

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-28-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000496</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/4/08, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-7-08</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

MAR 25 2008

Turning Point Women's Center, P.A.

Obstetrics - Gynecology - Women's Health Care

Michael B. Gentry, D.O., FACOG
Board Certified Specialist

Department of Health & Human Services
OFFICE OF THE DIRECTOR

March 19, 2008

Department of Health and Human Services
Attn: Robby Kerr, Director
P O Box 8206
Columbia, SC 29202

RE: Implanon Reimbursement/CPT Code: 17307

Dear Director,

It has come to our attention that the Medicaid reimbursement for Implanon is actually lower than our cost. Our cost for Implanon is currently \$566.93. The Medicaid allowable is only \$533.46. I have included a copy of our invoice for your review. I would also like for you to notice that the company is charging a fuel surcharge.

We are writing to request that a new reimbursement of at least \$575.00 for Implanon be given.

Thank you in advance for your consideration regarding this matter.

Sincerely,

Michael B Gentry, DO

Michael B. Gentry, DO
Easton M. Rice, III MPAS, PA-C

CuraScript SD IV

Specialty Distribution

2297 SOUTHWEST BLVD STE. D
GROVE CITY, OH 43123

DBA: CuraScript Specialty Distribution
P. O. Box 533307
Atlanta, GA 30353-3307

TEL: (800) 942-5999
DEA# RP0334540 FHD.TAX ID# 59-3761140

BILL TO:
TURNING POINT WOMEN'S CTR, PA
PO BOX 369
ABBEVILLE, SC 29620

SHIP TO:
TURNING POINT WOMEN'S CTR, P
901 W GREENWOOD ST STE 5
ABBEVILLE, SC 29620

Implanon ID# 600537397 MICHAEL GENTRY
Implanon must be administered by a trained physician

FOB: SHIPPING POINT

INVOICE DATE	INVOICE NO.	CUST NO.	CUSTOMER P.O. NO.	NET 90 DAYS	ORDER NO.	REP NO.	STATE REG NUMBER	DEA NUMBER	PAGE
3/07/08	2778898	40626	030708		2279690	610			1
ORDERED	SHEETED	ITEM NO.	DESCRIPTION	UNIT	NO. OF CNO.	AMP	PRICE	EXTENSION	TAX
1	1	221147	FUEL SURCHARGE	EA			3.97	3.97	
6	6	210579	IMPLANON 68MG	PK	00052027201		566.93	3,401.58	
			EXPIRES: 5/31/10						
							SUBTOTAL:	3,405.55	

THANK YOU FOR YOUR ORDER!

NET DUE DATE: 6/05/08

INVOICE TOTAL \$3,405.55

The prices for items on this invoice may reflect discounts or other reductions in price, and/or may be subject to subsequent rebates or other reductions or adjustments. To the extent required, you must report or reflect such discounts or reductions on your reports or claims filed with federal or state health care programs, and you should retain this invoice and other documentation of discounts and make such information available to federal or state health care program officials upon request. Claims for rebates, damages, shortages, will not be honored unless reported within 24 hours of receipt. Claims for billing errors will not be honored unless reported within 10 days from date of invoice. Past due invoices subject to 1.5% interest charge per month which is an annual percentage rate of 18%. FOB: SHIPPING POINT.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 4, 2008

Michael B. Gentry, DO
901 West Greenwood, Suite 5
Post Office Box 369
Abbeville, South Carolina 29620

Dear Dr. Gentry:

Thank you for your recent letter regarding the cost associated with Implanon. Although the injection code J7307 is currently reimbursed at \$533.46, we are aware that the manufacturer has recently increased the Wholesale Acquisition Cost (WAC) to \$566.93.

For each of the past three years, the South Carolina Department of Health and Human Services (SC DHHS) has updated our fee schedule reimbursement rates, which includes J-codes, based on financial support from the General Assembly. The fee schedule was last updated November 1, 2007.

We appreciate your taking the time to write us regarding this issue and your continued support and participation in the South Carolina Medicaid program. If you have additional questions, please do not hesitate to contact your program manager in Physicians Services, at (803) 898-2660.

Sincerely,

A handwritten signature in cursive script, appearing to read "BZ Giese".

Melanie "BZ" Giese, RN
Director, Health Services

MG/gws

Log #496



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

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