

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Roberts Grisel/FOIA	DATE 1-3-13
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1001207	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singlehan, Cox, FOIA file Clear 1/25/13, letter attached.	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 1-18-13 <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.			

**Brenda James**

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**From:** Patty H Larimore  
**Sent:** Thursday, January 03, 2013 10:50 AM  
**To:** Brenda James; Byron Roberts; Vicki Johnson  
**Cc:** Mary Sims; Mike Cannon  
**Subject:** FW: SC FOIA Request  
**Attachments:** SC DME Providers Billing Incontinence Supplies05-06.xls; 201110711\_JINCON\_SUPP\_SCHED for SC.XLSX; FOIA request SC Medicaid\_AP.doc

Brenda,

This FOIA request needs to be routed to the appropriate Deputy. It is not Procurement related, all of this is pulled from MIMS, which we do not have access to.

Thanks  
Patty

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**From:** Amela Pozderac [mailto:APozderac@attends.com]  
**Sent:** Thursday, January 03, 2013 10:42 AM  
**To:** Mary Sims  
**Cc:** Patty H Larimore  
**Subject:** SC FOIA Request

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

JAN 03 2013

RECEIVED

Dear Mary,

Per Theresa Watts, please find my request letter attached. If there is a form that I need to complete in addition to the attached letter, please let me know.

In the past, we had requested the attached report from the State of SC based on the Freedom of Information Act. We really appreciated the information as it gives us a better understanding of the providers for the State of SC. Could we please request this same report for 2011 or the most recent year you have available?

Thank you very much,

Happy New Year!

**Amela Pozderac** | Manager | Marketing  
Office: 252.752.1100 x8991  
Cell: 336.508.4546  
Fax: 252.752.0766  
[www.Attends.com](http://www.Attends.com)

**Attends** | HEALTHCARE  
PRODUCTS  
The Smart Choice in Incontinence Care.™

DME Providers Billing Medicaid for Incontinence Products by Volume from Highest to Lowest 05-06									
QUALITY HOME CARE INC									
HEALTH RELATED PRODUCTS IN									
TUCKER MEDICAL RENTAL INC									
BARNETT MEDICAL INC									
BRYANT PHARMACY & SUPPLY									
ALL MEDICAL INC									
SUMTER CUT RATE DRUGS									
SPARTAN HEALTH SERVICES IN									
PARRISH HOME MEDICAL INC									
PRESCRIPTION SHOPPE									
HOME AIDE									
PRO-MED 1									
PREFERRED CARE PHARMACY									
DRUCKER DRUGS AND MEDICAL									
P & H PHARMACY INC									
FORDS DRUGS									
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LAURENS HOME MEDICAL SERVI									
THE MEDICINE SHOPPE									
HEMOCARE MEDICAL AIDS									
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SAMMETH DRUGS									
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QUALITY HEALTH MANAGEMENT									
ORANGEBURG PHARMACY									
COMMUNITY LIFELINE									
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PARKMANS PHARMACY									
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THOMAS DRUG STORE INC									
TRANGLE PHARMACY									
YORKVILLE PHARMACY									
STROMS DRUG STORE INC									
WAGENER DRUG CO									
MORGAN'S PHARMACY									
COASTAL HOME CARE									
BAMBERG MEDICAL EQUIPMENT									
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BLO STORE #537									
MEDI HOME CARE									
CAROLINA MEDICAL PRODUCTS									
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AMERICAN HOME PATIENT									
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MEDCARE PHARMACY									
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ALL CARE HOME MEDICAL EQUI									
GROVE MEDICAL INC									
NORTHSIDE HEALTH CARE CTR									
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DURAMED INC									
PHARMACY EXPRESS LLC									
A-1 MEDICAL									
WINN DIXIE PHARMACY #1238									
AIR-CARE HOME HEALTH INC									
WISES FAMILY PHARMACY									
INCARE HOME MED EQUIP INC									
WE CARE DURABLE MEDICAL EQ									
MED-CAIRE INCORPORATED									
SAM'S CLUB 6571									
SMITH'S DRUG STORE # 1									



SC DEPT OF HEALTH AND HUMAN SERVICES  
 INCONTINENCE SUPPLIES SCHEDULE  
 EFFECTIVE FOR DATES OF SERVICE 07/11/2011  
 M = Manual Pricing

Proc	Mod	Payment Rate
A4554	00	\$30.56 underpads
T4521	00	\$0.47 SM Brief
T4522	00	\$0.46 Med Brief
T4523	00	\$0.56 LG Brief
T4524	00	\$0.73 XL Brief
T4525	00	\$0.57 Small PU
T4526	00	\$0.54 Med PU
T4527	00	\$0.60 LG PU
T4528	00	\$0.78 XL PU
T4529	00	\$0.45 Ped Brief S/M
T4530	00	\$0.45 Ped Brief LG
T4531	00	\$0.57 Ped PU S/M
T4532	00	\$0.57 Ped PU LG
T4533	00	\$0.47 Youth Brief
T4534	00	\$0.70 Youth PU
T4535	00	\$0.21 Liners/Pads
T4543	00	\$1.27 Bariatric
T5999	00	\$4.89 washcloths

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

# Attends | HEALTHCARE PRODUCTS

The Smart Choice in Incontinence Care.™

Dear Mary,

Attends Healthcare Products Inc. is a manufacturer of medical supplies for home care and institutional providers. We are seeking information on South Carolina's Medicaid DME and HME Providers. We have two requests.

