

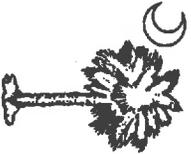
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>11/17</i>
----------------------	----------------------

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 _____
<p>* Please note - Robby wants to see response before being mailed. cc: Singleton <i>Stensland</i></p>	
<input type="checkbox"/> Necessary Action DATE DUE <i>12/5/06</i>	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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

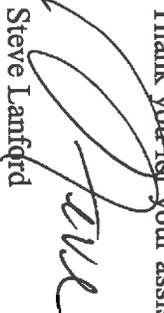
Dear Robbie:

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 or my Assistant, Taini Johnson at 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

Mark Sanford
Governor

Robert M. Kerr
Director

Key # 365
mailed 12-20-06



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

Log 365
(FOIA)
Maura Rielow

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
TOTAL:	625	\$385,239.31	623	\$1,044,218.00

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

TRANS-AMB

06-06

MEDICAID BULLETIN

TO: Ambulance Providers

SUBJECT: Rate Increase for Rotary Air Ambulance Transport Service

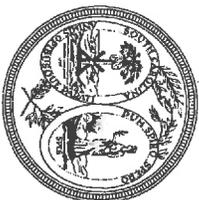
Effective for dates of service on and after February 1, 2007, the Department of Health and Human Services will increase the rate of reimbursement for rotary air ambulance transportation services. The new rate is all inclusive of the cost for air mileage and supplies. The new rate for procedure code A0431 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 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/dhhsnew/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/ mhwh
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
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
TOTAL:	625	\$385,239.31	623	\$1,044,218.00

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

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 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/eft.asp>