

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-20-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000216</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. For Lner</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Change to N/A per selectivity</i>	<input type="checkbox"/> FOIA DATE DUE _____
<i>on 10/20/08 e-mail attached</i>	<input checked="" 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.			

From: Felicity Myers
To: Brenda James
Date: 10/23/2008 4:22 pm
Subject: Log 216

Brendan
Please relog as necessary action

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

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2. DATE SIGNED BY DIRECTOR <i>CE: Ms. Forlner</i> <i>[Signature]</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10/27/08</i> <input type="checkbox"/> FOIA DATE DUE _____ <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.			

From: Rhonda Morrison
To:
CC: POLATTYJ@scdhs.gov
Date: 10/17/2008 7:54 PM
Subject: Fwd:

David Hinson forwarded me the attached OIG request for data. It references an enclosure which didn't make it in the email so Jan, if you receive the hardcopy to Emma, please forward it to Kevin's group (right, Kevin?).

David said the OIG is having trouble obtaining MSIS data from CMS (imagine) so they are having to go to the states to get it. Looks like they want 2007 claims data.

Rhonda W. Morrison, Bureau Chief
Bureau of Federal Contracts
S.C. Dept of Health & Human Services
Office: 803-898-2999
morrison@scdhs.gov



OCT 20 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of Inspector General
SERVICE, Office of Audit Services
REGION IV

nr'T 1 5 '8 61 Forsyth Street, S. W., Suite 3T41

01

4., Atlanta, Georgia 30303

Ms. Emma Forkner, Director

South Carolina Department of

Health and Human Services

1801 Main Street

Columbia, South Carolina 29201

Dear Emma Forkner:

The U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG) is requesting extracts of Medicaid files from your agency. As requested by the Centers for Medicare & Medicaid Services (CMS), HHS/OIG is expanding review efforts in the Medicaid fraud and abuse area.

OIG performs independent reviews of HHS programs pursuant to the Inspector General Act of 1978 (Act). Section 6(a)(1) of the Act (5 U.S.C. App., section 6(a)(1)) authorizes OIG" . . . to have access to all records, reports, audits, reviews, documents, papers, recommendations, or other material available to [HHS] which relate to programs and operations with respect to which the Inspector General has responsibilities under this Act."

Under the health information privacy regulation that implements the Health Insurance Portability and Accountability Act of 1996, providing the information requested by this letter is a permitted disclosure since it (a) is "required by law" to be produced to the OIG as part of your participation in a government benefits program (45 CFR§164.5 12(a) and 164.103) and (b) will be used for "health oversight" activities by OIG, which meets the definition of a "health oversight agency" (45 CFR§ 164.512(d) and 164.501).

Please see the enclosure, "Requested Columns by File Type," for specific information on the data request parameters. We are requesting extracts of Provider and Claim files within the following parameters:

- State fiscal year 2007 (Please specify time frame);
- claim dates of service;
- encrypted for transfer using an industry standard encryption methodology; and
- in the following media options:
 - o DVD;
 - o CD;or
 - o mainframe cartridge(s) e.g. 3480/3490.

Page 2 - Ms. Emma Forkner

A data dictionary, file layout, table descriptor, or similar documentation should accompany the data provided for each different file type. Please e-mail any passwords separately, or provide them over the telephone to the auditor below.

If you expect the amount of data to be small enough for a personal computer, please provide it on CD or DVD in a standard format such as text file or Access database. If the

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OCT 20 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

file is too large to manipulate on a PC (i.e., it requires mainframe processing), the media should include the following:

- 18- or 36-track magnetic cartridge (tape) (36-track standard);
- standard IBM labels (tape format);
- tape volume serial number and data set name;
- record length and block size; and
- record layouts for each claim type.

Regardless of the format provided, please include reconciliation information to verify that the file is accurate and complete (i.e., a report with total record counts by file type).

If you provide tapes, we anticipate returning all of them to you upon completion of our processing.

We will arrange for a courier to pick up the media from you.

We would appreciate your prompt attention to this request.

If you have any questions or concerns about this data request, please call Dana Duncan at (404) 562-7775. Thank you in advance for your assistance.

