

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers/FOIA	7-15-08

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000026	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	CC: Singleton, Steven/leaud	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
See attached letter dated 8/5/08. Still pending.		<input checked="" type="checkbox"/> FOIA	DATE DUE 7-29-08
		<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. Cleaud, 9/2/08, letter attached			
2.			
3.			
4.			



July 9, 2008

**RECEIVED**

JUL 15 2008

S.C. Department of Health and Human Services  
Healthy Connections Program  
Deputy Director Finance and Administration  
PO Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: **Public Records Request**

*Reg. Myers*  
*Appro Sign*

To Whom It Concerns:

Pursuant to S.C. Code Ann. § 30-4-30 for the State of South Carolina, I am requesting records, to the extent they exist, regarding the following information in the format most convenient for you:

1. Information or records, in hard or electronic versions, regarding the amount of monies expended through Medicaid for the individual years 2005, 2006, and 2007 for heart transplant procedures for adults;<sup>4</sup>
2. Information or records, in hard or electronic versions, regarding the amount of monies expended through Medicaid for the individual years 2005, 2006, and 2007 for lung transplant procedures for adults;
3. Information or records, in hard or electronic versions, regarding the amount of monies expended through Medicaid for the individual years 2005, 2006, and 2007 where a heart and lung transplants occurred in combination for adults;
4. Information or records, in hard or electronic versions, regarding the amount of monies expended through Medicaid for the individual years 2005, 2006, and 2007 for pancreas only transplant procedures for adults;
5. Information or records, in hard or electronic versions, regarding the amount of monies expended through Medicaid for the individual years 2005, 2006, and 2007 for pancreas and kidney(s) transplant procedures for adults;
6. Information or records, in hard or electronic versions, regarding the amount of monies expended through Medicaid for the individual years 2005, 2006, and 2007 for post-transplant care for adults who had a heart, lung, heart/lung(s), pancreas only, and/or pancreas/kidney(s) transplant procedure;

<sup>4</sup> We understand that every State may have a different definition of who is classified as an adult for purposes of Medicaid and appreciate you including any information regarding how your State defines adult.

7. Information or records, in hard or electronic versions, regarding the number of adults covered by Medicaid who received a heart transplant for the individual years 2005, 2006, and 2007;
8. Information or records, in hard or electronic versions, regarding the number of adults covered by Medicaid who received a lung transplant for the individual years 2005, 2006, and 2007;
9. Information or records, in hard or electronic versions, regarding the number of individuals covered by Medicaid who received a heart/lung transplant for the individual years 2005, 2006, and 2007;
10. Information or records, in hard or electronic versions, regarding the number of adults covered by Medicaid who received a pancreas only transplant for the individual years 2005, 2006, and 2007;
11. Information or records, in hard or electronic versions, regarding the number of adults covered by Medicaid who received a pancreas and kidney(s) transplant for the individual years 2005, 2006, and 2007;
12. Information or records, in hard or electronic versions, regarding the amount of monies expended through Medicaid for the individual years 2005, 2006, and 2007 for adults that received VAD (ventricular assist devices) as destination therapy and also the number of adults that received those funds each in year;
13. Information or records, in hard or electronic versions, regarding the amount of monies expended through Medicaid for the individual years 2005, 2006, and 2007 for adults that received VAD (ventricular assist devices) as bridge to heart transplant and also the number of adults that received those funds each in year;

This request does not encompass any request for information regarding the specific identities of any Medicaid recipient or any identifying information. The information requested is for the purpose of collecting regional information related to Medicaid expenditures on specific transplant procedures, to the extent your state provides partial or complete Medicaid coverage of them.

Should there be any expenditures related to the collection and/or copying of such information that exceeds \$15.00, please let me know in advance at keaton@etsw.com or 404-582-8467, to arrange payment. Similarly, please contact me with any questions or comments to clarify this request, if needed.

I appreciate your assistance with this matter.

Best regards,

  
Jennifer Keaton  
GITF Board



*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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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: \_\_\_\_\_

Aug 000026



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

August 5, 2008

Ms. Jennifer Keaton  
Georgia Transplant Foundation Board  
800 International Tower  
229 Peachtree Street, NE  
Atlanta, Georgia 30303

Dear Ms. Keaton:

Thank you for your letter requesting information on specific transplant procedures covered by South Carolina Medicaid. It is my understanding that you spoke with Ms. Zenovia Vaughn last week when she informed you, at your request, that the cost for producing the information would exceed \$15.00. Because of the volume of information requested, the approximate turnaround time is 4-6 weeks. Costs associated with this report include staff processing time at \$10.00 per hour, pages copied at \$ .10 per page, faxed pages at \$ .20 per page, plus shipping and handling. An invoice detailing the costs will be sent along with the report.

