


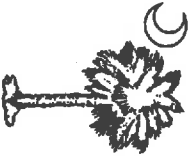
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>11/17</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000365</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
<i>* Please note - Robby wants to see response before being mailed.</i> <i>cc: Singleton</i> <i>Stensland</i>		<input checked="" type="checkbox"/> FOIA DATE DUE <i>12/5/06</i> <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>Cleared 12/20/06, letter attached.</i>			
2.			
3.			
4.			



# Palmetto Legislative Partners Group

Steve Lanford  
President

Post Office Box 378  
Lexington, SC 29071  
Tel: 803-794-7093  
Fax: 803-794-7063

November 14, 2006

**RECEIVED**

NOV 16 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr, Director  
SC Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202

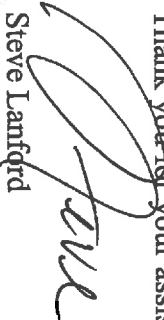
Dear Robbie:

Palmetto Legislative Partners Group, under the Freedom of Information Act, would like to request any and all information regarding the number of Medicaid air ambulance (aka Air Medical Service providers) lift-offs in South Carolina for the fiscal year 2005-2006.

We would also like to request under the Freedom of Information Act, a breakdown of all the Air Medical Service providers who provide services within the state of South Carolina as well as the number of Medicaid lift-offs for each provider during the fiscal period of 2005-2006.

Should you have any questions you may contact me by email at [slanford@palmettolpg.com](mailto:slanford@palmettolpg.com) or my Assistant, Taini Johnson at [tjohnson@palmettolpg.com](mailto:tjohnson@palmettolpg.com) or by phone at 803-794-7093.

Thank you for your assistance with this matter.



Steve Lanford



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

Mark Sanford  
Governor

Robert M. Karr  
Director

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour \_\_\_\_\_ Hours \$\_\_\_\_\_

Pages copied at \$.10 per page \_\_\_\_\_ Pages \$\_\_\_\_\_

Pages faxed at \$.20 per page \_\_\_\_\_ Pages \$\_\_\_\_\_

Shipping and Handling Costs \_\_\_\_\_ \$\_\_\_\_\_

Other costs associated with the FOIA request: \_\_\_\_\_ \$\_\_\_\_\_

**Total Amount Due SCDHHS: \$\_\_\_\_\_**

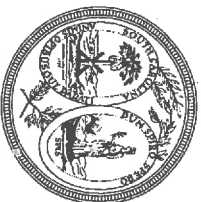
Please remit the above amount to the following address:

Bureau of Fiscal Affairs  
South Carolina Department of Health and Human Services  
Post Office Box 8297  
Columbia, South Carolina 29202-8297

Please contact \_\_\_\_\_ should you have any questions.

Signature \_\_\_\_\_

Date: \_\_\_\_\_



State of South Carolina  
Department of Health and Human Services

Log # 365  
mailed 12-20-06

Mark Sanford  
Governor

Robert M. Kerr  
Director

Mr. Steve Lanford  
Palmetto Legislative Partners Group  
Post Office Box 378  
Lexington, South Carolina 29071

Log 365  
(F01A)  
mailed 12/20/06

Dear Mr. Lanford:

Thank you for your letter dated November 14, 2006, requesting data on Medicaid Air Ambulance services in the state of South Carolina. We have enclosed data on paid claims for SFY2005 and SFY2006.

We appreciate your interest in the Medicaid program. If you have any further questions, please contact Ms. Shirley Carrington in Transportation Services at (803) 898-2655.

