


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <b>Myers/FOIA</b>	DATE <b>2-11-09</b>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER  <b>100441</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  <b>cc: Singleton, Stenlund, Burton</b>  <i>Checked 2/20/09, letter</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <b>K FOIA</b> DATE DUE <b>2-26-09</b> <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.			

*Greenwood Family Practice, Inc.*

Jed A. Graham, M.D.

**RECEIVED**

February 5, 2009

FEB 10 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Melanie Giese  
SC Dept of Health & Human Svcs  
P O Box 8206  
Columbia, SC 29202-8206

Dear Ms..

Pursuant to the state open records law, S.C. Code Ann. sec. 30-4-10 to 30-4-165, I write to request access to and a copy of the list, policy, guidelines or any such description of diagnoses that are considered a Medical Necessity in order to receive payment over the 12 allowable visits. This was announced in a conferece call with Melanie Giese, Crystal Skelton, Cynthia Poss, and myself.. If your agency does not maintain these public records, please let me know who does and include the proper custodian's name and address.

I agree to pay any reasonable copying and postage fees of not more than \$100.00. If the cost would be greater than this amount, please notify me. Please provide a receipt indicating the charges for each document.


As provided by the open records law, I would request your response within fifteen (15) working days.

If you choose to deny this request, please provide a written explanation for the denial including a reference to the specific statutory exemption(s) upon which you rely. Also, please provide all segregable portions of otherwise exempt material.

Please be advised that I am prepared to pursue whatever legal remedy necessary to obtain access to the requested records. I would note that willful violation of the open records law is a crime, punishable by a fine of up to \$300 and imprisonment for up to 90 days. Court costs and attorney fees may also be awarded.

Thank you for your assistance.

Sincerely,



Jed A. Graham  
1226 Spring Street  
Greenwood, SC 29646

864-223-6621

1226 Spring Street, Greenwood, SC 29646 • Phone: (864) 223-6621 Fax: (864) 223-6659

Nancy Rabert

would like to know

whether you or Bz

should sign the

answer letter to

Jed A. Graham

- Please log in time ~~the~~  
need ce to

Mervyn Burton

Deirdra Singleton



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Emma Forkner  
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: \_\_\_\_\_

*Greenwood Family Practice, Inc.*

Jed A. Graham, M.D.

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**RECEIVED**

January 29, 2009

FEB 11 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

South Carolina  
Department of Health and Human Services  
Attn: Melanie Giese  
P O Box 8206  
Columbia, SC 29202-8206

Dear Ms. Giese,

Please send the list of diagnoses that are considered a Medical Necessity in order to receive payment over the 12 allowable visits. The Freedom of Information Act law will enable you to provide the information to Greenwood Family Practice, Inc. Should you need additional information please call my office manager, Cynthia Poss, at 864-223-6621,

Sincerely,



Jed A. Graham, MD

Log # 441



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

February 20, 2009

Jed A. Graham, MD  
Greenwood Family Practice, Inc.  
1226 Spring Street  
Greenwood, SC 29646

Dear Dr. Graham:

Thank you for corresponding with Ms. Giese regarding the twelve visit limit for adult beneficiaries in the South Carolina Medicaid program. This guidance is contained in the Medicaid Provider Manual for Physicians on pages 2-12 to 2-15. Copies of these pages are enclosed.

The review process relating to support for ambulatory physician office visits for adult beneficiaries is not limited by diagnosis. There are no specific diagnoses, diseases or conditions, that determine the approval of payment for additional visits. Review and approval is based on a physician's request that contains information affirming the medical necessity of additional care.

If I can be of further assistance, please do not hesitate to contact me. My office telephone numbers are 803-898-2580 or 803-255-3400. Thank you for your advocacy regarding this issue and for caring for SC Medicaid beneficiaries.

Sincerely

*Marion Burton / MB*

Marion Burton, MD  
Medical Director

MB/mk