If you have any questions regarding this process, please contact Mr. Robert A. Johnson, III, Team Leader or Mr. Ervin Yarrell, Team Leader for Hospital Services, at (803) 898-2665.

Sincerely,

A handwritten signature in black ink that reads "BZ Gliese".

Melanie "BZ" Gliese  
Bureau Director for Health Services

MG/j



*State of South Carolina*  
*Department of Health and Human Services*

Log #26

Mark Sanford  
Governor

Emma Forkner  
Director

September 2, 2008

Ms. Jennifer Keaton  
Georgia Transplant Foundation  
800 International Tower  
229 Peachtree Street, NE  
Atlanta, Georgia 30303

Dear Ms. Keaton:

As follow-up to our letter of August 8, 2008, we are submitting to you the final report on transplant expenditures for individual years 2005, 2006 and 2007. The report represents transplants performed on adults only. Adults are defined as patients 19 years and over. We hope that this information supports your research efforts.

We have also attached an invoice outlining the costs associated with producing this report. Please submit the requested amount along with a copy of the invoice to the Bureau of Fiscal Affairs at the address listed on the invoice.

If you have additional questions regarding the contents of the report or the process for extracting the data, please contact Ms. Zenovia Vaughn, Division Director for Hospital Services, at (803) 898-2665.

Sincerely,

Felicity Myers  
Deputy Director

FM/gvb

Enclosure

FOIA - Transplant Data  
SFY 05, SFY 06 and SFY 07

Type of Transplant	SFY 05		SFY 06		SFY 07	
	Patients	Net Pay	Patients	Net Pay	Patients	Net Pay
Heart	1	\$ 108,724	3	\$ 339,196	1	\$ 103,777
Kidney	1	\$ 46,000	2	\$ 237,015	4	\$ 173,795
Liver	0	\$ -	7	\$ 766,867	9	\$ 1,151,942
Liver/Kidney	0	\$ -	2	\$ 420,000	0	\$ -
Kidney/Pancreas	0	\$ -	0	\$ -	1	\$ 80,000
Heart/Kidney	0	\$ -	1	\$ 214,262	0	\$ -
VAD Devices*	0	\$ -	0	\$ -	0	\$ -

\* Not a reimbursed service

Follow Up Costs by Type of Transplant as Requested

	SFY 05		SFY 06		SFY 07	
	Patients	Net Pay	Patients	Net Pay	Patients	Net Pay
Heart	1	\$ 15,183	3	\$ 65,790	1	\$ 103 **
Kidney/Pancreas	0	\$ -	0	\$ -	1	\$ 25,789

\*\*Claims for this transplant may not have been submitted as of the time of this report



# State of South Carolina

## Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

TO: Jennifer Keaton, Georgia Transplant Foundation  
FROM: South Carolina Department of Health and Human Services  
SUBJECT: Cost of Processing FOIA Request # 000026

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	<u>3</u> Hours	\$ <u>30.00</u>
Pages copied at \$.10 per page	<u>        </u> Pages	\$ <u>        </u>
Pages faxed at \$.20 per page	<u>        </u> Pages	\$ <u>        </u>
Shipping and Handling Costs		\$ <u>        </u>
Other costs associated with the FOIA request:	<u>        </u>	\$ <u>        </u>
<b>Total Amount Due SCDHHS:</b>		\$ <u><u>30.00</u></u>

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 Zenovia Vaughn @ (803) 898-2665 should you have any questions.

Signature *Zenovia Vaughn* Date 9/2/08



**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:**

Jennifer Keaton  
Georgia Transplant Foundation Board

**COUNTY NAME:**

**ADDRESS OF DEBTOR:**

6600 Peachtree Dunwoody Road  
600 Embassy Row, Suite 250  
Atlanta, Georgia 30328

**COUNTY NUMBER:**

**PROVIDER ID NUMBER OR FAMILY CASE NUMBER:**

**PERIOD OF OVERPAYMENT**

**FROM:**

**TO:**

**PROGRAM INVOLVED:**

**TYPE SERVICE:**

FOIA - Log 000026

**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**

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<b>REQUESTER'S SIGNATURE:</b> Nancy Rabert <i>Nancy Rabert</i>	<b>TITLE:</b> Administrative Assistant Bureau of Health Services	<b>COUNTY/DIVISION:</b>	<b>DATE:</b>
<b>AUTHORIZER'S SIGNATURE:</b> Felicity Myers <i>FMyers</i>	<b>TITLE:</b> Deputy Director Medical Services	<b>COUNTY/DIVISION:</b>	<b>DATE:</b>