

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	11-5-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000242	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singleton, Stensland, Kost Cleared 11/14/07, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 11-19-07 <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.			

VOGEL, SLADE & GOLDSTEIN, LLP

Attorneys at Law

WWW.VOGELSLADEGOLDSTEIN.COM

Robert L. Vogel
Shelley R. Slade
Janet L. Goldstein

5225 Wisconsin Ave., NW #502
Washington, DC 20015
Tel: 202-537-5900
Fax: 202-537-5905

FAX TRANSMISSION FORM

TO: Mr. Bryan Kost
Senior Consultant, Department of Health & Human Services

PAGE: 1 of 3

DATE: November 5, 2007

FAX: 803-255-8235

FROM: Shelley R. Slade, Esq.
Tel.: 202-537-5900

COMMENTS:

RECEIVED

NOV 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Log: Myers/Folk
C: Singler
standard
lost.
"ago van"

IMPORTANT NOTICE: THIS DOCUMENT MAY CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE CONTACT THE SENDER IMMEDIATELY AT (202) 537-5900. REFRAIN FROM READING OR DISCLOSING THE CONTENTS OF THIS COMMUNICATION, AND, PENDING RECEIVING INSTRUCTIONS FROM THE SENDER AS TO HOW TO DISPOSE OF THE COMMUNICATION. STORE THE COMMUNICATION IN A SECURE LOCATION WHERE IT WILL NOT BE READ BY OTHERS. THANK-YOU.

VOGEL, SLADE & GOLDSTEIN, LLP

Attorneys at Law

WWW.VOGELSLADEGOLDSTEIN.COM

Robert L. Vogel
Shelley R. Slade
Janet L. Goldstein

5225 Wisconsin Ave., NW #502
Washington, DC 20015
Tel: 202-537-5900
Fax: 202-537-5905

November 5, 2007

VIA FACSIMILE

Memorandum

To: Mr. Bryan Kost
Senior Consultant, Department of Health & Human Services

From: Shelley Slade, Esq.
Vogel, Slade & Goldstein, LLP

Re: Public Records Request

Dear Mr. Kost:

Pursuant to South Carolina's Freedom of Information Act, we respectfully request any and all documents that constitute, reflect or discuss audits of Medicaid pharmacies' compliance with the usual and customary charge rule, stated in Sections 1 and 2 of South Carolina's Medicaid Provider Manual for Pharmacy Services. We request any and all such documents created between January 1, 1997 and January 1, 2007.

We understand that we will be asked to pay, consistent with your standard policies and procedures, for the costs of the search. We would appreciate learning in advance the likely fees so that we will have an opportunity to narrow or change the request, if appropriate. For mailing and billing purposes, here is our contact and tax information:

Vogel, Slade & Goldstein, LLP
Attn: Shelley Slade, Esq.
5225 Wisconsin Ave., NW, Suite 502
Tel.: (202) 537-5900
Fax: (202) 537-5905
Tax ID No.: 52-2223745

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in cursive script, reading "Shelley R. Slade".

Shelley R. Slade



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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

November 19, 2007

Mr. Shelley R. Slade
VOGEL, SLADE & GOLDSTEIN, LLP
5225 Wisconsin Ave., NW # 502
Washington, DC 20015

Re: Public Records Request

Dear Mr. Slade:

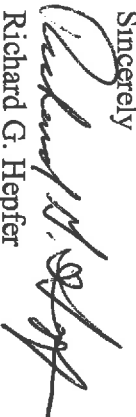
Your Freedom of Information Act (FOIA) request (enclosed) was forwarded to this Office for a response. As you know from your review of the Department's on-line Manuals, pharmacists in South Carolina are expected to bill Medicaid the lowest of:

- A. The federal upper limit (FUL) or the South Carolina maximum allowable cost (SCMAC);
- B. The South Carolina estimated acquisition cost (SCEAC);
- C. The provider's usual and customary charge to the general public.

