

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>8-31-07</i>
---------------------	------------------------

<p align="center">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER 000124</p> <p>2. DATE SIGNED BY DIRECTOR <i>Cleared 8/31/07 per Jan P. See attached Note.</i></p>	<p align="center">ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 9-18-07</p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p>
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APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



HUGH K. LEATHERMAN, SR.

SOUTH CAROLINA STATE SENATE
DISTRICT 31, FLORENCE
AND DARLINGTON COUNTIES

COMMITTEES
Chairman, Finance
Chairman, Operations and Management
Ethics
Interstate Cooperation
Labor, Commerce and Industry
Rules
State House
Transportation

111 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6640

August 27, 2007

FLORENCE ADDRESS
1817 Pitreland Avenue
Florence, South Carolina 29501
(843) 667-1152

Emma Forkner, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Ms. Forkner:

I am enclosing herewith a copy of a letter, with attachments, that I recently received from Shareefa Bautista, the daughter and caregiver of Rasaul Dillah. As you can see, it appears that Ms. Bautista is having difficulty in getting her father's records to reflect that he had no insurance during 2006 and that his Medicare Part B coverage became effective April 1, of this year.

I would very much appreciate it if you would ask your staff to look into this matter and see that Mr. Dillah's records are corrected and that provider invoices are paid if appropriate.

Thank you for your assistance in this matter.

Very truly yours,

Hugh K. Leatherman, Sr.
HKL:dsm

Enclosure

cc Ms. Shareefa Bautista
13-DI/1

RECEIVED

AUG 29 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Spoke w/ Dean in
San Leandro via pri-
OK to close -

No written response

Necessery:

8/29
JS

Would this be an
elig. issue or more
Medical Sues?
Thanks for help!

per
8/29

The Honorable Hugh K. Leatherman
SC Senate
PO Box 142
Columbia SC 29202

Shareefa Baurista
2109 Abernathy Dr
Florence SC 29505
Tel: 843-664-0765(home)
Tel: 843-669-5162 ext 347
August 24, 2007

Dear Mr. Leatherman:

I am the caregiver for my dad Rasaul Dillah who resides with me at the above address. I am not sure if you could help me or if you could direct me to the right agency that will. My dad is having problems with Medicare and Medicaid office. He did not work long enough in the United States to be eligible for Medicare, he only worked 5 years before he had heart surgery in 1991. He has been living with since 2004, before he resided with my sister in New York. He was on Medicaid last year only. This year he became eligible for Medicare Part B only effective 4-1-2007 since he is now a dialysis patient. The state pays for his premium for Part B only. I have been to Medicaid office several times, called and spoken to his case worker Barbara Ford (843-669-3354 ext 254) to try to get them to update his records that for 2006 he did not have Medicare Part B. She has really tried to get them to update but the Columbia office is not doing what they are suppose to do. All his claims that got paid by Medicaid office last year, Medicaid is recouping their money telling providers that he has other insurance, and he did not for last year Jan to Dec 2006. I do not know what else to do to help my dad. He is now getting bills from providers and he has limited income, he is not eligible for Social Security benefits or SSI.

I am sending proof where I contacted offices and faxed them information needed to get records updated as off today, and nothing has been done. Medicaid office still show he has other insurance for last year and I am sending copy of his medicare card showing his effective date. I spoke to Vivian Bufford responsible for transport services in Florence area. The EMS said they could not do anything to get bill paid, I also spoke to provider today. Sending you copy of letter they sent my dad that he was responsible for his bill where Medicaid should be paying for this.

Please advise me further what I could do to get this resolved.


Shareefa Baurista



PHYSICIAN PRACTICE SOLUTIONS, LLC

PO BOX 100523
217 DOZIER BLVD, STE 100
FLORENCE, SC 29501

PHONE: (843) 669-5162 or
(843) 669-9255
FAX: (843) 667-4573

Date: ~~8-10-07~~

No. of sheets to follow: 9

To: Vivian Buffett

From: SHAREEFA BAUTISTA

Company: MediShield

Company: FLORENCE RADIOLOGY

Fax #: 803-255-8220

Fax #: (843) 667-4573

Phone #: 803-898-3902

Phone #: (843) 669-5162 EXT 347
(800) 741-6920 ext 347

EMAIL: sbautista@physicianpracticesolutions.com

Urgent

For Review

Please Comment

Please Reply

Comments

Sending you proof where Medicare shows coverage started 4/1/07. Columbia Spine for MedShield has wrong information - causing all his claims to get reprocessed by providers. See Medicare claim.

Shoreel

~~Shoreel~~

Re:

Vivian Buffett 8/23/07
MedShield transcript
803-898-3902

fax 803-255-8220

Shey waiting on
Columbia on
update to

MediShield unit
processing claim -
1 star repr -
6/5/07
8/23/07

Coding Disclaimer: Physician Practice Solutions, LLC has made every effort provided. Absolute accuracy cannot be guaranteed, however. Given the ever surrounding the health care industry, it is recommended that carriers be given presented, or any significant changes to current reporting practices, prior to it made available with the understanding that Physician Practice Solutions, LLC advice.

