

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Hyers/FOIA</i>	<i>1-11-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000351</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland Cleared 1/23/08 letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>1-28-08</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.			
2.			
3.			
4.			



**MEDICAL UNIVERSITY
OF SOUTH CAROLINA**

University Medical Associates

Compliance Department

150 Ashley Avenue

PO Box 250583

Charleston • SC 29425

Ph (843) 876-1321

Fax (843) 876-1322

RECEIVED

JAN 11 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SC Dept of Health and Human Services
Bureau of Public Information
P.O. Box 8206
Columbia, SC 29202-8206

January 9, 2008

Good Morning,

The letter is a request for information under the FOIA (Freedom of Information Act). I would like to obtain the South Carolina Medicaid procedure code utilization broken down by specialty and code. The specific codes I am interested in are the Evaluation and Management codes 99201-99215, 99221-99233, 99241-99255, 99281-99285. Attached is a one-page example of what I need. I am interested in the calendar year 2007, but if that is not available then calendar year 2006 would be fine. These codes will be used for statistical analysis. Please send the information to my attention to the address above. If there are any questions or problems, I can be reached at (843) 876-1323 or at collinsu@musc.edu. Thank you for your assistance.

Sincerely,

Suzanne Collins, RHIA, CPC, EMS
Corporate Compliance Manager

Log 000351

UMA COMPLIANCE DEPARTMENT

150 ASHLEY AVE, ROOM 401

CHARLESTON, SC 29425

843-876-1321

FACSIMILE TRANSMITTAL SHEET

TO: Nancy Robert FROM: Suzanne Collins
COMPANY: SC DHHS DATE: 1-14-08
FAX NUMBER: 1-803-2558353 TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:

RE:

Sample of what I need

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

*I do need this data for All Services
for codes 99201-99285 for ~~the~~
1/1/07-12/31/07. Thanks.*

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient or an employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thanks.

Brenda -

add to the
log - missing
part

CLICK HERE AND TYPE RETURN ADDRESS:

01/14/2008 10:49AM

Totals for Procedure Code Range: 99201 - 99215
Paid Dates 01/01/2003 - 12/31/2003

<u>Spec</u>	<u>Proc Code</u>	<u>Units</u>	<u>Amount Paid</u>
02 ALLERGY AND IMMUNOLOGY	99201	5	\$150.00
	99202	14	\$565.09
	99203	117	\$6,950.06
	99204	729	\$61,883.59
	99205	169	\$18,353.93
	99211	12,822	\$172,449.39
	99212	784	\$19,577.42
	99213	7,636	\$251,839.11
	99214	2,734	\$143,018.39
	99215	171	\$11,288.52
		25,181	\$686,075.50
	99201	16	\$453.74
	99202	63	\$2,568.42
	99203	240	\$9,505.36
	99204	248	\$17,060.89
03 ANESTHESIOLOGY	99205	65	\$4,718.07
	99211	240	\$2,246.30
	99212	838	\$18,704.01
	99213	2,386	\$60,088.71
	99214	637	\$26,429.42
	99215	41	\$1,749.42
		4,774	\$143,524.34
	99201	8	\$189.01
	99202	29	\$1,181.23
	99203	121	\$6,717.84
05 CARDIOVASCULAR DISEASES	99204	229	\$19,071.90
	99205	73	\$7,735.02
	99211	1,463	\$18,792.37
	99212	1,637	\$39,666.58
	99213	6,490	\$207,934.20
	99214	3,873	\$190,697.69
	99215	173	\$12,706.49
		14,096	\$504,692.33
	99201	22	\$660.00
	99202	204	\$9,651.00
	99203	1,000	\$64,621.83
	99204	195	\$17,652.21

Source: Medicaid Paid Claims Database

Prepared By: Kevin Rogers, Bureau of Program Support

This report does not reflect any agency financial adjustments made outside of MMIS.

Page: -1-
Date: 05/21/04

Filename: G:\USERS\ROGERS\ARIES\src_ranges.tkr



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

TO:

FROM:

SUBJECT: Cost of Processing Request for Information

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

January 23, 2008

Emma Portner
Director

Suzanne Collins, RHIA, CPC, EMS
Corporate Compliance Manager
Medical University of South Carolina
150 Ashley Avenue
Post Office Box 250583
Charleston, South Carolina 29425

Dear Ms. Collins:

Thank you for your FOIA request regarding procedure code utilization of specific Evaluation and Management codes. I have enclosed a CD containing the data broken down by specialty per your request.

If you should need additional information, please contact Mr. Will Feagin, Team Leader in Physician Services, at 803-898-3040. We appreciate your continued support and participation in the South Carolina Medicaid Program.

Sincerely,

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

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

MG/wd

351





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Portner
Director

TO:

FROM:

SUBJECT: Cost of Processing Request for Information

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	<u>5</u> Hours	\$ <u>50.00</u>
Pages copied at \$.10 per page	<u> </u> Pages	\$ <u> </u>
Pages faxed at \$.20 per page	<u> </u> Pages	\$ <u> </u>
Shipping and Handling Costs	<u> </u>	\$ <u> </u>
Other costs associated with the FOIA request:	<u> </u>	\$ <u> </u>
Total Amount Due SCDHHS:		<u>\$50.00</u>

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 Will Feagin 2885040 should you have any questions.

W. Feagin 1/23/18
Signature Date:



**SOUTH CAROLINA
STATE HEALTH AND HUMAN SERVICES
FINANCE COMMISSION**

ACCOUNTS RECEIVABLE CERTIFICATION

RECEIVABLE NUMBER:

GENERAL INFORMATION

CERTIFICATION ACTION:

☒ NEW ☐ CHANGE

DEBT CLASSIFICATION:

☐ FRAUD ☐ NON-FRAUD

NAME OF DEBTOR:

Suzanne Collins, RHIA, CPC, EMS
Corporate Compliance Manager
Medical University of South Carolina

COUNTY NAME:

ADDRESS OF DEBTOR:

150 Ashley Avenue
Post Office Box 250583
Charleston, SC 29425

COUNTY NUMBER:

PROVIDER ID NUMBER OR FAMILY CASE NUMBER:

PERIOD OF OVERPAYMENT

FROM:

TO:

PROGRAM INVOLVED:

TYPE SERVICE:

FOIA - Log 000351

AMOUNT DUE:

\$50.00

DATE DUE:

FUNDING INFORMATION

AMOUNT	COST CENTER	AMOUNT	COST CENTER
STATE \$ _____		DONOR \$ _____	
FEDERAL \$ _____		PROVIDER \$ _____	
COUNTY \$ _____		OTHER \$ _____	
		PENALTY \$ _____	

PAYMENT INFORMATION

☐ DEDUCT ☐ DO NOT DEDUCT

REPAYMENT TERMS

TERMS GRANTED (Months):

INTEREST RATE:

NOTES — LIST OF ATTACHMENTS

REQUESTER'S SIGNATURE:

Nancy Rabert *Nancy Rabert*

TITLE:

Administrative Assistant
Bureau of Health Services

COUNTY/DIVISION:

DATE:

1/28/08

AUTHORIZER'S SIGNATURE:

Melanie Giese *Melanie Giese*

TITLE:

Bureau Director
Bureau of Health Services

COUNTY/DIVISION:

DATE:

1/28/08