

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Robert Singleton/FOIA</i>	DATE <i>12-23-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000154</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Brooks, Mallis</i> <i>cleared 2/6/15, letter</i> <i>attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>1-7-15</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.			

DEC 23 2014

Department of Health & Human Services
OFFICE OF THE DIRECTORTim L. Hewson
Member
Admitted in SC

December 18, 2014

VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED

No. 7014 2120 0003 9547 9145

Christian Soura, Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29201Re: Freedom of Information Act Request
FirstChoice Healthcare, P.C. (FirstChoice)
Select Health of South Carolina, Inc. (Select Health)

Dear Mr. Soura:

On behalf of my client, FirstChoice Healthcare, P.C., and pursuant to the Freedom of Information Act SC Code Ann § 30-4-10 et seq., I am submitting this request for copies of the following information:

Charleston
Charlotte
ColumbiaGreensboro
Greenville
Hilton HeadMyrtle Beach
Raleigh

1. All contracts/agreements between Select Health and the South Carolina Department of Health and Human Services (HHS) relating to South Carolina's administration of the Medicaid Program for the time period January 1, 2011 to the present.

2. All emails or other communications regarding FirstChoice for the time period January 1, 2011 to the present.

3. All emails or other communications between Select Health and HHS relating to FirstChoice for the time period January 1, 2011 to the present.

4. A copy of all urinary drug testing policies and criteria used by HHS or Select Health in making payment decisions to providers for the time period January 1, 2011 to the present.

5. All medical necessity criteria used by HHS or Select Health in making payment decisions to FirstChoice for the time period January 1, 2011 to the present.

Christian Soura, Director
South Carolina Department of Health and Human Services
December 18, 2014
Page 2

6. All emails, correspondence or other communications that discuss or otherwise address provider-owned laboratories for the time period January 1, 2011 to the present.

7. All communications and correspondence, including emails between Select Health and HHS regarding provider-owned laboratories for the time period January 1, 2011 to the present.

8. Copies of all overpayment determinations issued by HHS or Select Health to any South Carolina provider under Select Health's contract with HHS related to urinary drug confirmatory testing. This includes provider-owned laboratories and reference laboratories in South Carolina.

Very truly yours,



Tim L. Hewson

cc: Michael Molony (via email mmolony@ycrlaw.com)

Nikki Haley GOVERNOR
Christian L. Saura INTERIM DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

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:



February 6, 2015

Tim L. Hewson
Nexsen Pruet, LLC
PO Box 2426
Columbia, SC 29202

Re: Freedom of Information Act Request
FirstChoice Healthcare, P.C. (FirstChoice)
Select Health of South Carolina, Inc. (Select Health)

Dear Mr. Hewson:

Your request for information was referred to me to handle. You have requested information regarding FirstChoice Healthcare, P.C. Specifically you requested the following:

1. All contracts/agreements between Select Health and the South Carolina Department of Health of Human Services (HHS) relating to the South Carolina's administration of the Medicaid Program for the time period January 1, 2011 to the present.
 - Please See Attachment #1
2. All e-mails or other communications regarding FirstChoice for the time period January 1, 2011 to the present.
 - Please See Box #3
3. All e-mails or other communications between Select Health and HHS relating to FirstChoice for the time period January 1, 2011 to the present.
 - Please See Box #3
4. A copy of all urinary drug testing policies and criteria used by HHS or Select Health in making payment decisions to providers for the time period January 1, 2011 to present.
 - Please See Attachment #2
5. All medical necessity criteria used by HHS or Select Health in making payment decisions to Oaktree for the time period January 1, 2011 to the present.
 - Please See Attachment #3

6. All emails, correspondence or other communications that discuss or otherwise address provider-owned laboratories for the time period January 1, 2011 to the present.

- **No Results Produced**

7. All communications and correspondence, including e-mails between Select Health and HHS regarding provider-owned laboratories for the time period January 1, 2011 to the present.

- **No Results Produced**

8. Copies of all overpayment determinations issues by HHS or Select Health to any South Carolina provider under Select Health's contract with HHS related to urinary drug confirmatory testing. This includes provider-owned laboratories and referenced laboratories in South Carolina.

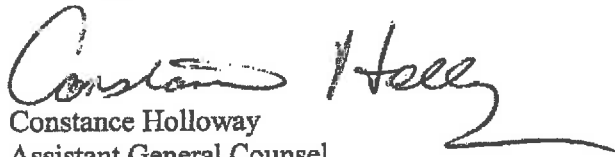
- **See Attachment #4**

Our expense for extracting this information is one hundred fifty eight and 60/100 dollars (\$158.60). 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

Thank you for your request. If you have any questions, please feel free to contact me at 803-898-0062.

Sincerely,


Constance Holloway
Assistant General Counsel