

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Singleton/FOIA</i>	DATE <i>6-17-13</i>
-------------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000391</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cc: Cox</i> <i>Cleared 8/2/13, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7/2/13</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.			



RECEIVED

JUN 14 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

June 6, 2013

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear SCDHSS Staff,

SCDHSS hosted a non-emergency medical transportation open forum follow up meeting on April 15, 2013 (Medicaid Bulletin # 13-023, attached). We contacted SCDHSS to request a copy of the attendance roster and any minutes of the meeting. The staff person answering the SCDHSS Office of Communications line explained that she did not show any SCDHSS April 15, 2013 meetings in her schedule.

Since staff was not able to find the meeting or any information related to this meeting we are making an FOI for a copy of the attendance roster and a copy of any minutes taken (in any format) of this meeting. Please let us know of anything you need from us to fulfill this request including the related cost of gathering this information. You may email the information to jamie.wike@tmsmg.com and edgar.martinez@tmsmg.com. If mailing the information, please send it to TMS Management Group, Inc., Attention: Jamie Wike, 13825 ICOT Blvd., Suite 613, Clearwater FL 33760. You may contact me at 727-282-2641 if you have any questions or need additional information.

Thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Edgar Martinez", is written over a horizontal line.

Edgar Martinez
Corporate Compliance Director
TMS Management Group, Inc.

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
April 4, 2013
MB# 13-023

MEDICAID BULLETIN

ALL

TO: All Providers

SUBJECT: SCDHHS Hosts Non-Emergency Medical Transportation Open Forum Follow Up Meeting

The South Carolina Department of Health and Human Services (SCDHHS) hosted an Open Forum to receive input on the future of how SCDHHS provides Non-Emergency Medical Transportation (NEMT) services on January 28, 2013. SCDHHS is hosting a follow up meeting on April 15, 2013 from 10:00 AM to 12:00 PM at the Blue Cross Blue Shield of South Carolina facility at 8901 Farrow Road, Building 200, in Columbia. Our objectives for the meeting are to solicit feedback about the input we received during the initial meeting to confirm our understanding of the recommendations and provide the opportunity for all stakeholders to share additional comments about the recommendations documented. To view feedback/comments received during the January 28th meeting and additional documents related to this meeting, please visit the following link: <https://www.scdhhs.gov/meeting-announcement/non-emergency-transportation-nemt-stakeholder-input-open-forum-follow>

In an effort to accommodate those in attendance and receive the most input, comments may be time limited. If you plan to attend this event, please RSVP at the following link: <http://medicaidelearning.com/>

Location:
Blue Cross Blue Shield of South Carolina
8901 Farrow Road
Building 200
Columbia, SC 29203

Thank you for your continued support of the South Carolina Medicaid program.

/s/
Anthony E. Keck
Director

Directions

**Blue Cross Blue Shield of South Carolina
8901 Farrow Road
Building 200
Columbia SC 29203**

From I-77 (North of Columbia-Charlotte/Rock Hill)

1. Follow I-77 South
2. Take Exit 19
3. Turn left onto Farrow Road
4. Proceed through two traffic lights
5. After 2nd traffic light move to far left lane
6. Turn left into 8901 Farrow Road
7. Turn left to park
8. Enter at Main Entrance

From I-20 (East of Columbia-Florence/Darlington)

1. Follow I-20 West
2. Merge onto I-77 northbound towards Charlotte
3. Take Exit 19 to Farrow Road
4. Bare left to traffic light
5. At traffic light, make left turn
6. Proceed through one traffic light
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10. Enter at Main Entrance

From I-26 (East of Columbia-Charleston/Orangeburg)

1. Follow I-26 West
2. Take Exit 116 - to I-77/Charlotte
3. Take Exit 19 - Farrow Road
4. Bare left to traffic light
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6. Proceed through one traffic light
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9. Turn left to park

10. Enter at Main Entrance

From I-20 (West of Columbia-Aiken/Augusta)

