

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/FOIA	1-2-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101197	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Singleton, Cox Cleared 1/17/13, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 1-16-13
	<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.			



Walter H. Cartin
Associate
Telephone: 803.253.6840
Direct Fax: 803.255.8017
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Charleston, SC
Charlotte, NC
Columbia, SC
Raleigh, NC
Spartanburg, SC

December 20, 2012

VIA FACSIMILE 803.255.8235

Freedom on Information Act Coordinator
South Carolina Department of Health & Human Services
Post Office Box 8206
1801 Main Street, 11th Floor
Columbia, South Carolina 29202-8206

RECEIVED

DEC 21 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: *Freedom of Information Act Request*

Dear Sir or Madam:

Pursuant to the South Carolina Freedom of Information Act, we are requesting copies of the following:

1. All written regulations, procedures, manuals, memoranda, and policy/position statements, of any kind whatsoever, that the South Carolina Department of Health & Human Services ("SCDHHS") uses to determine whether an inpatient admission is appropriate (for purposes of determining medical necessity and the appropriateness of any charges billed to the Medicaid Program by a provider), including copies of any manuals, guides, regulations, or procedures utilized or created by SCDHHS's Medicaid recovery audit contractor ("RAC") Health Management Systems, Inc. ("HMS")
2. A copy of any contracts between SCDHHS and its Medicaid RAC contractor HMS.
3. A copy of any and all communications, including email correspondence, between SCDHHS and HMS, as well as all non-privileged internal SCDHHS communications, regarding Medicaid RAC Appeal numbers 12-PA-034, 12-PA-035, 12-PA-036, 12-PA-037, and 12-PA-038, appropriately redacted to prevent disclosure of any protected health information, as the term is defined in the Health Insurance Portability and Accountability Act and its regulations, included in the communications.

I would appreciate it if you would notify me when the materials are ready so that I may arrange for our courier to pick up the same. Of course, we agree to pay the usual and customary fees for providing this information. However, if it appears that the costs will exceed \$250.00, please contact my office prior to reproducing any documents.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Walter H. Cartin

WHC/ccq

PPAB 2034219v1



Parker Poe

1201 Main Street
Suite 1450
P.O. Box 1509
Columbia, SC 29202-1509
Telephone: 803.255.8000
Fax: 803.255.8017
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Charleston, SC
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Facsimile Transmission Cover Sheet

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Category of Fax:

Confidential Secret

In case of difficulty in transmission of Facsimile, please call: 803.253.8921

To:
**Freedom on Information Act
Coordinator**

Company:
SCDHHS

Fax No.
803.255.8235

From: **Walter H. Cartin**

Date: **December 20, 2012**

Comments:

Total number of pages including cover: 2

Transmitted by: _____

Time: _____

****Notice****

The information contained in this facsimile is privileged and/or confidential and is intended only for the use of the person to whom it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute or copy the materials attached hereto without the prior written consent of the sender. If you have received this facsimile in error, please notify the sender by collect telephone call and return the original facsimile to us at the above address by U.S. postal service and we will reimburse you for the required postage.
Thank you.



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QP

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Freedom on Information Act Coordinator
SC Department of Health & Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206



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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:



January 17, 2013

Mr. Walter H. Cartin
Parker, Poe, Adams & Bernstein
Attorneys and Counselors at Law
P. O. Box 1509
Columbia, SC 29202-1509

Re: FOIA Request

Dear Mr. Cartin:

Enclosed is some of the information you requested. For Program Integrity reviews generally the Department is guided by the regulations found at:

- 42 CFR, 455, Subpart F – Medicaid Recovery Audit Contractors Program
- 42 CFR, 456, Utilization Control – Subpart A and Subpart B
- 42 CFR 476, Subpart C – Review Responsibilities of Utilization and Quality Control Quality Improvement Organizations

In addition, for hospital reviews, the Hospital Services Provider Manual applies. This document is available on the agency's website at www.scdhhs.gov/service/provider-manuals. HMS, as you correctly identify as the Medicaid RAC, applies those documents plus the InterQual (for the appropriate year) Evidenced-Based Criteria. That is a proprietary document, but many hospitals, including the ones that were the subjects of these reviews, subscribe. We are still looking for other guidance and will supplement or let you know that nothing further is available by next Friday, January 25, 2013.

The redacted contracts are on the enclosed disk. The communications requested in item three of your request are enclosed in hard copy.

Our expense for preparing and reproducing the enclosed information is twenty five and five hundredths dollars (\$25.05). We imagine that the cost of the additional information will be minimal. The documents are true and accurate copies of information kept in the normal course of Department business. 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

Mr. William H. Cartin
January 17, 2013
Page 2 of 2

I hope this information is helpful to you. Please contact me if there are any questions. My direct is (803) 898-2791.

Sincerely,



Richard G. Hepfer
Deputy General Counsel

Enclosures

cc: Lynette Wilson, Receivables (w/o enclosures)