

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Williams</i> <i>Roberts/Singleton/FOIA</i>	DATE <i>9-6-13</i>
--	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000098</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i> <i>cleared, 9/27/13, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>9-20-13</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.			

HEALTH MANAGEMENT ASSOCIATES

September 3, 2013

South Carolina Department of Health and Human Services
Office of General Counsel
P.O. Box 8206
Columbia, SC 29201

To Whom It May Concern,

Under the South Carolina Freedom of Information Act, §30-4-10 et seq., I am requesting an opportunity to obtain copies of public records that detail South Carolina's fiscal year spending (FY 2010, FY 2011, FY 2012) for the following Medicaid reimbursement codes:

- 99406 Tobacco Counseling
- 99407 Tobacco Counseling

Please do not hesitate to contact me if you have any questions about this request, and thank you in advance for your assistance.

Sincerely,



Charlotta Maryak, MHA
Consultant

HEALTH MANAGEMENT ASSOCIATES
50 Hurt Plaza, Suite 740
Atlanta, GA 30303
Phone: 404.522.0442
Cell: 781.223.5844
cmaryak@healthmanagement.com
www.healthmanagement.com

RECEIVED

SEP 06 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

50 HURT PLAZA
SUITE 740
ATLANTA, GEORGIA 30303
TELEPHONE: 404.522.0442
FAX: 404.592.6825
WWW.HEALTHMANAGEMENT.COM

ATLANTA, GEORGIA
AUSTIN, TEXAS
CHICAGO, ILLINOIS
COLUMBUS, OHIO
INDIANAPOLIS, INDIANA
LANSING, MICHIGAN
NEW YORK, NEW YORK
SACRAMENTO, CALIFORNIA
TALLAHASSEE, FLORIDA
WASHINGTON, DC



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:



Log #98

September 27, 2013

Ms. Charlotta Maryak, MHA
Health Management Associates
50 Hurt Plaza, Suite 740
Atlanta, Georgia 30303

Dear Ms. Maryak:

This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated September 3, 2013 and received by DHHS on September 06, 2013. Enclosed is the information requested.

Our expense for extracting this information is Five and 00/100 dollars (\$5.00). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, you may contact me, at (803) 898-0062.

Sincerely,

Constance D. Holloway
Assistant General Counsel

CDH/lb

cc: Lynette Wilson

Enclosures

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOIA Request: Tobacco Counseling
Fiscal Years 2010 - 2013

FY 2010		Net Payment	Plan Paid Amount
Procedure Code	Procedure	FFS and MHN	MCO
99406	SMOK/TOBACCO CESSATION COUNS,	\$0.00	\$0.00
99407	SMOK/TOBAC CESSATION, INTENSIV	\$0.00	\$0.00
FY 2011		Net Payment	Plan Paid Amount
Procedure Code	Procedure	FFS and MHN	MCO
99406	SMOK/TOBACCO CESSATION COUNS,	\$7.08	\$0.00
99407	SMOK/TOBAC CESSATION, INTENSIV	\$0.00	\$0.00
FY 2012		Net Payment	Plan Paid Amount
Procedure Code	Procedure	FFS and MHN	MCO
99406	SMOK/TOBACCO CESSATION COUNS,	\$2,836.78	\$0.00
99407	SMOK/TOBAC CESSATION, INTENSIV	\$836.26	\$0.00
FY 2013		Net Payment	Plan Paid Amount
Procedure Code	Procedure	FFS and MHN	MCO
99406	SMOK/TOBACCO CESSATION COUNS,	\$7,432.75	\$10.99
99407	SMOK/TOBAC CESSATION, INTENSIV	\$3,580.55	\$42.66

Notes:

- 1) Net Payment includes payments made by SCDHHS to the provider of service.
- 2) Plan Paid Amount includes payments made by the MCO to the provider and does not include payments from SCDHHS.
- 3) Fee-for-Service (FFS), Medical Home Network (MHN), and Managed Care Organization (MCO) groups are based on Plan Code, derived from Eligibility information. The accuracy of member eligibility information is dependent upon timely and accurate updates by staff.
- 4) New coverages included in a Tobacco Cessation for Pregnant Women were instituted for dates of service beginning in February 1 of 2012.

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

January 10, 2012

PHYS
OMP
EPSDT
MC
MED CLIN

MEDICAID BULLETIN

TO: Providers Indicated

SUBJECT: Tobacco Cessation for Pregnant Women

Effective with dates of service on or after February 1, 2012, the South Carolina Department of Health and Human Services (SCDHHS) will cover Tobacco Cessation treatment for all pregnant women in accordance with Section 4107 of the Affordable Care Act, which amended Section 1905 (bb)(2) of the Social Security Act. For the complete policy and billing instructions, please review the Physician, Laboratories and Other Medical Professionals manual located on the SCDHHS website at www.scdhhs.gov.

The tobacco cessation policy for pregnant women will cover two (2) quit attempts per fiscal year, counseling, and pharmacotherapy. Providers may bill the Current Procedure Terminology (CPT) codes 99406 and 99407 for the counseling services. SCDHHS will cover four (4) counseling sessions per quit attempt. SCDHHS currently reimburses for the following pharmaceuticals used to facilitate the discontinuation of tobacco products:

- Bupropion sustained release products
- Chantix® (varenicline) tablets
- Nicotine Replacement Therapy (NRT) pharmaceutical products: legend and over-the-counter patches and gum. *(NRT lozenges, inhalers and sprays are non-covered unless approved through the prior authorization process.)*

Beneficiaries may also access the South Carolina Department of Health and Environmental Control (SCDHEC) quit line. The quit line may be utilized by having the beneficiary call **1-800-QUIT-NOW (1-800-784-8669)**, (this is a toll free call); or they may go to the quit line web page at www.scdhec.gov/quitforkeeps.

SCDHHS policy requires that all tobacco cessation treatment must be ordered by a qualified practitioner defined as a physician, nurse practitioner, certified nurse midwife, or physician assistant. Medical documentation such as time spent counseling the patient, treatment plan, and pharmacotherapy records must be maintained in the patient's chart.

This bulletin affects all fee-for-service beneficiaries that are not assigned to a Medical Home Network (MHN). All MHNs and Managed Care Organizations (MCOs) are subject to the policy outlined by the Managed Care program. Please contact the appropriate MCO or MHN for any questions or concerns regarding tobacco cessation.

Your continued support of the South Carolina Healthy Connections Medicaid Program is appreciated. Any questions regarding this bulletin should be directed to the Program Manager in the Office of Physician, Pharmacy, and Enhanced Care Services at (803) 898-2660.

/s/
Anthony E. Keck
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Constance / Linda
RECEIVED

SEP 09 2013

ACTION REFERRAL

SODHHS
Office of General Counsel

TO <i>Williams Roberts/Singleton/FOIA</i>	DATE <i>9-6-13</i>
--	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000098</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>9-20-13</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.			

HEALTH MANAGEMENT ASSOCIATES

September 3, 2013

South Carolina Department of Health and Human Services
Office of General Counsel
P.O. Box 8206
Columbia, SC 29201

To Whom It May Concern,

Under the South Carolina Freedom of Information Act, §30-4-10 et seq., I am requesting an opportunity to obtain copies of public records that detail South Carolina's fiscal year spending (FY 2010, FY 2011, FY 2012) for the following Medicaid reimbursement codes:

- 99406 Tobacco Counseling
- 99407 Tobacco Counseling

Please do not hesitate to contact me if you have any questions about this request, and thank you in advance for your assistance.

Sincerely,



Charlotta Maryak, MHA
Consultant

HEALTH MANAGEMENT ASSOCIATES
50 Hurt Plaza, Suite 740
Atlanta, GA 30303
Phone: 404.522.0442
Cell: 781.223.5844
cmaryak@healthmanagement.com
www.healthmanagement.com

RECEIVED

SEP 06 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

SEP 09 2013

SCDHHS
Office of General Counsel

prefer email

50 HURT PLAZA
SUITE 740
ATLANTA, GEORGIA 30303
TELEPHONE: 404.522.0442
FAX: 404.592.6823
WWW.HEALTHMANAGEMENT.COM

ATLANTA, GEORGIA
AUSTIN, TEXAS
CHICAGO, ILLINOIS
COLUMBUS, OHIO
INDIANAPOLIS, INDIANA
LANSING, MICHIGAN
NEW YORK, NEW YORK
SAN FRANCISCO, CALIFORNIA
TALLAHASSEE, FLORIDA
WASHINGTON, DC