

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

**ACTION REFERRAL**

TO <i>Giuse Vaughn</i>	DATE <i>9-29-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000143</i>	<input checked="" type="checkbox"/> Pre <i>Extension</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keeth</i>	<input type="checkbox"/> Pre <i>October 17, 2011</i>
	<input type="checkbox"/> FO
	<input type="checkbox"/> Ne

APPROVALS (Only when prepared for director's signature)	APPROVE	* DIS (Note disapproval return to preparer.)	
1. <i>[Signature]</i>			<del>11/18/2011</del> 11/15/2011
2. <i>[Signature]</i>	<i>11/16 OK</i>		
3.			
4.			



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

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

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

*Medicaid*

**RECEIVED**

SEP 27 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

September 23, 2011

Anthony E. Keck, Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, South Carolina 29201

Dear Dr. Keck:

I am enclosing herewith a copy of a letter, with attachments, that I received this morning from my constituent, Cornell Poston, relative to his son, Calum. As you can see, Calum received restorative surgery over a year ago which, per the attached letter of Shirley Carrington of July 26, 2010, your agency approved under the DHEC's CRS program. Unfortunately, it appears that payment is now being denied.

I would very much appreciate it if you would ask your staff to look into this matter and do everything possible to assist Mr. Poston in getting this hospital bill paid.

As always, thank you for your assistance.

Very truly yours,

Hugh K. Leatherman, Sr.  
HKL:dsm

Enclosure  
Cc: Mr. Cornell Poston

Mr. Cornell Poston  
956 Swan Circle  
Florence, SC 29501  
(843) 230-2605

Sen. Hugh K. Leatherman  
P. O. Box 142  
Columbia, SC 29201

Dear Mr. Leatherman:

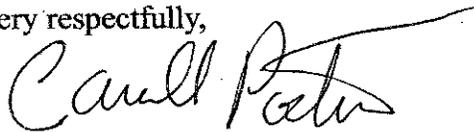
I have a problem with an issue involving several of our state agencies and I was hoping that your office could somehow resolve it. A few years ago while learning new skills to reenter the work force, my wife and I had to subscribe to Medicaid to obtain health insurance for our children. A wonderful program that provided an opportunity for my son was the Children's Rehabilitative Services(CRS) program out of DHEC. My son was given approval for very costly restorative surgery.

My son could not get this surgery until it was determined that the bones in his face had matured to where they would not be growing. By that time, I had graduated from college and had reentered the work force. I no longer qualified for Medicaid. However, the CRS kept my son in the program with funding from Medicaid for the surgery until he had it completed. The surgery was performed on July 28, 2010, and my son was discharged on July 30.

However, I was shocked to open my mail to see that all charges for my son's surgery had not been paid. Medicaid reneged on paying the bill. McLeod Regional Medical Center is now asking me for full payment fourteen months later! I followed their procedures, kept our required visits, submitted our claims through the State BCBS Medical Plan (which the denial of the surgery was to be expected, but was still part of the procedure). This is troubling to me because the surgery was flawless, and McLeod is also my employer. I do not want to ask any of the McLeod Charities for help mainly because Medicaid should step up and complete what they promise.

Thank you for any help in this matter. I look forward to any correspondence regarding this. Please let me know what additional paperwork I may have to help resolve this matter.

Very respectfully,



Cornell Poston

cc: Children's Rehabilitative Services



# Orthodontic Client Treatment Plan Agreement Children's Rehabilitative Services

Successful completion of orthodontic treatment involves a significant and serious commitment from all participants in the treatment effort - the client, the orthodontist, the dentist and the CRS Program. Most important is the client's agreement and willingness to complete the treatment plan.

The CRS Program agrees to pay for orthodontic treatment under the following circumstances:

1. The client/parent/guardian agrees to cooperate with the treatment plan AND wear all prescribed appliance(s).
2. The client agrees to maintain **excellent** oral/dental hygiene.
3. The client/parent/guardian agrees to keep monthly orthodontic appointments for the entire length of the treatment plan which may be 3 or more years.
4. The client/parent/guardian agrees to keep appointments with the dentist every six months OR as indicated during the entire treatment.
5. The client/parent/guardian agrees to notify the service provider's office (orthodontist, dentist) when appointments cannot be kept.

