

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Single copy/FOIA	3-15-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000369	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Stenlund Clausen 4/6/12, letter at back of	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 3-30-12 <input type="checkbox"/> I Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



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MAR 15 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

March 7, 2012

Director Tony Keck
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Director Keck:

This letter is a request for access to the public records listed below pursuant to the S.C. Freedom of Information Act. I would like to review the following:

Claims paid data for Medicaid Dental for calendar year 2011 or the most recent 12 month period the state has available. This data should be by provider (preferably with address if available) and include:

- o Reimbursement
- o Procedures performed (by CDT code)
- o Patient Counts

Please contact me at 803-252-1087 to schedule a time to examine the records.

Sincerely,



Annie W. Wilson, Esq.

Cc: Melanie Giese, Deputy Director, Medical & Managed Care Services



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: _____

South Carolina Department of
Health & Human Services



Anthony E. Keel, Director
Nikki R. Haley, Governor

Log # 000 369

April 6, 2012

Ms. Annie W. Wilson, Esquire
Capitol Consultants, Inc.
PO Box 1763
Columbia, SC 29202

Re: Request for Data on Dental Providers.

Dear Ms. Wilson:

Your request for information, dated March 7, 2012, was referred to this Office for a response. You may know that some of the information is available on our website transparency report at <http://www.scdhhs.gov/openpublic/Transparency.asp>. We do not yet have the information you requested compiled in a releasable format. We estimate that we should be able to send you what we can of the data in about a week.

Should you have any questions, please contact me at 898-2791.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

RGH/h