1. Follow I-20 East
2. Take Exit 73B/SC-277 North to I-77/Charlotte
3. Follow SC-277 North
4. Take SC-555 North/Farrow Road Exit
5. Bare left to traffic light
6. At traffic light, make left turn
7. Proceed through one traffic light
8. After traffic light move to far left lane
9. Turn left into 8901 Farrow Road
10. Turn left to park
11. Enter at Main Entrance

From I-26 (West of Columbia-Greenville/Spartanburg)

1. Follow I-26 East
2. Merge onto I-20 E via Exit 107B / Florence
3. Take Exit 73B/SC-277 North/I-77/Charlotte
4. Follow SC-277 North
5. Take SC-555 North/Farrow Road Exit
6. Bare left to traffic light
7. At traffic light, make left turn
8. Proceed through one traffic light
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10. Turn left into 8901 Farrow Road
11. Turn left to park
12. Enter at Main Entrance



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: _____ \$ _____

Total Amount Due SCDHHS: \$ _____

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:



Log # 391 ✓

July 02, 2013

Mr. Edgar Martinez
Corporate Compliance Director
TMS Management Group, Inc.
13825 ICOT Boulevard, Suite 613
Clearwater, Florida 33760

Dear Mr. Martinez:

Thank you for your request for information under the Freedom of Information Act, (S.C. Code 30-4 through 30-4-165). As requested, enclosed is a list of individuals that attended the April 15, 2013 Non-emergency Transportation Open Forum. Additionally, enclosed is a CD with a draft copy of the minutes recorded during the meeting. All comments associated with the recommendations listed in the Logic Document have been updated and was distributed during the follow-up NEMT Forum on Monday, June 24, 2013. For copies of the Agenda and Slide Presentation please visit our website at <https://www.scdhhs.gov/meetings>.

These documents are true and accurate copies kept in the normal course of Department's business. If you have additional questions regarding this request, please contact Ms. Zenovia Vaughn, Program Director at 803-898-2682.

Sincerely,

Constance D. Holloway
Constance D. Holloway
Assistant General Counsel

CDH/lb

Enclosures

Coordinated Care Improvement - April 15, 2013 - Columbia, SC

Last Name	First Name	Email	Initials
Baker	Shirley	sgbaker@sumterseniorservices.org	AB
Bedsole	Coretta	cbedsole@sc.rr.com	twb
Bishop	Brenda	carolinahealthtransport@yahoo.com	Carla Bishop
Bowers	Marilyn	marilyn@bowerssems.com	Phonny Davis
Boykin	Carol	cboykin@cmcog.org	Carole Davis
Capers	Chris	CDC44@SCDMH.ORG	Lisa Firmender
Clary	Kay	claryk@bellsouth.net	Lisa Firmender
Davis	Rhonda	rdavis@cmc-sc.com	Lisa Firmender
Dyer	Cordelia	corkydyer@mindspring.com	Lisa Firmender
Firmender	Lisa	lisaf@generationsunlimited.org	Lisa Firmender
Gary	Roy	cgarypreacher@yahoo.com	Lisa Firmender
Glover	Lavern	gloverlp@scdot.org	Lisa Firmender
Greene	Jimmy	jgreene@srhs.com	Lisa Firmender
Hickox	Angie	ahickox@carolinamedcare.org	Lisa Firmender
Hollingsworth	Rhonda	rhollingsworth@mtm-inc.net	Lisa Firmender
Holmes	Sandra	toots1641@yahoo.com	Lisa Firmender
Jarvis-Stephens	Zenika	znj80@scdmh.org	Lisa Firmender
Jenkins	Sandy	sjenkins@swta.com	Lisa Firmender
Jones	Lottie	ljones@swta.com	Lisa Firmender
Joyner	Shyrie	shyriej@scphca.org	Lisa Firmender
Lackey	Diane	lackeydm@scdot.org	Lisa Firmender
Leslak	Scott	sleslak@medshore.com	Lisa Firmender
Lindsay	Joy	shirleywalker@senioroptions.org	Lisa Firmender
MacNeil	Chuck	cmacneil@pdrt.org	Lisa Firmender
McDonald	Dave	david.mcdonald@tmsmg.com	Lisa Firmender
McGill	Stan	smcgill@carolinamedcare.org	Lisa Firmender
Miller	Kimberly	kimberly.miller@palmettohealth.org	Lisa Firmender
Perry	Joe	jperry@sumterseniorservices.org	Lisa Firmender
Price	Joey	jprice@carolinamedcare.org	Lisa Firmender
Ray	Darrell	darrell.ray@palmettohealth.org	Lisa Firmender
Riley	Jimmy	jriley@srhs.com	Lisa Firmender
Rivers	Denise	riversd@aging.sc.gov	Lisa Firmender
Sapp	Troy	jtsapp@srhs.com	Lisa Firmender
Teeter	Jonathan	jteeter@regstaff.sc.gov	Lisa Firmender
Walker	Shirley	shirleywalker@senioroptions.org	Lisa Firmender
Wehrung	Keith	keith.wehrung@firstmederns.com	Lisa Firmender
Williams	Sonny	proambulancesvc@bellsouth.net	Lisa Firmender

