

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/ Supra/FOIA</i>	DATE <i>10-25-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000150</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton Cox Cleared 11/15/13, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>11-12-13</i> <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.			



RECEIVED

OCT 25 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

October 22, 2013

Kim Cox
South Carolina Department of Health & Human Services
1801 Main Street
Columbia, SC 29201

Dear Ms. Cox:

This letter is a request for access to the public records listed below pursuant to the S.C. Freedom of Information Act. I would like to review the following:

Claims paid data for Medicaid Dental for calendar years 2008, 2009, 2010, and 2012 and the most recent 12 month period the state has available. This data should be by provider (preferably with address if available) and include:

- o Reimbursement amounts;
- o Procedures performed (by CDT code); and
- o Patient Counts

Please contact me at 803-252-1087 to schedule a time to examine the records.

If there is a charge for providing me access, please advise me of your estimate of the charge and the basis for the charge when you call to arrange an appointment.

Sincerely,

Annie W. Wilson
General Counsel

CC: Bryan Kost, Chief of Staff; Deirdra Singleton, Deputy Director for Health Services



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:

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

November 15, 2013

Annie W. Wilson, Esquire
General Counsel
Capitol Consultants, Inc.
P. O. Box 1763
Columbia, SC 29202

Dear Ms. Wilson:

Your letter to Kim Cox of October 22, 2013 was forwarded to us for a response. Enclosed is a cd with a report of the claims paid data for Medicaid Dental for the requested years.

Our expense for reproducing this information is one hundred twenty-two and 37/100 dollars (\$122.37). This cd is true and accurate information directly from computerized information kept in the normal course of Department business. Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,



Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures