

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>1-17-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000463</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>check #0003745401 attached. Grace Page Original</i>	<input checked="" 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.			



Fresenius Medical Care

RECEIVED

JAN 17 2007

January 12, 2007

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Department of Health & Human Services
OFFICE OF THE DIRECTOR

ATTN: Mr. Bill Prince
Medicaid Director
Dept. of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Re: Fresenius Medical Care North America (FMCNA)

To Whom It May Concern:

FMCNA owns and operates freestanding dialysis facilities across the United States. A list of addressees and Provider Numbers of FMCNA dialysis facilities in the state of South Carolina is enclosed as Attachment A (the "facilities").

We recently completed an internal audit pertaining to billings during the timeframe of January 1, 2004 through December 31, 2004, relating to certain services furnished at dialysis facilities owned or managed by FMCNA. We determined that in some instances, using the principles found in the Medicare billing rules, one or more of our facilities was overpaid for these services. Since some of these overpayments involve payments received from your program, we are writing to inform you of our findings and issue a repayment.

Briefly, the following audit identifies findings for which repayment is being made:

Data Entry Error Report (DEERT) Audit 2005 (2004 Data)

The purpose of this audit is to review compliance with resolving the issues identified on the DEERT reports and to identify potential overbillings/underbillings as a result of not properly addressing issues identified through DEERT. The period covered is all of 2004.

We used the results from a random sample of paid claims for the time frame above, to extrapolate an overall repayment obligation to both primary and secondary payors. We calculated an overpayment amount due to your program based on the prevalence of claims paid on behalf of your plan members during 2004. A list of applicable billing codes related to the services provided is enclosed as Attachment B.

We have informed the Department of Health and Human Services' Office of Inspector General of this audit and calculated overpayment amounts for the primary government payors.

In these instances, where we performed an extrapolation of an error rate derived from a statistical sampling of claims, as a result of a specific known or suspected error, we are unable to directly refund the payments to the payor through the normal channels. Specific beneficiary names, dates of service, and insurance plan are not available. For these audits, we provide an explanation of the audit, and repay the funds by check.

Fresenius Medical Care North America

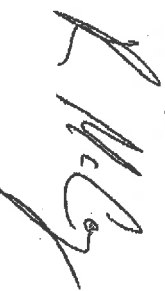
Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000

Dept. of Health & Human Services
January 12, 2007
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As a result of the audit, we are contacting applicable payors and making repayment based upon the extrapolated audit findings. We are returning a total of \$990.57, to cover estimated overpayments for services furnished to members of your program.

Should you have any specific questions you may contact me at the number below.

Sincerely,

A handwritten signature in black ink, appearing to read 'R McCoy', is written over the printed name.

Ryan McCoy, CHC
Manager, Compliance Operations

Enclosures

cc: Kathleen Deady

Facility #	Facility Name	Medicaid #	City	State	Zip
1249	CHESTER	42-5187	CHESTER	SC	29706
1254	CAMDEN DIALYSIS CENTER	42-2582	CAMDEN	SC	29020
1255	PARTLOW COUNTRY DIALYSIS F	42-5141	PORT ROYAL	SC	29935
1279	GREENVILLE	425034	GREENVILLE	SC	29605
1294	COLUMBIA DIALYSIS CENTER	42-5043	COLUMBIA	SC	29203
1379	LEXINGTON DIALYSIS CENTER	42-2517	LEXINGTON	SC	29073
1390	GEORGETOWN DIALYSIS CENTE	42-5196	GEORGETOWN	SC	29440
1414	NEWBERRY DIALYSIS CENTER	42-5310	NEWBERRY	SC	29108
1468	UTH COLUMBIA DIALYSIS CENT	42-5436	COLUMBIA	SC	29203
1550	BENNETTSVILLE DIALYSIS CENTE	42-2520	BENNETTSVILLE	SC	29512
1551	FERFIELD COUNTY DIALYSIS CE	42-5516	CHESTERFIELD	SC	29709
1552	DARLINGTON DIALYSIS CENTER	42-5301	DARLINGTON	SC	29532
1553	DILLON DIALYSIS CENTER	42-5329	DILLON	SC	29536
1554	EASLEY D.C.	425418	EASLEY	SC	29640
1555	KINGSTREE DIALYSIS CENTER	42-5212	KINGSTREE	SC	29556
1558	MARION DIALYSIS CENTER	42-5454	MARION	SC	29571
1559	NORTHSIDE DC	42-5463	COLUMBIA	SC	29201
1560	ROCK HILL D.C.	425382	ROCK HILL	SC	29732
1675	EST COLUMBIA DIALYSIS CENT	42-5503	WEST COLUMBIA	SC	29169
1771	WER RICHLAND DIALYSIS CENT	42-5841	COLUMBIA	SC	29209
1840	SUMTER DIALYSIS CENTER	42-5105	SUMTER	SC	29150
1841	MANNING DIALYSIS CENTER	42-5374	MANNING	SC	29102
1842	CONWAY DIALYSIS CENTER	42-5427	CONWAY	SC	29526
1843	LORIS DIALYSIS CENTER.	42-5356	LORIS	SC	29569
1938	E MARSHLANDS DIALYSIS CENT	42-5703	RIDGELAND	SC	29936
1975	COLUMBIA ACUTE UNIT		COLUMBIA	SC	29203
2073	MEADOWLAKE DIALYSIS CENTER	42-5721	COLUMBIA	SC	29203
2080	MURRELLS INLET DIALYSIS CENT	425712	MURRELLS INLET	SC	29576
2087	FLORENCE DIALYSIS CENTER	42-2505	FLORENCE	SC	29506
2229	LAKE MARION DIALYSIS CENTER	42-5730	SUMMERTON	SC	29148
2264	PEE DEE DIALYSIS CENTER	OPEN, 42-2576	LAKE CITY	SC	29560
2276	TH MYRTLE BEACH DIALYSIS CE	42-5696	RTH MYRTLE BEA	SC	29582
2359	ANDREWS	ERD115	ANDREWS	SC	29510
2383	NORTH AUGUSTA	ERD118	NORTH AUGUSTA	SC	29841
2389	LEE COUNTY DIALYSIS CENTER	42-5669	BISHOPVILLE	SC	29010
2487	FLORENCE HOME DIALYSIS UNIT	42-5749	FLORENCE	SC	29505
2661	HARTSVILLE	422586	HARTSVILLE	SC	29550
2665	IRMO DIALYSIS	PENDING	IRMO	SC	29063
2766	ANDERSON-SC	422506	ANDERSON	SC	29621
2767	OCONEE	425365	SENECA	SC	29678
2790	SIMPSONVILLE	ERD112	SIMPSONVILLE	SC	29681
2866	FAIRFIELD COUNTY	ERD114	WINNSBORO	SC	29180
2934	YORK COUNTY	422589	ROCK HILL	SC	29732
3216	HILTON HEAD	42-5481	LTON HEAD ISLA	SC	29926

Procedure Codes

PROC CODE	DESCRIPTION	GL ID	REV CODE	CPT/ HCPCS	NDC Code	Standard	Medicare
428300	CALCI TRIOL IV [Note: VAL SIZE 1 MCG]	030	636				
428315	CALCI TRIOL .1 MCG IV	030	636	J0636	63323-0731-01	8.25	0.96
EPOGEN							
ALL EPOGEN PATIENTS ARE STANDARDIZED. LIST REFLECTS THE ONLY CODES WHICH SHOULD BE ACTIVE IN M/M.							
801307	ARANESP 1 MCG *Restricted Use Pharmacy	009	636	Q4054	55513-0012-01	25.99	3.54
800101	EPO < 10,000 UNITS (10 MG)	019	634	Q4055		1.05	0.0976
800102	EPO > 10,000 UNITS (10 MG)	019	635	Q4055		1.05	0.0976
800204	HOME EPO 10,000 UNITS	025	635	Q4055	55513-0144-01	1,050.00	97.60
800205	HOME EPO 20,000 UNITS	025	635	Q4055	55513-0478-01	2,100.00	195.20
800201	HOME EPO 2000 UNITS	025	635	Q4055	55513-0128-01	210.00	19.52
800202	HOME EPO 3000 UNITS	025	635	Q4055	55513-0267-01	315.00	29.28
800203	HOME EPO 4000 UNITS	025	635	Q4055	55513-0148-01	420.00	39.04
459800	FERRLECIT IV [Note: VAL SIZE 62.5 MG]	029	636				
459803	FERRLECIT 12.5 MG IV	029	636	J2916	52544-0922-26	51.70	4.95
461700	FERRLECIT TEST DOSE	009	636 / Block Translation Table 4: 99999-Ptnt Yes			0.00	0.00
468200	GENTAMICIN SULFATE IV	009	636				
468201	GENTAMICIN SULFATE 80 MG IV	009	636	J1580	00074-1207-03	3.41	1.44
461600	HECTOROL IV [Note: VAL SIZE 4 MCG]	043	636				
461603	HECTOROL IV 1 MCG IV	043	636	J1270	64894-0840-50	33.28	2.60
421700	INFED IV [Note: VAL SIZE 100 MG]	029	636				
421701	INFED 50 MG IV	029	636	J1750	52544-0931-02	227.70	10.94
460600	INFED TEST DOSE	009	636 / Block Translation Table 4: 99999-Ptnt Yes			0.00	0.00
462200	LEVOCARINTINE IV	032	636				
462201	LEVOCARINTINE 1 GM IV	032	636	J1955	00517-1045-25	220.00	13.63
470200	LEVOCARINTINE (CARINTOR)	032	636				
470201	LEVOCARINTINE (CARINTOR) 1 G	032	636	J1955	54482-0147-01	220.00	13.63
465500	METOCLOPRAMIDE HCL IV	009	636				
465501	METOCLOPRAMIDE HCL 10 MG IV	009	636	J2765	00703-4502-04	3.53	0.45
424100	TOBRAMYCIN IV	009	636				
424104	TOBRAMYCIN 80 MG IV	009	636	J3260	00074-3578-01	26.15	1.98
413400	VANCOMYCIN IV	009	636				
413410	VANCOMYCIN 500 MG IV	009	636	J3370	00074-4332-01	86.48	2.98
481800	VENOFER IV [Note: VAL SIZE 100 MG]	029	636				
481803	VENOFER 1 MG IV	029	636	J1756	00517-2340-10	3.85	0.37
481900	VENOFER TEST DOSE	009	636 / Block Translation Table 4: 99999-Ptnt Yes			0.00	0.00
457400	ZEMPLAR IV	044	636				
457403	ZEMPLAR 1 MCG IV	044	636	J2501	00074-4637-01	35.20	4.00

Fresenius Management Services, Inc.
 95 Hayden Ave.
 P.O. Box 402-9000
 Lexington, MA 02420



Fresenius Medical Care

DATE 11/15/2006
 CHECK NO. 0003745401

66-156
 831

NET AMOUNT

PAY *****990.57*

NOT VALID AFTER 60 DAYS

PAY
 Nine hundred ninety and 57/100 Dollars

TO
 THE
 ORDER
 OF
 DEPT OF HEALTH & HUMAN SERVICES
 PO Box 8206
 COLUMBIA SC 29202-8206

First Union Bank
 of North Carolina
 Chapel Hill, North Carolina 27514

Michael Buewer

⑆0003745401⑆ ⑆053101561⑆ 2079400011555⑆

VENDOR NO. # 190986

PLEASE DETACH BEFORE DEPOSITING

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0003745401

INVOICE #	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT AMT.	NET AMOUNT
1100102306	10/23/2006	DEBRT AUDIT 2004 CLAIMS	990.57	0.00	990.57
TOTALS			\$990.57		\$990.57