

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Roberts/FOIA	DATE 11-26-13
---------------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 009191	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox cleared 12/12/13, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 12-13-13
	<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

Brenda James

From: Kim Cox
Sent: Tuesday, November 26, 2013 3:26 PM
To: Brenda James
Cc: Rick Hepfer
Subject: FW: Open Records Request
Attachments: SouthCarolina_records_request_site_inspections_November_26_2013.doc

NOV 29 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda,
Could you please log and distribute this FOIA request?
Thanks,
Kim

Kim Cox
Communications Director
COXKIM@scdhhs.gov
803.898.4439
1801 Main Street
Columbia, SC - 29201
www.scdhhs.gov



SOUTH CAROLINA
Healthy Connections 
MEDICAID

Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

From: michael.pell@thomsonreuters.com [<mailto:michael.pell@thomsonreuters.com>]
Sent: Tuesday, November 26, 2013 3:08 PM
To: Kim Cox
Subject: Open Records Request

Attached is a freedom of information request. If you have any questions about any aspect of this request, please call me at 646-223-6997 or email me at Michael.pell@thomsonreuters.com. If I should direct this request to someone else, please let me know who and I will do so.

Thank you for your help and I hope you're getting ready to have a happy holiday,

Mike

Michael B. Pell
Thomson Reuters
646-223-6997

RECEIVED

NOV 26 2013

November 26, 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

To whom it may concern:

This is a request for records under the South Carolina Freedom of Information Act, §30-4-10 et seq. On behalf of Reuters News and myself, jointly, I request you provide me with the results of the pre-enrollment and post-enrollment site visits of medical providers who are designated as moderate or high categorical risks to the Medicaid program. By medical provider I mean an individual or organization delivering goods and health services for payment to eligible beneficiaries; in this case, Medicaid beneficiaries. These site visits are required under the Affordable Care Act. I would also like all supporting documents including, but not limited, to the record layout and data dictionary.

I prefer to receive records in the following formats, listed in order of preference: An electronic data format such as a spreadsheet, delimited data set, database file, or similar other non-proprietary electronic format.

The South Carolina Freedom of Information Act requires a response time within 15 business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you decide to exempt a portion of any record, please release all other segregable parts. If you withhold any record or portion of a record, please specify which statutory exemptions are claimed for each withholding. Please separately state your reasons for not invoking your discretion, as the Act allows, to release the requested information. Please describe each record withheld, including its date and size – e.g., amount of electronic memory or number of paper pages.

If there are any search, review, or duplication fees greater than \$25, inform me before you fill the request. But first please consider my requests for fee reduction and fee waiver.

This request is being made in connection with Reuters' newsgathering functions and not for any other commercial purpose. Reuters intends to produce one or more original investigative reports based on analysis of the requested information.

Reuters requests a waiver of all duplication fees for this request as permitted under the Act. Disclosure of the requested information to Reuters is likely to contribute significantly to public understanding of the operations or activities of the government by helping the public understand how their tax dollars are used to operate the Medicaid program.

If you have any questions about any aspect of this request, please contact me at michael.pell@thomsonreuters.com or 646-223-6997. In principle, Reuters is willing to consider ways in which the request might reasonably be narrowed.

Thank you for your attention to this request.

Michael Pell
Reuters

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:

December 12, 2013

michael.pell@thomsonreuters.com

Mr. Michael Pell
Reuters

Dear Mr. Pell:

Your Freedom of Information Act request dated November 26, 2013, was referred to me for handling. You requested results of the pre-enrollment and post-enrollment site visits of medical providers who are designated as moderate or high categorical risk to the Medicaid program. Enclosed please find a spreadsheet outlining the results of pre-enrollment site visits of medical providers. Please note that the agency has yet to conduct any post-enrollment site visits.

Our expense for extracting this information is Twenty and 00/100 dollars (\$20.00). 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

Thank you for your request. If you have any questions, please feel free to contact me at (803) 898-0062.

Sincerely,


Constance D. Holloway
Assistant General Counsel

CDH/h

cc: Kim Cox