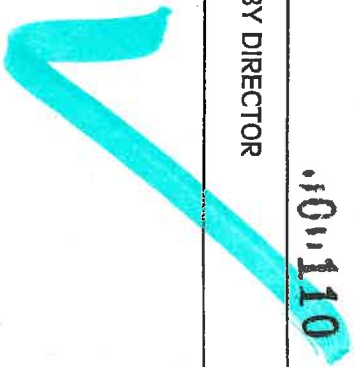


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>9-7-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1001110</i>	<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 <i>9-16-11</i> <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.			

Brenda James - Medicaid ID's for Organizations

RECEIVED

SEP 07 2011

From: "Kelly Koniewicz" <kkoniewicz@healthmarketscience.com>
To: <info@scdhhs.gov>
Date: 09/06/2011 3:13 PM
Subject: Medicaid ID's for Organizations

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Good Afternoon,

I'm writing today on behalf of Health Market Science (HMS).

HMS is a compliance solutions provider in the healthcare industry who helps clients comply with both federal and state regulations.

Currently, we are trying to obtain a list of all organizations who participate in the South Carolina state Medicaid program.

Optimally, we would like to find out if there is a data file available for download or purchase of the following attributes:

- Name of Organization participating in the SC Medicaid program
- Address of Organization participating in the SC Medicaid program
- Medicaid ID of Organization participating in the SC Medicaid program

Any information or assistance you may be able to provide would be greatly appreciated.

Regards,
Kelly K.

Kelly Koniewicz

Data Acquisition Analyst

Health Market Science | 2700 Horizon Drive | King of Prussia, PA 19406

p: 610.994.5236 | f: 610.940.4003

www.healthmarketscience.com

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