

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Myers</i>	<i>8/22/08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000103</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Stensland</i> <i>Singleton</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ X FOIA DATE DUE <i>9/08/08</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. <i>Checked 8/29/08, letters attached.</i>			
2.			
3.			
4.			

August 19, 2008

Fred W. Williams
SC Department of Health & Human Services
Department of Pharmacy Services & DME
POB 8206
Columbia, SC 29202-8206

Re: Open Records Act Request

Dear Mr. Williams:

Pursuant to the open records law of the State of South Carolina, Data Niche is hereby submitting a request for the South Carolina GAP Assistance Prescription Program for Seniors SPAP claim transaction detail data file for Q'1, Q'2, Q'3 and Q'4 of 2007 and the records for Q'1 and Q'2, 2008.

The data will increase the timeliness and effectiveness of the drug rebate validation process for both the state and the SPAP participating labelers. Please find attached for your use a copy of the requested SPAP data elements. This claims transaction detail can be provided in either CD or FTP format.

Thank you for your assistance. Should you have any questions, please do not hesitate to contact me at the telephone number and e-mail address listed below.

Best regards,



Milan N. Raich, MS
Director, Government & Managed Care Relations
Phone: 847-444-2499
Fax: 847-940-2308
E-mail: mraich@us.imshealth.com

Requested SPAP Data

1. Claim transaction detail data selected by claim paid date for the periods Q'1, Q'2, Q'3 & Q'4 of 2007, Q'1 & Q'2, 2008 and all records going forward, script level detail. Please include the following information:

- a. Drug code (NDC) used to claim submittal
- b. Quantity dispensed
- c. Claim paid date
- d. Dispensed date (date of service)
- e. Prescribing physician state provider ID number
- f. Amount billed
- g. Amount paid**
- h. Dispensing pharmacy state ID number
- i. Pharmacy prescription number
- j. Dispensing Fee
- k. Third Party Liability
- l. Co-payment
- m. Refill Code
- n. ICN Number
- o. Days Supply
- p. Source Code (J-Code Claim Identifier)*
- q. NPI

2. Provider Data—Both Physicians and Pharmacies (applies to same periods of time as stated in item number 1).

- a. Physician and Pharmacy state provider ID number
- b. Provider name
- c. Provider address
- d. Provider city, zip code
- e. Provider specialty (physicians)

* Identifies claims that have been cross-walked from a J-Code to an NDC.

**Please provide adjustments including adjustment codes, if any.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 29, 2008

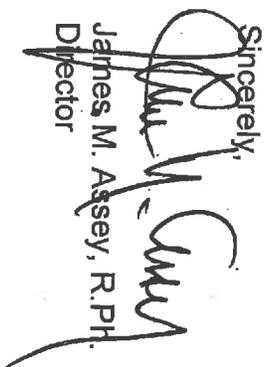
Milan N. Raich, MS
Director, Government & Managed Care Relations
Data Niche Associates
9 Parkway North, Suite 350
Deerfield, Illinois 60015

*no data to
be submitted
and info was in
the telephone conf.
discussing such.*

Dear Mr. Raich:

Thank you for your letter requesting information on the South Carolina GAP Assistance Prescription Program for Seniors (GAPS). Based on our telephone conversation of August 28, 2008, and the fact that the prescriptions under GAPS are not eligible for rebates, we have agreed that no data regarding the GAPS program would be needed by Data Niche Associates.

I appreciate the opportunity to speak with you and clarify this matter. Please contact me if I am able to assist you in the future.

Sincerely,

James M. Assey, R.Ph.
Director

JMA/bd

Log #103



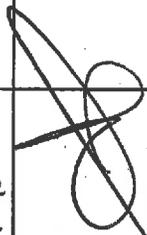
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Fin

ACTION REFERRAL

TO	DATE
<i>Myers/Giese</i>	<i>8/22/08</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000103</i>	<input type="checkbox"/> I Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	_____	<input type="checkbox"/> I Prepare reply for appropriate signature	DATE DUE _____
<i>Stensland ; Singleton</i>		<input checked="" type="checkbox"/> FOIA - your comment the attorney, do not copy letter has to be made by [unclear] - [unclear] <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. <i>James Avery</i>			
2. <i>Melanie Hise</i>	<i>MH</i>		
3.			
4.			

RECEIVED
Dept. of Health & Human Services
AUG 25 2008
Director of Health Services