

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

**ACTION REFERRAL**

TO <i>Myers/FOIA</i>	DATE <i>5/27/08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000610</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stenford Cleared 4/5/08, e-mail response attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <i>FOIA</i> DATE DUE <i>6/10/08</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.			

**From:** "Richard Webster" <rwebster@healthmarketscience.com>  
**To:** <stensland@scdhhs.gov>  
**Date:** 5/23/2008 2:11 PM  
**Subject:** FOIA Request- Health Market Science

Dear Mr. Stensland:

This is a request made under the South Carolina Freedom of Information Act.

Health Market Science is a credentials verification organization that helps pharmacy chains and payors to maintain the integrity of their individual and organizational provider information.

We respectfully request that a copy of the files or systems of files containing information related to any and all South Carolina State Medicaid Identification numbers for individuals and for facilities be provided to us.

If available, we request that records pertaining to each record include the following attributes:

- \* Individual/Facility's Name
- \* Address
- \* Telephone
- \* Medicaid ID

If any part of this request is not releasable, we would still like to acquire any data that is releasable (including NPI numbers if possible).

Additionally, we would also like to receive any documentation describing data elements, field layouts, and file formats.

Finally, we would like to receive this data in any electronic format such as DVD, CD, hard drive, etc.

Although we have consulted the South Carolina Legislature website (<http://www.scstatehouse.net/code/t30c004.htm>) on how to submit a FOIA request, we may otherwise have not adhered to some observed structure for submitting this type of request. Therefore, we are including our

*Log: NPI's  
FOIA*

*C: Smilster  
Stensland*

**IR PENDING**

MAY 29 2008  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

contact information in order to expedite answers to any questions you may have.

We look forward to hearing from you soon.

Sincerely,

Rich Webster  
Health Market Science  
2700 Horizon Drive, Suite 200  
Renaissance Corporate Center  
King of Prussia, PA 19406

610-994-5259  
610-316-5601 (Cell)

<<http://www.healthmarketscience.com/default.php>>

<<http://www.healthmarketscience.com/default.php>>



*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: \_\_\_\_\_

**From:** Kevin Rogers  
**To:** Richard Webster  
**Date:** 6/5/2008 2:32 PM  
**Subject:** RE: FOIA Request - FOIA Number 000613 <sup>6/10</sup>

*log # 6110  
 elise per  
 Daisy on 6/9/08*

**CC:** Daisy G. Massey; Kevin Rogers; Rick Hepfer  
 Hi, I have place a provider file in our secure FTP web site. It is titled "FOIA request for Health Market Science". Please let me know when you have downloaded so I can remove it from the site.

You will need to log in with the following information:

UserID = BMSMuser  
 PW = BMSMuser1

Web site:  
<https://extranet.scdhhs.gov/dhhs/DocumentExchange/tabid/259/ctl/Login/Default.aspx?returnurl=%2fdhhs%2fDocumentExchange%2ftabid%2f259%2fDefault.aspx>

It is our policy not to release provider ID information, since that information can be used to gain access into our verification systems, so no legacy or NPI number has been provided.

Please let me know if you have any questions. Thanks.

>>> "Richard Webster" <rwebster@healthmarketscience.com> 6/4/2008 10:18 AM >>>

If at all possible we would like to have two separate excel files, one containing only facilities and one containing individuals. In terms of facilities, we need:

- Amulance Company
- Ambulatory Surgical Center
- Birthng Centers
- Clinics (infusion centers, public health clinics, cancer clinics, psychiatric clinics, aids clinics)
- Comm. MH Centers
- Convenient Care Center
- Dialysis Center / Freestanding ESRD Center
- DME Supplier
- Equipment Suppliers (durable medical equipment)
- Extended Care Facilities (group homes, assisted living facilities)
- Hospitals (acute care, psychiatric, childrens, specialty)
- Hearing Aid Center
- Home Health Agency
- Hospice Agency
- Hospitals
- Labs (Indep. Clinical Lab, Chains)
- IDTF (and sleep study centers)
- Medical Supply Company
- Optical company
- Outpatient PT clinics
- Outpatient Rehab centers
- Pharmacies
- Portable Xray companies
- Practices (physician, podiatry, chiropractic, dental, nurse practitioner)
- SNF
- Substance Abuse Facility
- Urgent Care Centers

In terms of individuals, we really just need everything you have got. Also, if you could include the facilities' and individuals' NPI numbers along with the rest of the data it would make sorting the figures much easier. Thank you very much and if you have any more questions feel

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

Kevin

*I'm here to  
pls with your check  
let them be a  
will be*

TO	DATE
<i>Myers/FOIA/Rogers</i>	<i>5/27/08</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

free to contact.

Rich Webster

-----Original Message-----

From: Kevin Rogers [mailto:Rogers@scdhs.gov]

Sent: Tuesday, June 03, 2008 5:35 PM

To: Richard Webster

Cc: Kevin Rogers

Subject: FOIA Request

Hi, I am working on this request. I have a question.

What types of providers are you interested in?

Our policy has been to not release Medicaid provider IDs. We can provide the other data elements you have requested.

We can then upload this file to our secure FTP site and I can provide you the information you need to pull down the data. In terms of data layout, I was planning on putting this into a excel or CSV file if it is large.

Please let me know your thoughts.

+++++

Dear Mr. Stensland:

This is a request made under the South Carolina Freedom of Information Act.

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Additionally, we would also like to receive any documentation describing data elements, field layouts, and file formats.

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Although we have consulted the South Carolina Legislature website (<http://www.scstatehouse.net/code/t30c004.htm>) on how to submit a FOIA request, we may otherwise have not adhered to some observed structure for submitting this type of request. Therefore, we are including our contact information in order to expedite answers to any questions you may have.

We look forward to hearing from you soon.

Sincerely,

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**Confidentiality Note**

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.

**From:** "Richard Webster" <rwebster@healthmarketscience.com>  
**To:** <stensland@scdhhs.gov>  
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Log:  
Miyoshi  
FOIA

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C: Smijter  
Stensland

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MAY 29 2008

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OFFICE OF THE DIRECTOR

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If available, we request that records pertaining to each record include the following attributes:

- \* Individual/Facility's Name
- \* Address
- \* Telephone
- \* Medicaid ID **-No**

If any part of this request is not releasable, we would still like to acquire any data that is releasable (including NPI numbers if possible) **-No**

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Date: \_\_\_\_\_