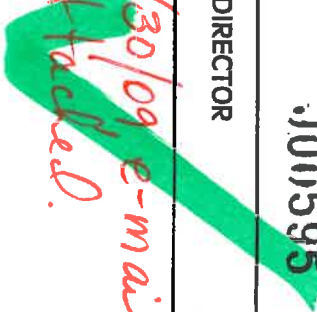


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|------------------------|----------------------------|
| TO <i>Myers</i> | DATE <i>4-21-09</i> |
|------------------------|----------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|---|
| 1. LOC NUMBER <div style="text-align: center; font-size: 1.2em;">100595</div> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>Cleared 4/30/09 e-mail response attached.</i>  </div> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>5-1-09</u> <input type="checkbox"/> FOIA DATE DUE _____ <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. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

From: Jan Polatty
To: Felicity Myers
Subject: Fwd: Request for a brief interview

FCM, Please see request Jeff received - I will log it to you as he requested; however, it appears a phone conversation is sufficient - if possible. Thanks, Jan.

>>> Jeff Stensland 4/21/2009 1:26 PM >>>
Can you log this? I guess I would go to Kevin and/or Rhonda

Jeff Stensland
SC DHHS
(803) 898-2584

RECEIVED

APR 21 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please log - Myers

C: Stensland

JK

4/21

From: "Meryl Price" <meryl@healthpolicymatters.com>
To: <stensland@scdhhs.gov>
Date: 4/21/2009 11:30 AM
Subject: Request for a brief interview

My team and I are doing research on provider credentialing practices across the 50 states to determine how different states handle credentialing and re-credentialing. We sincerely appreciate you being able to obtain the answers to the questions below. Over the phone, the interview takes less than 10 minutes. If that's easier, we can talk with someone.

1. Can providers input application data electronically or must they submit on paper applications?
2. Do you require a wet (original) signature? Have you considered an electronic signature?
3. Are there multiple provider applications or a single provider application?
4. Do you use a vendor to process the provider applications?
5. Is this the same your MMIS vendor?
6. Do you use a software to process the provider applications or a database (i.e. Access/SQL)?
7. Do you get electronic data feeds from other organizations that already credential providers (i.e. Managed Care Organizations)?
8. What types of data validations do you do (i.e. licensure, medical education, DEA #, Medicare #)?
9. Does the state have the functionality to get electronic provider updates (i.e. from the OIG office or the National Practitioner Data Bank)?
10. How do you obtain disclosure information?
11. What is the goal of recredentialing (i.e. general quality assurance, obtain additional sanction/disclosure information, update demographic information)?
12. How frequently do you recredential/re-certify providers? Do you have a pre-populated form that they must send back?

Thank you so much for your time. Please let me know what works best for you.

We're hoping to collect the information quickly, any help you can offer is greatly appreciated.

Meryl Price

Health Policy Matters

64 Lindbergh Ave. / Needham MA / 02494

Office: 781-444-4998

Cell: 617-694-0601

Fax: 800-608-5890

meryl@healthpolycymatters.com



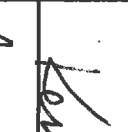
This e-mail message is intended only for the addressee(s) and may contain
information that is considered private and confidential. If you have
received this message in error, please notify the sender immediately and
then delete the misdirected e-mail.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-------------------------------|---------|
| TO | DATE |
| Myers / Kevin Rogers / Sharpe | 4-21-09 |

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|-------------------------------------|--|
| 1. LOG NUMBER 100595 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR _____ | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 5-1-09 <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.  Selina Bullock | | | 04-30-09 <i>Answered with attached email</i> |
| 2.  Denis Sharpe | | | 4-30-09 |
| 3.  Kevin Rogers | | | 5/1/09 |
| 4. | | | |

From: "Meryl Price" <meryl@healthpolicymatters.com>
To: BURKETT@scdhhs.gov; meryl@HealthPolicyMatters.com
Date: 4/30/2009 3:38 PM
Subject: RE: Request for a brief interview

Thanks so much. I'll call you if we need any clarifications but this looks like exactly what I needed!

Meryl

-----Original Message-----

From: Felicia Burkett [mailto:BURKETT@scdhhs.gov]
Sent: Thursday, April 30, 2009 3:35 PM
To: meryl@HealthPolicyMatters.com
Subject: Request for a brief interview

Ms. Price, please see the answers in **BOLD** regarding your inquiry.

1. Can providers input application data electronically or must they submit on paper applications? **They must submit on paper applications.**
2. Do you require a wet (original) signature? **Yes we require original signature.**
Have you considered an electronic signature? **We have considered electronic signatures and will implement it with the MITA Project that is currently underway.**
3. Are there multiple provider applications or a single provider application? **We have multiple provider applications.**
4. Do you use a vendor to process the provider applications? **We use a contractor to process provider applications.**
5. Is this the same your MMIS vendor? **Yes.**
6. Do you use a software to process the provider applications or a database (i.e. Access/SQL)? **A database.**
7. Do you get electronic data feeds from other organizations that already credential providers (i.e. Managed Care Organizations)? **No**
8. What types of data validations do you do (i.e. licensure, medical education, DEA #, Medicare #)? **We validate license, NPI number and provider exclusions.**
9. Does the state have the functionality to get electronic provider updates (i.e. from the OIG office or the National Practitioner Data Bank)? **At one time we got electronic updates from the OIG. Now, however, we verify provider information via the OIG website.**
10. How do you obtain disclosure information? **We have a Disclosure of Ownership and Control Interest Statement form that providers must complete and return with their provider application.**
11. What is the goal of recredentialing (i.e. general quality



education, DEA #, Medicare #)?

9. Does the state have the functionality to get electronic provider updates

(i.e. from the OIG office or the National Practitioner Data Bank)?

10. How do you obtain disclosure information?

11. What is the goal of recredentialing (i.e. general quality assurance,

obtain additional sanction/disclosure information, update demographic information)?

12. How frequently do you recredential/recertify providers? Do you have a

pre-populated form that they must send back?

Thank you so much for your time.

Is there any way I can talk to you for 10 minutes this afternoon?

Please

let me know.

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**.

If you have received this in error, please notify us immediately and destroy the related message.

From: Jan Polatty
To: Felicity Myers
Subject: Fwd: Request for a brief interview

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Jeff Stensland
SC DHHS
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RECEIVED

APR 21 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

*Please log - Myers
C: Stensland*

*JHL
4/21*

RECEIVED
SC Dept. Health
& Human Services

APR 23 2009

Bureau of
Medicaid Systems Management

From: "Meryl Price" <meryl@healthpolicymatters.com>
To: <stensland@scdhhs.gov>
Date: 4/21/2009 11:30 AM
Subject: Request for a brief interview

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Meryl Price

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