


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-------------------------|------------------------|
| TO <i>Myers/FOIA</i> | DATE <i>8-17-09</i> |
|-------------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|---|
| 1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;"><i>1011086</i></div> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>cc: Singleton, Stensland</i> <i>cleaned 8/21/09, letter</i> <i>attached.</i>  </div> | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>9-1-09</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

AUG 14 2009

ELIGIBILITY POLICY
& OVERSIGHT

RECEIVED

AUG 17 2009

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

August 13, 2009

Good Morning,

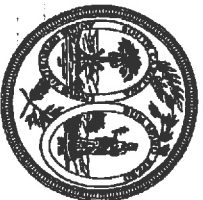
This letter is a request for information under the FOIA (Freedom of Information Act). I would like to obtain the South Carolina Medicaid procedure code utilization broken down by specialty and code. The specific codes I am interested in are the Evaluation and Management codes 99201-99215, 99221-99233, 99241-99255, 99281-99285 for all specialties. Attached is a one-page example of what I need. I am interested in the calendar year 2008. 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

Proc Code Range Eval and Mgt Updated.xls

| Subset Time Period | Net Pay GT 0 | | |
|-------------------------------|----------------|------------|----------------|
| | 2007 | | |
| Provider Specialty Code Claim | Procedure Code | Units Prof | Net Payment |
| 02 | 99201 | 1 | \$26.97 |
| 02 | 99202 | 24 | \$1,097.12 |
| 02 | 99203 | 214 | \$15,164.19 |
| 02 | 99204 | 456 | \$46,549.78 |
| 02 | 99205 | 94 | \$12,245.47 |
| 02 | 99211 | 17,905 | \$296,751.65 |
| 02 | 99212 | 653 | \$18,892.76 |
| 02 | 99213 | 6,244 | \$245,968.05 |
| 02 | 99214 | 3,314 | \$205,491.92 |
| 02 | 99215 | 211 | \$19,140.73 |
| 02 | 99221 | 3 | \$165.21 |
| 02 | 99222 | 49 | \$3,484.42 |
| 02 | 99223 | 15 | \$1,036.29 |
| 02 | 99231 | 54 | \$731.20 |
| 02 | 99232 | 194 | \$5,827.00 |
| 02 | 99233 | 35 | \$973.34 |
| 02 | 99241 | 6 | \$235.96 |
| 02 | 99242 | 19 | \$1,255.66 |
| 02 | 99243 | 317 | \$29,047.64 |
| 02 | 99244 | 1,463 | \$194,120.43 |
| 02 | 99245 | 103 | \$16,168.32 |
| 02 | 99252 | 6 | \$241.45 |
| 02 | 99253 | 13 | \$884.08 |
| 02 | 99254 | 19 | \$1,860.86 |
| 02 | 99255 | 1 | \$9.31 |
| 02 | 99283 | 1 | \$50.00 |
| 02 Total | | 31,414 | \$1,117,419.81 |
| 03 | 99201 | 22 | \$310.53 |
| 03 | 99202 | 173 | \$4,498.65 |
| 03 | 99203 | 527 | \$27,784.73 |
| 03 | 99204 | 208 | \$15,157.17 |
| 03 | 99205 | 7 | \$603.00 |
| 03 | 99211 | 279 | \$3,009.89 |
| 03 | 99212 | 1,729 | \$33,148.11 |
| 03 | 99213 | 2,470 | \$81,184.34 |
| 03 | 99214 | 768 | \$39,163.80 |
| 03 | 99215 | 29 | \$1,187.52 |
| 03 | 99221 | 1 | \$55.07 |
| 03 | 99222 | 2 | \$10.01 |
| 03 | 99223 | 1 | \$127.60 |
| 03 | 99231 | 1,278 | \$33,825.65 |
| 03 | 99232 | 35 | \$1,107.68 |
| 03 | 99233 | 17 | \$1,051.44 |



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
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

August 27, 2009

Emma Forkner
Director

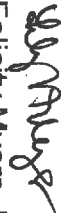
Suzanne Collins, RHIA, CPC, EMS
Corporate Compliance Manager
Medical University of South Carolina
150 Ashley Avenue
Post Office Box 250583
Charleston, South Carolina 29425

Dear Ms. Collins:

Thank you for your Freedom of Information Act 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 and the invoice for processing.

If you should need additional information, please contact Mr. William Feagin, Team Leader in Physician Services, at (803) 898-2660. We appreciate your continued support and participation in the South Carolina Medicaid Program.

Sincerely,


Felicity Myers, Ph.D.
Deputy Director

FM/gws

Banda
Log 000036



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 25, 2009

TO: Suzanne Collins, Corporate Compliance Manager, Medical University of
South Carolina

FROM: South Carolina Department of Health and Human Services

SUBJECT: Cost of Processing FOIA Request # 000086

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 | 1 | Hours | \$ 10.00 |
| Pages copied at \$.10 per page | | Pages | \$ |
| Pages faxed at \$.20 per page | | Pages | \$ |
| Shipping and Handling Costs | | | \$ 4.00 |
| Other costs associated with the FOIA request: | | Supplies | \$ 3.00 |
| Total Amount Due SCDHHS: | | | \$ 17.00 |

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact Valeria Williams, Division Director for Physician Services @ (803) 898-3477 should you have any questions.

Signature Valeria Williams

Date 8-25-09

No. 1158-

09767

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:

Medical University of South Carolina
ATTN: Ms. Suzanne Collins, Corporate Compliance Manager

COUNTY NAME:

ADDRESS OF DEBTOR:

150 Ashley Avenue
Post Office Box 250583

COUNTY NUMBER:

~~Charleston, South Carolina 29425~~
PROVIDER ID NUMBER OR FAMILY CASE NUMBER:

PERIOD OF OVERPAYMENT

FROM:

TO:

PROGRAM INVOLVED:

TYPE SERVICE:

FOIA 000086

AMOUNT DUE:

\$17.00

DATE DUE:

FUNDING INFORMATION

AMOUNT

COST CENTER

COST CENTER

STATE \$ _____

DONOR

FEDERAL \$ _____

PROVIDER \$

COUNTY \$ _____

OTHER \$

PENALTY \$

PAYMENT INFORMATION

REPAYMENT TERMS

☐ DEDUCT ☐ DO NOT DEDUCT

TERMS GRANTED (Months):

INTEREST RATE:

NOTES — LIST OF ATTACHMENTS

Copy of log letter with Invoice of Charges due.

REQUESTER'S SIGNATURE:

TITLE:

COUNTY/DIVISION:

DATE:

AUTHORIZED SIGNATURE:

Division Director

COUNTY/DIVISION:

DATE:

Bureau Director — Bureau of Health Services