

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 100199	<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.			

RECEIVED

JAN 02 2013

**ORR, ELMORE & ERVIN, LLC**

ATTORNEYS AND COUNSELORS AT LAW

504 SOUTH COIT STREET

P.O. BOX 2527

FLORENCE, SOUTH CAROLINA 29503

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

LAWRENCE B. ORR  
KATHY PRICE ELMORE  
GENA PHILLIPS ERVIN  
ASHLEY B. NANCE

TELEPHONE (843) 667-6613  
FACSIMILE (843) 667-0340

December 31, 2012

Ms. Kim Cox  
Director of Communications  
SCDHHS  
P.O. Box 8206  
Columbia, SC 29202

Re: Hope Brown, et al v. Scott Ross, et al  
Case No.: 2011-CP-21-2753  
My File No.: 6449.001

Dear Ms. Cox:

Pursuant to the Freedom of Information Act, I am writing to request a complete copy of the file of the South Carolina Department of Health and Human Services pertaining to an investigation of the Division of Program Integrity for a post-payment review of Medicaid billing records for Pharmacy Express, LLC. It is my understanding that the on-site investigation was conducted in October, 2008, and covered claims for services rendered from January 1, 2006 through June 30, 2007.

In the event that you are not the proper recipient to handle this request, I would respectfully request that you notify me immediately and provide me with the appropriate individual to direct our request to avoid any delay in receipt of this information.

With kind regards, I am

Yours very truly,

ORR, ELMORE & ERVIN, LLC

BY:

  
KATHY PRICE ELMORE

KPE:ard

cc: Mr. Scott Ross  
Mr. Adam Holland



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

Ms. Kathy Price Elmore  
Orr, Elmore & Ervin, LLC  
Attorneys and Counselors at Law  
504 South Coit Street  
Florence, SC 29503

Re: Hope Brown, et al v. Scott Ross  
Your file No.: 6449,001

Dear Ms. Elmore:

Enclosed as you requested is the first part of the file regarding Pharmacy Express. These are redacted copies of the paper portion of the file. We must redact personally identifiable information and we redact the tax IDs and legacy provider numbers for other providers that appear in the file.


There remain to be copied and redacted, the photographed patient files and other records kept on compact disks for the review. We anticipate that the cost for printing, redacting and copying the remaining information will be about the same as it was to produce the enclosed information, but that is only an estimate. The remaining documents should be ready by the end of January.

Our expense for preparing and reproducing the enclosed information is three hundred eighty one and 49/100 dollars (\$381.49). These 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

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)