Has someone working on Medicare

8/23/07
8/23/07
8/23/07
8/23/07
8/23/07

SOUTH CAROLINA
DEPARTMENT OF MOTOR VEHICLE SERVICES
DRIVER'S LICENSE

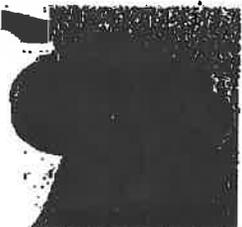
BAUNISTA SHANIERA DILLAH
2108 ABERNATHY DR
FLORENCE SC 29505

DL#: 007404398
Expires: 12-02-2016

Class: D Hgt: 5-02 Wgt: 137
Sex: F DOB: 12-02-1988
Issued: 01-27-2005 21021-231

Shanier Dillah

RESTRICTIONS: A





PHYSICIAN PRACTICE SOLUTIONS, LLC

PO Box 100523
217 DOZIER BLVD, STE 100
FLORENCE, SC 29501

PHONE: (843) 669-5162 or
(843) 669-9255
FAX: (843) 667-4573

Date: 7-11-07

No. of sheets to follow: 10

To: Barbara Ford

From: SHARREFA BAUTISTA

Company: DHHS in PCW

Company: FLORENCE RADIOLOGY

Fax #: 629-8192

Fax #: (843) 667-4573

Phone #:

669-3354

Phone #:

(800) 741-6920 ext 347

EMAIL: sbautista@physicianpracticesolutions.com

Urgent

For Review

Please Comment

Please Reply

Comments

Good morning hope you are well.
My dog got this in the mail
yesterday after I saw you. I don't
know what else to do. Medicine was
killed, they got the spinal and Medicinal.
still does not want to pay. See rejections
from medicine and medicinal.
Please help. Have a blessed day.

Shameel

Confing Disclaimer: Physician Practice Solutions, LLC has made every effort to ensure accuracy of the information provided. Absolute accuracy cannot be guaranteed, however. Given the evolving nature of the rules and regulations surrounding the health care industry, it is recommended that carriers be questioned regarding any new information presented, or any significant changes to current reporting practices, prior to implementation. This information is made available with the understanding that Physician Practice Solutions, LLC is not engaged in rendering legal advice.

FLORENCE COUNTY EMS

180 N. IRBY STREET, MSC-GG
FLORENCE, SC 29501

*Medicaid denied appeal.
Medicare denied payment.
Bill is non-issue
responsibility.*

RASAU, DILLAH
2109 ABERNATHEY DR
FLORENCE, SC 29505

43022
295599
03/16/2007
2109 ABERNATHEY DR
HOSPITAL-CAROLINA HOSPITAL
786.52
786.05

*TKS,
Kathery*

DESCRIPTION OF CHARGES	UNIT PRICE	AMOUNT
ALS BASE-EMERGENCY	1.0	300.00
MILEAGE	3.0	15.00
OXYGEN SUPPLIES	1.0	50.00
EKG SUPPLIES	1.0	50.00

Total Charges 415.00

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
REJECTED-MEDICAID	4986521	07/02/2007	0.00
REJECTED-MEDICAID	4977272	08/18/2007	0.00
REJECTED-MEDICAID	4969501	08/04/2007	0.00
REJECTED-MEDICAID	4964446	06/29/2007	0.00
Total All Other Payments			0.00

Total Credits 0.00

PLEASE PAY THIS AMOUNT => **\$415.00**

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^

Patient Name: DILLAH, RASAU
Patient Number: 43022

Call Number: 295599
Current Date: 07/06/2007

Amount Due: \$415.00
Amount Enclosed \$ _____

WE HAVE RECEIVED PAYMENT FROM YOUR INSURANCE COMPANY. THE BALANCE SHOWN ON THIS STATEMENT REFLECTS THE CO-PAYMENT AMOUNT WHICH IS YOUR RESPONSIBILITY.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

July 3, 2007

Susan B. Bowling
Acting Director

Florence County EMS
180 North Irby Street, MSC-G6
Florence, South Carolina 29501-3003

RE: Appeal request in the matter of Florence County EMS v. SCDHHS
Recipient: Rasaul Dillah, ID# 7780363932
Appeals' File #07-U-083

Dear Ms. Stewart:

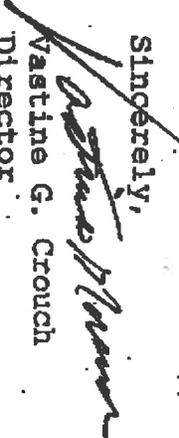
Enclosed please find your submission in the above referenced appeal matter.

Also enclosed is a copy of the South Carolina Medicaid appeals' process found in the South Carolina Medicaid Provider Manual. As you can see, there is no provision for a review, or reconsideration, of rejected claims or partial payments. The South Carolina Medicaid appeal process is a formal evidentiary hearing held here in Columbia, South Carolina. As the policy states, providers should make every effort to work with their program representative to resolve issues in dispute before requesting an appeal, and then only if they desire an evidentiary hearing.

If you desire a hearing, please follow the Manual instructions attached.

If you have any questions, you may call me at 1-800-763-9087.

