

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Singletor / FOIA</i>	DATE <i>5/19/11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101494</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Grace Stensland Kook</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>5/19/11</i> <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. <i>Cleared 5/12/11, letter attached.</i>			
2.			
3.			
4.			

**From:** Jeff Stensland  
**To:** Polatty, Jan  
**Date:** 5/9/2011 10:26 AM  
**Subject:** Fwd: FOIA Request  
**Attachments:** FOIA Request

Jeff Stensland  
SC DHHS  
(803) 898-2584

**From:** tdantin <tdantin@bellsouth.net>  
**To:** <stensland@scdhhs.gov>  
**Date:** 5/9/2011 10:17 AM  
**Subject:** FOIA Request

Tammy A. Dantin4 Promontory CourtGreenville, SC 29615

To Whom It May Concern:

In accordance to the Freedom of Information Act, I Tammy A. Dantin request the Medicaid Providers EOB and billing for my son William A. Dantin, V; DOB 4/14/05; Medicaid Member Number 4781018138.

My main concern is provider coding confusion or possible fraud.

Respectfully submitted this 9th day of May 2011.

Tammy A. Dantin



*Log # 000494*

May 12, 2011

Ms. Tammy A. Dantin  
4 Promontory Court  
Greenville, SC 29615

Re: William A. Dantin

Dear Ms. Dantin:

Enclosed is a Detailed Claims Report (DCR) for your son, William A. Dantin, as requested. The Department does not normally have clinical records; only information abstracted from provider claim forms. The DCR lists services billed to Medicaid as well as the amount Medicaid paid for services rendered between May 1, 2009 and present. Depending upon the service, there may be a normal lag time of two (2) months or so before the claims show up. Also, providers normally have one (1) year from the date of service to bill. This document is a true and accurate printout directly from computerized information kept in the normal course of Department business.

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

  
Linda Hillian  
Paralegal

/h  
Enclosures