

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>8-16-06</i>
------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000154</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Stensland</i> <i>Cleared 8/16/06, Dec</i> <i>attached e-mail</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-25-06</i> <input type="checkbox"/> FOIA DATE DUE _____ <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: Jeff Stensland
To: Malone, Linda
Date: 8/15/2006 2:55:42 PM
Subject: Fwd: Thomson Medstat Medicaid Fraud Detection

Jeff Stensland
SC DHHS
(803) 898-2584

Log - Done
"Agony Sign"
Cc: Jeff Stensland

RECEIVED

AUG 15 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

AUG 15 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Ali Loftian <aloftian@input.com>
To: <stensland@scdhs.gov>
Date: 8/15/2006 2:34:53 PM
Subject: Thomson Medstat Medicaid Fraud Detection

Good afternoon Jeff,

I hope you are doing well. I was hoping you could assist with a brief inquiry regarding the recent award to Thomson Medstat for a Medicaid Fraud Detection System.

How can I obtain a copy of the RFP that led to this award?

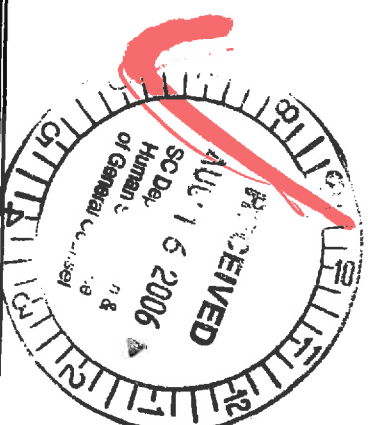
I thank you in advance your generous and timely response.

Kind Regards,
Ali Loftian

Ali Loftian
Analyst, S&L
INPUT
10790 Parkridge Boulevard, Suite 200, Reston, VA 20191, USA
Direct 703-707-3686; Fax 703-707-6201

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



TO	DATE
Singleton	8-16-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 600154	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Stensland	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>8-25-06</u> <input type="checkbox"/> FOIA DATE DUE _____ <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. <i>OKS</i>	<i>See attached email 8/16/06</i>		
2.			
3.			
4.			

From:
To:
Date:
Subject:

Jeff Stensland
Malone, Linda
8/15/2006 2:55:42 PM
Fwd: Thomson Medstat Medicaid Fraud Detection

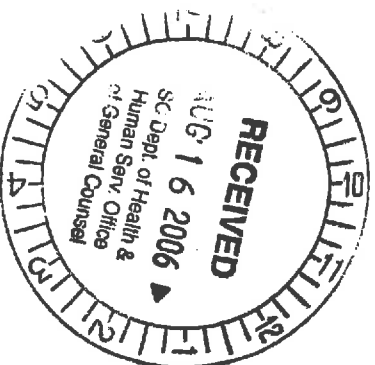
Jeff Stensland
SC DHHS
(803) 898-2584

Log - Review
"Aggrav. Sign.
Cc: Jeff Stensland

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AUG 16 2PM

Department of Health & Human Services
OFFICE OF THE DIRECTOR



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Department of Health & Human Services
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From: Byron Roberts
To: Ali Loftian; Jeff Stensland
Date: 8/16/2006 10:04:29 AM
Subject: Re: Thomson Medstat Medicaid Fraud Detection

Mr. Loftian,
Attached is the RFP and the three Amendments to the RFP.

>>> Ali Loftian <aloftian@input.com> 8/15/2006 2:34 PM >>>
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CC: Deirdra Singleton; Jeff Stensland