

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Relogged from Singleton to Myers, per Myers on 10/28/08

TO _____ DATE _____

Myers _____ *10-13-08*

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000200</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Foraker, Deps</i> <i>Cleared 10/28/08. Letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-29-08</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.			

ALSTON & BIRD LLP

The Atlantic Building
950 F Street, NW
Washington, DC 20004-1404

202-756-3300
Fax: 202-756-3333
www.alston.com

Thomas Scully
Direct Dial 202-756-3459
E-mail: thomas.scully@alston.com

October 8, 2008

VIA FIRST CLASS MAIL
FACSIMILE

Ms. Emma Forkner, Director
Department of Health & Human Services
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206
Commercial: (803) 898-2504
Fax Number: (803) 255-8235

Re: Survey of Medicaid Reimbursement for Anesthesia Services

Dear Ms. Forkner:

I am writing on behalf of our longstanding client the American Association of Nurse Anesthetists ("AANA"). AANA is the professional organization that represents over 36,000 certified registered nurse anesthetists ("CRNAs"). The AANA promulgates education, and practice standards and guidelines, and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice.

The AANA is seeking information from state Medicaid agencies on their rules and regulations relating to the reimbursement of nurse anesthetists for anesthesia services. In this effort, AANA has prepared a brief survey outlining key questions with respect to the reimbursement of nurse anesthetists, which I have attached to this letter. This survey will serve as a great resource for policy makers in better understanding state Medicaid reimbursement policies. We are asking that your agency complete this survey and return it by October 31, 2008 to the following contact address:

Tiffani V. Williams
Alston & Bird, LLP
The Atlantic Building
950 F St. N.W.
Washington, DC 20004

Atlanta • Charlotte • Dallas • New York • Research Triangle • Washington, D.C.

Felicity, ^{me}
Should this be
logged to you or
William? The -
Jon

10/10/2008 05:16PM



Survey of State Medicaid Agencies on Reimbursement of CRNA Services

1. What is the main contact information, including Director contact information, for your state Medicaid program?	Director Name Title Agency, Department Street address City, State ZIP Phone Fax Email Website
2. What is your name, position, and contact information?	Name Position Agency, Department Street Address City, State ZIP Phone Email
3. Does your state Medicaid program directly reimburse Certified Registered Nurse Anesthetists, or CRNAs, for anesthesia services?	Yes or No?
4. Does your state Medicaid program reimburse hospitals for anesthesia services provided by a CRNA?	Yes or No?
5. Are there specific additional requirements for your state's Medicaid CRNA reimbursement particular to CRNAs? For example, do the payment rules require that a CRNA be medically directed by an anesthesiologist? Or can the operating practitioner supervise the CRNA?	Additional requirements: Yes or No, or Don't Know? Anesthesiologist medical direction: Yes or No, or Don't Know? Can operating practitioner supervise: Yes or No, or Don't Know?
Thank you very much.	

Please Return to:

Tiffany V. Williams
 Alston & Bird, LLP
 The Atlantic Building
 950 F St. N.W.
 Washington, DC 20004
 Direct: 202-756-3412
 Fax: 202-654-4822
 Email: tiffany.williams@alston.com

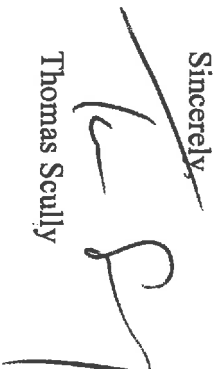
Ms. Emma Forkner, Director

October 8, 2008

Page 2

If you have any questions or concerns regarding the survey, please do not hesitate to contact Ms. Williams at 202-756-3412 or tiffani.williams@alston.com. I greatly appreciate your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'T Scully', written over a horizontal line.


Thomas Scully

Attachment

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

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>10-13-08</i>
------------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>300200</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner, Deps</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-27-08</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.			
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ALSTON & BIRD LLP**RECEIVED**

The Atlantic Building
950 F Street, NW
Washington, DC 20004-1404
202-756-3300
Fax: 202-756-3333

OCT 13 2008
Department of Health & Human Services
OFFICE OF THE DIRECTOR

TELECOPY

PLEASE DELIVER AS SOON AS POSSIBLE

Date:

October 10, 2008

Recipient:

Emma Forkner

Company:

Dept. of Health & Human Services

Fax Number:

803-255-8235

Voice Number:**Sender:**

Tiffani Williams

Message:Number of Pages: (including cover page)

4

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CLIENT/MATTER:		OPERATOR:	

