

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Grise/FOIA</i>	DATE <i>1-27-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100292</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Teck Singletary, Steward Cleared 4/2/12, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input checked="" type="checkbox"/> Necessary Action DATE DUE <i>2-10-12</i>

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

  
**Capitol**  
Consultants, Inc.

**RECEIVED**

JAN 27 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

January 24, 2012

Director Tony Keck  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202

Dear Director Keck:

This letter is a request for access to the public records listed below pursuant to the S.C. Freedom of Information Act. I would like to review the following:

Claims paid data for Medicaid Dental for calendar year 2011 or the most recent 12 month period the state has available. This data should be by provider (preferably with address if available) and include:

- o Reimbursement
- o Procedures performed (by CDT code)
- o Patient Counts

Please contact me at 803-252-1087 to schedule a time to examine the records.

Since this request primarily benefits the general public, I request that any search or copying fees be waived. If there is a charge for providing me access, please advise me of your estimate of the charge and the basis for the charge when you call to arrange an appointment.

Sincerely,

  
Annie Wessinger Wilson, Esq.

CC: Melanie Giese, Deputy Director, Medical & Managed Care Services



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: \_\_\_\_\_

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR



ACTION REFERRAL

TO <i>Giese/FOIA Wagon</i>	DATE <i>1-27-12</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>501292</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Teek, Singleton, Stensland</i>	<i>WFOIA</i> <i>John</i>	DATE DUE <i>2-10-12</i>	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1. <i>[Signature]</i>	<i>2/10/2012</i>		
2. <i>[Signature]</i>	<i>3-30-12</i>		
3. <i>[Signature]</i>			
4.			

  
**Capitol**  
Consultants, Inc.

**RECEIVED**

JAN 27 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

January 24, 2012

Director Tony Keck  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202

Dear Director Keck:

This letter is a request for access to the public records listed below pursuant to the S.C. Freedom of Information Act. I would like to review the following:

- Claims paid data for Medicaid Dental for calendar year 2011 or the most recent 12 month period the state has available. This data should be by provider (preferably with address if available) and include:
- o Reimbursement
  - o Procedures performed (by CDT code)
  - o Patient Counts

Please contact me at 803-252-1087 to schedule a time to examine the records.

Since this request primarily benefits the general public, I request that any search or copying fees be waived. If there is a charge for providing me access, please advise me of your estimate of the charge and the basis for the charge when you call to arrange an appointment.

Sincerely,

  
Anne Wessinger Wilson, Esq.

CC: Melanie Giese, Deputy Director, Medical & Managed Care Services



TO: Annie Messinger Wilson, Esq.  
Capital Consultants, Incorporated  
FROM: Valeria Williams  
Department of Health and Human Services

SUBJECT: Cost of Processing FOIA Request # 000292

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 at \$10.00 per hour	2	Hours	\$ 20.00
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 SCDDHS:			\$ 20.00

Please remit the above amount to the following address:

Bureau of Fiscal Affairs  
South Carolina Department of Health and Human Services  
Post Office Box 8297  
Columbia, South Carolina 29202-8355

Please contact Valeria Williams @ 898-3477 should you have any questions

Valeria Williams  
Signature \_\_\_\_\_ Date 4-3-12



April 2, 2012

Ms. Annie Wessinger Wilson, Esq.  
Capital Consultants, Incorporated  
Post Office Box 1763  
Columbia, South Carolina 29202

Dear Ms. Wilson:

Thank you for your letter requesting paid claims data for the South Carolina Medicaid Dental program for calendar year 2011 or the most current twelve (12) month period available.

I understand that you spoke with my staff, Ms. Zenovia Vaughn and agreed to have the data copied to a disk for pickup by courier. Staff will contact you when that disk is ready. In addition, you discussed the cost associated with this file, which is listed on the attached invoice. Upon receipt of this letter, you must return the invoice and payment to the address on the invoice.

I apologize for the delay with completing this request. If you have questions regarding the information or if we may be of additional assistance, please contact Ms. Valeria Williams at (803) 898-2554. We greatly appreciate your continued support of the South Carolina Healthy Connections Medicaid program as we work to provide the best healthcare to the citizens of this State.

Sincerely,

Melanie "BZ" Giase, RN  
Deputy Director

MGWww