

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese/FOIA</i>	DATE <i>10-20-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100172</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Henstand</i> <i>Cleared 11/4/11, letter</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>11-3-11</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.			



HEALTH MARKET SCIENCE

RECEIVED

OCT 19 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

October 14th, 2011

This request is made under the South Carolina Freedom of Information Act.

Health Market Science is a credentials verification organization that helps pharmacy chains and payors to maintain the integrity of their individual and organizational provider information.

We respectfully request that a copy of the files or systems of files containing information related to any and all current and historic **STATE** Medicaid Identification numbers and eligibility information for individual and for organizational providers be provided to us.

If available, we request that records pertaining to each record include the following attributes:

- Individual/Facility's Name
- Provider Type (Physician, NP, etc.)
- Address
- Telephone
- Medicaid ID
- DEA Number (if applicable)
- NPI Number (if applicable)
- License Expiration Date
- License Issue Date
- Status (Active/Inactive)
- Specialty (Cardiology, Internal Medicine, etc.)

Please include all providers In-State and Out-of-State if possible.

If any part of this request is not releasable, **we would still like to acquire any data that is releasable.**

Additionally, we would also like to receive any documentation describing data elements, field layouts, and file formats.

Finally, we would like to receive this data in any electronic format such as DVD, CD, hard drive, etc and are more than willing to pay for the labor required to procure this data.

Thank You,


Kelly Koniewicz

Data Acquisition Analyst

Health market Science

2700 Horizon Drive

King of Prussia, PA 19406

kkoniewicz@healthmarketscience.com



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:



November 4, 2011

Ms. Kelly Koniewicz
Data Acquisition Analyst
Health Market Science
2700 Horizon Drive
King of Prussia, Pennsylvania 19406

Dear Ms. Koniewicz:

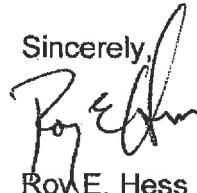
In response to your Freedom of Information Act (FOIA) request, enclosed is a CD that contains the South Carolina Medicaid provider data in an Excel spreadsheet format. Each column on the spreadsheet lists the self-explanatory data element headings.

Please be advised that it is the preference of the provider community that we do not share or disclose the DEA numbers. In addition, we do not collect the license expiration date. Therefore, the DEA number and the license expiration date are not included in the requested data.

We are also enclosing a detailed list of the associated costs with processing your FOIA request. Our expense for reproducing this information is one hundred ten dollars (\$110.00). Please remit the payment as soon as possible.

If you have any questions, contact Felicia Burkett at 803-898-2561.

Sincerely,



Roy E. Hess
Deputy Director

JS/b
Enclosures
cc: Lynette Wilson, Receivables



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	<u>11</u> Hours	\$ <u>110.00</u>
Pages copied at \$.10 per page	<u> </u> Pages	\$ <u> </u>
Pages faxed at \$.20 per page	<u> </u> Pages	\$ <u> </u>
Shipping and Handling Costs		\$ <u> </u>
Other costs associated with the FOIA request:	<u> </u>	\$ <u> </u>
Total Amount Due SCDHHS:		\$ <u> </u>

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 Nancy Sharpe should you have any questions.

Nancy Sharpe
Signature

11-2-11
Date:

No. 1158- 07358



SOUTH CAROLINA
STATE HEALTH AND HUMAN SERVICES
FINANCE COMMISSION

ACCOUNTS RECEIVABLE CERTIFICATION

RECEIVABLE NUMBER:

GENERAL INFORMATION

CERTIFICATION ACTION:

☒ NEW ☐ CHANGE

DEBT CLASSIFICATION:

☐ FRAUD ☐ NON-FRAUD

NAME OF DEBTOR:

Kelly Koniewicz, Health Market Science

COUNTY NAME:

ADDRESS OF DEBTOR:

2700 Horizon Drive, King of Prussia, PA 19406

COUNTY NUMBER:

PROVIDER ID NUMBER OR FAMILY CASE NUMBER:

PERIOD OF OVERPAYMENT

FROM:

TO:

PROGRAM INVOLVED:

TYPE SERVICE:

FOIA Log 172

AMOUNT DUE:

\$110.00

DATE DUE:

FUNDING INFORMATION

AMOUNT		COST CENTER		AMOUNT		COST CENTER	
STATE	\$ _____	_____		DONOR	\$ _____	_____	
FEDERAL	\$ _____	_____		PROVIDER	\$ _____	_____	
COUNTY	\$ _____	_____		OTHER	\$ _____	_____	
				PENALTY	\$ _____	_____	

PAYMENT INFORMATION

☐ DEDUCT ☐ DO NOT DEDUCT

REPAYMENT TERMS

TERMS GRANTED (Months):

INTEREST RATE:

NOTES — LIST OF ATTACHMENTS

REQUESTER'S SIGNATURE:

TITLE:

COUNTY/DIVISION:

DATE:

AUTHORIZER'S SIGNATURE:

TITLE:

COUNTY/DIVISION:

DATE:

DD
FINANCE + ADM

5 Nov 11

Brenda James - Log 000172

From: Teeshla Curtis
To: Brenda James
Date: 11/04/2011 12:58 PM
Subject: Log 000172
CC: Nancy Sharpe
Attachments: Ref Log 000172 Response.PDF; Ref Log 000172 Accounts Receivable Certification.PDF

Brenda,

Attached is the response and supporting documentation for Log 172.

Thanks,
Teeshla