Alston & Bird

10/10/2008 05:16PM

ALSTON & BIRD LLP

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Washington, DC 20004-1404

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Thomas Scully
Direct Dial: 202-756-3459
E-mail: thomas.scully@alston.com

October 8, 2008

VIA FIRST CLASS MAIL
FACSIMILE

Ms. Emma Forkner, Director
Department of Health & Human Services
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206
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Re: Survey of Medicaid Reimbursement for Anesthesia Services

Dear Ms. Forkner:

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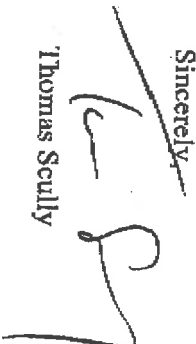
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Jiffani V. Williams
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The Atlantic Building
950 F St. N.W.
Washington, DC 20004

Ms. Limma Forkner, Director
October 8, 2008
Page 2

If you have any questions or concerns regarding the survey, please do not hesitate to contact Ms. Williams at 202-756-3412 or tiffani.williams@alston.com I greatly appreciate your time and consideration in this matter.

Sincerely,

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Thomas Scully

Attachment



Survey of State Medicaid Agencies on Reimbursement of CRNA Services

1. What is the main contact information, including Director contact information, for your state Medicaid program?	Director Name Title Agency, Department Street address City, State ZIP Phone Fax Email Website
2. What is your name, position, and contact information?	Name Position Agency, Department Street Address City, State ZIP Phone Email
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5. Are there specific additional requirements for your state's Medicaid CRNA reimbursement particular to CRNAs? For example, do the payment rules require that a CRNA be medically directed by an anesthesiologist? Or can the operating practitioner supervise the CRNA?	Additional requirements: Yes or No, or Don't Know? Anesthesiologist medical direction: Yes or No, or Don't Know?
Thank you very much.	Can operating practitioner supervise: Yes or No, or Don't Know?

Please Return to:

Tiffani V. Williams
 Alston & Bird, LLP
 The Atlantic Building
 950 F St. N.W.
 Washington, DC 20004
 Direct: 202-756-3412
 Fax: 202-654-4822
 Email: tiffani.williams@alston.com



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 28, 2008

Ms. Tiffani V. Williams
Alston & Bird, LLP
The Atlantic Building
950 F Street, North West
Washington, District of Columbia 20004-1404

Dear Ms. Williams:

Thank you for your letter and survey regarding reimbursement of Certified Registered Nurse Anesthetists (CRNAs). We have attached the responses that outline the South Carolina Department of Health and Human Services (SCDHHS) current reimbursement policy.

Please do not hesitate to contact Ms. Valeria Williams, Division Director in Physician Services, at (803) 898-2660, if we can be of further assistance.

Sincerely,


Felicity Myers
Deputy Director

FM/gws

Attachment

Log #200
✓

Tiffani V. Williams

Page 2

Survey of State Medicaid Agencies on Reimbursement of CRNA Services

What is the main contact information, including Director contact information, for your state Medicaid program?	Director Name: Emma Forkner Title: Director Agency, Department: SC Department of Health and Human Services Street Address: P.O. Box 8206; 1801 Main Street City, State, ZIP: Columbia, South Carolina 29202-8206 Phone: (803) 898-2504 Fax: (803) 255-8235 Email: POLATTYJ@scdhhs.gov Website: www.scdhhs.gov
What is your name, position, and contact information?	Name: Valeria Williams Title: Physician Services Division Director Agency, Department: SC Department of Health and Human Services, Physician Services Street Address: P.O. Box 8206; 1801 Main Street City, State, ZIP: Columbia, South Carolina 29202-8206 Phone: (803) 898-2645 Email: SMITHJAM@scdhhs.gov
Does your state Medicaid program directly reimburse Certified Registered Nurse Anesthetists, or CRNAs, for anesthesia services?	YES
Does your state Medicaid program reimburse hospitals for anesthesia services provided by a CRNA?	NO
Are the specific additional requirements for your state's Medicaid CRNA reimbursement particular to CRNAs? For example, do the payment rules require that a CRNA be medically directed by an anesthesiologist? Or can the operating practitioner supervise the CRNA?	Additional requirements: YES Anesthesiologist medical direction: YES Can operating practitioner supervise: YES
Thank you very much.	
Please return to: Tiffani V. Williams Alston & Bird, LLP The Atlantic Building 950 First Street., North West Washington DC 20004 Direct: 202-756-3412 Fax: 202-654-4822 Email: tiffani.williams@alston.com	