**THE CRS PROGRAM WILL NOT CONTINUE TO PAY FOR ORTHODONTIC SERVICES WHEN THE CLIENT/PARENT/GUARDIAN FAILS TO FOLLOW THE ABOVE AGREEMENT. IF SERVICES ARE DISCONTINUED DUE TO SUCH FAILURE, THE CRS PROGRAM WILL DISCONTINUE MONTHLY PAYMENTS, COORDINATE THE VISIT TO REMOVE ANY BRACES, THEN CLOSE THE CLIENT TO CRS ORTHODONTIC SERVICES.**

**NOTE: IF RETAINERS ARE LOST, DAMAGED, OR BECOME UNUSABLE, CRS WILL REPLACE THE UPPER RETAINER AND LOWER RETAINER ONLY ONCE EACH. ALL OTHER REPLACEMENTS ARE THE RESPONSIBILITY OF THE CLIENT/FAMILY.**

Calum Poston  
Client \_\_\_\_\_ Date \_\_\_\_\_

Sandra Poston 3/12/07  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sandra Poston 3/12/07  
Witness \_\_\_\_\_ Date \_\_\_\_\_

121-0098340  
POSTON, CALUM  
9/20/1993

\_\_\_\_\_  
Date of Birth

White - File Canary - Client

CPS  
Barbara  
661-4829  
Gaw/Gins



Blue Cross BlueShield  
of South Carolina  
Columbia, S.C. 29219-0001

An independent licensee of the Blue Cross and Blue Shield Association.

Visit My Insurance Manager at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

June 10, 2010

Sandra Poston  
956 Swan Circle  
Florence SC 29501-8421

RE: Patient: Calum Poston  
Date of Service: To Be scheduled  
Physician: Frank Douglas Oliver, DMD

ID #: ZCS82031442  
Type of Service: Partial Surgery  
Facility: not given by mdo

Dear Calum Poston:

I regret to inform you that we are unable to authorize the service request for Inpatient surgery for CPT 21141: Leforte 1 Osteotomy and CPT 21196: Bilateral Saggital Spl Osteotomies of the Mandible. The clinical and treatment information provided by your physi meet our medical necessity and appropriate level of care authorization criteria. Any deci with the non-authorized service plans without authorization remains with you and your phys you may be financially responsible for all non-authorized charges.

I am sorry that our decision could not be a favorable one. If you and/or the physician have additional information that supports the medical necessity and appropriateness of the proposed care plan, you may appeal this decision by submitting a written request (via FAX or mail) for reconsideration. The following must be submitted within six (6) months of the date of this denial notice to:

State Managed Care, AX-650  
Interstate 20 at Alpine Road  
Columbia, South Carolina 29219-0001

- \* Name and identification number of the member;
- \* A copy of the claim or request being appealed;
- \* Pertinent information and comments regarding the determination; and,
- \* A copy of the medical records that supports the medical necessity and appropriateness of the proposed care.

# McLeod Regional Medical Center



PO BOX 100567  
FLORENCE SC 29501-0567

CALUM R POSTON  
Account No: 117686980  
Date Of Service: 07/28/10  
Account Bal: \$ 53973.00  
Ins.: Self Pay/Facility

09/14/11

DEAR CLARENCE C POSTON JR

THANK YOU FOR CHOOSING MCLEOD REGIONAL MEDICAL CENTER FOR YOUR HEALTHCARE NEEDS.

YOUR INSURANCE COMPANY HAS FAILED TO MAKE PAYMENT ON THE ACCOUNT LISTED ABOVE. ANY QUESTIONS ABOUT THIS ACTION SHOULD BE DIRECTED TO YOUR INSURANCE COMPANY.

SINCE THE INSURANCE COMPANY WILL NOT COVER THIS BILL, WE NEED HELP IN MAKING PLANS FOR PAYMENT IN FULL ON THIS ACCOUNT.

PLEASE SEND YOUR PAYMENT TODAY OR CONTACT OUR BUSINESS SERVICES CENTER AT (843) 777-2955 BETWEEN THE HOURS OF 8:30 A.M. AND 4:30 P.M. MONDAY THROUGH FRIDAY TO DISCUSS PAYMENT ON THIS BILL. IF YOU LIVE OUTSIDE THE FLORENCE AREA, YOU MAY CALL 1-800-768-4556, EXTENSION 2955.

SINCERELY,

MCLEOD REGIONAL MEDICAL CENTER, BUSINESS SERVICES

Please detach and return with your payment

117686980  
MCLEOD REGIONAL MEDICAL CENTER  
PO BOX 100567  
FLORENCE SC 29501-0567

ADDRESS SERVICE REQUESTED

Check box if your address or insurance information has changed. Please make changes on back.

For Hospital Use Only	Account Number: 117686980
	Patient Name: CALUM R POSTON
	<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISC-VISA <input type="checkbox"/> AMERICAN EXPRESS
	Card Number: CVV2 No.* Exp. Date:
Signature:	Amount Paid:

Make Check Payable To: MCLEOD REGIONAL MEDICAL CENTER  
\* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

00038610 001 0.53  
CLARENCE C POSTON JR  
956 S SWAN CIR  
FLORENCE SC 29501-8421

117686980  
MCLEOD REGIONAL MEDICAL CTR  
ATTN: CASHIERS OFFICE  
PO BOX 601743  
CHARLOTTE NC 28260-1743



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment.*

## Children's Rehabilitative Services

September 9, 2010

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Ms. Sandra Poston  
956 Swan Circle  
Florence, SC 29501

Re: Calum Poston, DOB: 9-20-1993

Dear Ms. Poston:

The South Carolina Children's Rehabilitative Services Program (CRS) has been privileged to provide medical care for this child. We are **closing** this patient's record because of the reason marked below:

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Medically Ineligible              | <input type="checkbox"/> 10. Unable To Locate/Contact                        |
| <input checked="" type="checkbox"/> 2. Financially Ineligible | <input type="checkbox"/> 11. Over Age  |
| <input type="checkbox"/> 3. No Further Treatment Needed       | <input type="checkbox"/> 12. Not providing any services                      |
| <input type="checkbox"/> 4. Condition Corrected               | <input type="checkbox"/> 13. Noncompliance                                   |
| <input type="checkbox"/> 5. Under Other Agency Care           | <input type="checkbox"/> 14. Noncompliance with<br>Medical Treatment         |
| <input type="checkbox"/> 6. Under Private Care                | <input type="checkbox"/> 15. Noncompliance Financial<br>Insurance Guidelines |
| <input type="checkbox"/> 7. Moved Out of State                | <input type="checkbox"/> 16. Insurance Guidelines<br>Chronic Noncompliance   |
| <input type="checkbox"/> 8. Deceased                          |  |
| <input type="checkbox"/> 9. Parent's Request Closure          |  |

Your child will need to continue routine medical care with a primary care provider. If any records are needed from our office, please contact us at 843-661-4835 or 1-800-763-1223.

**Please note that if CRS has been paying for any services provided, you are now responsible for payment.**

Sincerely,

*Susan Tapp*  
Susan H. Tapp, CRS  
Administrative Specialist

*Sept 10<sup>9</sup> - 2/1/2010*  
*Picked up Jan 1-3*

cc: File

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SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
Region 4

Serving Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro and Sumter Counties  
Florence Public Health Office • 145 E. Cheves Street • Florence, SC 29506 • Phone: (843) 661-4830 • www.scdhec.gov

South Carolina  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

July 26, 2010

Memorandum

To: Palmetto Oral and Maxillofacial Surgeons, P.A.

From: Shirley W. Carrington  
Supervisor, Dental Services Program

Subject: Calum Poston

The surgery for Calum Poston has been approved per the attached request for Prior Authorization. The Dental Services Program policies and guidelines consider surgery that is medically necessary as related to the beneficiary's enrollment in the Department of Health and Environmental Control (DHEC) Children's Rehabilitative Services (CRS) Orthodontic Program to be inclusive in the total treatment.

Since Mr. Poston lost enrollment in the Medicaid program prior to completion of the treatment, reimbursement will be in the form of a credit adjustment and will be deposited to your EFT account on a separate remittance. Approval of the services by South Carolina Department of Health and Human Services (SCDHHS) also provides approval for the facility where the surgery will be performed.

To process these claims for services rendered they must be submitted by paper and should be mailed directly to:

Shirley W. Carrington  
Dental Services Program  
SC DHHS  
1801 Main St.  
Columbia, SC 29202

If there are any questions regarding this process, you may contact me at (803) 898-2563.

