

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Eddins</i>	DATE <i>1-5-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>101289</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input checked="" type="checkbox"/> FOIA DATE DUE <i>1-21-10</i>
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stenlund, Ms. Fortner</i>	<input type="checkbox"/> Necessary Action		
<i>Cleared 1/12/10, see attached e-mail.</i>			

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

*FCM - Laurel*

**From:** Laurel Eddins  
**To:** Jan Polatty  
**Date:** 1/5/2010 4:10 PM  
**Subject:** Re: Request for info - as discussed.

Jan, we can have this by the end of the week. I suspect we are looking at about \$15 for a CD and staff time

>>> Jan Polatty 1/5/2010 3:42 PM >>>  
see attached request.... Thanks, Jan.

Jan Polatty  
Director's Office  
SCDHHS  
1801 Main Street  
Columbia, SC 29201  
803-898-2504  
>>> Jeff Stensland 1/5/2010 3:16 PM >>>  
FOIA request

Jeff Stensland  
SC DHHS  
(803) 898-2584

**From:** Jeff Stensland  
**To:** Polatty, Jan  
**Date:** 1/5/2010 3:16 PM  
**Subject:** Fwd: Request  
**Attachments:** Request  
FOIA request

~~Jeff Stensland~~  
SC DHHS  
(803) 898-2584

*Burns  
pls use*

**From:** Blake Fulk <bfulk@valuemedical.com>  
**To:** "stensjef@scdhhs.gov" <stensjef@scdhhs.gov>  
**Date:** 1/5/2010 3:14 PM  
**Subject:** Request

Hey Jeff,

I hope you're doing well. Laurel directed me to you regarding my inquiry. I would like to request data from the transparency report. I'll try to be as specific as possible, please let me know if I need to clarify at all.

I would like to request a report of the '09 Physician Payments from the transparency report for all of SC with the following fields:

1. Provider Name
2. Specialty
3. Street Address
4. City
5. Zip
6. Phone
7. County
8. Beneficiaries
9. Patient Visits
10. Payment for billed claims
11. Average Cost per billed claim
12. Adjustments
13. Total Paid

I would also like a report of 08 and 09 DME data (on separate reports) for all of SC with the following fields:

1. Provider Name
2. Specialty (if available)
3. Street Address
4. City
5. Zip

6. Phone
7. County
8. Beneficiaries
9. Patient Visits
10. Payment for billed claims
11. Average Cost per billed claim
12. Adjustments
13. Total Paid

Lastly, I would like pharmacy data, (on separate reports) for 08 and 09, with:

1. Provider Name
2. Specialty (if available)
3. Street Address
4. City
5. Zip
6. Phone
7. County
8. Beneficiaries
9. Patient Visits
10. Payment for billed claims
11. Average Cost per billed claim
12. Adjustments
13. Total Paid

Laurel recommended that I be as specific as possible, I hope this suffices. If you can, please let me know if you need clarification, whatever I can do to make your job easier. Also, are requests fulfilled in a csv or xls file?

Kind Regards,

Blake Fulk

Value Medical Pharmacy  
Business Development  
Cell: 864-770-5310  
Office: 1-800-861-4965  
Fax: 1-888-448-1725



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

TO:  
FROM:

SUBJECT: Cost of Processing Request for Information

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: \_\_\_\_\_

To check  
1/28/09 ✓

**From:** Jeff Stensland  
**To:** bfulk@valuemedical.com  
**CC:** Eddins, Laurel; Polatty, Jan  
**Date:** 1/12/2010 3:38 PM  
**Subject:** Request  
**Attachments:** Transparency 09 as of Jan 10.xlsx; Provider Listing as of January 10.xlsx; Transparency 08 as of Jan 10.xlsx

Mr. Fulk,  
Attached is the data you requested from the provider transparency site. Please let us know if there's anything you need.

Jeff Stensland  
SC DHHS  
(803) 898-2584

Bruce, I'll send  
you copies of Jeff's  
email -  
3-Xcel files provided  
electronically to  
CDS -

Marks  
Jan

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Eddins</i>	DATE <i>1-5-10</i>
---------------------------	-----------------------

**DIRECTOR'S USE ONLY**

1. LOG NUMBER  
*1011289*

2. DATE SIGNED BY DIRECTOR  
*CC: Singleton, Stender  
Ms. Ferkey*

*Lanard is working on this already  
just wanted you to see it.*

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
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Jeff Stensland  
SC DHHS  
(803) 898-2584

**From:**

Jeff Stensland

**To:**

Polatty, Jan

**Date:**

1/5/2010 3:16 PM

**Subject:**

Fwd: Request

**Attachments:**

Request

FOIA request

Jeff Stensland

SC DHHS

(803) 898-2584

*Ben  
plb  
lrs*

**From:** Blake Fulk <bfulk@valuemedical.com>  
**To:** "stensjeff@scdhhs.gov" <stensjeff@scdhhs.gov>  
**Date:** 1/5/2010 3:14 PM  
**Subject:** Request

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3. Street Address
4. City
5. Zip
6. Phone
7. County
8. Beneficiaries
9. Patient Visits
10. Payment for billed claims
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*State of South Carolina*  
*Department of Health and Human Services*

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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: \_\_\_\_\_

Finance and Administration  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2503 Fax (803) 255-8235