your time and consideration in this matter!

**RECEIVED**

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Response a Hacked - cleared 9/29/14  
**RECEIVED**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

AUG 29 2014

Department of Health & Human Services  
Office of Health Programs



**ACTION REFERRAL**

TO <i>Singleton</i>	DATE <i>8-27-14</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000053</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-16-14</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.			
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TO: Anthony Keck -  
Beindra Singleton

Thank you for your  
help.

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803-414-7566

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AUG 27 2014

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OFFICE OF THE DIRECTOR

To Whom This may concern;

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(Included are only a few examples of the problem)

Kim Stillinger



\*

My Grievance was about First choice not my Doctor. This is all First choice fault - Not my Doctor \*

w7/22/2014

First Choice ID #: 40248900

KIMBERLY STILLINGER  
120 BUTLER HILL LANE  
LEXINGTON, SC 290738438

Dear Ms. KIMBERLY STILLINGER,

This letter is to let you know the answer to your grievance we received on 06/27/2014 about a complaint against Dr. Chopra.

We looked at your grievance and want to let you know that the grievance has been addressed and resolved by First Choice: Member Services supervisor reviewed member's account and found that all claims were paid. Provider will no longer accept First Choice member as of September 1st. The following provider is accepting First Choice: Southeast Neurology and Memory Clinic located on 146 N Hospital Dr Ste 500 West Columbia SC 29169, Tel. 803-936-7076. First Choice denied services for sacroiliac injection due to lack of clinical information to meet criteria..

If you have any questions or need help reading this, please call Member Services toll free at 1.888.276.2020. Ask to speak to our Member Advocate.

Sincerely,

Kevin Vaughan  
Director, Member Services

\* Called the Doctor listed above, they do not treat My pain w/ Fibromyalgia or give pain meds. \*  
Furthermore, I shouldn't have to change Doctors that I've gone to for years just because First Choice messed up by not paying bills and not approving injections that had already been approved.

FC-05302012-M-001.4 | Member Grievance Decision Letter

**RECEIVED**

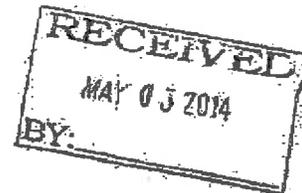
AUG 27 2014


 Department of Health & Human Services  
 OFFICE OF THE DIRECTOR

Healthy Connections

May 1, 2014

 Re: Member: Kimberly Stillinger  
 Member ID: 40248900-01  
 DOS: 05/12/2014 through 08/10/2014  
 TOS: Provider's Office Services  
 Reference Number: 140439890  
 Requesting Provider: RAJAN CHOPRA

 FIRST CHOICE HEALTHCARE PC  
 1920 2ND LOOP RD  
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Ms. Stillinger has the right to appeal this decision within 90 calendar days. You may appeal on the member's behalf without written consent.

You or the member may file an appeal either orally or in writing. An oral filing must be followed with a written, signed appeal unless an expedited resolution is requested.

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Select Health of South Carolina  
 Medical Director - Appeals  
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Your patient may call Member Services at 1.888.276.2020 to request that benefits continue pending the appeal. This request must be made within 10 calendar days from the date of denial notification from Select Health. Members may be held responsible for costs of services furnished if the final determination is to uphold the plan's action.

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SCDHHS Division of Appeals and Hearings  
 PO Box 8206  
 Columbia, SC 29202-8206

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Select Health of South Carolina  
 Member Services Department  
 P.O. Box 40849  
 Charleston, SC 29423-0849

RECEIVED  
MAY 03 2014  
BY:

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Utilization Management  
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RECEIVED

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

TO: Carla F.

Fax #

1-800-575-0419

From Kimberly Stillinger  
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AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

# **EFFECTIVE SEPTEMBER 1<sup>ST</sup> 2014.**

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Thank you.

