

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-------------------------|------------------------|
| TO <i>Myers/FOIA</i> | DATE <i>2-11-09</i> |
|-------------------------|------------------------|

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

Greenwood Family Practice, Inc.

Jed A. Graham, M.D.

RECEIVED

FEB 10 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 5, 2009

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

Ted A. Graham

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

Marrion 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.

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



State of South Carolina
Department of Health and Human Services

Log # 441

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