Sincerely,


Vastine G. Crouch

Director
Division of Appeals and Hearings

Enclosure

Division of Appeals
P. O. Box 8206 Columbia, South Carolina 29202-8206
(803) 898-2600 Fax (803) 255-8206

XXX Provider Manual

01/01/06

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION
MEDICAID ANTI-FRAUD PROVISIONS / PROVIDER EXCLUSIONS / SUSPENSIONS**

APPEALS

DHHS maintains procedures ensuring that all Medicaid providers will be granted an opportunity for a fair hearing. These procedures may be found in S.C. Regulations at Chapter 126, Article 1, Subarticle 3. An appeal hearing may be requested by a provider when a request for payment for services is denied or when the amount of such payment is in controversy.

An administrative appeal is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should work with their program representative in an effort to resolve or settle a dispute(s) before requesting an administrative hearing.

In accordance with regulations of DHHS, a provider wishing to file an appeal must send a letter requesting a hearing along with a copy of the notice of adverse action or the remittance advice reflecting the denial in question. Letters requesting an appeal hearing should be sent to the following address:

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

The request for an appeal hearing must be made within 30 days of the date of receipt of the notice of adverse action or 30 days from receipt of the remittance advice reflecting the denial, whichever is later. Subsequent hearings will be held in Columbia unless otherwise arranged. The appellant or appellant's representative must be present at the appeal hearing.

Current Date: 6/10/07
Medicaid Recipient Name: **Ronald Dillah**
Medicaid Recipient Number: 7780363932

Provider Name: **Renewed Liberty EMS**
Provider Number: **AB0030**
Contact Person: **R. Stewart**
Telephone Number: **843 665 3011**
Signature of Person Requesting Appeal: **Kathy Stewart**
FAX Number: **843 676 8795**

Data on Claims to be Appealed

Providers Ref. #	Claim Ref. #	Service Dates	Proc Codes	Amt Billed	Recipient ID #	Recipient Name
295599	295599	03/16/07	A0427 A0425	400.00 15.00	7780363932 "	P. Dillah "

Explain of why you like an Appeal:

Medicaid denied (953) Possible Medicare buy-in file to Medicare.
Claim was filed to Medicare first and was denied.
(P22) Expenses incurred after coverage terminated. Please see enclosed documentation and remit payment for covered services.

Please see enclosed documentation:

- 1) CMS 1500 form
- 2) Medicaid denial dated 5/25/07
- 3) Medicare denial dated 4/25/07
- 4) Information from Social Security (3 pgs)
- 5) copy of ambulance call report.

Medicaid Appeals
SC Dept of Health and Human Services
Division of Appeals and Hearings
P O Box 8206
Columbia, SC 29202-8206



Aug. 24, 2007 1:03PM PPS
 PLEASE DO NOT STABLE IN THIS AREA

No. 6889 v.p. 10-2003-1000
MEDICAD CLAIMS
 P O BOX 8809
 COLUMBIA, SC 29202-8809

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAD CHAMPUS CHAMPVA GROUP HEALTH PLAN BACKLUNG OTHER (FOR PROGRAM IN ITEM 7)
 (Medicare #) (Medicaid #) (Spouse's SSN) (VA file #) (SSN or ID) (SSN) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **DIJIAH RASAIT.**
 3. PATIENT'S BIRTH DATE **06 10 1995** SEX **F**
 4. INSURED'S NAME (Last Name, First Name, Middle Initial) **DIJIAH RASAIT.**
 7. INSURED'S ADDRESS (No. Street) **2109 ABERNATHEY DR**

5. PATIENT'S ADDRESS (No. Street) **2109 ABERNATHEY DR**
 6. PATIENT'S RELATIONSHIP TO INSURED
 Self Spouse Child Other
 8. PATIENT STATUS
 Single Married Other
 9. EMPLOYMENT (CURRENT OR PREVIOUS)
 Employed Full-Time Part-Time
 Student Student

10. IS PATIENT'S CONDITION RELATED TO:
 a. AUTO ACCIDENT? YES NO
 b. OTHER ACCIDENT? YES NO
 10. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO If yes, return to and complete item 8-a-d.

11. INSURED'S POLICY GROUP OR FECA NUMBER
 12. INSURED'S DATE OF BIRTH **MM DD YY** SEX **M** **F**
 13. INSURED'S POLICY OR PROGRAM NAME

14. INSURED'S POLICY OR PROGRAM NAME
 15. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO If yes, return to and complete item 8-a-d.

16. PATIENT'S POLICY OR PROGRAM NAME
 17. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO If yes, return to and complete item 8-a-d.

18. RESERVED FOR LOCAL USE
 19. RESERVED FOR LOCAL USE
 20. OUTSIDE LAB? YES NO \$ CHARGES

21. PATIENT'S POLICY OR PROGRAM NAME
 22. MEDICAD RESUBMISSION ORIGINAL REF. NO.
 23. PRIOR AUTHORIZATION NUMBER

24. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (MM DD YY)
03 16 2007

25. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
CC-SOB, FEET SWELLING. 82YO MALE.