CLASS NAME

Sign Here

PLEASE PRINT LEGIBLY

Attendee's Name	Provider's Group Name	Provider's Medicaid ID or NPI	Email Address	Provider's Phone Number
1. Del Allen	ATC			(803) 993-3856
2. Cindy Burbage	American Heritage		Cindy.burbage@americanheritage.org	(643) 345-3180
3. Jeremy Allard	CFI		Jeremy.allard@cfi.com	(859) 583-5663
4. Teresa Mott				()
5. Doug Wright				()
6. Hilary Hutto	Gu			()
7. Stephanie A. Sosa	Midlands Transport		step.sosa@midlandstrans.com	(803) 212-5419
8. Wendell Gregory	Care + Safety		C.Safety@trans@gmail.com	(843) 476-3730
9.				()
10.				()

CLASS NAME

Sign Here

PLEASE PRINT LEGIBLY

Attendee's Name	Provider's Group Name	Provider's Medicaid ID or NPI	Email Address	Provider's Phone Number
1. Ryan M. Mudd	L. Owen Samant Counselor		rmudd@lso.org	(803) 645-7981
2. Nancy McElmide	Prochib-1 Arkocacy		mcormide@ pankasc.org	(803) 217-6703
3. Beth Hall	ATC		behall@centenec.com	
4. Jocelyn Boyd	PSC		jocelyn.boyd@psc.sc.gov	(803) 846-5114
5. Brandon DeSousa	Logistics		brandon.de@southcoast.org	(803) 737-2255
6. Brigit Scarborough	ACS		brs99@scdmh.org	(803) 898-0119
7. Greg Kitchens	meds house		gkitchens@medshouse.com	(803) 794 8101
8. Korin Long	LoH/Cross		klong@medstore.org	() 794 8101
9. Lydia Hanick	Logistics		lydia@logistics.org	(803) 460-9300
10. Elizabeth Platt	The Office		elizabeth.platt@theoffice.org	(803) 382-9909

CLASS NAME _____

Sign Here

PLEASE PRINT LEGIBLY

<u>Attendee's Name</u>	<u>Provider's Group Name</u>	<u>Provider's Medicaid ID or NPI</u>	<u>Email Address</u>	<u>Provider's Phone Number</u>
1. Michael Chouning	DHHS		Chouning@scdhhs.gov	(803) 214-8246
2. Michael Collier	DHHS		collier@scdhhs.gov	(803) 214-8246
3. Janet Ballentine	NCCOA		janet@nccoa.org	(803) 214-8246
4. Lynn Stockman	NCCOA		lynn@nccoa.org	(803) 214-8246
5. David Smith	DHHS			()
6. Sam Head	DHHS		Samuel.Head@scdhhs.gov	(803) 214-8246
7. Chuck Warden	ADARTA		warden@adarta.org	(843) 665-2227
8. Dyan Cohen			rothcohen@aol.com	(815) 343-2225
9. Marilyn Bowers	Bowers Emergency Services		Marilyn@bowersems.com	(843) 264-7888
10. Ronal Bowers	"		rbowers@bowersems.com	(843) 264-7888

