

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Medical Services/Hess/FOIA	3-10-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	1011408	<input type="checkbox"/> I Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Stenlund, Singletary, Mr. Fect Cleared 3/23/11, letter attached. 	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE <u>3-24-11</u>

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

From: Jan Polatty
To: Brenda James
Date: 3/10/2011 12:14 PM
Subject: Fwd: South Carolina Medicaid FOIA Request
Attachments: South Carolina Medicaid FOIA Request

Bren, please log

>>> Jeff Stensland 3/10/2011 12:10 PM >>>
FOIA request

RECEIVED

MAR 10 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Jeff Stensland
SC DHHS
(803) 898-2584

Brenda James - South Carolina Medicaid FOIA Request

From: Anna Timmerman <atimmerman@gmail.com>
To: <stensland@scdhhs.gov>
Date: 3/10/2011 12:08 PM
Subject: South Carolina Medicaid FOIA Request
Attachments: South Carolina FOIA Request Letter.doc

Hello, Jeff,

As you suggested when we spoke on the phone this morning, I am attaching my South Carolina Medicaid FOIA request to this email. Please let me know if you have any questions, and thank you so much for your help.

Best,

Anna Timmerman

RECEIVED

MAR 10 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anna Timmerman
8 E. Randolph, Unit 2104
Chicago, IL 60601

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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MAR 10 2011

Jeff Stensland
South Carolina Department of Health and Human Services
Medicaid Office of Public Information
P.O. Box 8206
Columbia, SC 29202

March 10, 2011

Dear Mr. Stensland,

This request is made under the South Carolina Freedom of Information Act. I respectfully request copies of any records or information relating to the following:

1. Aggregate South Carolina Medicaid Program claims amounts paid to the following providers in 2010:
 - a. Kool Smiles of Anderson, 3112 N. Main St., Anderson, SC 29621
 - b. Kool Smiles of Columbia, 5422 Forest Dr., Columbia, SC 29206
 - c. Kool Smiles of Greenville, 3227 W. Blue Ridge Dr., Greenville, SC 29611
 - d. Kool Smiles of North Charleston, 4400 Dorchester Rd., North Charleston, SC 29405
 - e. Kool Smiles of Sumter, 1121 Broad St., Sumter, SC 29150

If you have any questions or require additional information in order to process my request, please do not hesitate to contact me at 312.961.4628.

Thank you in advance for your assistance. I shall look forward to hearing from you.

Sincerely,

Anna Timmerman



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: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

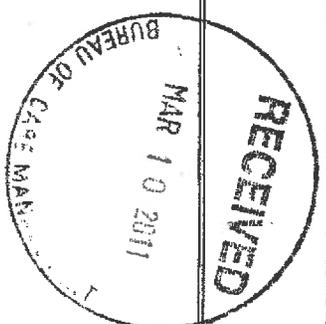
ACTION REFERRAL



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		<input checked="" type="checkbox"/> FOIA DATE DUE 3-24-11	
		<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. <i>Marilyn W. Carrington</i>	<i>[Signature]</i>		
2. <i>BS Juss</i>	<i>[Signature]</i>		
3.			
4.			



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Thank you in advance for your assistance. I shall look forward to hearing from you.

Sincerely,

Anna Timmerman



March 23, 2011

Ms. Anna Timmerman
8 East Randolph, Unit 2104
Chicago, Illinois 60601

Dear Ms. Timmerman:

Thank you for your letter dated March 10, 2011, regarding claims amounts paid in SFY2010 by the Department of Health and Human Services to Kool Smiles enrolled providers located in South Carolina.

There are currently five locations in the state. Following are the paid claims amounts by location for SFY2010:

Kool Smiles of Anderson	\$2,915,285
Kool Smiles of Sumter	\$3,014,874
Kool Smiles of Greenville	\$2,390,538

The following Kool Smiles locations enrolled on the dates shown, therefore have no claims payments for SFY2010.

Kool Smiles of Columbia	9-15-2010
Kool Smiles of North Charleston	7-02-2010

If you require additional information, please contact Ms. Shirley Carrington, Supervisor, Dental Services program at (803) 898-2563.

Sincerely,



Melanie "BZ" Giese, RN
Deputy Director

MG/cc



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	<u>3</u> Hours	\$ <u>30.00</u>
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:		\$ <u>30.00</u>

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 Shirley W. Livingston should you have any questions. (803) 898-2563

Shirley W. Livingston Signature Date: 3-22-11