Sincerely,

Peter J. Barbera

Regional Inspector General

for Audit Services

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General
Office of Audit Services

Original

OCT 15 2008

REGION IV
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Atlanta, Georgia 30303

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Columbia, South Carolina 29201

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Peter J. Barbera
Regional Inspector General
for Audit Services

Enclosure

Requested Columns by File Type

Rx	
Transaction control number (TCN)	Last Name
Accounting Code	Date of Birth
Claim status	Medicare Indicator
Input Form	Nursing Home Indicator
First date of service	Credit Indicator
Last date of service	TCN to Credit
Paid date	Prescription number
Total Charges	NDC Code
Recipient paid	Drug name
Third Party Liability (TPL) paid	Drug Strength
Medicare paid	Prescriber
Reimbursement amount	License
Provider number	Days supplied
Provider specialty	Quantity
Provider Type	Dispensing fee
Recipient ID	Allowed Charges
Recipient Original ID	Carrier Code
Assistance Category	Miscellaneous Provider Indicator
Poverty Indicator	Miscellaneous Provider
County	Procedure Code
ZIPcode	Procedure Code Modifier
First Name	Diagnosis Code

Requested Columns by File Type

Capitation

Transaction control number (TCN)
Accounting Code
Claim status
Input Form
First date of service
Last date of service
Paid date
Total Charges
Reimbursement amount
Provider number
Provider Type
Provider County
Recipient ID
Recipient Original ID
Assistance Category
Poverty Indicator
County
ZIPcode
Date of Birth
First Name
Last Name
Medicare Indicator
Nursing Home Indicator
HMO Capitation Group
Credit Indicator
TCN to Credit
FFP Indicator

Line Item Information:

Number of lines
Submitted Units
Units Allowed
Allowed Charges
Procedure Charge
Procedure Code

Requested Columns by File Type

Inpatient and Outpatient

Input Form	Attending Provider Number
Accounting Code	Attending Provider License
Claim status	Performing Provider Number
First date of service	Performing Provider License
Last date of service	Provider Charge Factor
Paid date	Covered Days
Total Charges	Medicare Provider Number
Recipient paid	Patient Status
Third Party Liability (TPL) paid	Admission Date
Medicare paid	Diagnosis Codes
Reimbursement amount	Nursing Home Hospital Days
Provider number	Nursing Home Home Days
Provider specialty	Nursing Home Termination Code
Provider Type	Nursing Home Action Code
Pay to Provider	Nursing Home Discharge Code
Pay to Provider Type	Nursing Home Discharge Date
HMO Indicator	Surgical Procedure Codes
Recipient ID	Medicare Deductible
Recipient Original ID	Medicare Coinsurance
Assistance Category	Medicare Date Paid
Poverty Indicator	FFP Indicator
County	
ZIPcode	
Date of Birth	Line Item Information:
First Name	Total Number of Lines
Last Name	Procedure Code
Medicare Indicator	Modifier – 1 st
Nursing Home Indicator	Modifier – 2 nd
HMO Capitation Group	Modifier – 3 rd
Credit Indicator	Modifier – 4 th
Transaction control number (TCN)	Service Date
TCN to Credit	Units of service
Allowed Charges Total	Revenue Code
Allowed Charge Source	Allowed Charges

Requested Columns by File Type

Medical

Transaction control number (TCN)	Diagnosis Code
Accounting Code	Private Transportation Type
Claim status	Trip Code
Input Form	Private Transportation Patient Status
First date of service	Injury Code
Last date of service	Injury Date
Paid date	Provider Treating
Total Charges	Provider Referring
Recipient paid	Medicare Approved Amount
Third Party Liability (TPL) paid	Medicare Deductible
Medicare paid	Medicare Coinsurance
Reimbursement amount	FFP Indicator
Provider number	Third Party Liability (TPL) Carrier Code
Provider specialty	Miscellaneous Provider Indicator
Provider Type	Miscellaneous Provider
Provider County	
Provider ZIPcode	
HMO Indicator	
Recipient ID	Line Item Information:
Recipient Original ID	Number of Lines
Assistance Category	Date of Service
Program Code	Submitted Units of Service
Poverty Indicator	Units of service
County	Allowed Charges
ZIPcode	Procedure Charge
Date of Birth	TPL Amount
First Name	Diagnosis Codes
Last Name	Facility Code
Medicare Indicator	Place of Service
Nursing Home Indicator	Procedure Code
HMO Capitation Group	Modifier – 1st
Credit Indicator	Modifier – 2nd
TCN to Credit	Modifier – 3rd
	Modifier – 4th

Requested Columns by File Type

Provider/Prescriber Table

Number
Name
Street Address (1st)
Street Address (2nd)
City
State
Zipcode
County Code
County
License Number
Conv License Number
Provider Type
Provider Specialty
Group Number
Group Name