

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bowling/FOIA	7-16-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000031	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Singleton, Stensland Cland 7/24/07 letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-30-07 <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.			

July 11, 2007

JUL 16 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Robert Kerr, Director
Department of Health & Human Services
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206

*Log Bookling
App Sign.*

Re: Freedom of Information Act Request

Dear Robert Kerr:

This is a request under the Freedom of Information Act (FOIA). I am requesting **Medicaid** reimbursement information for incontinence products (disposable diapers, briefs, liners, etc. for all age groups).

I request that the following documents be provided to me, preferably by email:

- Total dollars and units reimbursed under your state **Medicaid** program from January–December 2006 and January 2007–YTD (if available) for **each** of these incontinence supplies HCPCS codes and any incontinence supplies HCPCS that I may have missed. Please include date range of data and if possible, separate institutional and non-institutional reimbursement data.

A4335	A4520	A4521	A4522	A4523	A4524	A4525
A4526	A4527	A4528	A4529	A4530	A4531	A4532
A4533	A4534	A4535	A5131	T1500	T4521	T4522
T4523	T4524	T4525	T4526	T4527	T4528	T4529
T4530	T4531	T4532	T4533	T4534	T4535	T4536
T4537	T4539	T4540	T4541	T4542	T4543	

If you deny all or any part of this request, please cite each specific FOIA exemption that justifies your denial of the information and notify me of appeal procedures available under the law. If you have any questions about processing this request, you may reach me by email or telephone.

Thank you for taking the time to expedite this request.

Sincerely,

Tom Yuen

Tom Yuen
Rx, HHC & GM Analyst
Ph: 414-431-5267
Fax: 414-355-1032
thomas_yuen@hamacher.com



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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

Susan B. Bowling
Acting Director

July 24, 2007

Mr. Tom Yuen
Rx, HHC & GM Analyst
Hamacher Resource Group
8801 West Heather Avenue
Milwaukee, Wisconsin 53224

Dear Mr. Yuen:

Thank you for your letter dated July 11, 2007, regarding South Carolina Medicaid reimbursement of incontinence products. Please see the enclosed charts reflecting both expenditures and units of product provided in calendar year 2006 and calendar year 2007. The information provided for calendar year 2007 is for services through the month of June 2007. All data reflect non-institutional billing for incontinence supplies and products. Institutional providers are not allowed to bill separately for incontinence products in the state of South Carolina.

If you have further questions you may contact Mr. Jon Tapley at 803-898-2590.

Sincerely,

Susan B. Bowling

Susan B. Bowling
Acting Director

SBB/wsk

Enclosure

INCONTINENCE SUPPLIES UNITS AND EXPENDITURES FOR CALANDER YEAR 2006				INCONTINENCE SUPPLIES UNITS AND EXPENDITURES FOR CALANDER YEAR 2007 YTD		
Procedure Code	Units	Paid Amount		Procedure Code	Units	Paid Amount
A4335	27	\$37.63		A4335	68	\$477.86
A4520	0	\$0.00		A4520	0	\$0.00
A4521	0	\$0.00		A4521	0	\$0.00
A4522	0	\$0.00		A4522	0	\$0.00
A4523	0	\$0.00		A4523	0	\$0.00
A4524	0	\$0.00		A4524	0	\$0.00
A4525	0	\$0.00		A4525	0	\$0.00
A4526	0	\$0.00		A4526	0	\$0.00
A4527	0	\$0.00		A4527	0	\$0.00
A4528	0	\$0.00		A4528	0	\$0.00
A4529	0	\$0.00		A4529	0	\$0.00
A4530	0	\$0.00		A4530	0	\$0.00
A4533	0	\$0.00		A4533	0	\$0.00
A4535	0	\$0.00		A4535	0	\$0.00
A5131	178	\$1,326.93		A5131	0	\$0.00
T4521	485,419	\$350,002.47		T4521	128,675	\$92,583.26
T4522	1,173,217	\$864,351.69		T4522	470,838	\$346,455.74
T4523	1,280,205	\$1,254,546.05		T4523	593,680	\$582,891.96
T4524	582,543	\$722,210.24		T4524	313,283	\$394,441.19
T4525	92,059	\$82,410.37		T4525	93,265	\$83,221.12
T4526	432,571	\$384,787.42		T4526	424,064	\$371,083.46
T4527	550,809	\$518,980.04		T4527	549,287	\$502,018.81
T4528	332,524	\$429,503.37		T4528	356,223	\$461,273.49
T4529	106,685	\$72,332.65		T4529	48,469	\$32,315.63
T4530	82,062	\$55,407.87		T4530	33,037	\$22,207.12
T4532	23	\$402.50		T4532	0	\$0.00
T4533	115,837	\$79,338.32		T4533	49,547	\$34,459.78
T4534	4,680	\$4,212.00		T4534	6,515	\$5,863.50
T4535	400,257	\$108,525.19		T4535	370,806	\$109,001.71
Total 2006	5,639,096	\$4,928,374.74		Total YTD 2007	3,437,757	\$3,038,294.63

Database: p15621 ~~~ Medstat ~~~ Page 1

Category: Incurred ~~~ Run Date: 07/18/07 07:48:27 ~~~ Author: b21jtapl

Subset: //Medstat/All Data



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO: Tom Yuen, Hamacher Resource Group
FROM: Jon Tapley
SUBJECT: Cost of Processing FOIA Request # 0031

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	3	Hours	\$ 30.00
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:			\$ 30.00

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 Jon Tapley should you have any questions.

Signature [Signature] Date: July 18, 2007

No. 1158- 09835



**SOUTH CAROLINA
STATE HEALTH AND HUMAN SERVICES
FINANCE COMMISSION**

ACCOUNTS RECEIVABLE CERTIFICATION

RECEIVABLE NUMBER:

GENERAL INFORMATION

CERTIFICATION ACTION:

☒ NEW ☐ CHANGE

DEBT CLASSIFICATION:

☐ FRAUD ☐ NON-FRAUD

NAME OF DEBTOR:

Tom Yuen, Hamacher Resource Group

COUNTY NAME:

ADDRESS OF DEBTOR:

8801 W. Heather Avenue
Milwaukee, WI 53224

COUNTY NUMBER:

PROVIDER ID NUMBER OR FAMILY CASE NUMBER:

PERIOD OF OVERPAYMENT

FROM:

TO:

PROGRAM INVOLVED:

Community Long Term Care -
Waiver Mgmt

TYPE SERVICE: Log Letter 0031
Response to FOIA request

AMOUNT DUE:

\$30.00

DATE DUE:

FUNDING INFORMATION

	AMOUNT	COST CENTER	AMOUNT	COST CENTER
STATE \$	_____	DONOR \$	_____	_____
FEDERAL \$	_____	PROVIDER \$	_____	_____
COUNTY \$	_____	OTHER \$	_____	_____
		PENALTY \$	_____	_____

PAYMENT INFORMATION

☐ DEDUCT ☐ DO NOT DEDUCT

REPAYMENT TERMS

TERMS GRANTED (Months):

INTEREST RATE:

NOTES — LIST OF ATTACHMENTS

REQUESTER'S SIGNATURE:

Patsy Knotts

TITLE:

Admin Ass't

COUNTY/DIVISION:

DATE:

7-18-07

AUTHORIZER'S SIGNATURE:

Roy Smith

TITLE:

Director, Div of CLTC-
Waiver Mgmt.

COUNTY/DIVISION:

DATE:

7-18-07