

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

ACTION REFERRAL

TO <i>Giess</i>	DATE <i>6-24-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>0011578</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleard 7/28/11 after attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-6-11</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

nhccorrespondence,

*Annex
Log
B...*

From: Office of the Governor Site Support [carlsonia@yahoo.com]
Sent: Saturday, April 09, 2011 11:53 AM
To: Haley, Nikki
Subject: Savings to South Carolina Medicaid

First Name: Ingrid
Last Name: Carlson
Company Name/Govt. Agency:

Mailing Address
Address Line 1: 2100 Central Avenue
Address Line 2: Suite 7
City: Augusta
State: GA
Zip: 30904
Phone: 8036344862

Email: carlsonia@yahoo.com

Comments:
Honorable Nikki Haley,

I am a Gynecologist in Augusta, Georgia. I'm a little new to the area, having relocated from Maine last fall. In Maine, I was a hospital-employed physician, and am currently adjusting to more of a private practice situation. It has been quite a learning experience.

I am writing to you regarding a situation which is of concern both to the State of South Carolina and to my patients in general. When I perform hysterectomy, or removal of the uterus, I do this almost always laparoscopically, through very small incisions in the abdomen. I have been doing laparoscopic hysterectomies for years, and they were much more common in my last practice than they are here. I am very experienced at it, to the point where I am able to do "more difficult" cases, but patients usually go home within 24 hours of surgery. Their recovery is much quicker, and depending on their jobs, many women are able to go back to work within a few weeks. The blood loss is less than 2 oz. In contrast, abdominal hysterectomy (the "traditional" way to do hysterectomy) typically requires a 3 day hospital stay, much more intensive nursing care, IV fluids and pain medication, and six weeks of recovery. The typical blood loss from this is 8-10 oz.

A significant portion of my practice is made up of women who have South Carolina Medicaid coverage. The reimbursement for laparoscopic hysterectomy is less than for abdominal hysterectomy, even though laparoscopic hysterectomy requires additional training to perform and is a superior procedure for the patient, enabling much quicker recovery. The cost savings alone from the avoidance of a prolonged hospital stay and the associated services are significant for each and every patient. And yet physicians here aren't doing them, or are doing them only occasionally, and are doing only laparoscopically-assisted vaginal hysterectomies, which is a different procedure with more blood loss.

I have offered to scrub with other surgeons to teach this skill, but it is extremely difficult for me to make the case to my colleagues that they should do laparoscopic hysterectomy when they will have to take time to learn how, and they will be reimbursed less to do it. I am finding that even physicians who are doing laparoscopic-assisted vaginal hysterectomy are doing it on privately-insured patients. Shockingly, it was even suggested to me that I "save" my laparoscopic hysterectomies only for women who have private insurance.



RECEIVED

APR 11 2011

Referred to Shwartz

Answered _____

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JUN 24 2011

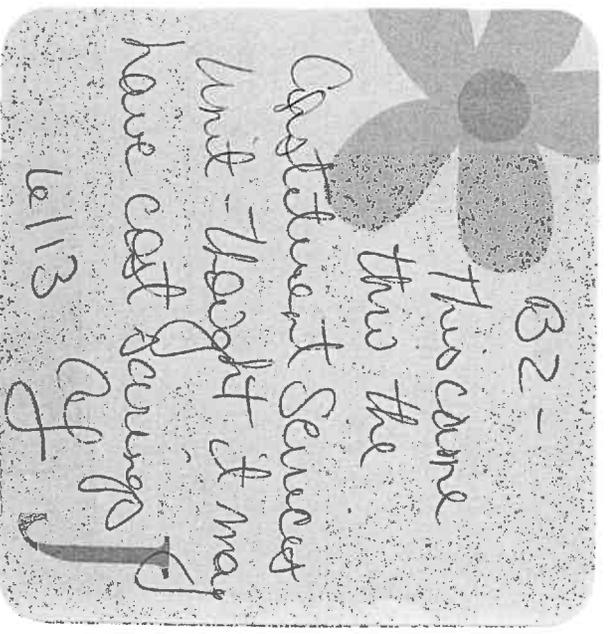
Department of Health & Human Services
OFFICE OF THE DIRECTOR

10951 B

I will continue to do laparoscopic hysterectomies, not only because it is a superior procedure, but because the last thing poor women need is a prolonged recovery. But the State of South Carolina should provide some incentive to make this more widespread. Not only would the State save thousands of dollars per patient, but it advances the State of South Carolina in providing the very best health care for its citizens.

Sincerely,

Ingrid A. Carlson, MD
Augusta, GA



B2 -
This course
thru the
Department of Social
Work - thought it may
have cost savings
6/1/13

Brenda - 6/1/13
Please 1105
to B2 -
Thanks
Anne



Log # 578 ✓

July 28, 2011

Ingrid A. Carlson, M.D.
2100 Central Avenue, Suite 7
Augusta, Georgia 30904

Dear Dr. Carlson:

Thank you for your letter regarding laparoscopic hysterectomies as it relates to Medicaid beneficiaries.

The South Carolina Medicaid Programs reimbursement is based on the Resource-Based Relative Value Scale (RBRVS) which is the standard for Medicaid and Medicare as well as many other private insurance companies. All procedures in the RBRVS are graded by three (3) separate factors: physician work, practice expense, and malpractice expense. Based on the RBRVS an abdominal hysterectomy would require more work done by the physician as well as risk. Therefore, the abdominal hysterectomy would require a higher reimbursement than a laparoscopic hysterectomy.

South Carolina Department of Health and Human Services (SDHHS) encourages quality of care for all their beneficiaries, however we are careful not to dictate the surgical method most appropriate for the physician to utilize on their patients. We expect that all physicians are acting within the guidelines of best practices and foremost acting within the best interest of their patients.

We appreciate your bringing this cost saving measure to our attention, for your continued partnership and participation in the South Carolina Medicaid program. If you have any additional questions please feel free to contact Ms. Maureen Ryan, Team Leader in the Division of Physician Services at (803) 898-2551.

Sincerely,

Melanie "BZ" Giese, RN
Deputy Director

MG/WS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR
ACTION REFERRAL



TO <i>Giese Williams</i>	DATE <i>6-24-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001578</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-6-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR _____	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1. <i>Valerie Williams</i>	<i>7-29-11</i>		
2. <i>BB Blawie</i>	<i>7/28/11</i>	<i>2/20</i>	
3.			
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