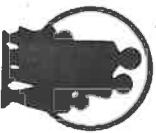


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bouding	7-12-06
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER 000069</p> <p>2. DATE SIGNED BY DIRECTOR</p> <p><i>Cleared 7/18/06, letter attached</i></p> </div> <div style="width: 45%;"> <p>ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>7-21-06</u></p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p> </div> </div>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



GEORGETOWN HEALTH GROUP

dba

WACCAMAW MEDICAL CENTER

ANDREWS MEDICAL CENTER

1075 N. Fraser
Georgetown, SC 29440
(843) 527-4442

9669 Ocean Hwy.
Pawleys Island, SC 29585
(843) 237-4296

701 S. Morgan
Andrews, SC 29510
(843) 264-5253

July 6, 2006

RECEIVED

JUL 12 2006

Marion Burton, MD
P.O. Box 8206
Columbia, SC 29206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Pearlina Washington
Medicaid Recipient #1725849101

Dear Dr. Burton:

I am writing to request additional visits for patient Pearlina Washington (DOB 1/26/43). Ms. Washington is a 63 year old Afro-American female who resides at Georgetown Healthcare and Rehabilitation, a Skilled Nursing Facility. She has a static alcoholic encephalopathy with behavioral disturbances, insulin-dependent diabetes, stage three chronic kidney disease, and mild chronic metabolic acidosis. Acute medical problems including hospitalization for uresepsis, have necessitated more than the allowed number of Medicaid visits.

I would appreciate your assistance in providing additional Medicaid visits.

Thank you for your assistance.

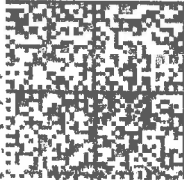
Sincerely yours,

Lance A. Duvall, MD, CMD

WACCAMAW MEDICAL CENTER
1075 N. FRASER
GEORGETOWN, SC 29440

11 JUL 2006

CHARLESTON, SC 294



HASLER

07/11/2006

\$0.390

Mailed From 29440

US POSTAGE

RECEIVED

JUL 12 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

D. Marion Burton
P.O. Box 8206
Columbia, SC 29206

29202+5206





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

July 18, 2006

Lance A Duvall, MD, CMD
Waccamaw Medical Center
1075 North Fraser
Georgetown, SC 29440

Re: Pearlina Washington

Dear Dr. Duvall:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support three (3) additional physician office visits for this fiscal year ending June 30, 2006. Please attach a copy of this correspondence to any physician office visit claim you have that will exceed the twelve-visit limit. This will alert our staff to override the automatic system payment rejection edit and reimburse you for this care. Please assist the patient and the S.C. Medicaid program to make optimal use of these visits for medically necessary care. Additional visits should, in general, be physician directed as opposed to patient directed. Also, the 99211 code can accommodate brief encounters and does not count against the allotted number of office visits. Adult Medicaid beneficiaries are allowed twelve (12) physician office visits beginning July 1st of each year. Attending physicians can request additional visits only when these initial twelve (12) are exhausted for medically necessary care

If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, appearing to read "O. Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bk

Log # 69
✓

Lance A Duvall, MD, CMD
Page 2

bc: Melanie Giese
 Val Williams