

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Robert/FOIA</i>	DATE <i>3-12-13</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000279	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____		
<i>cc: Carl</i> <i>Classified 3/26/13, letter attached.</i>		<input checked="" type="checkbox"/> FOIA DATE DUE <i>3-27-13</i> <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.			

RECEIVED

MAR 12 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

3-12-13

Dear Mr. Hefer, (803-255-8210)

Under the Freedom of Information Act, I am requesting complete, without any omission, itemized statements for Suzie Nelson, DOB 10-30-04, Medicaid 3N80831243, that Department of Health and Human Services have paid to her Service providers from January 01, 2010 to current.

Sincerely,

Kim Nelson. 843-592-9536

Can you please scan & email?

MKN_550@naver.com or
nelsonmk@email.sc.edu



TO:
FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____



Log # 000279

March 26, 2013

Ms. Kim Nelson
2604 Live Oak Circle
Beaufort, SC 29902

Re: Suzie Nelson

Dear Ms. Nelson:

As requested, enclosed is a Detailed Claims Report (DCR) for your daughter, Suzie Nelson. The Department does not normally have clinical records; only information abstracted from provider claim forms. The DCR lists services billed to Medicaid and/or her Health Maintenance Organization (HMO) as well as the amount Medicaid or the HMO paid for services rendered between January 1, 2010 and present. Depending upon the service, there may be a normal lag time of two (2) months or so before the claims show up. Also, providers normally have one (1) year from the date of service to bill. This document is a true and accurate printout directly from computerized information kept in the normal course of Department business.

You stated in your request that you were requesting complete, without any omission, itemized statements. The DCR does not reflect rejected or denied claims, we do not include the beneficiary's demographic information (which, of course, you already know), and we do not include provider identifiers that we use in reimbursement transactions. However, if you let us know the specific information you need, we can try to provide it.

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,



Linda Hillian
Paralegal

/h

Enclosures