Our Department's Program Integrity Unit does audit pharmacy providers, but thus far, audits directly targeted to C have not been warranted, and there have been no recoupments related to violations of C. Obviously, the Department reserves the right to commence such audits if it should appear that pharmacies are charging lower prices to their other customers than they are to Medicaid customers. In addition, our point of sale contractor does monitor special pricing to insure that Medicaid is not charged more.

Please contact me if you have any questions about this letter. My direct is (803) 898-2791.

Sincerely


Richard G. Hepfer
Deputy General Counsel

Log # 243

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

NOV 05 2007

ACTION REFERRAL

SCDHHS
Office of General Counsel

TO <i>Myers/FOIA</i>	DATE <i>11-5-07</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>DIRECTOR'S USE ONLY</p> <p>1. LOC NUMBER <i>000242</i></p> <p>2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Stensland, Kost</i></p> </div> <div style="width: 50%;"> <p>ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> FOIA DATE DUE <i>11-19-07</i></p> <p><input type="checkbox"/> Necessary Action</p> </div> </div>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Nov 05 2007 12:29PM Vogel#and#Slade

2025375905

P.1

RECEIVED

NOV 05 2007

VOGEL, SLADE & GOLDSTEIN, LLP

Attorneys at Law

WWW.VOGELSLADEGOLDSTEIN.COM

SCDHHS
Office of General Counsel

Robert L. Vogel
Shelley R. Slade
Janet L. Goldstein

5225 Wisconsin Ave., NW #502
Washington, DC 20015
Tel: 202-537-5900
Fax: 202-537-5905

FAX TRANSMISSION FORM

TO: Mr. Bryan Kost
Senior Consultant, Department of Health & Human Services

PAGE: 1 of 3

DATE: November 5, 2007

FAX: 803-255-8235

FROM: Shelley R. Slade, Esq.
Tel.: 202-537-5900

COMMENTS:

RECEIVED

NOV 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Log: Myers/Folk

C: Singh
Slade

lost.
"ano sin"

IMPORTANT NOTICE: THIS DOCUMENT MAY CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE CONTACT THE SENDER IMMEDIATELY AT (202) 537-5900, REFRAIN FROM READING OR DISCLOSING THE CONTENTS OF THIS COMMUNICATION, AND, PENDING RECEIVING INSTRUCTIONS FROM THE SENDER AS TO HOW TO DISPOSE OF THE COMMUNICATION, STORE THE COMMUNICATION IN A SECURE LOCATION WHERE IT WILL NOT BE READ BY OTHERS. THANK-YOU.

11/05/2007 11:28AM

VOGEL, SLADE & GOLDSTEIN, LLP

Attorneys at Law

WWW.VOGELSLADEGOLDSTEIN.COM

Robert L. Vogel
Shelley R. Slade
Jennie L. Goldstein

5225 Wisconsin Ave., NW #502
Washington, DC 20015
Tel 202-537-5900
Fax 202-537-5905

November 5, 2007

VIA FACSIMILE

Memorandum

To: Mr. Bryan Kost
Senior Consultant, Department of Health & Human Services

SCDHHS
Office of General Counsel

From: Shelley Slade, Esq.
Vogel, Slade & Goldstein, LLP

Re: Public Records Request

RECEIVED

NOV 05 2007

Dear Mr. Kost:

Pursuant to South Carolina's Freedom of Information Act, we respectfully request any and all documents that constitute, reflect or discuss audits of Medicaid pharmacies' compliance with the usual and customary charge rule, stated in Sections 1 and 2 of South Carolina's Medicaid Provider Manual for Pharmacy Services. We request any and all such documents created between January 1, 1997 and January 1, 2007.

We understand that we will be asked to pay, consistent with your standard policies and procedures, for the costs of the search. We would appreciate learning in advance the likely fees so that we will have an opportunity to narrow or change the request, if appropriate. For mailing and billing purposes, here is our contact and tax information:

Vogel, Slade & Goldstein, LLP
Attn: Shelley Slade, Esq.
5225 Wisconsin Ave., NW, Suite 502
Tel.: (202) 537-5900
Fax: (202) 537-5905
Tax ID No.: 52-2223745

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley R. Slade". The signature is written in a cursive, flowing style.

Shelley R. Slade