

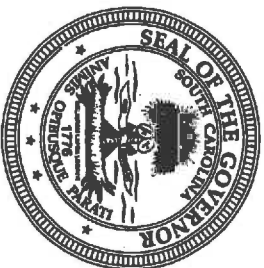
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>7-18-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000039</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Gov Office #814122</i> <i>Ref log #</i> <i>cleared 8/7/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-29-08</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.			



**RECEIVED**

JUL 11 1 8 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

## State of South Carolina

### Office of the Governor

MARK SANFORD  
GOVERNOR

Post Office Box 12267  
COLUMBIA 29211

July 7, 2008

Ms. Dorothy L. Mills  
317 Cork Pond Road  
Sylvania, Georgia 30467

Dear Dorothy,

Thank you for your correspondence. I am sorry to hear of the difficulties your daughter has experienced and am asking that someone from the South Carolina Department of Health and Human Services contact you directly. You should be hearing from that office soon. In the meantime, thanks again for taking the time to write.

Sincerely,

  
Mark Sanford

MS/sc

cc: The Honorable Emma Forkner, Director  
South Carolina Department of Health and Human Services

6/14/08  
Filer 3, 2008

Gov. Mark Sanford

FAX # 803-734-0396

This is a letter of request on the behalf of my daughter. She is very ill and is in need of unlimited doctor visits. She is on Medicaid but is restricted to twelve doctor visits per year. Her illnesses are as follows: cancer - diabetes - heart - anxiety and panic attacks. She needs close observation from her doctors.

The doctors have sent letters to Medicaid requesting unlimited visits for her but they have refused the request. This information was sent through DSS agent - Rose Grant of Beaufort, S.C. - phone - 843-470-4630

FAX - 843-470-4653

Medicaid Columbia, SC - 1-888-549-0820

Person requesting help:

Nathy So Cole - Medicaid #207341200  
47 Burlington Circle  
Beaufort, S.C. 29906  
(843) 846-6715

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Referred to CS

Answered

## Medical Group For Kathy So Cole

As Follows

houscountry Medical Group Fax-745-0051  
# 843-770-0404 - Beaufort, S.C.

DR. Newberry - cancer

DR. Nunamaker - Heart

DR. Parrick - diabetes

DR. Rhodin or Blocker - orthopaedic

Other Doctors -

DR. Sisco - Cardiac Surgery - 843-524-8171

DR. John Fontana - GYN - 843-524-8151

Kathy is a learning disable person and  
therefore I am writing this letter for her.  
I have power of attorney for my daughter  
and my name is on the Medicaid list in  
Colombia as well as Beaufort.  
Your help in this matter will be greatly  
appreciated. Thank you.

Dorothy L. Mills (Mother)

317 Oak Pond Rd.

Sylvania, GA. 30467

912-564-9210

cell- 912-682-3723



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Fortner  
Director

August 7, 2008

Ms. Dorothy L. Mills  
317 Cork Pond Road  
Sylvania, Georgia 30467

Dear Ms. Mills:

Thank you for your letter to Governor Mark Sanford regarding your sister's need for unlimited office visits. We welcome the opportunity to be of assistance.

Ms. Maidis Koger-Boyd, Program Coordinator for Physician Services, recently spoke to you concerning the South Carolina Medicaid policy that limits ambulatory visits to twelve (12) per fiscal year. She has contacted the various physicians that are providing services to your sister and taken steps to resolve all outstanding claim issues. The steps a physician would use to request additional visits when a patient has exhausted all ambulatory visits were also provided.

The current policy limits ambulatory visit to twelve (12) per fiscal year for recipients over the age of twenty-one (21). This policy covers the period July 1 through June 30 of each year. If a recipient requires visits beyond the twelve allowable, our policy requires the attending physician to either:

- Attach to the beneficiary's claim or Edit Correction Form (ECF) a letter explaining the medical necessity for the additional visit. The letter must be on the provider's office letterhead and include the Provider ID and/or National Provider Identifier number (NPI), the beneficiary's name, and Medicaid ID number, and the condition(s) for which he/she is being treated.

Or


- Submit a letter to our Medical Director on behalf of the recipient, explaining the medical necessity for the additional visit and the number of additional visits needed to care for his/her patient through the end of the fiscal year. If the Medical Director approves the additional visits, an approval letter will be sent to the requesting physician. The provider's letter of approval from the SCDHHS Medical Director must accompany the claim in order for the claim to suspend to the program area for payment.

Log # 39  
✓

Ms. Dorothy L. Mills  
August 7, 2008  
Page 2

The above outlined steps will allow any physician providing ambulatory services to Ms. Cole to be reimbursed for services rendered. If unlimited visits would be the best solution to accessing services for Ms. Cole, the agency does provide several Managed Care plans in Beaufort county that have unlimited ambulatory visits for recipients 21 an over. If you are interested in further information on Managed Care you may contact Mr. Bruce Harbaugh, Program Mentor, at 803-898-2618.

Thank you for bringing your concerns to our attention. If you have any additional questions, please contact Mr. William Feagin at (803) 898-2660.

Sincerely,  


Melanie "BZ" Giese, RN  
Bureau Director for Health Services

MG/gws