26. DATE OF SERVICE TO FROM
03 16 07 03 16 07 41

27. PROCEDURE, SERVICE, OR SUPPLIER (Specify Universal Circumstances) (MM DD YY)
200427 PR 200425 PR

28. CHARGES (MM DD YY) UNITS
400 00 1 15 00 3

29. AMOUNT PAID
415 00 0 00 415 00

30. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE
**HOSPITAL-CAROLINA HOSPITAL FLORENCE COUNTY EMS
 180 N. IRBY STREET, MSC-GG
 FLORENCE, SC 29501-3003**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DESIGNER OR CREDENTIALS (Only for the signature of the provider who is the biller and not the biller's partner)
DIRECTOR GARY HORN

SIGNED **06/01/2007** DATE
 APPROVED BY JAMA COUNCIL ON MEDICAL SERVICE (888) PLEASE PRINT OR TYPE APPROVED OMB-0828-0088 FORM CMS-1500 (12-80), FORM RFB-1500, APPROVED OMB-1215-0035 FORM DHCPC-1500, APPROVED OMB-0720-0001 (CHAMPUS)

PALMETTO BWA
 MEDICARE PART B CARRIER
 PO BOX 108199
 COLUMBIA SC 29202-8109
 1-866-258-6666

380512155 500000084
 MEDICARE
 REBATE
 NOTICE

|||||
 FLORENCE COUNTY EMS
 MSC-06
 190 N IRBY ST
 FLORENCE, SC 29501-5431

PROVIDER #: 0250190001
 PAGE #: 1 OF 2
 DATE: 04/23/07
 CHECK/ERT #: 380512155

From October 2, 2006 through July 28, 2007, Medicare strongly recommends that when you submit an RPT on your claims, also submit your Medicare TMN in order to prevent rejections or delays in payment.

The Centers for Medicare and Medicaid Services (CMS) is conducting the Medicare Contractor Provider Satisfaction Survey (WCPSS). If you have received a survey but have not yet completed it, we need your valuable feedback as soon as possible. If you have any questions please send an e-mail to medcontractor@cms.gov.

PROV	SERV DATE	POS	MSB	PROC	MOOD	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV ADJ	PROV PD	CHECK
ANT	ANT	ANT	ANT	ANT	ANT	ANT	ANT	ANT	ANT	RC-ANT	ANT	ANT	ANT	ANT
020710195928						400.00	250.00	0.00	0.00	400.00	FR-27	0.00	0.00	0.00
						15.00	15.00	0.00	0.00	15.00	FR-29	0.00	0.00	0.00
						245.00	245.00	0.00	0.00	245.00		0.00	0.00	0.00
NET														

NAME	DILLAR	RASH	HIC	125767834M	ACNT	295599A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0258190001	0316	031607	41	1	A0427	RH	400.00	0.00	0.00	400.00	CA-109	0.00	0.00	0.00
0258190001	0316	031607	41	3	A0425	RH	15.00	0.00	0.00	15.00	FR-27	0.00	0.00	0.00
PT	RSSP	418.00	CLAIM	TOTALS	415.00	0.00	415.00	0.00	0.00	415.00		0.00	0.00	0.00
NET														

ICN	0207106119578	ASS	Y	MOA	HA01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	CA-109	400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	CA-109	400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET														

ICN	0207107297964	ASS	Y	MOA	HA01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	FR-204	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	FR-204	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET														

ICN	0207107236050	ASS	Y	MOA	HA01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	FR-22	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	FR-22	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	FR-22	275.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NET														

TOTALS:	0 OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV ADJ	CHECK
CLAIMS	ANT	ANT	ANT	ANT	ANT	RC-ANT	ANT	ANT	ANT
5	1560.00	0.00	0.00	0.00	0.00	1560.00	4.00	0.00	0.00

NECESSARY: Group, Reason, MOA, Remark and Adjustment Codes
 Patient Responsibility. Amount that may be billed to a patient or another payer.
 Other Adjustment.
 Services not covered because the patient is enrolled in a Medicare
 Plan not covered by this payer/contractor. You must send the claim to the correct
 Payer/contractor.
 This service/equipment/drug is not covered under the patient's current benefit plan.
 Payment adjusted because this care may be covered by another payer per contract.
 Expenses incurred after coverage terminated.

04/25/07
 MEDICARE

AUG. 24. 2007 1:05PM

PPS

No. 6889 P. 13

Other Vivian Budget at medical office

THIS IS YOUR MEDICARE CARD. IT SHOWS IF YOU HAVE HOSPITAL INSURANCE OR BOTH. IT IS FOR MEDICAL INSURANCE. SHOW YOUR CARD WHEN YOU RECEIVE HEALTH SERVICES. ON ANY CLAIMS, BILLS OR CORRESPONDENCE BE SURE TO USE YOUR NAME AND CLAIM NUMBER EXACTLY AS SHOWN ON THIS CARD.

