

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-4-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000326</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Feagin cleared 1/7/08, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-15-08</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.			
2.			
3.			
4.			

McLeod
PHYSICIAN ASSOCIATES
The Choice For Medical Excellence.

MCLEOD FAMILY MEDICAL/MARION COUNTY

J.S. Garner, Jr., M.D.

J.S. Garner, IV, M.D.

John N. Odom, M.D.

Robert C. Pyle, M.D.

Linda Jones, FNP

12/27/07

RECEIVED

JAN 6 4 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

O. Marion Burton, MD
Medical Director
SCDHHS
P. O. Box 8206
Columbia, S.C. 29202

Re: Minnie Swinton
SS: 251-19-7237
DOB: 04-26-62
Medicaid #: 6880922301

Marion
Dear ~~Dr. Burton~~

do a brief re-examine
Mrs. Swinton has fibromyalgia, hyperthyroidism and hypertension. These diseases are causing her to see multiple specialists and consequently she has used all of her medical days. I would estimate that she would need 20-24 visits a year. I would appreciate your help in this matter.

Sincerely,

Sandy


James S. Garner, IV, MD



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 7, 2008

James S. Garner IV, M.D.
McLeod Family Medical/Marion County
3032 East Hwy. 76
Mullins, SC 29574

RE: Minnie Swinton
SS: 251-19-7237
DOB: 04-26-62
Medicaid #: 6880922301

Dear Sandy,

Thank you for corresponding regarding this patient. The process at South Carolina Medicaid (DHHS) has changed this year. Attending physicians no longer need to receive a letter from the medical director prior to submitting requests for payments for additional visits beyond the twelve that are allowed. The current procedure is to simply send in supporting documentation with any visits that exceed the twelve allowed. This will prompt our staff colleagues at DHHS to allow for an override of the payment rejection edit and reimburse you for this care. Please ask that your staff send in supporting documentation as to why the additional visits are required so that you can be paid promptly for these encounters.

I am copying William Feagin on this correspondence so he can communicate with your office directly as to what is required. You no longer have to receive a confirmation from me in advance.

I hope that you and your family had a good holiday season. If you have any difficulty regarding this new arrangement please don't hesitate to call me at (803) 898-2500 or (803) 255-3400. Thank you again for your advocacy regarding Ms. Swinton and for caring for SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marion", with a stylized flourish at the end.

O. Marion Burton, MD
Medical Director

OMB/bk