

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberto/FOIA</i>	DATE <i>10-28-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000151</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i> <i>cleared 11/6/13, letter</i> <i>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.			



HAWTHORNE MERRILL
LAW, LLC

410 Main Street
Greenwood, SC 29646
864.229.1010

amanda@hmlawsc.com

TO: MC Cormick County DSS

FAX #: (864) 465-2125

FROM: Amanda Malone, Paralegal to Jane H. Merrill

FAX #: (800) 547-6540

Number of pages including cover sheet: 2

If you have any problems receiving this fax please call me
(864) 229-1010.

Thank you.

RECEIVED

OCT 28 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

OCT 24 2013

MCCORMICK COUNTY



HAWTHORNE MERRILL
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410 Main Street
Greenwood, SC 29646
864.229.1010

jane@hmlawsc.com

RECEIVED

OCT 28 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Via facsimile (864) 465-2125

McCormick County DSS
215 North Mine Street
McCormick, SC 29835

Re: Timothy Sevin

To whom it may concern:

This is a request for documents under South Carolina Code Ann. § 30-4-10 *et seq.*, the South Carolina Freedom of Information Act (FOIA), 5 U.S.C. § 552, and the Privacy Act, 5 U.S.C. § 552a, on behalf of Timothy Sevin. This request is properly made via facsimile as it contains the signature of the requester.

1. **IDENTIFICATION OF DOCUMENTS.** I hereby request all documents contained in Mr. Sevin's personnel record to include any and all documents related to his application for Medicaid whether maintained in paper or electronic form. If there will be any charge for this, please notify us prior to proceeding. If all or any part of this request is denied, please cite the specific exemption(s) that you believe justifies your refusal to release the information and inform me of the appeal procedures available to me under the law.
2. **FORM/FORMAT IN WHICH TO PRODUCE INFORMATION.** The FOIA requires the records be produced in the format sought by the requester, if the record is readily reproducible in that form or format. If possible, we would like the documents in PDF format. If that form is not available we request a copy by the least expensive method available. Please take special care to ensure both sides of any two-sided documents produced in response to this request are included in the response and are reproduced in such a way that they do not "bleed-through" from one side of the document to the other.
3. **TIME FOR RESPONSE.** Your agency has a duty to respond to this request within FIFTEEN (15) BUSINESS DAYS of the date of this request pursuant to South Carolina Code Ann. § 30-4-30(c).
4. **Point of Contact.** I may be contacted at the telephone number and address below.

I would appreciate your handling this request as quickly as possible, and I look forward to hearing from you.

Sincerely,
HAWTHORNE MERRILL LAW, LLC

Jane H. Merrill

Jane H. Merrill
JHM/amm



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:

Log # 151 ✓

South Carolina Department of

Health & Human Services

Anthony E. Keel, Director
Nikki R. Haley, Governor

November 6, 2013

Jane H. Merrill, Esquire
Hawthorne Merrill Law, LLC
410 Main Street
Greenwood, SC 29646

Re: Timothy Sevin

Dear Ms. Merrill:

Thank you for your courtesy in providing the Consent to Release Information/Privacy Act Waiver. Enclosed as you requested is a Detailed Claims Report (DCR) for Mr. Timothy Sevin. The Department does not normally have clinical records; only information abstracted from provider claim forms. The Department maintains the claims data in the active files for about seven (7) years. Therefore, the DCR from our active files only lists services billed to Medicaid as well as the amount Medicaid paid for services rendered between October 1, 2006 and present. Depending upon the service, there may be a normal lag time of two (2) months or so before the claims show up. Also, providers normally have one (1) year from the date of service to bill.

Also enclosed, is a copy of Mr. Sevin's Medicaid file that was obtained from the County Medicaid Office. Normally, Community Long Term Care File (CLTC) would be included in what you requested. However, after checking, Ms. Sevin is not a client of CLTC.

In addition, I have forwarded a copy of your requests to the agency's Third Party Liability Department. Pursuant to Medicaid third party recovery rules, the Department of Health and Human Services has subrogation and assignment rights from the client, to the extent of the amount(s) paid on his/her behalf by Medicaid, to third party coverage. In the event that it is determined in this matter that there are Medicaid expenditures that are the responsibility of a liable third party, a summary of charges and payments, which are or appear to be related may be forwarded to the attorneys under separate cover.

Our expense for reproducing this active claims information is fifty-six and 20/100 dollars (\$56.20), which includes the minimum charge of twenty-five dollars for computer time. These documents are true and accurate printouts 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

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