1-800-4AUTO-4-DIAL 298
1-800-4AUTO-4-DIAL 298
059614
0607 RE OF 141
RASAU DILLAH
2109 ABERNATHY DRIVE
FLORENCE SC 29505-6714

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFITARY	RASAU DILLAH	SEX	MALE
MEDICARE CLAIM NUMBER	125-76-7534-M	EFFECTIVE DATE	04-01-2007
BIRTH DATE			
MEDICAL (PART B) BENEFITS ONLY			
SEN →	<i>Rasau Dillah</i>		
HERE			

125787534M 0607 T K

125-76-7534T

Page 3 of 3

If you do call or visit an office, please, have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

MEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/30/07
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: DILLAH RASAUJ

HH NAME: DILLAH RASAUJ

RCP NUMBER: 7780363932

HH NUMBER: 101005318

ACTION TYPE: MAINTENANCE

SSN: 125-76-7534

APL STATUS:

ACTION DATE: 10/04/2004

MCN: 125767534M

VALIDATED BY: BUY IN

ON: 08/05/2007

PART A - BEGINNING DATE: _____ ENDING DATE: _____ BY:

PART B - BEGINNING DATE: 01/01/07 ~~04/01/2007~~ ENDING DATE: _____ BY: MMA

PART C - BEGINNING DATE: 07/01/2007 ENDING DATE: _____ BY: MMA

PART D - BEGINNING DATE: 06/01/2007 ENDING DATE: _____ BY: MMA

LOW INC- BEGINNING DATE: 06/01/2007 ENDING DATE: 12/31/2008 BY: MMA
SUBSIDY

UPDATED: USER ID: RENEH DATE: 06/12/07 SYSTEM ID: TTR1004 DATE: 08/27/07

ME900063 RECIPIENT RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP

PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

** eligible 01/07*

SSA will correct dates

*Renae Johnson has faxed
to her & she has her
numbers.*

*We just need to write that we are
handling case in contact w/ Rk
Bautista*

of 8/29/07

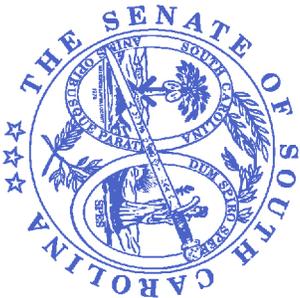
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>8-31-07</i>
----------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000124	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 8/31/07 per Jan P. See attached Note.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-12-07</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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4.			



HUGH K. LEATHERMAN, SR.

SOUTH CAROLINA STATE SENATE
DISTRICT 31, FLORENCE
AND DARLINGTON COUNTIES

111 GRESSETTE SENATE OFFICE BUILDING
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6640

FLORENCE ADDRESS
1817 Pinecland Avenue
Florence, South Carolina 29501
(843) 667-1152

August 27, 2007

Emma Forkner, Director
Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Ms. Forkner:

I am enclosing herewith a copy of a letter, with attachments, that I recently received from Shareefa Bautista, the daughter and caregiver of Rasaul Dillah. As you can see, it appears that Ms. Bautista is having difficulty in getting her father's records to reflect that he had no insurance during 2006 and that his Medicare Part B coverage became effective April 1, of this year.

I would very much appreciate it if you would ask your staff to look into this matter and see that Mr. Dillah's records are corrected and that provider invoices are paid if appropriate.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in blue ink, appearing to read "H. K. Leatherman, Sr." with a stylized flourish at the end.

Hugh K. Leatherman, Sr.
HKL:dsm

Enclosure

CC Ms. Shareefa Bautista
13-DI/1

RECEIVED

AUG 29 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

COMMITTEES
Chairman, Finance
Chairman, Operations and Management
Ethics
Interstate Cooperation
Labor, Commerce and Industry
Rules
State House
Transportation

Spoke w/ Brian in
San Leandro via appi -
OK to close -
No written response
necessary:
8/29/15 

Would this be an
ok. move on more
Modest Sves?
Thanks for your help!

per
8/29

The Honorable Hugh K. Leatherman
SC Senate
PO Box 142
Columbia SC 29202

Shareefa Bautista
2109 Abernathy Dr
Florence SC 29505
Tel: 843-664-0765(home)
Tel: 843-669-5162 ext 347
August 24, 2007

Dear Mr. Leatherman:

I am the caregiver for my dad Rasaul Dillah who resides with me at the above address. I am not sure if you could help me or if you could direct me to the right agency that will. My dad is having problems with Medicare and Medicaid office. He did not work long enough in the United States to be eligible for Medicare, he only worked 5 years before he had heart surgery in 1991. He has been living with since 2004, before he resided with my sister in New York. He was on Medicaid last year only. This year he became eligible for Medicare Part B only effective 4-1-2007 since he is now a dialysis patient. The state pays for his premium for Part B only. I have been to Medicaid office several times, called and spoken to his case worker Barbara Ford (843-669-3354 ext 254) to try to get them to update his records that for 2006 he did not have Medicare Part B. She has really tried to get them to update but the Columbia office is not doing what they are suppose to do. All his claims that got paid by Medicaid office last year, Medicaid is recouping their money telling providers that he has other insurance, and he did not for last year Jan to Dec 2006. I do not know what else to do to help my dad. He is now getting bills from providers and he has limited income, he is not eligible for Social Security benefits or SSI.

I am sending proof where I contacted offices and faxed them information needed to get records updated as off today, and nothing has been done. Medicaid office still show he has other insurance for last year and I am sending copy of his medicare card showing his effective date. I spoke to Vivian Buford responsible for transport services in Florence area. The EMS said they could not do anything to get bill paid, I also spoke to provider today. Sending you copy of letter they sent my dad that he was responsible for his bill where Medicaid should be paying for this.

Please advise me further what I could do to get this resolved.


Shareefa Bautista



PHYSICIAN PRACTICE SOLUTIONS, LLC

PO Box 100523
217 DOZIER BLVD, STE 100
FLORENCE, SC 29501

PHONE: (843) 669-5162 or
(843) 669-9255
FAX: (843) 667-4573

Date: ~~8-10-07~~

No. of sheets to follow: 9

To: Vivian Buffett

From: SHARREFA BAUTISTA

Company: Mediweight

Company: FLORENCE RADIOLOGY

Fax #: 803-255-8220

Fax #: (843) 667-4573

Phone #:

803-898-3902

Phone #:

(843) 669-5162 EXT 347
(800) 741-6920 ext 347

EMAIL: sbautista@physicianpracticesolutions.com

Urgent

For Review

Please Comment

Please Reply

Comments

Sending you proof where Medicare shows coverage started 4/1/07. Columbia Ortho for Medweight has wrong information - causing all his claims to get reprocessed by providers. See Medicare claim.

Shannel

~~Shannel~~

Vivian Buffett
Medicaid transport
803-898-3902

fax 803-255-8220

Stu waiting on
for update on
coding

Medicare claim
processes down

Step 1
6/28/07
1-898-3035

Coding Disclaimer: Physician Practice Solutions, LLC has made every effort provided. Absolute accuracy cannot be guaranteed, however. Given the ever surrounding the health care industry, it is recommended that carriers be questioned, or any significant changes to current reporting practices, prior to its made available with the understanding that Physician Practice Solutions, LLC advice.

Was someone working on Medicare

8/22/07
8/23/07
8/24/07
8/25/07
8/26/07
8/27/07
8/28/07
8/29/07
8/30/07
8/31/07

SOUTH CAROLINA
 DEPARTMENT OF MOTOR VEHICLES
 DRIVER'S LICENSE

BAUTISTA SHANEEVA DILLAH
 2108 ABERNATHY CDR
 FLORENCE SC 29505

DL#: 007404398
 Expires: 12-02-2016

Class: D HIG-3-02 Wgt: 157
 Sex: F DOB: 12-02-1966
 Issued: 01-27-2005 21021:2:1

Shanéeva Dillah
 DRIVER

Restrictions: A





PHYSICIAN PRACTICE SOLUTIONS, LLC

PO BOX 100523
217 DOZIER BLVD, STE 100
FLORENCE, SC 29501

PHONE: (843) 669-5162 or
(843) 669-9255
FAX: (843) 667-4573

Date: 7-11-07

No. of sheets to follow: 10

To: Bubba Ford

From: SHARIEFA BAUTISTA

Company: DHS in FLor

Company: FLORENCE RADIOLOGY

Fax #: 629-8192

Fax #: (843) 667-4573

Phone #:

669-3354

Phone #:

(843) 669-5162 EXT 347
(800) 741-6920 ext 347

EMAIL: sbautista@physicianpracticesolutions.com

Urgent

For Review

Please Comment

Please Reply

Comments

Good morning hope you are well.
My dad got H1N1 in the mid
yesterday after I saw you. I don't
know what else to do. Medicine was
given, they got the spinal and Medicaid
still does not want to pay. See rejection
from Medicare and Medicaid
Please help. Have a blessed day.

Shamek

Coding Disclaimer: Physician Practice Solutions, LLC has made every effort to ensure accuracy of the information provided. Absolute accuracy cannot be guaranteed, however. Given the evolving nature of the rules and regulations surrounding the health care industry, it is recommended that carriers be questioned regarding any new information presented, or any significant changes to current reporting practices, prior to implementation. This information is made available with the understanding that Physician Practice Solutions, LLC is not engaged in rendering legal advice.

FLORENCE COUNTY EMS

180 N. IRBY STREET, MSC-GG
FLORENCE, SC 29501

*Medicaid denied appeal.
Medicare denied payment.
Bill is non-issue
responsibility.*

RASAUL DILLAH
2109 ABERNATHY DR
FLORENCE, SC 29505

43022
295599
03/16/2007
2109 ABERNATHY DR
HOSPITAL-CAROLINA HOSPITAL
786.52
786.05

*TKS,
Kathy*

Patient Name: RASAUL DILLAH
Insurance: MEDICAID CLAIMS

DESCRIPTION OF CHARGES	UNIT PRICE	AMOUNT
ALS BASE-EMERGENCY	300.00	300.00
MILEAGE	5.00	15.00
OXYGEN SUPPLIES	50.00	50.00
EKG SUPPLIES	50.00	50.00

Total Charges 415.00

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
REJECTED-MEDICAID	4988521	07/02/2007	0.00
REJECTED-MEDICAID	4977272	08/18/2007	0.00
REJECTED-MEDICAID	4988501	08/04/2007	0.00
REJECTED-MEDICAID	4984446	08/29/2007	0.00
Total All Other Payments			<u>0.00</u>
			Total Credits
			<u>0.00</u>

PLEASE PAY THIS AMOUNT => **\$415.00**

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT*

Amount Due: \$415.00

Patient Name: DILLAH, RASAUL
Patient Number: 43022

Call Number: 295599
Current Date: 07/06/2007

Amount Enclosed \$ _____

WE HAVE RECEIVED PAYMENT FROM YOUR INSURANCE COMPANY. THE BALANCE SHOWN ON THIS STATEMENT REFLECTS THE CO-PAYMENT AMOUNT WHICH IS YOUR RESPONSIBILITY.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

July 3, 2007

Susan B. Bowling
Acting Director

Florence County EMS
180 North Irby Street, MSC-GG
Florence, South Carolina 29501-3003

RE: Appeal request in the matter of Florence County EMS v. SCDHHS
Recipient: Rasaul Dillah, ID# 7780363932
Appeals' File #07-U-083

Dear Ms. Stewart:

Enclosed please find your submission in the above referenced appeal matter.

