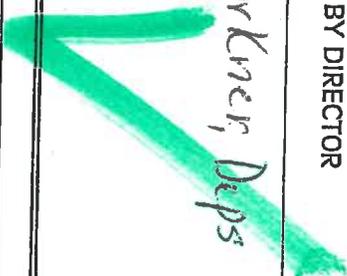


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Stensland/FOIA	11-17-10

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER	000213	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	ce: Ms. Forkner, Depts	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ DATE DUE 12-3-10	
		<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.			
2.			
3.			
4.			

**From:** Jeff Stensland  
**To:** Polatty, Jan  
**Date:** 11/16/2010 4:37 PM  
**Subject:** Fwd: FOIA request  
**Attachments:** FOIA request

~~\*~~ Hi,  
Please route this one to me.

Jeff Stensland  
SC DHHS  
(803) 898-2584

*Ben -  
Log Stensland/FOIA  
c: EF.  
Dups.*

**From:** <rdudley@postandcourier.com>  
**To:** <stensland@scdhs.gov>  
**Date:** 11/16/2010 1:13 PM  
**Subject:** FOIA request

Hi Jeff,

I am requesting the following data/ documents, pursuant to the S.C. Freedom of Information Act:

- The report, in electronic/ Excel format, about "top Medicaid prescribers" that was sent to Sen. Charles Grassley earlier this year
  - The names of the prescribers (they are listed by ID number only in the report).
- I also would like to know:
- What does your agency do when Medicaid fraud is suspected?
  - What does your agency do to prevent such fraud?
  - How many fraud cases did you open in 2008? In 2009?
  - How many of those turned into criminal investigations each of those years?
  - How many of the criminal investigations each of those years led to prosecutions?

Thank you in advance for your help. Please do not hesitate to contact me if you have any questions or need any clarification.

Renee

--  
Renee Dudley  
Reporter, The Post and Courier  
rdudley@postandcourier.com  
843-937-5550



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:	_____	\$ _____
<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: \_\_\_\_\_