

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>10-17-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100118</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland, Kost, Ana</i> <i>Cleared 11/5/12, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>10-31-12</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.			

Brenda James

From: Jeff Stensland
Sent: Monday, October 15, 2012 2:50 PM
To: Brenda James
Subject: Fw: South Carolina Medicaid - South Carolina Freedom of Information Act Request
Attachments: October 2012 South Carolina Medicaid FOIA Request.doc

Pleas log the attached FOIA request.

RECEIVED

OCT 17 2012

From: Lauren Carroll
Sent: Monday, October 15, 2012 6:48:39 PM
To: Jeff Stensland
Cc: Lucas Gordon
Subject: South Carolina Medicaid - South Carolina Freedom of Information Act Request

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Stensland:

Pursuant to the South Carolina Freedom of Information Act, S.C. Code Ann. § 30-4-30 *et. seq.*, Home Care Delivered, Inc. would like to request copies of the records described on the attached document. Please let me know if a fee will be required before processing this request. Please let me know if you have any questions about this request or need further information from us.

Thank you,

Lauren Carroll

Lauren Carroll | Legal Counsel
Home Care Delivered, Inc.
4144 Innslake Drive | Glen Allen, VA 23060
804-200-7335 office
804-305-1039 cell
888-565-4411 fax

Wound Care • Urology • Incontinence • Ostomy • Diabetes • ED

Home Care Delivered, Inc.
South Carolina Medicaid FOIA Request

1. Provide a copy of the South Carolina Medicaid detailed FY2012 and FY2013 budgets.
2. Provide a copy of the South Carolina Medicaid contract with prior authorizations contractor, if applicable.
3. Provide a copy of the South Carolina Medicaid contract with auditing/utilization review contractor, if applicable.
4. FY2011, FY2012, and projected FY2013 annual cost to South Carolina Medicaid of auditing DME providers, including a breakdown of (a) payments to any external providers of auditing services and (b) South Carolina Medicaid internal staffing and other expenses related to these auditing functions.
5. Provide a copy of the South Carolina Medicaid organization chart or comparable document reflecting number of full-time employees by department and job title.
6. Provide a copy of any studies or reports prepared by or for South Carolina Medicaid related to sole source and/or selective supplier contracting and competitive bidding for DME products.
7. Identify by date and brief description all surveys including but not limited to, satisfaction surveys, if any, of South Carolina Medicaid recipients conducted by South Carolina Medicaid or South Carolina Medicaid contractors. Provide a copy of all reports prepared by South Carolina Medicaid or by South Carolina Medicaid contractors, if outsourced, showing the results from all in-person, telephone, mailed or online South Carolina Medicaid surveys of South Carolina Medicaid recipients who receive DME.
8. FY2011 and FY2012 annual losses attributed to fraud and/or abuse in DME disposable supplies by HCPCS for incontinence, urology, wound care, ostomy, diabetes and nutritionals.
9. FY2011 and FY2012 annual cost of anti-fraud and abuse and enforcement activities by South Carolina Medicaid related to DME including, without limitation, internal staffing and other expenses related to these functions.
10. FY2011 and FY2012 annual cost of South Carolina Medicaid education and informational programs and initiatives for DME providers.
11. FY2011 and FY2012 cost of South Carolina Medicaid staff time attributed to DME provider communication/support, e.g. answering questions, resolving issues, conducting research, etc.
12. Provide a description of all current South Carolina Medicaid disease and/or case management programs.

Home Care Delivered, Inc.
South Carolina Medicaid FOIA Request

13. Provide a copy of any standard South Carolina Medicaid procurement guidelines or requirements to the extent they differ from those included in the current version of the South Carolina Medicaid vendor manual.
14. Provide the number of unique suppliers providing covered incontinence supplies to South Carolina Medicaid recipients by HCPCS and by supplier type, e.g. DME supplier, pharmacy, etc. in FY2010, FY2011 and FY2012.
15. Identify by name and by supplier type, e.g. DME supplier, pharmacy, etc., all suppliers providing covered incontinence supplies to South Carolina Medicaid recipients and provide by HCPCS and SKU the monthly and annual volume (total units billed by and total South Carolina Medicaid dollars paid to each DME supplier during the noted month and year for the noted HCPC) provided in FY2010, FY2011 and FY2012 by each supplier. Please confirm whether the data for monthly and annual volume includes the Managed Medicaid/Medicaid MCO population.
16. Provide for FY2011, FY2012 and projected FY2013 the number of South Carolina Medicaid recipients receiving covered incontinence supplies by HCPCS and by sex and age group (under age 25, ages 26-50, 51-70 and 71+).
17. Provide the names of healthcare companies who have registered lobbyists in South Carolina and the names of their respective lobbyists.
18. Provide an unredacted copy of all solicited and unsolicited proposals received by South Carolina Medicaid for the provision of DME supplies to South Carolina Medicaid recipients.
19. Provide an unredacted copy of all contracts executed in FY2010, FY2011, and YTD FY2012 for the provision of DME supplies to South Carolina Medicaid recipients.



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 5, 2012

Ms. Lauren Carroll
Legal Counsel
Home Care Delivered, Inc.
4144 Innslake Drive
Glen Allen, VA 23060

Re: Request for Records

Dear Ms. Carroll

Your e-mail request for records was forwarded to this office for a response. Below are the seriatim responses to your numbered requests:

1. The Medicaid budgets appropriated directly to this agency may be found at the South Carolina legislative website at <http://www.scstatehouse.gov/>;
2. The contract with KePro was let by the Materials Management Office (MMO) of the South Carolina Budget and Control Board. We do not have a redacted copy of the proposal, which with the Request for Proposal, forms the contract, and we do not know what information the MMO agreed to keep proprietary in accordance with the South Carolina Procurement Code. The Request for Proposal is at:
<http://webprod.cio.sc.gov/SCSolicitationWeb/contractSearch.do?solicitnumber=5400002492>;
3. Enclosed is a copy of the contract that this agency has with HMS, the Program Integrity contract under §1936 of the Social Security Act [42 USC§1396n-6].
4. See the estimate below which includes the cost of separating the DME reviews from the other program integrity reviews.
5. Enclosed is a copy of the organizational chart of the Department;
6. We have not located any such studies;
7. There were no customer satisfaction studies

8. See estimate below which includes the cost of identifying the costs involved and displaying those costs as requested;
9. See estimate below, which includes the cost of identifying the costs requested and displaying them in the format requested;
10. Regular provider training is conducted under a contract with an outside entity which also provides other services for the Department. The estimate below includes the cost of separating training provided to DME providers from the overall costs billed by the contractor;
11. The program area responsible for DME does conduct one-to one provider training on a request basis. We do not record or otherwise track those sessions, but it is estimated that between six (6) and ten (10) sessions were conducted during the time period requested, at a cost of approximately \$120.00.
12. A copy of the South Carolina State Plan for Medical Assistance (Title XIX) is available at <http://www.scdhhs.gov/>. Also, the Community Long Term Care Manual describes the provision of case management within the Department-administered Waivers. The Waivers administered by the Department of Disabilities and Special Needs (DDSN) for the Medicaid agency are on the DDSN website at: <http://ddsn.sc.gov/Pages/default.aspx>.
13. The DME Manual is also at <http://www.scdhhs.gov/>, and the Procurement Code is at S.C. Code Ann. §11-35-10 et seq.
14. See estimate below, which includes the cost of identifying these suppliers and displaying this information as requested;
15. The SCDHHS Transparency Report is located at <http://www1.scdhhs.gov/Transparency11/>. The estimate below includes the cost of determining and displaying the detailed information contained in the report;
16. See estimate below, which includes the cost of producing the report requested;
17. This information may be accessed at the Ethic Commission's website at <http://ethics.sc.gov/Pages/default.aspx>;

Ms. Lauren Carroll
November 5, 2012
Page 3 of 3

18. Again, as in request #2 above, releasable copies of these documents reside at the Materials Management Office;
19. We do have enrollment forms for these providers. See the estimate below which includes the cost of redacting these forms of tax ID (SSN) and other protected information.

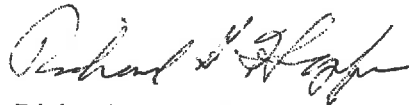
Many of the reports that you request are not kept in the normal course of the Department's operation and would have to be specially created. We estimate that the cost of creating the reports would be approximately \$4000.00. Before we began such a project we would request a deposit of half that amount.

Our expense for reproducing and mailing this information is eighty-five and fifty-five hundredths dollars (\$85.55). 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 the information provided is useful to you. Please contact me at (803) 898-2791 or at the address below and let us know how you would like to proceed.

Sincerely,



Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosure
cc: Lynette Wilson, Receivables