

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers/FOIA	8-17-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	101087	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	CC: Singleton, Stansland Cleared 8/27/09, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <u>9-1-09</u>
		<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.	Original letter attached dated 8/25/09		
2.			
3.			
4.			



August 13, 2009

Emma Forkner
Director
P.O. Box 8206
1801 Main Street
Columbia, SC 29201-8206



RECEIVED

AUG 17 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

OPEN RECORDS REQUEST

Dear Ms. Forkner:

Pursuant to the Freedom of Information Act (FOIA), I request access to **Medicaid** reimbursement details for incontinence products (disposable diapers, briefs, liners, etc. for all age groups).

Please provide the following information in Excel format. If information cannot be electronically submitted please mail to the below address.

- Total dollars and units (representing number of products, not number of claims) reimbursed under your state **Medicaid** program from January - December 2007, January - December 2008, and Year-to-Date 2009 for each of these incontinence supplies' HCPCS codes and any incontinence supplies HCPCS codes that I may have missed. Please include date range of data and separate reimbursement data by provider type if possible.

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	T4538	T4539	T4540	T4541	T4542	T4543

*Table includes both active and inactive HCPCS codes.

If you deny all or part of this request, I ask that you justify all deletions by reference to specific exemption of the act. If you have any questions about processing this request, you may reach me by email or telephone.

Thank you for your assistance in expediting this request. We do ask that you provide us with this information by October 9th, 2009. If you anticipate any challenges meeting that date please feel free to contact me.

Victoria Mapes
Manufacturer Research Specialist
8801 West Heather Avenue
Milwaukee, WI 53224-2416
800-355-9330 (ext. 297)
Ph: 414-431-5297
Fax: 414-355-1032
victoria_mapes@hamacher.com

Hamacher Resource Group, Inc. • 8801 W. Heather Avenue • Milwaukee, WI 53224 • 800-888-0889 • www.hamacher.com



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
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: _____



August 13, 2009

Emma Forkner
Director
P.O. Box 8206
1801 Main Street
Columbia, SC 29201-8206

RECEIVED

AUG 25 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR



OPEN RECORDS REQUEST

Dear Ms. Forkner:

Pursuant to the Freedom of Information Act (FOIA), I request access to Medicaid reimbursement details for incontinence products (disposable diapers, briefs, liners, etc. for all age groups).

Please provide the following information in Excel format. If information cannot be electronically submitted please mail to the below address.

- Total dollars and units (representing number of products, not number of claims) reimbursed under your state Medicaid program from January - December 2007, January - December 2008, and Year-to-Date 2009 for each of these incontinence supplies' HCPCS codes and any incontinence supplies HCPCS codes that I may have missed. Please include date range of data and separate reimbursement data by provider type if possible.

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A4533	A4534	A4535	A5131	T1500	T4521	T4522
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T4530	T4531	T4532	T4533	T4534	T4535	T4536
T4537	T4538	T4539	T4540	T4541	T4542	T4543

*Table includes both active and inactive HCPCS codes.

If you deny all or part of this request, I ask that you justify all deletions by reference to specific exemption of the act. If you have any questions about processing this request, you may reach me by email or telephone.

Thank you for your assistance in expediting this request. We do ask that you provide us with this information by October 9th, 2009. If you anticipate any challenges meeting that date please feel free to contact me.

Sincerely,

Victoria Mapes
Manufacturer Research Specialist
8801 West Heather Avenue
Milwaukee, WI 53224-2416
800-355-9330 (ext. 297)
Ph: 414-431-5297
Fax: 414-355-1032
victoria_mapes@hamacher.com



State of South Carolina
Department of Health and Human Services

Brenda
Aug 000087
you original Account
Request to
Faye Perry

Mark Sanford
Governor

Emma Forkner
Director

August 27, 2009

Ms. Victoria Mapes
Manufacturer Research Specialist
Hamacher Resource Group, Incorporated
8801 West Heather Avenue
Milwaukee, Wisconsin 53224-2416

Dear Ms. Mapes:

Thank you for the Freedom of Information Act (FOIA) request regarding the South Carolina Department of Health and Human Services (SCDHHS) Medicaid reimbursement details for incontinence products. The requested information and the invoice for processing are enclosed.

If you have any questions regarding this information, please contact Mr. Charles "Mike" Blakely, Department Head for Pharmacy and Durable Medical Equipment, at (803) 898-2876.

Sincerely,


Felicity Myers, Ph.D.
Deputy Director

FM/gbbd

Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 25, 2009

TO: Victoria Mapes, Manufacturer Research Specialist, Hamacher Resource Group, Milwaukee, Wisconsin

FROM: South Carolina Department of Health and Human Services

SUBJECT: Cost of Processing FOIA Request # 000087

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	1	Hours	\$ 10.00
Pages copied at \$.10 per page	2	Pages	\$.20
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ _____
Other costs associated with the FOIA request:			\$ _____
Total Amount Due SCDHHS:			\$ 10.20

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact Charles "Mike" Blakely, Department Head for Pharmacy and Durable Medical Equipment @ (803) 898-2876 should you have any questions.

Em Michael Forkner Signature Date 8/25/2009

Incontinence Products FOIA

Subset	All Data						
Record Type	FFS - Does not include encounter records						
		2007		2008		2009	
Procedure Code	Procedure w Code	Net Payment	Units Fac and Prof	Net Payment	Units Fac and Prof	Net Payment	Units Fac and Prof
	A5131 APPLIANCE CLEANER PER 16 OUNCE	\$1,571.29	258	\$1,863.50	396	\$920.52	214
	T4521 ADULT DISP INCONTIN,BRIEF/DIAP	\$211,284.43	296,403	\$227,976.78	321,446	\$133,417.47	193,108
	T4522 ADULT DISP INCONTIN,BRIEF/DIAP	\$795,610.38	1,088,000	\$856,101.78	1,167,776	\$506,251.66	708,523
	T4523 ADULT DISP INCONT,BRIEF/DIAPER	\$1,305,411.17	1,337,927	\$1,271,823.54	1,314,359	\$732,777.71	774,394
	T4524 ADULT DISP INCONT,BRIEF/DIAPR,	\$904,797.11	722,975	\$1,015,237.73	813,383	\$631,897.70	515,005
	T4525 ADULT DISP INCON PROTECTIVE UN	\$189,975.12	215,184	\$211,229.69	243,591	\$126,501.21	148,771
	T4526 ADULT DISP INCON PROTECTIVE UN	\$825,653.87	953,810	\$932,700.46	1,065,884	\$571,731.46	668,601
	T4527 ADULT DISP INCONT/PROT UNDERWE	\$1,137,267.96	1,237,455	\$1,308,212.57	1,414,626	\$809,844.08	847,872
	T4528 ADULT DIS INCONT,PROTEC UNDRWE	\$1,080,307.05	843,176	\$1,278,782.50	1,002,090	\$815,608.72	653,123
	T4529 PED DISP INCONT,BRIEF/DIAPR,SM	\$80,183.98	120,520	\$93,198.37	134,718	\$59,521.38	87,430
	T4530 PED DISPOS INCONT,BRIEF/DIAPER	\$61,362.23	88,664	\$78,902.42	108,834	\$43,162.56	59,182
	T4533 YOUTH DISPOS INCONTINENCE,BRIE	\$80,472.56	115,250	\$84,056.63	116,971	\$48,686.18	69,767
	T4534 YOUTH DISP INCON PROTECTIVE UN	\$11,830.20	14,765	\$11,102.92	13,695	\$6,949.25	8,248
	T4535 DISP LINER/SHIELD/PAD EACH	\$251,753.80	861,480	\$291,464.77	1,013,863	\$183,698.99	644,797



**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:

Victoria Mapes
Manufacturer Research Specialist
Hamacher Resource Group, Inc.

COUNTY NAME:

ADDRESS OF DEBTOR:

8801 West Heather Avenue
Milwaukee, Wisconsin 53224-2416

COUNTY NUMBER:

PROVIDER ID NUMBER OR FAMILY CASE NUMBER:

PERIOD OF OVERPAYMENT

FROM:

TO:

PROGRAM INVOLVED:

TYPE SERVICE:

FOIA 000087

AMOUNT DUE:

\$10.20

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

Copy of log letter with Memorandum for Charges due.

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REQUESTER'S SIGNATURE: <i>Michael Robley</i>	TITLE: Team Leader - Pharmacy & DME	COUNTY/DIVISION:	DATE:
AUTHORIZER'S SIGNATURE: <i>William O'neal</i>	TITLE: Bureau Director - Bureau of Health Services	COUNTY/DIVISION: Bureau of Health Services	DATE: