

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Roberts/FOIA/Singleton	DATE 7-31-13
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000054	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
cleared 8/21/13, letter attached	<input checked="" type="checkbox"/> FOIA DATE DUE 8-15-13
	<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.			

Ryan R. Sadler, Esq., MBA
Centene Corporation
Director, Business Development
1150 Connecticut Ave. NW, Suite 1000
Washington D.C. 20036
(901)647.0513

RECEIVED

JUL 31 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

July 30, 2013

Anthony E. Keck, Director
South Carolina Department of Health and Human Services
Office of Hospital, Durable Medical Equipment, Transportation and Dental
P.O. Box 8206
Columbia, South Carolina 29202-8206
Office: (803)898.2665
Fax: (803)898.8351

**Re: South Carolina Freedom of Information Act Request – Dental Services
via U.S. Mail and Facsimile**

Dear Director Keck:

Under the South Carolina Freedom of Information Act, §30-4-10 et seq., I am requesting an opportunity to obtain copies of public records regarding contract number 4400001016, and related documents involving dental services provided to Medicaid recipients through the South Carolina Department of Health and Human Services.

Specifically, I am requesting the following documentation:

1. Current South Carolina Medicaid enrollment for dental services (i.e., number of individuals enrolled, services provided, corresponding rate information, both in the aggregate as well as defined by region and Medicaid population category).
2. Capitation rates paid by the South Carolina Department of Health and Human Services, corresponding to dental services of Medicaid eligible recipients, corresponding to #1 above.
3. Current contract and related rate information for contract number 4400001016 and all other contracts that the state may have with Medicaid dental vendors, including but not limited to agreements related to DentaQuest, Doral Dental USA LLC, and the Dental Administrative Services Organization.

4. Copies of responses to any Request For Information related to Medicaid dental services.
5. Copies of responses to any Request for Proposal related to Medicaid dental services.
6. The scope of this request relates to all documents described above dating from January 1, 2008 to today.
7. Please mail or forward all documentation as described herein to the following address:

Centene Corporation
c/o Mark Ringwald (3rd Floor)
7700 Forsyth Boulevard
St. Louis, MO 63105

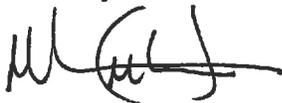
If there are any fees for searching or copying these records, please inform me if the cost will exceed \$5,000.

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 deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,



Ryan R. Sadler
(901)647.0513

Centene Corporation
Ryan R. Sadler
1150 Connecticut Ave. NW
Suite 1000
Washington, DC 20036

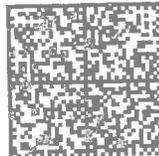
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Columbia, SC 29202-8206

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MAILED FROM ZIP CODE 29201
PITNEY BOWES
\$ 000.460
JUL 30 2013



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:



August 21, 2013

Log # 34

Ryan R. Sadler, Esq., MBA
Centene Corporation
Director, Business Development
1150 Connecticut Ave N.W., Suite 1000
Washington, D.C. 20036

Dear Mr. Sadler:

Your Freedom of Information Act request dated July 30, 2013 was referred to this Office for a response. Here are the answers, seriatim, to your request:

1. The enclosed disk contains most of the information you requested in this item. In order to protect the identity of the Medicaid beneficiaries, we do not report aggregate date elements with fewer than six (6) subjects. Furthermore, we were unable to retrieve the past rates for dental codes in time to include them in this response. We will supplement the response when they are extracted from our archived files. The current rates are in the Dental Manual on our website.
2. We do not pay capitation rates for dental services.
3. See the response to #5, below.
4. We did not issue a Request for Information for these services.
5. We are not able to release our copies of the contract (including the rate information) for these dental services. Contractors include in their proposals (which is included in the contract) information that they designate as proprietary. Under S.C. Code Ann. §30-4-40(a)(1) and §11-35-410, we try to honor the submitters' designations of information they consider proprietary. The Information Technology Management Office at Division of Procurement Services, Attention: Norma J. Hall, FNIGP, CPPO, CPPB, CPM, 1201 Main Street, Suite 601, Columbia, SC 29201 will be able to provide you the redacted copies of these documents.

Our expense for assembling this information is thirty-two and thirty-seven hundredths dollars (\$32.37). 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

If there are any questions, please feel free to contact me at the address below or at my direct line: (803) 898-2791.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

Enclosures

cc: Lynette Wilson, Receivables (w/o enclosures)

Constance KindeB

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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AUG 01 2013

SCDHHS
Office of General Counsel

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TO	DATE
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CENTENE

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SGDHHS
Office of General Counsel

July 30, 2013

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Office of Hospital, Durable Medical Equipment, Transportation and Dental
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SCDHHS
Office of General Counsel

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 South Carolina Department of Health and Human Services
 Post Office Box 8297
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Please contact _____ should you have any questions.

 Signature

 Date: