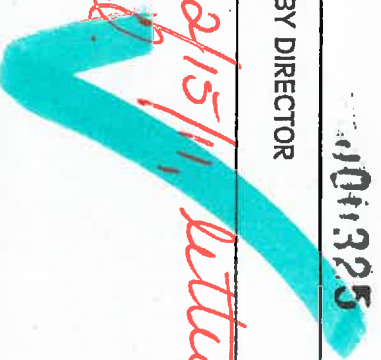


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Medical Service/Grise</i>	<i>1-27-11</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>1001325</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>Cleared 2/15/11 letter attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-7-11</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.			



South Carolina Podiatric Medical Association

COMPONENT SOCIETY OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION

RECEIVED

January 24, 2011

JAN 27 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony E. Keck, BSIOE, MPH
Director

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

RE: Medicaid Cuts to Podiatric Medical Services

Dear Director Keck:

As you know, the South Carolina Department of Health and Human Services (SCDHHS) projects a budget shortfall of \$228 million during the current fiscal year. As a result of this, SCDHHS has taken significant actions in hopes of securing financial viability for operations of its program. These actions include, but are not limited to, discontinuing coverage of Podiatry services for adults and the reduction of prescription shoes for diabetic patients.

The South Carolina Podiatric Medical Association (SCPMA) has many concerns regarding this potentially dangerous decision. A large number of our patients who are benefitted by Medicaid suffer from diabetes and many of the co-morbidities associated with the disease. Often times, the Podiatrist is their first line of defense against these serious foot conditions -- conditions that can potentially lead to lower extremity amputations.

Diabetics are susceptible to peripheral vascular disease resulting in diminished circulation as well as peripheral neuropathy, a condition that affects the sensation in one's feet. It is not uncommon for a diabetic patient to suffer from both conditions simultaneously, creating a serious limb threatening combination. Foot ulcerations are the most common cause of diabetic-related lower extremity amputations in the United States. Approximately 80,000 diabetic-related amputations are performed annually costing an average of \$30K to \$50K per amputation. Podiatric services have proven to dramatically reduce lower extremity amputations, thus preserving the quality of life of our patients as well reducing the overall cost of care.

The Thomson Reuters Study compared the outcomes (hospitalization and amputation) of diabetic patients with an ulceration treated by a Podiatrist and other non-podiatric specialists from 2005 to 2008. A sample size of 28,796 non-Medicare and 35,721 Medicare patients were reviewed. Non-Medicare patients treated by a Podiatrist had a 20% less risk of amputation and a 26% less risk in hospitalization. Among those of the Medicare eligible patients, those treated by a Podiatrist had a 23% lower risk of amputation and a 9% less risk of hospitalization. The results reflected a potential savings of \$105 million annually in the 18-64 age category, followed by an \$86 million savings in those 65 years of age or older. The aforementioned study is just one of many that demonstrate the advantage of having Podiatric care and its cost savings effect.

Director Anthony E. Keck
January 24, 2011
Page 2

Podiatrists, furthermore, provide services that most other specialists are not trained or willing to do. The debridement of nails and symptomatic calluses, as well providing relief to common foot ailments, are just a few that help keep patients ambulating comfortably so that he or she can continue with their jobs and daily activities. Eliminating Podiatric services will not create a cost savings. These patients will continue to suffer with the same conditions that brought them into our offices originally and they will be left to find someone else who may or may not be as well versed in foot pathology. This loss of continuity of care and the expense of treatment will only be transferred to the next physician that he or she visits. The cost of treatment at a minimum will be the same, but will more than likely increase as a result of seeing a physician not specifically trained in foot and ankle care.

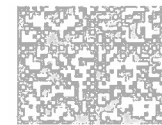
The SCPMA asks that you reconsider the Podiatry cuts being made to the SCDHHS Medicaid program. We are confident that the cost savings of reinstating Podiatry will be well worth your efforts. Our patients and your constituents will be ever so grateful of the changes. Please contact me anytime to discuss further the benefits of Podiatry and its positive impact on the citizens of South Carolina.

Respectfully yours,

Trenton K. Statler, D.P.M.

TRENTON K. STATLER, D.P.M., FACFAS
President
South Carolina Podiatric Medical Association (SCPMA)
1084 Ribaut Road
Beaufort, SC 29902
(Office) 843-524-0232
(Cell) 843-812-9140
E-mail: tkstatler@aol.com

TKS/sam



UNIVERSITY
PITNEY BOWES
02 1P \$ 001.05⁰
0003853634 JAN 26 2011
MAILED FROM ZIP CODE 29033

RECEIVED

JAN 27 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR



**SOUTH CAROLINA PODIATRIC
MEDICAL ASSOCIATION**
POST OFFICE BOX 11096
COLUMBIA, SC 29211

Anthony E. Keck, BSIOE, MPH
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

COLUMBIA SC 292
WED 26 JAN 2011 PM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Val

ACTION REFERRAL

TO	DATE
<i>Medical Services</i>	<i>1-27-11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101325</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-1-11</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. <i>J. Williams</i>	<i>2-11-11</i>		
2. <i>BS Green</i>	<i>2-3-11</i> <i>2-15-11</i>		
3.			
4.			

RECEIVED
Dept. of Health
& Human Services

JAN 27 2011

Bureau of
Health Services



South Carolina Podiatric Medical Association

COMPONENT SOCIETY OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION

RECEIVED

January 24, 2011

JAN 27 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony E. Keck, BSIOE, MPH
Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

RE: Medicaid Cuts to Podiatric Medical Services

Dear Director Keck:

As you know, the South Carolina Department of Health and Human Services (SCDHHS) projects a budget shortfall of \$228 million during the current fiscal year. As a result of this, SCDHHS has taken significant actions in hopes of securing financial viability for operations of its program. These actions include, but are not limited to, discontinuing coverage of Podiatry services for adults and the reduction of prescription shoes for diabetic patients.

The South Carolina Podiatric Medical Association (SCPMA) has many concerns regarding this potentially dangerous decision. A large number of our patients who are benefitted by Medicaid suffer from diabetes and many of the co-morbidities associated with the disease. Often times, the Podiatrist is their first line of defense against these serious foot conditions -- conditions that can potentially lead to lower extremity amputations.

Diabetics are susceptible to peripheral vascular disease resulting in diminished circulation as well as peripheral neuropathy, a condition that affects the sensation in one's feet. It is not uncommon for a diabetic patient to suffer from both conditions simultaneously, creating a serious limb threatening combination. Foot ulcerations are the most common cause of diabetic-related lower extremity amputations in the United States. Approximately 80,000 diabetic-related amputations are performed annually costing an average of \$30K to \$50K per amputation. Podiatric services have proven to dramatically reduce lower extremity amputations, thus preserving the quality of life of our patients as well reducing the overall cost of care.

The Thomson Reuters Study compared the outcomes (hospitalization and amputation) of diabetic patients with an ulceration treated by a Podiatrist and other non-podiatric specialists from 2005 to 2008. A sample size of 28,796 non-Medicare and 35,721 Medicare patients were reviewed. Non-Medicare patients treated by a Podiatrist had a 20% less risk of amputation and a 26% less risk in hospitalization. Among those of the Medicare eligible patients, those treated by a Podiatrist had a 23% lower risk of amputation and a 9% less risk of hospitalization. The results reflected a potential savings of \$105 million annually in the 18-64 age category, followed by an \$86 million savings in those 65 years of age or older. The aforementioned study is just one of many that demonstrate the advantage of having Podiatric care and its cost savings effect.

Post Office Box 11096
Columbia, South Carolina 29211

E-mail: scpma@scpma.org
Web: www.scpma.org

Voice: 803/926-7488
Fax: 803/739-8874

Director Anthony E. Keck
January 24, 2011
Page 2

Podiatrists, furthermore, provide services that most other specialists are not trained or willing to do. The debridement of nails and symptomatic calluses, as well providing relief to common foot ailments, are just a few that help keep patients ambulating comfortably so that he or she can continue with their jobs and daily activities. Eliminating Podiatric services will not create a cost savings. These patients will continue to suffer with the same conditions that brought them into our offices originally and they will be left to find someone else who may or may not be as well versed in foot pathology. This loss of continuity of care and the expense of treatment will only be transferred to the next physician that he or she visits. The cost of treatment at a minimum will be the same, but will more than likely increase as a result of seeing a physician not specifically trained in foot and ankle care.

The SCPMA asks that you reconsider the Podiatry cuts being made to the SCDHHS Medicaid program. We are confident that the cost savings of reinstating Podiatry will be well worth your efforts. Our patients and your constituents will be ever so grateful of the changes. Please contact me anytime to discuss further the benefits of Podiatry and its positive impact on the citizens of South Carolina.

Respectfully yours,

Trenton K. Statler, D.P.M.

TRENTON K. STATLER, D.P.M., FACFAS
President
South Carolina Podiatric Medical Association (SCPMA)
1084 Ribaut Road
Beaufort, SC 29902
(Office) 843-524-0232
(Cell) 843-812-9140
E-mail: tstatler@aol.com

TKS/sam



UNIT



PITNEY BOWES

02 1P

\$ 001:050

0003853634 JAN 26 2011

MAILED FROM ZIP CODE 29033

RECEIVED

JAN 27 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR**SOUTH CAROLINA PODIATRIC
MEDICAL ASSOCIATION**POST OFFICE BOX 11096
COLUMBIA, SC 29211Anthony E. Keck, BSIOE, MPH
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202COLUMBIA SC 292
WED 26 JAN 2011 PM

February 15, 2011

Trenton K. Statler, M. D.
President
South Carolina Podiatric Medical Association
1084 Ribaut Road
Beaufort, South Carolina 29902

Dear Dr. Statler:

Thank you for your letter regarding the Medicaid agency's decision to discontinue the coverage of Podiatry services for adult recipients over the age of 21 as well as reducing the number of diabetic prescription shoes allowed per year.

The South Carolina Department of Health and Human Services (SCDHHS) is facing unprecedented budget constraints. Since Federal regulations prohibit us from altering any eligibility guidelines, SCDHHS has only limited avenues in which we can reduce our budgetary expenditures. All decisions regarding service reductions are difficult, but we make every effort to maintain a balance in health needs for our recipients. While we understand your concerns, we will not reverse our policy decision as you have requested at this time.

We appreciate your bringing these concerns to our attention and for your continued support and participation in the South Carolina Medicaid program. If you have any additional questions please feel free to contact your Program Manager at (803) 898-2660.

Sincerely,



Melanie "BZ" Giese, RN
Bureau Director

MG/gws