

File

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>7-29-13</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000047</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Closed 4/3/14, per John Supra and relog as a FOIA.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-9-13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<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.			

**RECEIVED**

JUL 26 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR**Humana.**  
**FAX**

TO:	Felicia Burkett	FROM:	Jim Heffley
FAX:	1-803-255-8238	FAX:	
PHONE:		PHONE:	502-580-4245
SUBJECT:	Medicaid Provider Listing	DATE:	July 23, 2013

**COMMENTS:**

Felicia,

Thank you for returning my call. Per our conversation this morning, I am faxing this formal request for an electronic file (Excel or Access) listing all active Medicaid providers (all practitioners and medical facilities) in South Carolina. Humana is exploring near-term Medicaid opportunities in South Carolina, and understanding the universe of medical providers who serve South Carolina Medicaid members will be critical to any related provider network development efforts.

I am requesting the file include the following data elements:

- Provider Name (FN, MI, LN as applicable in separate fields).
- Provider NPI
- Provider Specialty Taxonomy/Code (primary practicing specialty only for practitioners)
- Provider Specialty Description
- Provider Medicaid ID
- Provider service address(es)
- Service location phone number(s)
- If available:
  - Group Practice/IPA affiliation(s)
  - Hospital Affiliation(s)
  - Accepting new patient status
  - Handicap access status

Please feel free to contact me with any questions you might have. My phone number is listed above, and my email address is [jheffley@humana.com](mailto:jheffley@humana.com).

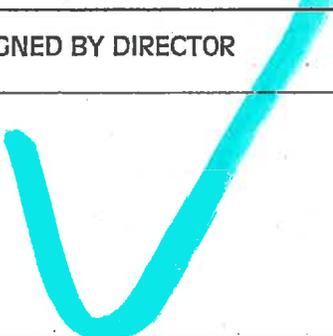
Thank you, in advance, for your help.

Jim Heffley  
Director, Provider Informatics  
Humana Inc.

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