

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Medical Services / Gipse</i>	<i>3-1-11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100,382</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 3/10/11, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-10-11</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.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General
Office of Evaluation and Inspections
Region VII
1201 Walnut Street, Suite 934
Kansas City, Missouri 64106

February 22, 2011

Ms. Emma Forkner, Director
Department of Health & Human Services
P.O. Box 8206
1801 Main Street
Columbia, SC 29201-8206

RECEIVED

FEB 28 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner,

The U.S. Department of Health and Human Services, Office of the Inspector General (OIG), Office of Evaluation and Inspections, conducts program evaluations to improve the integrity of the programs administered by the Department. OIG is conducting an evaluation to determine the extent to which Medicare payment rates for laboratory tests vary from State Medicaid fee-for-service program payment rates.

To conduct this evaluation, we request that you provide us with the contact name, street address, telephone number, and email address of the individual in your State Medicaid program familiar with the laboratory test fee schedule. Please send the contact information to Tricia.Fields@oig.hhs.gov or fax it to (816) 426-2146 by March 11, 2011.

After receiving the contact information, we will send a letter to that individual requesting the laboratory test fee schedule and answers to a short survey about the formulation of the fee schedule. The Inspector General Act [5 U.S.C. App 3, section 6(a)(1)] authorizes our access to this information.

We look forward to receiving information from your State regarding laboratory services. If you have questions or need additional information, please contact Tricia Fields at (816) 426-4956 or via email at Tricia.Fields@oig.hhs.gov.

Sincerely,

/s/

Brian T. Pattison
Regional Inspector General
for Evaluation and Inspections

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR
ACTION REFERRAL

Val

TO <i>Medical Services / Giese</i>	DATE <i>3-1-11</i>
---------------------------------------	---------------------------

DIRECTOR'S USE ONLY 1. LOG NUMBER <div style="text-align: center;"><i>1101382</i></div> 2. DATE SIGNED BY DIRECTOR <div style="height: 40px;"></div>	ACTION REQUESTED <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-10-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
---	--

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1. <i>Val Williams</i>	<i>3-7-11</i>		
2. <i>BG Giese</i>	<i>3-10-11</i> <div style="text-align: right;"><i>OK</i></div>		
3.			
4.			

RECEIVED

Dept. of Health
& Human Services

MAR 01 2011

Bureau of
Health Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Office of Evaluation and Inspections
Region VII
1201 Walnut Street, Suite 934
Kansas City, Missouri 64106

February 22, 2011

Ms. Emma Forkner, Director
Department of Health & Human Services
P.O. Box 8206
1801 Main Street
Columbia, SC 29201-8206

RECEIVED

FEB 28 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner,

The U.S. Department of Health and Human Services, Office of the Inspector General (OIG), Office of Evaluation and Inspections, conducts program evaluations to improve the integrity of the programs administered by the Department. OIG is conducting an evaluation to determine the extent to which Medicare payment rates for laboratory tests vary from State Medicaid fee-for-service program payment rates.

To conduct this evaluation, we request that you provide us with the contact name, street address, telephone number, and email address of the individual in your State Medicaid program familiar with the laboratory test fee schedule. Please send the contact information to Tricia.Fields@oig.hhs.gov ~~fax to (816) 426-2146~~ by March 11, 2011.

After receiving the contact information, we will send a letter to that individual requesting the laboratory test fee schedule and answers to a short survey about the formulation of the fee schedule. The Inspector General Act [5 U.S.C. App 3, section 6(a)(1)] authorizes our access to this information.

We look forward to receiving information from your State regarding laboratory services. If you have questions or need additional information, please contact Tricia Fields at (816) 426-4956 or via email at Tricia.Fields@oig.hhs.gov.

Sincerely,

/s/

Brian T. Pattison
Regional Inspector General
for Evaluation and Inspections

March 10, 2011

Fax Transmittal: (816) 426-2146

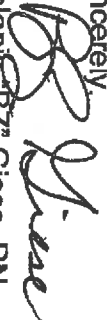
Mr. Brian T. Pattison
Regional Inspector General for Evaluation and Inspections
1201 Walnut Street, Suite 9344
Kansas City, Missouri 64106

Dear Mr. Pattison:

Thank you for your letter requesting contact information regarding the South Carolina Medicaid laboratory test fee schedule. All correspondence concerning this matter should be directed to:

Ms. Valeria Williams, Division Director
Division of DME, Pharmacy and Physician Services
1801 Main Street
Columbia, South Carolina 29202-8206
Telephone: (803) 898-3477
Email: willval@scdhhs.gov

Please do not hesitate to contact Ms. Williams to assist with submitting the required fee schedules and responding to survey questions.

Sincerely

Melanie "BZ" Giese, RN
Bureau Director

MG/rws