

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-----------------------|---------|
| TO | DATE |
| Medical Services Hess | 3-10-11 |

| | | | |
|----------------------------|----------------------|---|--|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOG NUMBER | 1011409 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | |
| 2. DATE SIGNED BY DIRECTOR | cc: Mr. Stock, Giese | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ | |
| | | <input checked="" type="checkbox"/> FOIA DATE DUE _____ | |
| | | <input checked="" 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. | | | |

J. MARK LAWHON, DMD
Oral & Maxillofacial Surgery, P.A.

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DIPLOMATE

American Board Of Oral And Maxillofacial Surgery

FELLOW

*American Association Of Oral
And Maxillofacial Surgeons*

*American College Of Oral
And Maxillofacial Surgeons*

*American Dental Society Of
Anesthesiology*

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RECEIVED

March 8, 2011

MAR 10 2011


Anthony Keck
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck

I wanted to personally thank you for meeting me in Senator McGill's office last Thursday. I appreciate your knowledge for my specialty and your willingness to hear how I can make SC Medicaid more efficient. I wanted to take this opportunity once again and stress the importance of reinstating Adult Dental Medicaid. It is my understanding that Adult Dental is a 3 million dollar budget, a very small portion of the 135 million complete Dental budget. I know this is a significant portion of money but the drawback from not having it will see a 10 to 20 fold increase in money spent trying to fix the problem which cost much less to prevent. Mrs. Forkner stopped Adult Dental approximately 2 years ago and it was a change that ended up causing enormous cost shifting from the Dental budget to the Medical budget. By this I mean instead of visiting a Dentist the patient would visit the ER, Primary Care Physician or Clinic setting for relieve from pain and swelling. Of course visiting these providers did not alleviate the source of the problem and some of these patients ended up admitted to the Hospital for surgical intervention which included Tracheotomies, Neck drainage, IV antibiotics and Hospital stays from 5 to 10 days.

The area in which I practice has a very high prevalence of the population receiving Medicaid both in the Adult population and under 21. In my practice I do not limit or discriminate against scheduling a patient based on what type of insurance they have but others do. The Medicaid reimbursement is about 40% to 45% of my usual fees. I know that you plan to cut the reimbursement rate but I ask you to look at how much every dollar you spend in the Dental program saves the State from paying those other providers. Again the Dental program, I think, is the best bargain in the entire system. I look forward to the meeting you have invited me to on March 17, 2011. Your willingness to listen does not go unnoticed and is much appreciated.

Sincerely,

J. Mark Lawhon, DMD

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March 8, 2011

BJE
3/10/11

Bryan G. Kost
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206

Dear Mr. Kost,

I wanted to personally thank you for accompanying Mr. Keek to the meeting in Senator McGill's office last Thursday. I wanted to take this opportunity once again and stress the importance of reinstating Adult Dental Medicaid. It is my understanding that Adult Dental is a 3 million dollar budget, a very small portion of the 135 million complete Dental budget. I know this is a significant portion of money but the drawback from not having it will see a 10 to 20 fold increase in money spent trying to fix the problem which cost much less to prevent. Mrs. Forkner stopped Adult Dental approximately 2 years ago and it was a change that ended up causing enormous cost shifting from the Dental budget to the Medical budget. By this I mean instead of visiting a Dentist the patient would visit the ER, Primary Care Physician or Clinic setting for relieve from pain and swelling. Of course visiting these providers did not alleviate the source of the problem and some of these patients ended up admitted to the Hospital for surgical intervention which included Tracheotomies, Neck drainage, IV antibiotics and Hospital stays from 5 to 10 days.

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Sincerely,


J. Mark Lawton, DMD