CLASS NAME

Sign Here

PLEASE PRINT LEGIBLY

Attendee's Name	Provider's Group Name	Provider's Medical ID or NPI	Email Address	Provider's Phone Number
1. Jenny Lynch	PHHS		lynch.jen@sodhhs.sc.gov	()
2. Joselyn James	DHHS		joshelyn.james@sodhhs.gov	()
3. Mike Banks	OHHS			()
4. Rodni Willis	OHHS			()
5. Zenon Woods	OHHS			()
Michelle Whitfield	PHHS			()
7. Jonathan Teeter	SCORS		Teeter@rcjstf.sc.gov	(803) 240-6449
8. Tony McPherson				()
9. David McDougal	THS		David.McDougal@THS.org	()
10. Mary Beth Fields	Lower Savannah COG		mfields@lscog.org	(803) 644-7981

CLASS NAME _____

Sign Here

PLEASE PRINT LEGIBLY

Attendee's Name	Provider's Group Name	Provider's Medicaid ID or NPI	Email Address	Provider's Phone Number
1. Crystal Hart	Ashley Medical		ashleytransp@wctel.net	(804) 946-8009
2. Rhonda Nance	Ashley Medical		ashleymed@wctel.net	(804) 446-8009
3. Christina Enrich	DHHS		enrich@scdhhs.gov	(803) 898-4425
4. Denise Rivers	LGCA		riversden@lgca.sc.gov	(803) 734-9939
5. James Spearman	PSC of SC		james.spearman@psc.sc.gov	(803) 891-5142
6. Cynthia Yarnell	DHHS		Yarnell@scdhhs.gov	(803) 898-2690
7. Virgie Chambers	SCDE		chambers_virgie@scde.gov	(803) 734-3600
8. Asha Brown	Advanced Care LLC		ashabrown@advancedcarellc.com	(803) 261-4751
9. Nicolas Sandberg	CFT		NicSandberg@CFTandBudd.com	(804) 205 4615
10.	Advanced Care			()

CLASS NAME _____

Sign Here

PLEASE PRINT LEGIBLY

Attendee's Name	Provider's Group Name	Provider's Medicaid ID or NPI	Email Address	Provider's Phone Number
1. <u>James P. G. G.</u>	<u>Providence</u>		<u>James P. G. G.</u>	() 803 419-8027
2.				()
3.				()
4.				()
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7.				()
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9.				()
10.				()

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



ACTION REFERRAL

TO	DATE
Roberts/Singleton/FOIA	6-17-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000391	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C.C. Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 7/2/13
	<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. [Signature]	6/21/2013		
2.			
3.			
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RECEIVED

JUN 14 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

June 6, 2013

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

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Thank you in advance for your assistance.

Sincerely,

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Edgar Martinez
Corporate Compliance Director
TMS Management Group, Inc.

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
April 4, 2013
MIB# 13-023

MEDICAID BULLETIN

ALL

TO: All Providers

SUBJECT: SCDHHS Hosts Non-Emergency Medical Transportation Open Forum Follow Up Meeting

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Location:
Blue Cross Blue Shield of South Carolina
8901 Farrow Road
Building 200
Columbia, SC 29203

Thank you for your continued support of the South Carolina Medicaid program.

/s/
Anthony E. Keck
Director

Directions

**Blue Cross Blue Shield of South Carolina
8901 Farrow Road
Building 200
Columbia SC 29203**

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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:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

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: