

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Williams</i> <i>Roberts/Bingleton/FOIA</i>	DATE <i>8-28-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000086</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Cleared 9/12/13, letter attached</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>9-12-13</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.			
2.			
3.			
4.			

**Brenda James**

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**From:** Kim Cox  
**Sent:** Tuesday, August 27, 2013 2:59 PM  
**To:** Brenda James  
**Subject:** FW: Open Records Request  
**Attachments:** south\_carolina\_records\_request\_August\_27\_2013.doc

**RECEIVED**

**AUG 27 2013**

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Brenda,  
Could you please log and route this FOIA request?  
Thank you,  
Kim

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**From:** [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) [<mailto:michael.pell@thomsonreuters.com>]  
**Sent:** Tuesday, August 27, 2013 2:21 PM  
**To:** Kim Cox  
**Subject:** Open Records Request

Attached is a freedom of information request. If you have any questions about any aspect of this request, please call me at 646-223-6997 or email me at [Michael.pell@thomsonreuters.com](mailto:Michael.pell@thomsonreuters.com).

Thank you for your attention to this matter,

Mike

Michael B. Pell  
Thomson Reuters  
646-223-6997

August 27, 2013

To whom it may concern:

This is a request for records under the South Carolina Freedom of Information Act, §30-4-10 et seq. On behalf of Reuters News and myself, jointly, I request you provide me with a data file of all medical providers eligible to bill the South Carolina Medicaid program, including durable medical equipment suppliers. By medical provider I mean an individual or organization delivering goods and health services for payment to eligible beneficiaries; in this case, South Carolina Medicaid beneficiaries.

I would like as much of the data as you can provide, including NPI numbers and any classification of the medical provider that may exist. For example, if your data indicates the provider is a physician's practice or a hospital, I would like that field included. I would like the most current data available.

I prefer to receive records in the following formats, listed in order of preference:

- (1) an electronic data format such as a spreadsheet, delimited data set, database file, or similar;
- (2) other non-proprietary electronic format.

The South Carolina Freedom of Information Act requires a response time within 15 business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you decide to exempt a portion of any record, please release all other segregable parts. If you withhold any record or portion of a record, please specify which statutory exemptions are claimed for each withholding. Please separately state your reasons for not invoking your discretion, as the Act allows, to release the requested information. Please describe each record withheld, including its date and size – e.g., amount of electronic memory or number of paper pages.

If there are any search, review, or duplication fees greater than \$25, inform me before you fill the request. But first please consider my requests for fee reduction and fee waiver.

This request is being made in connection with Reuters' newsgathering functions and not for any other commercial purpose. Reuters intends to produce one or more original investigative reports based on analysis of the requested information.

Reuters requests a waiver of all duplication fees for this request as permitted under the Act. Disclosure of the requested information to Reuters is likely to contribute significantly to public understanding of the operations or activities of the government by helping the public understand how their tax dollars are used to operate the Medicaid program.

If you have any questions about any aspect of this request, please contact me at [michael.pell@thomsonreuters.com](mailto:michael.pell@thomsonreuters.com) or 646-223-6997. In principle, Reuters is willing to consider ways in which the request might reasonably be narrowed.

Thank you for your attention to this request.

Michael Pell  
Reuters



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:



September 12, 2013

Michael B. Pell  
Thomson Reuters

Dear Mr. Pell:

This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated August 27, 2013 and received by DHHS on August 28, 2013. Enclosed is the provider listing for Reuters and I have included the web address for the NPI Registry below.

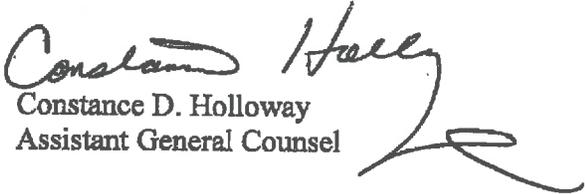
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Our expense for extracting this information is Five and 00/100 dollars (\$5.00). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services  
Department of Receivables  
Post Office Box 8297  
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, you may contact me at (803) 898-0062.

Sincerely,

  
Constance D. Holloway  
Assistant General Counsel

CDH/lb

Cc: Lynette Wilson

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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