

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Singleton-FOIA</i>	DATE <i>4/15/2014</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000360</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>KOD</i> <i>Cleared 5/1/14, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>4/25/14</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.			

Jan Polatty

From: Byron Roberts
Sent: Tuesday, April 15, 2014 8:53 AM
To: Jan Polatty; Brenda James
Subject: FW: FOIA Request South Carolina

RECEIVED

APR 15 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Jan/Brenda,
Please log this in as a FOIA. Thanks.

Byron Roberts
General Counsel
Robertsb@scdhhs.gov
803.898.2795
www.scdhhs.gov

SOUTH CAROLINA
Healthy Connections
MEDICAID 



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From: Anthony Keck
Sent: Monday, April 14, 2014 9:28 PM
To: Byron Roberts
Subject: Fw: FOIA Request South Carolina

Is this something we have to produce through foia? Or just direct them appropriately? Please process as appropriate.

From: David Bohm <David.Bohm@domtar.com>
Sent: Monday, April 14, 2014 5:12:58 PM
To: Anthony Keck
Subject: FOIA Request South Carolina

Dear Anthony,

Attends Healthcare Products Inc. is a manufacturer of medical supplies for home healthcare and institutional providers. We are seeking information on state 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.

For your convenience, I have included the following HCPC codes:

		T-Code	A-Code
Adult Diapers / Briefs	S	T4521	A4521
Adult Diapers / Briefs	M	T4522	A4522
Adult Diapers / Briefs	L	T4523	A4523
Adult Diapers / Briefs	XL	T4524	A4524
Adult PullOns / Protective Underwear	S	T4525	A4525
Adult PullOns / Protective Underwear	M	T4526	A4526
Adult PullOns / Protective Underwear	L	T4527	A4527
Adult PullOns / Protective Underwear	XL	T4528	A4528
Pediatric Brief	S/M	T4529	A4529
Pediatric Brief	L	T4530	A4530
Pediatric Pull On	S/M	T4531	A4531
Pediatric Pull On	L	T4532	A4532
Youth Brief	Youth	T4533	A4522
Youth Pull On	Youth	T4534	A4534
Inserts / Pads / Liners / Guards	All sizes	T4535	A4535
(Bed) Underpads	Chair	T4540	A4540
(Bed) Underpads	Large	T4541	A4541
(Bed) Underpads	Small	T4542	A4542
Bariatric Brief	XXL/XXXL	T4543	A4543
Bariatric Pull On	XXL/XXXL	T4544	A4544
Washcloths	All Sizes	T5119	A5119

As a technology oriented company, we are both capable and willing to accept documents in electronic format (Excel file, Word file).

Sincerely,

David Bohm
Marketing Manager

Domtar Personal Care
Cell: 224.805.0658



This email is for the exclusive use of the addressee and is subject to Domtar Confidentiality Notice.
Ce message est à l'usage exclusif de son destinataire et est soumis à l'avis de confidentialité de Domtar.

Please note that my email address has changed to David.Bohm@Domtar.com. Please update your contact file to reflect this change.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

APR 15 2014

SCDHHS
Office of General Counsel

ACTION REFERRAL

Response attached

Constance

TO Roberts/Singleton-FOIA	DATE 4/15/2014
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Office of General Counsel

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For your convenience, I have included the following HCPC codes:

Nikki Haley
Anthony Keck
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

May 1, 2014

Mr. David Bohm
Marketing Manager
Domtar Personal Care
David.Bohm@domtar.com

Dear Mr. Bohm:

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 April 14, 2014. Enclosed are the copies of the Medicaid DME Providers and a listing of their annual reimbursement for all incontinence products.

Our expense for extracting this information is \$20.00. 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, please feel free to contact me at (803-898-0062).

Sincerely,


Constance D. Holloway
Assistant General Counsel

CDH/h

Enclosure

cc: Kim Cox

		T-Code	A-Code
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