

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <u>Roberts</u> <u>Grisel/FOIA</u>	DATE <u>1-3-13</u>
---	-----------------------

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

From:
Sent:
To:
Cc:
Subject:
Attachments:

Patty H Larimore
Thursday, January 03, 2013 10:50 AM
Brenda James; Byron Roberts; Vicki Johnson
Mary Sims; Mike Cannon
FW: SC FOIA Request
SC DME Providers Billing Incontinence Supplies05-06.xls; 20110711_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

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

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

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

RECEIVED

JAN 03 2013

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										
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PRESCRIPTION SHOPPE										
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COMMUNITY LIFELINE								
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YORKVILLE PHARMACY									
STROMS DRUG STORE INC									
WAGENER DRUG CO									
MORGAN'S PHARMACY									
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COMPASSIONATE CARE DME									
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MEDCARE PHARMACY									
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DURAMED INC									
PHARMACY EXPRESS LLC									
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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									

APRIA HEALTHCARE INC							
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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: _____ \$ _____

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 # 000 207

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 # 2017

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/mailling, 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,

Linda J. Boyer

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL



TO: <u>Roberts</u> <u>Giese/FOIA/Williams</u>	DATE <u>1-3-13</u>
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2. DATE SIGNED BY DIRECTOR <u>cc: Singleton, Cox, FOIA file</u>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <u>Valerie Williams</u>	<u>H18173</u>		
2. <u>B. J. Green</u>	<u>1/22/13</u>		
3.			
4.			

Brenda James

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SAM'S CLUB 6571							
SMITH'S DRUG STORE # 1							

APRIA HEALTHCARE INC													
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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
UNDERS	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

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



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			\$

Total Amount Due to SCDHHS

\$ 15.00

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.

Valeria Williams

Signature

1/25/13

Date