

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	Hamilton, Edlino, Rogers	DATE	
	Mayer/ Stenlund		

Call Laurel
89955

DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
C: Emma Forkner D. Singleton J. Stenlund	<input checked="" type="checkbox"/> FOIA DATE DUE 8-10-09 <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. Cleared 8/11/09, letter attached, but			8/25/09
2. Still pending per Jan on 8/11/09			CA sent via 8/24 -
3. Laurel is working on.			chgs due 125, 02
4.			By JHS Stenlund,

By JHS Stenlund,

From: Tammi Byrd <tbyrd@hps-sc.com>
To: <stensland@scdhs.gov>
Date: 7/27/2009 3:11 PM
Subject: FOI Request
Attachments: DHHS_FOI_July09.pdf; Part.002

Dear Mr. Stensland,

Per our phone conversation this morning, I have attached my request for information. Thank you for your time and attention to this matter.

RECEIVED

JUL 27 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Log Folio-

Myers

C: CF -

D. Stensland

J. Stensland



HEALTH PROMOTION SPECIALISTS

100 Old Cherokee Road • Suite F PMB 14 • Lexington, South Carolina 29072
1-800-276-2398 • 803 - 808-2950 • www.hps-sc.com

July 27, 2009

Mr. Jeff Stensland, Public Information
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

Dear Mr. Stensland:

I am writing to request, via the FOI Act, the total yearly payments to SC Medicaid Dental Providers since January 1999. I would further request the figures to be based on a calendar year instead of the state fiscal year, if possible. I would ask that these totals be broken down by the practice county of the providers for each year, listing the provider's names. I feel a yearly report would best facilitate a comparison of this information and have enclosed a chart to indicate the type of reports I have received in the past. This will allow comparison of data before and after Medicaid reimbursement rate changes also.

In addition to the totals paid, I would like to also see the payments separated by grouping specific codes. These groups would consist of these CDT codes:

Diagnostic (Exams, radiographs, tests, and laboratory): D0120, D0140, D0150, D0160, D0170, D0180, D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0274, D0277, D0290, D0310, D0320, D0321, D0322, D0330, D0340, D0350, D0415, D0425, D0460, D0470, D0472, D0473, D0474, D0480, D0502, and D0999

Preventive (Prophylaxis, fluoride, and preventive counseling): D1110, D1120, D1201, D1203, D1204, D1205, D1206, D1310, D1320, and D1330

Dental Sealants: D1351

Restorative: All other CDT codes

I thank you for your assistance with this request. Should you have any questions, please feel free to contact me at 803-348-2973 or tbyrd@hps-sc.com.

Sincerely,


Tammi O. Byrd, RDH
CEO/Clinical Director

"Promoting health with a smile"

January 1999 – December 2000

County	Provider Name	Total	Diagnostic	Preventive	Sealants	Restorative
Abbeville	John Doe					
	Jane Smith					
	Peter Piper					
	Santa Claus					
Aiken	Jane Doe					
	John Smith					
	Barney Fife					



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

August 11, 2009

Ms. Tammi O. Byrd, RDH
100 Old Cherokee Road
Suite F PMB 14
Lexington, SC 29072

Dear Ms. Byrd:

This letter is in response to your Freedom of Information Act (FOIA) request dated July 27, 2009. In a follow-up conversation with agency staff, your original request was revised to capture dental data from calendar years 2003 through 2008.

The South Carolina Department of Health and Human Services charges the requestor for costs associated with FOIA requests when they require copies and additional staff time. Currently, the rate is \$25 per hour of work. We estimate approximately 20 hours of staff time to complete your request and depending upon the size of the output, you may be required to purchase a CD or DVD with your information stored on it at a cost of \$5.00.

We will notify you once your request has been completed. Please feel free to contact me at (803) 898-2584 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Stensland".

Jeff Stensland
Director
Office of Public Information

JS:jp

Log 049
✓ to close

Bru - Ask me
about this
Pls - Ask!

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

fill
for Schwab

TO <i>Meyers/FOIA</i>	DATE <i>7/27/09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>300049</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Emma Forkner D. Singleton J. Stenland</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>8-10-09</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.			<i>*Check on log by 8/6/09 to make sure it meet due date</i>
2.			
3.			
4.			

RECEIVED

JUL 27 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Tammi Byrd <tbyrd@hps-sc.com>
To: <stensland@scdhhs.gov>
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Jeff Stensland
Director
Office of Public Information

JS:jp

49

Ben-Als 10/5
make sure we
have this on log 49

From: Jeff Stensland
To: Polatty, Jan
Date: 8/11/2009 10:38 AM
Subject: Fwd: FOI Request
Attachments: FOI Request

Jeff Stensland
SC DHHS
(803) 898-2584

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