

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton / FOIA</i>	DATE <i>5/19/11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1011494</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>5/19/11</i> <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>C: Grace Stensland</i> <i>kok</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	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@scdhs.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 ✓


South Carolina Department of
Health & Human Services

Anthony E. Keck, Director
Nikid R. Haley, Governor

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