1. A complete listing of the Medicaid DME Providers in the State of South Carolina including their name, address, city, state, zip and phone number.
2. A listing of the South Carolina Medicaid DME Providers and their annual reimbursement for all incontinence products including briefs, diapers, underpads and liners.

The incontinence products have the following HCPC codes.

DIAPERS	T4521
DIAPERS	T4522
DIAPERS	T4523
DIAPERS	T4524
BRIEFS - Protective Underwear	T4525
BRIEFS - Protective Underwear	T4526
BRIEFS - Protective Underwear	T4527
BRIEFS - Protective Underwear	T4528
Youth Diaper	T4533
PADS	T4535
UNDERPADS	T4554
Washcloths	T5119

If possible, I would like the information in electronic format (Excel file, Word file)

Thank you,

Amela Pozderac  
Marketing Manager  
Attends Healthcare Products, Inc.  
(252) 752-1100 ext 8991  
apozderac@attends.com



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: \_\_\_\_\_



log # 000 207

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



January 25, 2013

Ms. Amela Pozderac  
Attends Healthcare Products, Inc.  
1029 Old Creek Road  
Greenville, North Carolina 27834

Dear Ms. Pozderac:

Thank you for your Freedom of Information Act request regarding South Carolina DME Providers and reimbursement for certain incontinence products. I have attached the data and the invoice for processing this information.

If you should need additional information, please contact Ms. Valeria Williams, Program Director of Medical and Health Services, at (803) 898-3477.

Sincerely,

Melanie "BZ" Giese, RN  
Deputy Director

MG/wm

**Brenda James**

*log # 207*

**From:** Annmarie McCanne  
**Sent:** Monday, January 28, 2013 3:42 PM  
**To:** Brenda James  
**Subject:** FW: Requesting an Update on FOIA #207

This can be closed. A copy of our response is on your desk. Let me know if you don't have.

Thanks,  
Annie

**From:** Linda Boyer  
**Sent:** Monday, January 28, 2013 3:41 PM  
**To:** Annmarie McCanne  
**Subject:** RE: Requesting an Update on FOIA #207

Thanks Annie, I mailed it out this morning with Byron's approval.

Thanks!  
Linda Boyer

**From:** Annmarie McCanne  
**Sent:** Saturday, January 26, 2013 12:32 PM  
**To:** Linda Boyer  
**Cc:** Marie Brown  
**Subject:** RE: Requesting an Update on FOIA #207

Hi, Sorry, I had this completed yesterday and didn't get it to you before I left. I am leaving the folder in legal's box here on 11. I have not mailed/sent anything. Please let me know if anything else is needed from our end.

Thanks,  
Annie

**From:** Linda Boyer  
**Sent:** Friday, January 18, 2013 2:05 PM  
**To:** Annmarie McCanne  
**Subject:** RE: Requesting an Update on FOIA #207

Ok, thanks Annie!  
Have a wonderful Holiday weekend!

Linda Boyer

**From:** Annmarie McCanne  
**Sent:** Friday, January 18, 2013 1:40 PM  
**To:** Valeria Williams; Linda Boyer; Alissa Robinson  
**Subject:** RE: Requesting an Update on FOIA #207

Hi, Linda — I have this for Bz's review, however she is off today. It will be Tuesday before she reviews.

The Office of General Counsel has received the “Blue” Action Referral sheets for Log #207 (requests for 2011 report for SC DME Providers Billing Incontinence Supplies).

I spoke with Marie Brown earlier this morning and she said that you were in the process of collecting the data, I just want to confirm that information since the FOIA was assigned to me for completion.

Please submit data to Melanie Giese for approval. After BZ approves, hand deliver or email to the Office of General Counsel for approval/ mailing, to include a draft response letter and cost sheet for request.

If you have any questions or any problems come up, please contact me at 898-2669.

Thank You,



SC Dept of Health & Human Services  
Office of General Counsel

1801 Main Street

Columbia, SC 29201

Phone: (803) 898-2669

Fax: (803) 255-8210

Email: [boyer@scdhhs.gov](mailto:boyer@scdhhs.gov)

*“Forgiving someone doesn’t make them right, it makes you free”*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL



TO: <i>Roberts</i> <i>Grise/ FOIA/ Williams</i>	DATE <i>1-3-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001207</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
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	<input checked="" type="checkbox"/> FOIA DATE DUE <i>1-18-13</i>
	<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>Valerie Wilkins</i>	<i>H1813</i>		
2. <i>B S Green</i>	<i>1/22/13</i>		
3.			
4.			

**Brenda James**

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**From:** Patty H Larimore  
**Sent:** Thursday, January 03, 2013 10:50 AM  
**To:** Brenda James; Byron Roberts; Vicki Johnson  
**Cc:** Mary Sims; Mike Cannon  
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**RECEIVED**

JAN 03 2013

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WINN DIXIE PHARMACY #1238									
AIR-CARE HOME HEALTH INC									
WISE'S FAMILY PHARMACY									
INCARE HOME MED EQUIP INC									
WE CARE DURABLE MEDICAL EQ									
MED-CAIRE INCOPORATED									
SAM'S CLUB 6571									
SMITHS DRUG STORE # 1									



SC DEPT OF HEALTH AND HUMAN SERVICES  
 INCONTINENCE SUPPLIES SCHEDULE

EFFECTIVE FOR DATES OF SERVICE 07/11/2011

M = Manual Pricing

Proc	Mod	Payment Rate
A4554	00	\$30.56 underpads
T4521	00	\$0.47 SM Brief
T4522	00	\$0.46 Med Brief
T4523	00	\$0.56 LG Brief
T4524	00	\$0.73 XL Brief
T4525	00	\$0.57 Small PU
T4526	00	\$0.54 Med PU
T4527	00	\$0.60 LG PU
T4528	00	\$0.78 XL PU
T4529	00	\$0.45 Ped Brief S/M
T4530	00	\$0.45 Ped Brief LG
T4531	00	\$0.57 Ped PU S/M
T4532	00	\$0.57 Ped PU LG
T4533	00	\$0.47 Youth Brief
T4534	00	\$0.70 Youth PU
T4535	00	\$0.21 Liners/Pads
T4543	00	\$1.27 Bariatric
T5999	00	\$4.89 washcloths

FEE SCHEDULE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION

# Attends<sup>®</sup> | HEALTHCARE PRODUCTS

The Smart Choice in Incontinence Care.™

Dear Mary,

Attends Healthcare Products Inc. is a manufacturer of medical supplies for home care and institutional providers. We are seeking information on South Carolina's Medicaid DME and HME Providers. We have two requests.

1. A complete listing of the Medicaid DME Providers in the State of South Carolina including their name, address, city, state, zip and phone number.
2. A listing of the South Carolina Medicaid DME Providers and their annual reimbursement for all incontinence products including briefs, diapers, underpads and liners.

The incontinence products have the following HCPC codes.

DIAPERS	T4521
DIAPERS	T4522
DIAPERS	T4523
DIAPERS	T4524
BRIEFS - Protective Underwear	T4525
BRIEFS - Protective Underwear	T4526
BRIEFS - Protective Underwear	T4527
BRIEFS - Protective Underwear	T4528
Youth Diaper	T4533
PADS	T4535
UNDERPADS	T4554
Washcloths	T5119

If possible, I would like the information in electronic format (Excel file, Word file)

Thank you,

Amelia Pozderac  
Marketing Manager  
Attends Healthcare Products, Inc.  
(252) 752-1100 ext 8991  
apozderac@attends.com

Attends Healthcare Products, Inc.

1029 Old Creek Road | Greenville, NC 27834 | 252.752.1100 | Attends.com

January 25, 2013

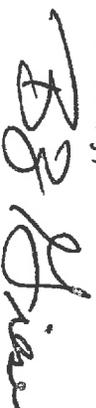
Ms. Amela Pozderac  
Attends Healthcare Products, Inc.  
1029 Old Creek Road  
Greenville, North Carolina 27834

Dear Ms. Pozderac:

Thank you for your Freedom of Information Act request regarding South Carolina DME Providers and reimbursement for certain incontinence products. I have attached the data and the invoice for processing this information.

If you should need additional information, please contact Ms. Valeria Williams, Program Director of Medical and Health Services, at (803) 898-3477.

Sincerely,



Melanie "BZ" Giese, RN  
Deputy Director

MG/wmm

South Carolina Department of  
Health & Human Services



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

January 25, 2013

To: Ms. Amela Pozderac  
From: Ms. Melanie "Bz" Giese, RN  
Subject: Cost of Processing FOIA Request # 207

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	1.5	Hours	\$ 15.00
Pages copied at \$.10 per page		Pages	\$ _____
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ _____
Other costs associated with FOIA request			\$ _____
<b>Total Amount Due to SCDHHS</b>			<b>\$ 15.00</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 8291  
Columbia, South Carolina 29202-8297

Please contact Ms. Valeria Williams, 803-898-3477 should you have any questions.

Signature *Valeria Williams*

Date 1/25/13