

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers/Eddins	1-5-10

DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER 1001289	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 1-21-10 <input type="checkbox"/> Necessary Action	
2. DATE SIGNED BY DIRECTOR CC: Singleton, Stenland, Ms. Fortner Cleared 1/12/10, see attached e-mail.		

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

*Done!
plb lrs*

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:

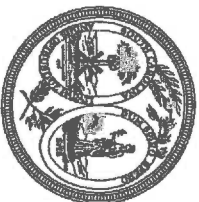
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12. Adjustments
13. Total Paid

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: _____ \$ _____

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: _____

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

To check
7/8/9 ✓

From: Jeff Stensland
To: bfulk@valuemedical.com
CC: Eddins, Laurei; 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

*Ben, I'll send
you copy of Jeff's
email -
3-Xcel files provided
electronically to
CDS -*

Mike!
Jan

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
1. LOG NUMBER <i>1001289</i>
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stendler Ms. Fortner</i>

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

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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Attachments: Request
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*Done!
Plo lrs-*

From: Blake Fulk <bfulk@valuemedical.com>
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Date: 1/5/2010 3:14 PM
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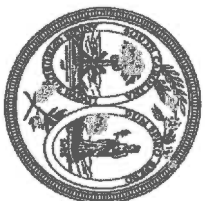
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Total Amount Due SCDHHS:

\$ _____

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