Sincerely,

*Susan B. Bowling*  
Susan B. Bowling  
Deputy Director

SBB/ mhw

Enclosure

## Medicaid Air Ambulance Providers

**Procedure Code A0431- Ambulance, Conventional Air Service, Transportation, 1Way (Rotary Wing)**

Provider Name	# Lift-off 2005	Net Expenditures	# Lift-off 2006	Net Expenditures
MEDUCARE EMERGENCY TRANSPORT	112	\$44,800.00	100	\$179,200.00
BEHAVIORAL HEALTH CENTER	36	\$14,400.00	29	\$38,800.00
MEMORIAL HEALTH TRANSPORT	15	\$6,000.00	16	\$28,800.00
MED TRANS ONE	156	\$162,039.31	127	\$186,618.00
OMNI TRANSPORT SYSTEMS	48	\$19,200.00	59	\$97,200.00
CAREFORCE	162	\$64,800.00	168	\$289,600.00
LIFNET/LIFEREACH	65	\$26,000.00	99	\$183,600.00
SKYCARE LLC	19	\$7,600.00	1	\$400.00
GOLD CROSS EMS INC	10	\$34,400.00	18	\$34,400.00
ORLANDO REGIONAL HEALTHCAR	1	\$0.00	0	\$0.00
NORTH CAROLINA BAPTIST HOS	0	\$0.00	0	\$0.00
BALLARD AVIATION INC	1	\$400.00	0	\$0.00
VANDERBILT UNIVERSITY HOSP	0	\$2,400.00	2	\$2,400.00
AIRLINK NEW HANOVER REGION	0	\$1,200.00	3	\$1,200.00
CENTER FOR EMERGENCY MEDIC	0	\$2,000.00	1	\$2,000.00
<b>TOTAL:</b>	<b>625</b>	<b>\$385,239.31</b>	<b>623</b>	<b>\$1,044,218.00</b>

Source: Medstat/LEddins/AmbServAirTrans

Date: 6 Dec 06

From: Office of Medicaid Reporting

South Carolina  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29209-8206  
[www.scdhhs.gov](http://www.scdhhs.gov)

TRANS-AMB

06-06

## MEDICAID BULLETIN

**TO:** Ambulance Providers

**SUBJECT:** Rate Increase for Rotary Air Ambulance Transport Service

Effective for dates of service on and after February 1, 2007, the Department of Health and Human Services will increase the rate of reimbursement for rotary air ambulance transportation services. The new rate is all inclusive of the cost for air mileage and supplies. The new rate for procedure code A0431 is as follows:

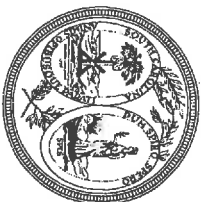
CODE	DESCRIPTION	REIMBURSEMENT
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$2,150.00

Your continued support of the South Carolina Medicaid Ambulance Program is appreciated. Questions regarding this bulletin should be directed to your Program Coordinator at (803) 898-2655.

RMK/bmhw

**NOTE:** To receive Medicaid bulletins by email, please send an email to [bulletin@scdhhs.gov](mailto:bulletin@scdhhs.gov) indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhsnew/serviceproviders/efi.asp>



State of South Carolina  
Department of Health and Human Services

Log # 365  
✓

Mark Sanford  
Governor

Robert M. Kerr  
Director

Mr. Steve Lanford  
Palmetto Legislative Partners Group  
Post Office Box 378  
Lexington, South Carolina 29071

Dear Mr. Lanford:

Thank you for your letter dated November 14, 2006, requesting data on Medicaid Air Ambulance services in the state of South Carolina. We have enclosed data on paid claims for SFY2005 and SFY2006.

We appreciate your interest in the Medicaid program. If you have any further questions, please contact Ms. Shirley Carrington in Transportation Services at (803) 898-2655.

Sincerely,

*Susan B. Bowling*  
Susan B. Bowling  
Deputy Director

SBB/ mhw

Enclosure

Jan mailed

12-20-06

## Medicaid Air Ambulance Providers

Procedure Code A0431- Ambulance, Conventional Air Service, Transportation, 1Way (Rotary Wing)

Provider Name	# Lift-off 2005	Net Expenditures	# Lift-off 2006	Net Expenditures
MEDUCARE EMERGENCY TRANSPORT	112	\$44,800.00	100	\$179,200.00
BEHAVIORAL HEALTH CENTER	36	\$14,400.00	29	\$38,800.00
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Source: Medstat/LEddins/AmbServAirTrans

Date: 6 Dec 06

From: Office of Medicaid Reporting



South Carolina  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29209-8206  
[www.scdhhs.gov](http://www.scdhhs.gov)

TRANS-AMB

06-06

## MEDICAID BULLETIN

**TO:** Ambulance Providers

**SUBJECT:** Rate Increase for Rotary Air Ambulance Transport Service

Effective for dates of service on and after February 1, 2007, the Department of Health and Human Services will increase the rate of reimbursement for rotary air ambulance transportation services. The new rate is all inclusive of the cost for air mileage and supplies. The new rate for procedure code AO431 is as follows:

CODI	DESCRIPTION	REIMBURSEMENT
AO431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$2,150.00

Your continued support of the South Carolina Medicaid Ambulance Program is appreciated. Questions regarding this bulletin should be directed to your Program Coordinator at (803) 898-2655.

RMK/bmhv

**NOTE:** To receive Medicaid bulletins by email, please send an email to [bulletin@scdhhs.gov](mailto:bulletin@scdhhs.gov) indicating your email address and contact information.

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