


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Dr. Burton</i>	DATE <i>7-22-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000044</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaveland 8/3/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-31-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <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.			



UNIVERSITY MEDICAL GROUP

Department of Surgery
Spence M. Taylor, MD, Chair

General Surgery

Gayle S. Blouin, MD
Eric S. Bour, MD
Joseph A. Camunas, MD
Alfredo M. Carbonell, II, DO
Minimally Invasive
William S. Cobb, IV, MD
Minimally Invasive
Wendy R. Cornett, MD

Endocrine

Brian W. Dach, DO
Timothy L. Dersch, MD
Richard H. Gettys, Jr., MD
Jonathan S. Lokey, MD

Endocrine

Benjamin M. Manning, MD

Critical Care

Eric S. McGill, MD
Brian P. McKinley, MD
John M. Rinkliff, MD
Richard H. Roettger, MD

Trauma

Dane E. Smith, MD
Bradley M. Snow, MD
Derek S. Watson, MD
Joseph H. Wentzky, MD
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Susan T. Calhoun, PhD
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Surgery Administrator
(864) 455-1337

Danny L. Satterfield
Director, UMG Dept. of Surgery
(864) 455-5722

July 10, 2009

South Carolina Solutions, Medicaid

RECEIVED

JUL 22 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

PATIENT: GAINES, LILLIE
SSN: 249-74-6621
DOB: 12/7/43

To Whom It May Concern:

Ms. Lillie Gaines underwent needle localized lumpectomy for mammographic abnormality of the right breast 11/25/08. Her pathology showed multiple areas of lobular carcinoma in situ. This therefore, requires a six month post-surgical mammogram, which the patient has not had performed since it has not been paid by her insurance. This is a medically necessary mammogram.

I appreciate you attention to this to help this patient in having her mammogram paid for either by Medicaid or by her secondary insurance.

Sincerely

Wendy R. Cornett, M.D., F.A.C.S.

WRC/par

T: 7/13/09



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 3, 2009

Wendy R. Cornett, MD, FACS
Department of Surgery
University Medical Group
35 Medical Ridge Drive
Greenville, SC 29605

Re: Gaines, Lillie
DOB: 12/7/43

Dear Dr. Cornett:

I concur that this post operative mammogram is clinically indicated. I am uncertain from your correspondence whether it has been done and not reimbursed, or waiting to receive payment approval before proceeding. I am copying my SCDHHS colleague, William Feagin, on this correspondence so your office can follow-up with him directly. His contact number is 803-898-3040 and his email address is feaginw@scdhhs.gov.

If you have any further difficulty please do not hesitate to call me at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

Marie Burton

O. Marion Burton, MD
Medical Director

Cc: William Feagin

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