

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | | |
|-----------------|-------------------|--------|
| TO | cc: Rhonda Munisn | DATE |
| Burling / Giese | | 1-4-07 |

| | |
|----------------------------|--|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER 000440 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>1-22-07</u> <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. <i>[Signature]</i> | 1/16/07 | | |
| 2. <i>[Signature]</i> OK Melanie Stuebel | 1/17/07 | 3/6/07 2320 | |
| 3. Susan met w/ Dr. Holt - | | no answer | rec. 3/7/07 |
| 4. | | | |

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Dept of Health & Human Services

JAN 05 2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|----------|---------|
| TO | DATE |
| Baerling | 1-14-07 |

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

Coastal Cancer Center

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

LAWRENCE B. HOLT, JR., MD, FACP
RENNICK N. GOLDBERG, MD
VILAV 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 – ACCC
Robert Kerr, Medicaid SC
James Assy, Medicaid SC
Ted Riley
Alice Pickering

cc: Bearden

Log - Bearden
cc: Oppong-Singh
cc: Pickering

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DEC 29 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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