*Shirley W. Carrington, Supervisor*  
*Dental Services Program*



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment.*

Children's Rehabilitative Services  
145 E. Cheves Street  
Florence, S.C. 29506

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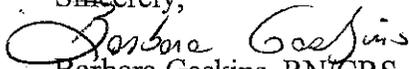
Mr. & Ms. Poston  
956 Swan Circle  
Florence, S.C. 29501

RE: Calum

Dear Mr. & Ms. Poston:

Hope this letter finds everyone doing well. And I hope Calum is recovering nicely from his jaw surgery. This letter is to notify you that following your recently provided proof of income, Calum is now over-income for the CRS program. CRS has completed all orthodontia payments that are due to Dr. Holt. And Medicaid agreed to pay the cost of Calum's surgery, as well as the surgeons' fees. We will be closing Calum to the CRS program at this time. It has been a pleasure to have Calum on the CRS program. Best of luck to your family.

Sincerely,

  
Barbara Gaskins, RN/CRS

8/3/10

cc: Dr. Holt

*Zendin at CRS*

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**STRONGER TOGETHER**

**Darlington County Coordinating Council**

203 Green Street • Darlington, SC 29532 • 307.5383

September 20, 2011

Dear Senator Leatherman:

On behalf of the Darlington County Coordinating Council and the Byerly Foundation, you are invited to attend the annual Darlington County Services Forum. Each year, the council hosts a community gathering where the organizations meeting human need in our county present information on the particular services they provide. As you know, having a good understanding of the many different kinds and levels of services provided makes meeting the needs of individuals in Darlington County that much easier and more effective. Plus, having an opportunity to share and hear what others are providing can create stronger communication and cooperation among all of us.

**Date:** October 7, 2011

**Time:** 8:00 a.m. – 8:30 a.m. – Continental Breakfast  
8:30 a.m. – 1:00 p.m. – Service Forum Presentations  
1 p.m. – 2 p.m. – Lunch and Forum Guest Speaker

**Location:** Lakeview Baptist Church (202 Lakeview Blvd, Hartsville)

As someone representing the residents of our county, your presence at the forum is vitally important. We believe that the political connections and ramifications associated with the provision of services to those in need are more crucial than anytime in recent memory. At the forum, we expect to improve communication, minimize duplication and create stronger collaborations among agencies and community organizations providing services to Darlington County residents. We will provide you, as a representative, with a better understanding of the services being provided as well as the fundamental problems facing the people in Darlington County. We also believe you will come away with a better understanding of solutions that can be accomplished if those representing the people of our communities work together with those in the field providing them. We hope you will be free to join us.

Please RSVP to Jackie Anderson at 307.5383. She will also be capable of answering questions you may have about the forum.

Sincerely,

Senator Gerald Malloy  
Chair, Darlington County Coordinating Council

R.A. Puffer  
Executive Director, Byerly Foundation



November 16, 2011

The Honorable Hugh K. Leatherman, Sr.  
South Carolina State Senate  
District 31, Florence and Darlington Counties  
111 Gressette Senate Office Building  
Columbia, South Carolina 29202

Dear Senator Leatherman:

As follow up to our most recent contact with you through Mr. Bryan Kost regarding this matter, we are pleased to provide additional information. We appreciate your patience, as this research had to be completed before our final reply.

Ms. Zenovia Vaughn, Program Director at the South Carolina Department of Health and Human Services (SCDHHS), has worked with McLeod Regional Hospital along with our Agency's medicaid eligibility staff to stop the requests being sent to Mr. Poston for payment of these services.

We were successful in our efforts to have the business office staff at McLeod Regional to change the responsibility for payment of the service to Medicaid, until such time that the child's eligibility can be reinstated. This has released Mr. Poston from all liability of the rehabilitative surgery that was performed. Unfortunately when contacted, Mr. Poston informed the eligibility staff that he would not complete the necessary paperwork to reinstate his son's eligibility. As a result, the agency made a commitment to pay for these services. SCDHHS will proceed to reimburse McLeod and the oral surgeon for the services rendered.

Thank you for bringing your concerns to our attention. Please contact me if you have additional questions.

Sincerely,

Melanie "Bz" Giese, RN  
Deputy Director

MG/vm