

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

*Val have met copies to Mr. Green
Mary*

*Val, Jim
Jamin*

TO *Bausling / Giese* cc: Rhoads
Mmwrsm

DATE *1-4-07*

DIRECTOR'S USE ONLY

1. LOG NUMBER *000440*

2. DATE SIGNED BY DIRECTOR

cc: Mister
Extend until 2/22/07, per
Susan on 2/7/07

ACTION REQUESTED

1 Prepare reply for the Director's signature
DATE DUE _____

Prepare reply for appropriate signature
DATE DUE *1-22-07*

DATE DUE _____

Necessary Action

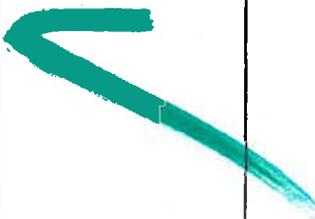
APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
<i>1. Susan Holt</i>	<i>1/16/07</i>		
<i>2. Melissa Stevens</i>	<i>1/17/07</i>	<i>2/17/07 23:20</i>	
<i>Melanie Jones</i>	<i>1-17-</i>	<i>3/6/07 01:14</i>	
<i>3. Susan met w/ Dr. Holt -</i>		<i>no answer</i>	<i>rec. 3/7/07</i>
<i>4.</i>			

RECEIVED
Dept. of Health & Human Services
JAN 05 2007

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

ACTION REFERRAL

TO <i>Bausling</i>	DATE <i>1-14-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>600440</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Kerv</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-14-07</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.			

Coastal Cancer Center

*Committed...
Caring...
Compassionate...*

LAWRENCE B. HOLT, JR., MD, FACP
RENNICK N. GOLDBERG, MD
VIJAY PAUDEL, MD
REBECCA D. CODY, MD

NEERAJ MAHAJAN, MD
CAROL A. BOGDAN, MD
ALICE PICKERING, ADMINISTRATOR

A DIVISION OF ASSOCIATED MEDICAL SPECIALISTS, P.A.

December 19, 2006

James Bearden, MD
380 Serpentine Dr
Spartanburg, SC 29303

Dear Dr. Bearden,

I believe we are all aware of the new Medicaid drug billing problems facing South Carolina. Not only will medications be reimbursed at AWP-15%, but also we will be required to report NDC numbers, as well as a third item – that of “unit of measure”.

It is interesting that the Medicaid system is the only third party payor requiring this particular item at present. None of our computer systems are programmed to provide this measurement. It is unfortunate that the Medicaid population provides the least amount of third party reimbursement of all of our payor types, but yet provides us with the most amount of billing headache.

It is always our desire to continue serving the Medicaid population, however there is a practical limit where it is no longer cost effective to serve this population. We have seen in many other states practices that refuse to provide Medicaid services. It would be unfortunate if the system in South Carolina becomes so cumbersome that state providers are forced to either terminate services entirely or deliver services in the hospital environment outside of their routine clinic.

It is important that the SCOS coordinate with Medicaid so as to alert them to this possibility, as well as to explore alternative methodologies. If it has not yet started, then the SCOS needs to begin dialog with Medicaid on this crucial billing impediment. Thank you for your attention on this matter and your continuing efforts on behalf of the State Society.

Sincerely,

Lawrence B. Holt
Lawrence B. Holt, M.D., FACP
LBH/cjc

c: Dr. Elizabeth Christian
Dr. Eric Nelson
Christian Downs – ACCCC
Robert Kerr, Medicaid SC
James Assy, Medicaid SC
Ted Riley
Alice Pickering

cc: Bearden

Log - Bearden
cc: Oppong-Sinsah
cc: Pickering

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DEC 29 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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