

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

ACTION REFERRAL

TO <i>Waldrep / FOIA</i>	DATE <i>7/18/11</i>
-----------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>401038</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Director Keck cleared 7/20/11, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>7/28/11</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.			

Log FOIA

From: Giles Canter <giles@bryantrx.com>
To: "info@scdhhs.gov" <info@scdhhs.gov>
Date: 7/16/2011 4:26 PM
Subject: Incontinence provider list

I would like to request, under the freedom of information act, a list of providers for that program and the percentages of state clients that each serves. Thank you!

Giles Canter
sent from my iPad

RECEIVED

JUL 18 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Bryan Kost
To: Jan Polatty
Date: 7/16/2011 4:42 PM
Subject: Fw: Please log -Fw: Fwd: Incontinence provider list (Forward from Info ID)
Attachments: Please log -Fw: Fwd: Incontinence provider list (Forward from Info ID)

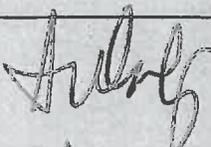
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Ray
Jan
✓

ACTION REFERRAL

TO Waldrep / FOIA	DATE 7/18/11
----------------------	-----------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101038	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C: Director Keck	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 7/28/11
	<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. Sam Waldrep			
2. Roy Smith			
3. Jon Tapley			
4.			



July 20, 2011

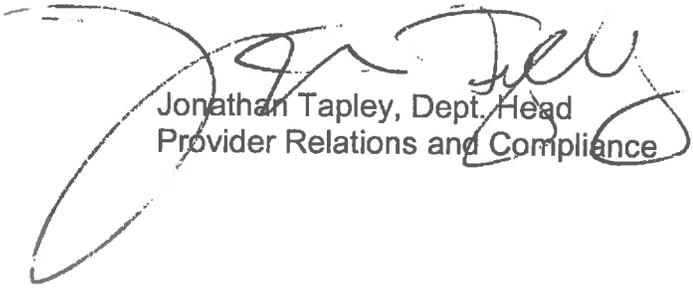
Mr. Giles Canter
Bryant Pharmacy
1901 N. Main Street
Anderson, South Carolina 29621

Dear Mr. Canter:

We received your email request for a listing of DME providers in the state of South Carolina, including a listing of the suppliers and the percentage of reimbursement for each incontinence supplier. The attached listing contains the names of DME providers in order of highest to lowest supplying incontinence products in the state of South Carolina during the state fiscal year 7/1/10-6/30/11.

Thank you for your inquiry, if you have further questions or concerns you may contact me at 803-898-2702.

Sincerely,


Jonathan Tapley, Dept. Head
Provider Relations and Compliance

JT/cd