**RECEIVED**July 28<sup>th</sup>, 2004 p.11

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

To: S.C. Governor Nikki R. Haley,

My mother went into her long time doctors office to find posted on all the walls that they would no longer be accepting Select Health Insurance, which happens to be the very insurance they themselves had just talked my mother into switching to, stating they were easier to work with. It is our understanding they told all patients that weren't already on it to switch. My mom did not have an easy time switching at all, and they had her in tears, as nobody seemed to have the same answer on if she were able to switch, and they were rude to her! She finally was allowed to switch.. and very shortly after, finds out that now, unless she switches to a different plan, she will no longer be able to go to the doctors that she has gone to for several years for her treatments. My mom sat in the office and cried.. as she knew they wouldn't allow her to switch again, and she would no longer have the care she needed. The doctor said that she should fight it, and get switched, so that she could continue care with them, as she is already established with them. My mother called the numbers listed on the posted letter to call.. since it states they will assist patients, but they never called her back! My mother called and reported this to the insurance company, and has called several times to follow up. She had been told they were going to try and re-establish the relationship with the doctor so she could continue care. (which we found wasn't true) Also at this time, she called the Governors Office and told them in detail what happened, and had anticipated a call back.. which did not happen! As well, when she called, she informed them that we had called all other pain mangement doctors, and they will not take her insurance, so she needed help! She called and left a message with News On Your Side.. and they did not call back as well. It appears that nobody cares about chronically ill patients at all! My mother also found out that when she called to make the complaint with the manage care medicaid program, they actually made a grievance against the doctor, when the problem is with them.. and not the doctor! My mothers doctor said that Select Health is denying injections and treatments that

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\*\*\*You can reply to myemailtown@yahoo.com \*\*\*

Thank you for your time and consideration in this matter!

**RECEIVED**

AUG 27 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

South Carolina Healthy Connections Choices • P.O. Box 8691 • Columbia, SC 29202-9255  
 Ph: 1-877-552-4642 TTY/TDD: 1-877-552-4670 www.SCchoices.com



July 24, 2014

Member ID: 6630156337  
 PIN: eXwPXNyBk2



001006

KIMBERLY STILLINGER  
 120 BUTLER HILL LN  
 LEXINGTON, SC 29073-8438

**RECEIVED**

AUG 27 2014

Dear KIMBERLY:

Department of Health & Human Services  
 OFFICE OF THE DIRECTOR

You have asked to change health plans for the following members of your household:

Member	Member ID
KIMBERLY STILLINGER	6630156337

Because the deadline for changing plans has passed, you will need to show a good reason for making a change now. To do this, fill out the enclosed Health Plan Change Form.

**How to fill out the Health Plan Change Form**

- **Step 1:** Call your health plan and tell them why you want to change plans. Your health plan's phone number is listed on your health plan ID card (if you received one) or you can look it up online at [www.SCchoices.com](http://www.SCchoices.com).
  - Make sure you get the name of the person you talk to and write it in the box under Step 1 of the Health Plan Change Form.
  - Also write down the date and time you called. It's important that you do this, because it gives your health plan a
- **Step 2:** Fill out the rest of the Health Plan Change Form. Carefully read and fill out the boxes according to what you want to do.
- **Step 3:** Sign your name and mail the form back to us in the return envelope. Or fax the form to 1-877-552-4672.

**If you have questions**

We're here to help you. If you have questions about filling out the Health Plan Change Form, call our Customer Service Center at 1-877-552-4642. We can help you in the language you speak.

