

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling/FOIA</i>	<i>1-31-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000496</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Standshead cleared 2/14/07 letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>2-14-07</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.			



Log-Bowling
"FOIA"
Discrepancy
Steward

RECEIVED

JAN 30 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 26, 2007

Mr. Larry Fernandez
Program Manager
South Carolina Department of Health & Human Services
1801 Main Street, Room 823
Columbia, SC 29202-8206

RE: FOIA

Dear Larry:

I am writing to request that you send me Phyrtrust and South Carolina Solutions approved primary care physician network including names, addresses and phone numbers in Orangeburg County. It is my understanding that this information is available to the public under the Freedom of Information Act (S.C. Code Ann. § 30-4-30 et seq.).

Please notify me as to when and where I may inspect and photocopy any pertinent materials you have, or please send me the information at the above address. I look forward to hearing from you within fifteen (15) working days.

Sincerely,

Daniel Gallagher
President

cc: Rose M. Kovalik



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Ker
Director

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO:
FROM:

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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

2/14/07

496 +
497

Mr. Dan Gallagher
President
Unison Health Plan of South Carolina
100 Executive Center Drive, Suite A-1
Columbia, South Carolina 29210

Dear Mr. Gallagher:

Thank you for your two requests for information dated January 26, 2007. All sections of the most current required submissions supplied by Select Health are included with the exception of items 12 (policies and procedures) and 15 (QA Plan). These sections are exempt from disclosure under Section 30-4-40 of the South Carolina Code of Laws. A bill for processing this information is enclosed.

The listing of enrolled primary care physicians with respective contact information for PhyTrust and South Carolina Solutions in Orangeburg is also included.

Thank you for your interest and continued support of the South Carolina Medicaid program. Should you have any questions, please contact Mr. Mark E. McKenna, Department Manager for Managed Care, at (803) 898-4614.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/ghm

Enclosures

PhyTrust Enrolled Practices and PCPs in Orangeburg County

Family Health Centers Inc.
Gilda Teixeira, MD
Arthur Kennedy, MD
Robert Rowe, MD
Alfred Broadhead, MD
Julie Walker, NP
Stephanie Waters, MD
Brandi Pearrow, FNP
Della Smith Glenn, FNP
Oluyemisi Akintunde, MD
Elizabeth Branham, PNP
Denise Algood, MD
Bismarck Amoah-Apraku, MD
Alfred Broadhead, MD
Otis Hill, MD
Charles Kilgore, MD
Usha Kondapaneni, MD
Anna Price, MD
Sandra Stephens, MD
Virginia Wagner, MD
Stephanie Evers, MD
Joseph Wangeh, MD

The following are Family Health Center addresses and phone numbers:

7061 Norway Road
Neeses, SC 29107
803-263-4097

401 Ridge Street
St. George SC 29477
843-563-5315

558 Chestnut Street
St. Matthews, SC 29135
803-874-1998

10278 Old #6 Highway
Vance, SC 29163
803-492-3031

655 Laurel Street
Orangeburg, SC 29115
803-553-1255

1255 Belleview Road
Orangeburg, SC 29115
803-553-6534

1490 Brant Avenue
Holly Hill, SC 29059
803-496-3529

3310 Magnolia Street
Orangeburg, SC 29115
803-533-1255

5616 Carolina Highway
Denmark, SC 29042
803-793-6346

Orangeburg Medical Associates PA
Ester Rose Hare MD

1291 Glen Gloria Street
Orangeburg, SC 29116
803-539-2040

South Carolina Solutions Enrolled Practices and PCPs in Orangeburg County

Willie Lewis MD, PA
1102 Summers Avenue
Orangeburg, SC 29115
803-534-2270

Robert Smoak, MD
1739 Villagepark Drive
Orangeburg, SC 29118
803-534-4254

Dale Padgett MD, PA
1499 John C. Calhoun Drive
Orangeburg, SC 29115
803-245-2433



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO: Dan Gallagher, President
Unison Health Plan

FROM: Beverly Hamilton, ^{BSA}Division Director
Division of Care Management

SUBJECT: Cost of Processing FOIA Request # 496 & # 497

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	8	Hours	\$80.00
Pages copied at \$.10 per page	581	Pages	\$58.10
Pages faxed at \$.20 per page		Pages	\$
Shipping and Handling Costs			\$4.81
Other costs associated with the FOIA request:			\$
Total Amount Due SCDHHS:			\$142.91

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 Mark McKenna at 803-898-2818 should you have any questions.

Signature _____

Date: _____