

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: Stenback, Singletary, Mr. Fox 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 3-24-11 | |

| 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

RECEIVED
MAR 10 2011
Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
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| 1. LOG NUMBER 1011408 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR cc: Stenlund, Singleton | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ |
| | <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. Cassinger</i> | | | |
| 2. <i>BS Juear</i> | | | |
| 3. | | | |
| 4. | | | |

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MAR 10 2011
BUREAU OF CASE MANAGEMENT

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Jeff Stensland
SC DHHS
(803) 898-2584

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda James - South Carolina Medicaid FOIA Request

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8 E. Randolph, Unit 2104
Chicago, IL 60601

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

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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.

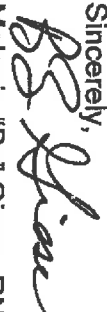
There are currently five locations in the state. Following are the paid claims amounts by location for SFY2010:

| | |
|---------------------------|-------------|
| 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 3 Hours \$ 30.00

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: \$ 30.00

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. Laremont should you have any questions. (803) 898-2563

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