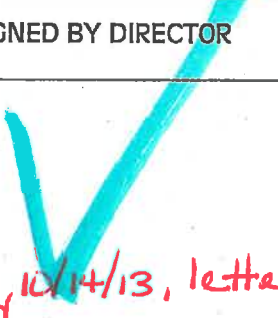


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/Williams</i>	DATE <i>9-6-13</i>
---------------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000099</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cleared 10/14/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-17-13</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.			

# Carolina Surgical Center

9/6/13

**RECEIVED**

Anthony Keck  
Health and Human Services  
POB 8206  
Columbia, SC 29202

SEP 06 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: Medicaid ID# 6780890144  
Date of Service 4/03/13

Mr. Keck,

This letter is a formal complaint regarding the handling of a Medicaid claim dating back to April of 2013.

We billed a claim with multiple procedures: 42830, 69436 RT, 69436 LT, 30901 RT and 30901 LT. On remit 4/19/13 we received a payment for \$697.46 for codes 42830, 69436 RT, and 69436 LT. The 30901 codes did not pay because of a billing error using the LT modifier twice. There was no ECF with the remit so our biller rebilled the 30901 codes with the correct modifiers.

Then on remit 4/26/13 the payment of \$697.46 that was received on 4/19/13 was recouped while codes 30901 RT and 30901 LT paid \$305.07. We then rebilled the entire claim. We received a denial and sent in Adjustment Form 130 with all remits, including the remit where payment was recouped.

The following is a timeline of our activity trying to get this claim to pay correctly:

6/10/13: Received form 130 back saying submit a replacement claim. Sent in replacement claim with all remits.

6/18/13: Spoke to Nicole at Provider services, states to bill first 3 lines as new claim. Call reference number 501507.

6/28/13: Remit 6/28/13 showing claim in suspense

7/16/13: remit 7/5/13 shows claim denied as duplicate

7/18/13: Spoke to Marcie at Provider Services. Will research and call back with resolution.

## Carolina Surgical Center

7/19/13: Spoke to Tamara at provider services. Instructed to send medical notes with latest ECF for reprocessing due to multiple submissions.

8/7/13: Spoke to Nicole at Provider Services. Information has been received, allow additional time.

8/23/13: Spoke to Nicole at provider services. Claim still in review.

8/30/13: Spoke to Tamaría at Provider Services. Filed complaint and asked her to forward to manager and have manager return my call.

9/6/13: Spoke to Provider Services. Per manager notes, we need to send in remit where money was recouped. They have no record. Requested that a manager return my call.

This is absolutely asinine. After multiple calls and multiple instructions, we are now being told to submit proof to DHHS that DHHS recouped the payment.

There is no reason for this claim to still be outstanding 5 months after original submission after we have followed every instruction we have been given by provider services. I expect to have a return call from a claims manager and I expect this claim to be resolved by remit date 9/20/13. If this does not occur, I will file complaints with the Governor's Office, my local representative, as well as the Insurance Commission.

Sincerely,



Kathy Rogers  
Business Office Manager  
Carolina Surgical Center  
803-327-4091



October 14, 2013

Ms. Kathy Rogers, Business Office Manager  
Carolina Surgical Center  
Post Office Box 3212  
Rock Hill, South Carolina 29732

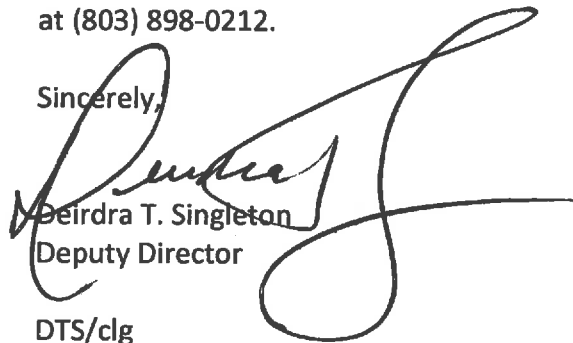
Dear Ms. Rogers:

Please let me again express my apology to you regarding the claims processing errors for services rendered to Allison Haynes for date of service April 3, 2013. As I explained to you during our conversation on October 10, 2013, there is no excuse for the processing delay and we are working to ensure that these errors do not happen again.

I am so happy to hear that the claims have been processed correctly and reimbursed appropriately.

Thank you for bringing your concerns to our attention and for your continued participation in the South Carolina Healthy Connections Medicaid Program. If you have any additional questions or concerns please contact me at (803) 898-2647 or Bryan Amick, Pharmacy Director at (803) 898-0212.

Sincerely,



Deirdra T. Singleton  
Deputy Director

DTS/clg

cc: Bryan Amick, Pharmacy Director

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

**ACTION REFERRAL**

TO <i>Singleton/Williams</i>	DATE <i>9-6-13</i>
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Valentine</i>	<i>10-3-13</i>		<i>Note: 99+100 are the same letter</i>
2. <i>[Signature]</i>	<i>10-3-13</i>		
3. <i>[Signature]</i>			
4.			

## Carolina Surgical Center

9/6/13

**RECEIVED**

SEP 06 2013

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