

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Roberts/Morrison/FOIA</i>	DATE <i>12-11-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000135</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis Cleared 12/22/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>12-23-14</i>
	<input type="checkbox"/> 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.			

Brenda James

From: Kim Cox
Sent: Wednesday, December 10, 2014 9:03 AM
To: Brenda James
Subject: FW: FOIA Response
Attachments: SKMBT_C75414120912590.pdf

RECEIVED

DEC 11 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda,
I believe this is a FOIA request. Would you please log and distribute?
Thanks,
Kim

Kim Cox

Strategic Stakeholder Relations, Office of Chief of Staff

COXKIM@scdhhs.gov

803.898.4439

1801 Main Street

Columbia, SC - 29201

www.scdhhs.gov



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From: Annie Wilson [mailto:awilson@capconsc.com]
Sent: Tuesday, December 09, 2014 1:37 PM
To: Kim Cox
Subject: FW: FOIA Response

Kim,

Could you please forward this email to Constance Holloway or provide her email address?

Ms. Holloway,

As a follow up to our previous request, would you please provide the claims paid data for codes A0431 alone for calendar years 2009-2014?

Annie W. Wilson

General Counsel & VP of Government Affairs

Capitol Consultants

P.O. Box 1763/Columbia, SC 29202

803.252.1087/803.318.4573 (c)

www.capconsc.com

Procedure Codes A0430, A0431 and A0435
Paid 01/01/2009 - 10/31/2014

2009						
Procedure Code	Record Type	Claims	Patients	FFS Paid	MCO Paid	Total Paid
A0430, A0431, A0435	FFS	443	426	\$940,190.00	\$0.00	\$940,190.00
	MCO	139	136	\$0.00	\$315,310.21	\$315,310.21
	Total	582	561	\$940,190.00	\$315,310.21	\$1,255,500.21

2010						
Procedure Code	Record Type	Claims	Patients	FFS Paid	MCO Paid	Total Paid
A0430, A0431, A0435	FFS	408	394	\$894,130.00	\$0.00	\$894,130.00
	MCO	301	287	\$0.00	\$727,141.58	\$727,141.58
	Total	709	678	\$894,130.00	\$727,141.58	\$1,621,271.58

2011						
Procedure Code	Record Type	Claims	Patients	FFS Paid	MCO Paid	Total Paid
A0430, A0431, A0435	FFS	365	349	\$775,612.20	\$0.00	\$775,612.20
	MCO	336	328	\$0.00	\$689,723.04	\$689,723.04
	Total	701	676	\$775,612.20	\$689,723.04	\$1,465,335.24

2012						
Procedure Code	Record Type	Claims	Patients	FFS Paid	MCO Paid	Total Paid
A0430, A0431, A0435	FFS	345	337	\$706,835.47	\$0.00	\$706,835.47
	MCO	368	358	\$0.00	\$731,630.10	\$731,630.10
	Total	713	691	\$706,835.47	\$731,630.10	\$1,438,465.57

2013						
Procedure Code	Record Type	Claims	Patients	FFS Paid	MCO Paid	Total Paid
A0430, A0431, A0435	FFS	450	437	\$890,197.20	\$0.00	\$890,197.20
	MCO	382	367	\$0.00	\$757,603.23	\$757,603.23
	Total	832	799	\$890,197.20	\$757,603.23	\$1,647,800.43

2014						
Procedure Code	Record Type	Claims	Patients	FFS Paid	MCO Paid	Total Paid
A0430, A0431, A0435	FFS	227	218	\$480,457.23	\$0.00	\$480,457.23
	MCO	351	338	\$0.00	\$710,530.08	\$710,530.08
	Total	578	553	\$480,457.23	\$710,530.08	\$1,190,987.31

TOTAL 2009 - 2014						
Procedure Code	Record Type	Claims	Patients	FFS Paid	MCO Paid	Total Paid
A0430, A0431, A0435	FFS	2,238	2,121	\$4,687,422.10	\$0.00	\$4,687,422.10
	MCO	1,677	1,780	\$0.00	\$3,931,938.24	\$3,931,938.24
	Total	4,115	3,870	\$4,687,422.10	\$3,931,938.24	\$8,619,360.34

Please note the MCO data is not complete. Trends associated with MCO services should be interpreted with caution.

This data is valid for paid claims through October 31, 2014 and updated as of November 12, 2014



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:

Log # 135



Nikki Haley GOVERNOR
Christian L. Saura DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

December 22, 2014

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

Dear Ms. Wilson:

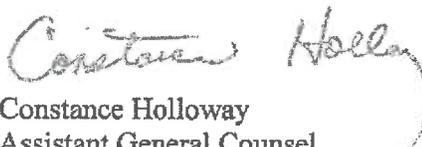
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated December 9, 2014 and received by DHHS on December 9, 2014. Enclosed is a spreadsheet for the claims paid data code A0431 for calendar years 2009-2014.

Our expense for extracting this information is Ten and 49/100 dollars (\$10.49). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, please feel free to contact me at 803-898-0062.

Sincerely,


Constance Holloway
Assistant General Counsel

Enclosure

Log #135 ✓



Nikki Haley
Christian L. Sours
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

December 22, 2014

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

Dear Ms. Wilson:

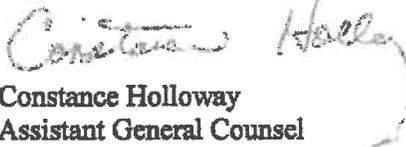
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Sincerely,


Constance Holloway
Assistant General Counsel

Enclosure