OVER →

<p><b>IMPORTANT ACTIONS</b></p> <p>To change your health plan, fill out the Health Plan Change Form included with this letter. Send it back in the return envelope. Or fax the form to 1-877-552-4672.</p>	<p><b>NEED HELP?</b></p> <p>Go to <a href="http://www.SCchoices.com">www.SCchoices.com</a>                  Call: 1-877-552-4642                  TTY/TDD Line: 1-877-552-4670                  Customer Service Hours                  Monday - Friday: 8 a.m. - 6 p.m.                  We can help you in the language you speak.</p>
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\* Please Help \*

<b>Member Information</b>	
Member name: KIMBERLY STILLINGER	Birth date: 8-12-67
Health plan name: First Choice by Select Health of South Carolina	Member #: 6630156337

(my call is in my records)

**Step 1: Call your health plan to discuss your problem.**  
 You can find your health plan's phone number on your health plan ID card (if you received one). Or visit [www.SCchoices.com](http://www.SCchoices.com) to look up the number online.

When you call, be sure to write down the name of the person you speak to and the date and time of your call in the box to the right.

Person you spoke to: Don't Remember

Date of your call: 8/27/2014

Time of your call: Don't Remember

**Step 2: Fill out the boxes according to what you want to do.**

- If you want to change your health plan, fill out boxes A and B. Skip box C.
- If you want to leave your health plan, skip boxes A and B and fill out box C.

<b>Change Your Health Plan</b>	
<p><b>A</b> Please tell us why you want to change your health plan by checking the box that most closely explains your reason.</p> <p><input type="checkbox"/> You moved out of your health plan's service area. The health plan you have now is not offered in the county you moved to.</p> <p><input checked="" type="checkbox"/> What county did you live in? _____</p> <p><input type="checkbox"/> What county do you live in now? _____</p> <p><input type="checkbox"/> You received poor medical care. You or a family member received medical treatment that you believe was of poor quality. You need to provide documentation of the poor medical care. If you need help, call 1-877-552-4642.</p> <p><input type="checkbox"/> Your health plan doesn't cover services for moral or religious reasons (for example, birth control). Please describe the situation: _____</p> <p><input type="checkbox"/> You couldn't get a service that is covered by your health plan. Your health plan doesn't provide a service you need in your area (for example, x-rays or chemotherapy). You need to provide documentation. If you need help, call 1-877-552-4642.</p> <p><input checked="" type="checkbox"/> You were denied a health care service. Please list the denied service:  <u>medications for pain and anti-inflammatories</u></p> <p><input type="checkbox"/> You couldn't find a provider in your area who has experience with your special needs. Please list your special needs: _____</p> <p>Go to 'B'</p>	<p><b>B</b> Please tell us the name of the health plan you want to change to by checking the right box.</p> <p><input type="checkbox"/> Absolute Total Care</p> <p><input type="checkbox"/> BlueChoice HealthPlan Medicaid</p> <p><input type="checkbox"/> First Choice by Select Health Plan of South Carolina</p> <p><input type="checkbox"/> WellCare</p> <p><input type="checkbox"/> Advicare</p> <p><input type="checkbox"/> Molina Healthcare of South Carolina</p> <p>Go to Step 3.</p>
<b>Leave Your Health Plan</b>	
<p><b>C</b> Please tell us why you want to leave your health plan by checking the box that most closely explains why.</p> <p><input type="checkbox"/> You are no longer eligible.</p> <p><input type="checkbox"/> You moved out of state.</p> <p><input type="checkbox"/> You are now an inmate of a public institution (such as DJJ or DOC).</p> <p><input type="checkbox"/> You are in foster care.</p> <p><input type="checkbox"/> You are in a nursing home or long-term care facility.</p> <p><input type="checkbox"/> You joined a waiver program. Please check the box that tells which waiver program you joined and the date you joined: ____/____/____ (mm/dd/yyyy)</p> <p><input type="checkbox"/> HIV/AIDS waiver</p> <p><input type="checkbox"/> Head or spinal cord injury (HSCI) waiver</p> <p><input type="checkbox"/> Mechanical ventilator dependent waiver</p> <p><input type="checkbox"/> Intellectual disabilities (ID/RD) waiver</p> <p><input type="checkbox"/> Pervasive development disorder (PDD) waiver</p> <p><input type="checkbox"/> Medically complex children's program</p> <p>Medically complex Adult</p> <p>Go to Step 3. * Please Help *</p>	

**Step 3: Read and sign. Please read the following statement and sign your name.**

I acknowledge that all of the information on this form is true. I understand that if I have provided false information, it may result in automatic denial of my request to change or leave my health plan. I have attached the required documentation to support my request. I also truthfully state that I have tried to solve any problems I am having with the health plan and have been unable to do so.

Signature: [Signature]

Print name: Kimberly Stillinger

Date: Aug-2014

## Cynthia Gore

---

**From:** Cynthia Gore  
**Sent:** Monday, September 29, 2014 2:56 PM  
**To:** Courtney Sanders; Nathaniel Patterson; Stephen Boucher  
**Subject:** RE: Kimberly Stillinger MID#6630156337

Great! Thanks! I'll use these e-mails as documentation to close out log letter 000053 from Ms. Stillinger.

---

### Cynthia Gore

*Executive Assistant II*

[Cynthia.Gore@scdhhs.gov](mailto:Cynthia.Gore@scdhhs.gov)

803.898.3202

1801 Main Street, 11th Floor

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**From:** Courtney Sanders  
**Sent:** Monday, September 29, 2014 2:37 PM  
**To:** Cynthia Gore; Nathaniel Patterson; Stephen Boucher  
**Subject:** FW: Kimberly Stillinger MID#6630156337  
**Importance:** High

Ms. Cynthia,

Please see below regarding the discussed email. Thank you so very much and have the best day!

---

### Courtney Sanders

*Administrative Assistant, Health Services*

[Courtney.Sanders@scdhhs.gov](mailto:Courtney.Sanders@scdhhs.gov)

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**From:** David Smith  
**Sent:** Monday, September 29, 2014 12:32 PM  
**To:** Courtney Sanders  
**Subject:** FW: Kimberly Stillinger MID#6630156337

FYI

---

**David Smith**  
*Program Coordinator II*  
[SMITHCH@scdhhs.gov](mailto:SMITHCH@scdhhs.gov)  
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**From:** David Smith  
**Sent:** Monday, September 29, 2014 11:33 AM  
**To:** Melissa D Glover  
**Cc:** Danisha Glasscho; Stephen Boucher  
**Subject:** FW: Kimberly Stillinger MID#6630156337

Melissa,

Steve Boucher has been in contact with Kimberly Stillinger (Medicaid # 6630156337) and discussed with her the reason she is requesting disenrollment from First Choice. Per instructions from Steve, please disenroll Kimberly Stillinger from First Choice effective 9/30/14 and enroll with Blue Choice effective 10/1/14. Ms. Stillinger has been notified of approving her disenrollment request.

Thank you

---

**David Smith**  
*Program Coordinator II*  
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**From:** David Smith  
**Sent:** Monday, September 29, 2014 9:09 AM  
**To:** Danisha Glasscho  
**Subject:** RE: Kimberly Stillinger MID#6630156337

Danisha,

This is the 1<sup>st</sup> I have heard about the issues Ms. Stillinger is experiencing with First Choice. I tried calling her this morning but there was no answer. I left her a voice message to return my call. I have checked notes in PSI and found the Ms. Stillinger did submit a request to HCC to change health plan, but the form was incomplete. Ms. Stillinger did not choose another health plan to change to. Instead, from the written note submitted along with the request, she is requesting FFS Medicaid which is not an option. In the meantime, I will forward this concern to First Choice for further out reach.

Thank you

---

**David Smith**  
Program Coordinator II  
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**From:** Danisha Glasscho  
**Sent:** Friday, September 26, 2014 3:25 PM  
**To:** David Smith  
**Subject:** Kimberly Stillinger MID#6630156337

Good afternoon,

Ms. Stillinger called our office about the status of her disenrollment request. She said that she was referred by HCC because her doctor's office has not been getting paid therefore they are no longer seeing First Choice patients. Ms. Stillinger says that she suffers from a chronic illness and has an appointment in two weeks to get her injections and rx's with Oaktree Medical Center (Dr. Chopra). She received a letter dated 8/28/14 from the office stating that as of 9/30/14 they will no longer be participating with First Choice. She has contacted First Choice about the issue in the past but says she did not get any help with it. She can be reached at 803-414-7566.

Thank you

---

**Danisha Glasscho**  
Program Coordinator II



*Member Relations*

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## Cynthia Gore

---

**From:** Cynthia Gore  
**Sent:** Monday, September 29, 2014 2:31 PM  
**To:** Nathaniel Patterson; Stephen Boucher  
**Cc:** Courtney Sanders  
**Subject:** FW: Log Letter 000053 - Select Health complaint - Stillingier  
**Attachments:** Log letter 000053 - Stillingier complaint (Select Health) - due September 16, 2014.pdf

Hello,

Has anyone called Ms. Stillingier yet? Here is another copy of the log letter that was due to be responded to by September 16<sup>th</sup>. Also, below is a recent complaint/concern from her.

---

### Cynthia Gore

*Executive Assistant II*

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**From:** Cynthia Gore  
**Sent:** Friday, September 26, 2014 2:56 PM  
**To:** Courtney Sanders; Nathaniel Patterson; Stephen Boucher  
**Subject:** RE: Log Letter 000053 - Select Health complaint - Stillingier

I spoke with Ms. Stillingier and she is quite upset (in tears). She has an additional complaint regarding something about First Choice, not being eligible for insurance due to non-payment of bills, being approved for an additional 90 days of coverage, but then having that 90 days taken away. She is quite concerned about all of this because she has some very important appointments in less than 2 weeks. I apologized to Ms. Stillingier for not sending a response as of yet and let her know that either (or both) Nathaniel Patterson/Stephen Boucher would call her Monday morning to discuss her concerns.

Please call her first thing Monday morning and let me know immediately afterwards how handled. Her # is 414-7566. Thanks

---

### Cynthia Gore

*Executive Assistant II*

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**From:** Courtney Sanders  
**Sent:** Friday, September 26, 2014 2:43 PM  
**To:** Cynthia Gore; Nathaniel Patterson; Stephen Boucher  
**Cc:** Deirdra Singleton  
**Subject:** RE: Log Letter 000053 - Select Health complaint - Stillinger

Good Afternoon Cynthia,

To my knowledge a response was not drafted. Stephen is at a conference today and Nathaniel is out with a family emergency. I apologize for the delay in response. I will speak with both Nate and Stephen on Monday, September 29, 2014, to address this issue and provide you with an expected delivery date. I will be more than happy to reach out to Ms. Stillinger to express our regrets and advise her of an update. Please advise. Thank you so very much and have the best day!

---

**Courtney Sanders**  
*Administrative Assistant, Health Services*  
[Courtney.Sanders@scdhhs.gov](mailto:Courtney.Sanders@scdhhs.gov)  
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**From:** Cynthia Gore  
**Sent:** Friday, September 26, 2014 2:05 PM  
**To:** Nathaniel Patterson; Stephen Boucher  
**Cc:** Deirdra Singleton; Courtney Sanders  
**Subject:** RE: Log Letter 000053 - Select Health complaint - Stillinger

Hello,

What's the status of this log letter? Ms. Stillinger is on the telephone now.

---

**Cynthia Gore**

*Executive Assistant II*

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**From:** Cynthia Gore

**Sent:** Friday, September 05, 2014 5:15 PM

**To:** Nathaniel Patterson; Stephen Boucher

**Cc:** Deirdra Singleton; Courtney Sanders

**Subject:** Log Letter 000053 - Select Health complaint - Stillinger

Hello,

I wasn't sure if this should go to one or both of you for a response. It's a letter of complaint against Select Health. She also sent a letter to the Governor. The due date is September 16<sup>th</sup>.

Thanks

---

**Cynthia Gore**

*Executive Assistant II*

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