

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/Eddins/FOIA	10-25-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100176	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Steasland, Giese Cleared 12/1/11, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 11-9-11 <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.			
2.			
3.			
4.			

From: <datasearch@earthlink.net>
To: <info@scdhhs.gov>
Date: 10/23/2011 6:54 AM
Subject: Public Records Request - South Carolina

RECEIVED

OCT 24 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck,

Please provide via e-mail a list of all the South Carolina Medicaid providers (specifically physicians - MDs or Osteopaths) terminated as far back as your computers go for cause and also terminated for no cause.

Please include their name and date of termination. Please also provide their license number or NPI number.

I would appreciate if the public records were provided in a spreadsheet.

Sincerely,

Ken Kramer

From: Info Info
To: Bryan Kost
Date: 10/23/2011 6:54 AM
Subject: Fwd: Public Records Request - South Carolina (Forward from Info ID)
Attachments: Public Records Request - South Carolina

Message automatically forwarded from Info ID

From: Bryan Kost
To: Brenda James
Date: 10/23/2011 8:06 AM
Subject: Please log - Fw: Fwd: Public Records Request - South Carolina (Forward from Info ID)
Attachments: Fwd: Public Records Request - South Carolina (Forward from Info ID)



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:

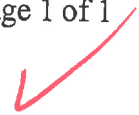
Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date:

Log 176



Kathleen Snider - Terminated providers information request

From: Kathleen Snider
To: datasearch@earthlink.net
Subject: Terminated providers information request
CC: Bryan Kost; Deirdra Singleton; Marie Brown

Please see the attached response.



December 1, 2011

Ken Kramer
Datasearch

Dear Mr. Kramer:

Your request for information has been forwarded to me. I apologize for the late response. There is a list on our agency website of South Carolina Medicaid providers who have been excluded from the Medicaid program. Please go to www.scdhhs.gov and look under "Fraud and Abuse" in the "Useful Tools" section. Any additional information on terminated South Carolina Medicaid providers cannot be sent via email. We are compiling this information, and it will be provided to you on a CD. However, I must have a physical address in order to provide you with this information. Please send me your address by return email.

Sincerely,



Kathleen C. Snider, Bureau Chief
Compliance and Performance Review

KCS/m

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

OCT 25 2011

SCDHHS
Office of General Counsel

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Ken Kramer

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OCT 24 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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OCT 26 2011

SCDHHS
Office of General Counsel

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OCT 26 2011

SCDHHS
Office of General Counsel

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OCT 26 2011

SODHHS
Office of General Counsel



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Shipping and Handling Costs \$ _____

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Total Amount Due SCDHHS: \$ _____

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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: