

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-----------------|---------|
| TO | DATE |
| Singletary/FOIA | 12-1-10 |

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|--|
| 1. LOG NUMBER 101245 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR CC: Steins land cleared 12/21/10, letter attached. | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 12-15-10 <input type="checkbox"/> Necessary Action |

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



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: | _____ | \$ _____ |
| 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: _____

BACOT & PADGETT, LLC

Attorneys and Counselors at Law
A South Carolina Limited Liability Company

Adam S. Bacot
James Graham Padgett, III

TELEPHONE: (864) 227-1570
FACSIMILE: (864) 227-2610
EMAIL: padgett@bacotlawfirm.com

414 Monument Street, Suite C
Greenwood, SC 29646

November 29, 2010

RECEIVED

DEL 01 2010

Office of General Counsel
1801 Main Street, 6th Floor
P.O. Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE ATTORNEY GENERAL

Re: Provider refunds to Medicaid in a specific matter

Dear Sir or Madam,

Pursuant to the Freedom of Information Act 5 U.S.C. §552, as amended by Public Law No. 104-231, 110 Stat 3048 and S.C. Code Ann. §30-4-10 et seq., I hereby request that you provide me reasonable access to the following public records to wit:

1. Any and all reports, forms, documents, or records, whether physical or electronic, as well as the DHHS Form 205 (01/08), or its previous versions as the case may be, or any other method used to record data or report a refund to Medicaid/SCDHHS specifically pertaining to Michael L. Clark a Medicaid beneficiary, and Self Regional Health Care, the provider, between February 8, 2010 and the date of this correspondence.

The Freedom of Information Act, 5 U.S.C. §552, as amended by Public Law No. 104-231, 110 Stat 3048 and S.C. Code Ann. §30-4-020 et seq., as amended, gives private individuals the right to copy and inspect public records of public bodies. Specifically, Section §30-4-20 (a) defines a public body as any department of the State, any State board commission, agency and authority, any public or governmental body or political subdivision of the State Your agency clearly falls within this definition of a public body. Section §30-4-20 (c) of the Act defines a public record as all books, papers, maps, photographs, cards, tapes, recordings or other documentary materials regardless of physical form or characteristics prepared, owned, used, in the possession of, or retained by a public body. The requested records fall within this definition of public record.

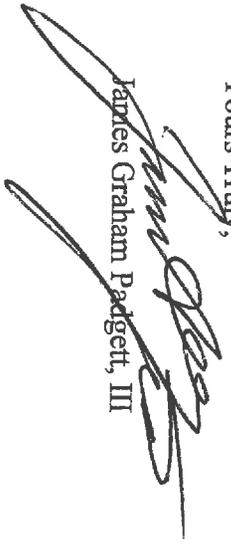
The exceptions to the broad disclosure provisions of the Freedom of Information Act concerning disclosure of records which constitute trade secrets, information of a personal nature, records of law enforcement agencies, and the other exceptions set forth in the Act are inapplicable to this request. If, however, you believe that any of the public records subject to this

request are exempt from production under the Act, please identify all such documents in order that I may evaluate the claimed exemptions.

Please note that the Act provides that the person requesting the public records may copy them. See S.C. Code Ann. §30-4-30 (c). We are prepared to pay for costs of copying the materials.

Please either grant or deny this request, pursuant to Section §30-4-30 (c) of the Act, for the inspection and copying of all of the above public records within fifteen (15) days after the receipt of this written request. I would greatly appreciate any effort you can make to expedite this request.

Yours Truly,


James Graham Padgett, III



Cost # 0002457 000246

December 21, 2010

Mr. James Graham Padgett III
BACOT & PADGETT, LLC
Attorneys and Counselors at Law
414 Monument Street, Suite C
Greenwood, SC 29646

Re: Requests (2) Regarding Provider Refunds

Dear Mr. Padgett:

This is in response to your letters of November 29, 2010 regarding a single instance and all instances of provider refunds made to Medicaid.

As to the individual instance, we have quite a few individuals enrolled in the South Carolina Medicaid Program who could fit the identity of Michael L. Clark, the name of the individual in whose refunds we assume you are interested. We cannot find that any of them had any claims involving Self Regional Health Care, although we may not have complete information. If the Mr. Clark of interest is a member of a Medicaid managed care organization, we here at the agency might not be aware of any such refund which would have gone directly to the managed care organization. We can certainly check further if you can provide us with some additional identifying information for Mr. Clark. In addition, in order to release such information, which is personal health information, we would need an authorization from Mr. Clark or your assurance on your letterhead that you represent Mr. Clark or Self Regional.

Your request regarding all instances is quite broad. A quick check of our system revealed a possible number of 5,000 refunds that fit the parameters in your request. About half of those would have been an opened file of between twenty-five (25) and fifty (50) pages of supporting documentation which would have to be redacted of personally identifying information. We estimate the cost of producing releasable information to be between \$5,000 and \$10,000. We would need a deposit of \$5,000 before we could begin to undertake such an extraction of information.

Please let us know how you would like us to proceed. If you would like for me to answer any questions about what we have found so far, please contact me. My direct is (803) 898-2791.

Sincerely,

Richard G. Hepfer
Deputy General Counsel