Also enclosed is a copy of the South Carolina Medicaid appeals' process found in the South Carolina Medicaid Provider Manual. As you can see, there is no provision for a review, or reconsideration, of rejected claims or partial payments. The South Carolina Medicaid appeal process is a formal evidentiary hearing held here in Columbia, South Carolina. As the policy states, providers should make every effort to work with their program representative to resolve issues in dispute before requesting an appeal, and then only if they desire an evidentiary hearing.

If you desire a hearing, please follow the Manual instructions attached.

If you have any questions, you may call me at 1-800-763-9087.

Sincerely,

Vastine G. Crouch
Vastine G. Crouch

Director
Division of Appeals and Hearings

Enclosure

Division of Appeals
P. O. Box 8206 Columbia, South Carolina 29202-8206
(803) 898-2600 Fax (803) 255-8206

XXX Provider Manual

01/01/06

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION
MEDICAID ANTI-FRAUD PROVISIONS / PROVIDER EXCLUSIONS / SUSPENSIONS**

APPEALS

DHHS maintains procedures ensuring that all Medicaid providers will be granted an opportunity for a fair hearing. These procedures may be found in S.C. Regulations at Chapter 126, Article 1, Subarticle 3. An appeal hearing may be requested by a provider when a request for payment for services is denied or when the amount of such payment is in controversy.

An administrative appeal is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should work with their program representative in an effort to resolve or settle a dispute(s) before requesting an administrative hearing.

In accordance with regulations of DHHS, a provider wishing to file an appeal must send a letter requesting a hearing along with a copy of the notice of adverse action or the remittance advice reflecting the denial in question. Letters requesting an appeal hearing should be sent to the following address:

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

The request for an appeal hearing must be made within 30 days of the date of receipt of the notice of adverse action or 30 days from receipt of the remittance advice reflecting the denial, whichever is later. Subsequent hearings will be held in Columbia unless otherwise arranged. The appellant or appellant's representative must be present at the appeal hearing.

Current Date: 6/01/07
 Medicaid Recipient Name: **Paroull Dillah**
 Medicaid Recipient Number: 7780303932

Provider Name: **Renewed Liberty EMS**
 Provider Number: **AB0030**
 Contact Person: **R. Stewart**
 Telephone Number: **843 665 3011**
 Signature of Person Requesting Appeal: **Rashay Stewart**
 FAX Number: **843 676 8795**

Data on Claims to be Appealed

Providers Ref. #	Claim Ref #	Service Dates	Proc Codes	Amt Billed	Recipient ID #	Recipient Name
295599	ME	03/16/07	A0427 A0425	400.00 15.00	7780303932 "	P. Dillah "

Explain of why you like an Appeal:
 Medicaid denied (953) Possible Medicare buy-in file to Medicare.
 Claim was filed to Medicare first and was denied.
 (Per) Expenses incurred after coverage terminated. Please see enclosed documentation and remit payment fees covered services.

Please see enclosed documentation:

- 1) CmS 1500 form
- 2) Medicaid denial dated 5/25/07
- 3) Medicare denial dated 4/25/07
- 4) Information from Social Security (3 pgs)
- 5) copy of ambulance call report.

Medicaid Appeals
 SC Dept of Health and Human Services
 Division of Appeals and Hearings
 P O Box 8206
 Columbia, SC 29202-8206



PALMISTO BBA
 MEDICARE PART B CARRIER
 PO BOX 100190
 COLUMBIA SC 29202-3109
 1-866-250-9686

500512285 500000004
 MEDICARE
 REBILLANCE
 NOTICE

FLORENCE COUNTY EMS
 MSC-00
 180 N IRBY ST
 FLORENCE, SC 29501-3431

PROVIDER #: Q250190001
 PAGE #: 1 OF 2
 DATE: 04/25/07
 CHECK/RT #: 304512155



From October 2, 2006 through July 22, 2007, Medicare strongly recommends that when you submit an RPT on your claims, also submit your Medicare PIN in order to prevent rejections or delays in payment.

The Centers for Medicare and Medicaid Services (CMS) is conducting the Medicare Contractor Provider Satisfaction Survey (MCPS). If you have received a survey but have not yet completed it, we need your valuable feedback as soon as possible. If you have any questions please send an e-mail to mps@cms.hhs.gov.

PLAN	FROM	SERV DATE	POS NOS	PROC	MOOS	BILLED	ALLOWED	DEDUCT	COINS	GRT/RC-AMT	PROV LTD
						0207107439020				ASS Y NDA MA01	
						0.00	FR-59	200.00	0.00		0.00
						0.00	FR-59	15.00	0.00		0.00
						0.00		245.00	0.00		0.00
											0.00
											NET

NAME	DILLAN, RASUL	HIC	125767594H	ACNT	295599A	ICN	0207106119570	ASS Y	NDA	MA01	
RESK190001	0316 031607 41	1	A0427 RH	409.00	0.00	0.00	0.00	0A-109	400.00	0.00	
Q250190001	0316 031607 41	3	A0425 RH	15.00	0.00	0.00	0.00	0A-109	5.00	0.00	
PT RESP	415.00		CLAIM TOTALS	415.00	0.00	0.00	0.00		405.00	0.00	
											NET

ICN	0207107237950	ASS Y	NDA	MA01	
0.00	0.00	FR-27	400.00	0.00	
0.00	0.00	FR-27	5.00	0.00	
0.00	0.00	FR-27	415.00	0.00	
					NET

ICN	0207107237950	ASS Y	NDA	MA01	
0.00	0.00	FR-204	200.00	0.00	
0.00	0.00	FR-204	200.00	0.00	
					NET

ICN	0207107236050	ASS Y	NDA	MA01	
0.00	0.00	FR-22	250.00	0.00	
0.00	0.00	FR-22	25.00	0.00	
0.00	0.00	FR-22	275.00	0.00	
					NET

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV LTD	ADJ AMT	CHECK AMT
	3	1560.00	0.00	0.00	0.00	1560.00	0.00	0.00	0.00

GLOSSARY: Group, Reason, NDA, Remark and Adjustment Codes
 PR Patient Responsibility. Amount that may be billed to a patient or another payer.
 OA Other Adjustment.
 B9 Services not covered because the patient is enrolled in a Medicare Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
 204 This service/equipment/drug is not covered under the patient's current benefit. Payment adjusted because this care may be covered by another payer per coordination of benefits.
 27 Expenses incurred after coverage terminated.

04/25/07
 NO CARRY OVER

Social Security Administration Retirement, Survivors and Disability Insurance

Notice of Disapproved Claim

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: May 15, 2007
Claim Number: 125-76-7534T



01844 NC0477 N1 1260

RASAU, DILLAI
2109 ABERNATHY DRIVE
FLORENCE, SC 29505-6714
#####

We are writing to tell you that you do not qualify for Medicare.

Why You Cannot Qualify for Medicare

You did not work long enough under Social Security to qualify for Medicare.

Work under Social Security is figured in credits. Please read the enclosed pamphlet, "How You Earn Social Security Credits," which explains how the credits are earned.

For you to qualify for Medicare, you needed to have earned 36 credits. You earned 16 credits. These figures are based on your date of birth, June 10, 1925.

Other Social Security Benefits

You are not entitled to any other Social Security benefits based on the application you filed. In the future, if you think you may be entitled to benefits, you will need to apply again.

Enclosure(s):
Pub 05-10072
Pub 05-10058

C See Next Page

125-76-7534T

Page 3 of 3

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

MEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/30/07
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: DILLAH RASAUU HH NAME: DILLAH RASAUU
RCP NUMBER: 7780363932 HH NUMBER: 101005318 ACTION TYPE: MAINTENANCE
SSN: 125-76-7534 APL STATUS: ACTION DATE: 10/04/2004
MCN: 125767534M VALIDATED BY: BUY IN ON: 08/05/2007

PART A - BEGINNING DATE: _____ ENDING DATE: _____ BY: _____

PART B - BEGINNING DATE: 01/01/2007 ENDING DATE: _____ BY: MMA

PART C - BEGINNING DATE: 07/01/2007 ENDING DATE: _____ BY: MMA

PART D - BEGINNING DATE: 06/01/2007 ENDING DATE: _____ BY: MMA

LOW INC- BEGINNING DATE: 06/01/2007 ENDING DATE: 12/31/2008 BY: MMA
SUBSIDY

UPDATED: USER ID: RENEH DATE: 06/12/07 SYSTEM ID: TTR1004 DATE: 08/27/07
ME900063 RECIPIENT RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

X

digital 01/07

SSA will convert dates

Renae Johnson has forwarded
to her & she has her
numbers.

We just need to write that we are
handling & are in contact w/ Ft.
Bautista

of 8/29/07

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/30/07
 MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 08/26/07 END: PAGE: 0001

NAME: DILLAH RASAVL HH NAME: DILLAH RASAVL

RCP NUMBER: 7780363932 HH NUMBER: 101005318 ACTION TYPE: MAINTENANCE

SSN: 125-76-7534 VC: V APL STATUS: ACTION DATE: 10/04/04

PRIMARY INDIVIDUAL: APL CO: 21 WORKER ID: PSIEG LOCATION: 001

2109 ABERNATHY DR SSCN: 125767534M RRN:

RACE: 08 SEX: M MARITAL STATUS: W

TPL INSURANCE: N RELATION: SELF

FLORENCE SC 29505- DOB: 06/10/1925 DOD:

CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	SPONSOR
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL
	38578088	02/01/2006		32	10	FULL	N	Y	.44
	38578088	11/01/2004		02/01/2006	32	10	FULL	Y	.44
	38578088	10/01/2004		11/01/2004	32	10	FULL	N	.44

UPDATED: USER ID: RENEH DATE: 06/06/07 SYSTEM ID: BUY1000 DATE: 06/27/07

ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV

PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS