

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton	11/21/06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000367	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR AC: Bowling	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>12/7/06</u>
* Please note request for response by 12/8/06.	<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. Cleared 12/8/06, response attached			
2.			
3.			
4.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Office of Evaluation and Inspections
Region 1
John F. Kennedy Federal Building
Boston, MA 02203
(617) 565-1050

November 16, 2006

RECEIVED

NOV 20 2006

Mr. Robert Kerr, Director
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

You recently received a letter from this office informing you about our study on referrals of providers to the Office of Inspector General (OIG) who may be considered for exclusion from Federal health care programs. Enclosed you will find a survey and an instruction sheet for submitting data on providers sanctioned by your State's Medicaid Agency. We ask that both the survey and the data request be completed by you or a designee who is knowledgeable about provider enrollment/disenrollment and can provide the State's perspective.

The instructions sheet outlines the information we are requesting for providers sanctioned by your State's Medicaid agency in calendar years 2004 and 2005. We request that you provide the data in an electronic format. We also request that you list your State's sanction authorities on the pink cover sheet.

The enclosed survey seeks information about the experience of your State's Medicaid agency in referring sanctioned providers to the OIG. We estimate that the survey will take about 15 minutes to complete. We plan to report the data from this survey in aggregate form only, without identifying individual States.

Please send the requested data and completed survey to our office by **Friday, December 8, 2006**. We have enclosed a prepaid FedEx shipping label for your convenience.

The authority for the study is found in the Inspector General Act (5 U.S.C. App.) at §§ 2, 4 and 6 of the Act, which authorize the Inspector General to conduct inquiries and make recommendations relating to the economy, efficiency and effectiveness of programs administered or funded by the Department of Health and Human Services.

If you have any questions regarding the survey or the study, please contact Maria Maddaloni at 617-565-1759. Thank you for your cooperation.

Sincerely,

Joyce M. Greenleaf
Regional Inspector General for Evaluation and Inspections

enclosures



OIG Study – State Medicaid Agency Referrals

Instructions for Mailing Requested Information

- Complete the enclosed survey. You may either mail the completed survey with the diskette/CD-ROM or fax it to (617) 565-3751.
- Assemble requested data elements into an electronic file.
- Using PKZip or WinZip, encrypt the file using 256-bit AES encryption.
- Save the file on a diskette or CD-ROM.
- Complete the pink cover sheet with your contact information and your State's legal citations for final actions.
- Assemble the completed pink cover sheet, diskette/CD-ROM, and completed survey (unless you have already faxed the survey). Using the enclosed FedEx envelope and prepaid airbill, send the assembled materials by **Friday, December 8, 2006** to:

Bailey Orshan
HHS-OIG-OEI
JFK Federal Building, Room 2225
Boston, MA 02203
Phone: 617-565-4024

***If you have questions about this request, please call
Bailey Orshan at 617-565-4024.***

Thank you for completing this data request!



OIG Study – State Medicaid Agency Referrals

Data Request

The instructions below specify (1) the criteria for data submission of final actions, (2) the list of data elements requested for each action, (3) requested citations for your State's sanction authorities, and (4) how to compile the requested information.

1. Criteria for data submission

Pursuant to Section 1128(b)(5) of the Social Security Act and 42 CFR 1001.601, we request data on individuals and entities/businesses for which your State Medicaid agency took the following actions between January 1, 2004 and December 31, 2005:

- o Program suspensions;
- o Program exclusions;
- o Other actions that limit the ability of an individual or entity/business to participate in your State's Medicaid program regardless of what such an action is called; and
- o Situations where an individual or entity/business voluntarily withdraws from your State's Medicaid program to avoid a formal sanction.

2. Data Elements

For each final action meeting the criteria listed above, please provide the following:

Individual

1. First Name
2. Middle name or middle initial
3. Last name
4. Street
5. City
6. State
7. Zip
8. Date of birth
9. Type of profession (such as physician, nurse, or administrator)
10. Social Security number
11. Action taken against the individual by your State Medicaid agency (as defined above)
12. Date of action taken
13. Basis for final action. Please choose one of the following categories:
Conviction, Licensing board action, Suspected financial fraud/abuse, or Regulatory violation.

Entity/Business

1. Entity/Business Name
2. Street
3. City
4. State
5. Zip
6. Type of entity/business (such as a lab or nursing facility)
7. Employer identification number
8. Action taken against the entity/business by your State Medicaid agency (as defined above)
9. Date of action taken
10. Basis for final action. Please choose one of the following categories:
Conviction, Licensing board action, Suspected financial fraud/abuse, or Regulatory violation.

3. State sanction authorities

We request the legal citations for your State's laws and regulations concerning actions that can be taken against providers that participate in your State's Medicaid program. These actions include sanctions, suspensions, program exclusions, and any other actions that limit the ability of a provider to participate in your State's Medicaid program regardless of what such an action is called. Please write these citations on the enclosed pink cover sheet.

4. How to compile the requested information

We request that you send us the data in an electronic format on a diskette or CD-ROM. To ensure the security of the data you send, please do not send your data via email.

1. Please compile the data in one of the following formats:
 - Spreadsheet: Microsoft Excel 2000 or an earlier version, Quattro Pro 12 or an earlier version, or Lotus.
 - Word processing table: Microsoft Word 2000 or an earlier version, or WordPerfect
 - Database table: Microsoft Access, dbase, FoxPro, or Paradox
 - SAS data set
 - Delimited text file
2. Make sure that the file you are sending contains all actions meeting the criteria outlined under "criteria for data submission" on the previous page.
3. For each action, make sure that all requested data are included for each individual or entity/business.
4. Encrypt the file using 256-bit AES encryption with PKZip/WinZip (available for free) using the password 'exclusions2006'. For assistance with encryption, please contact Bailey Orshan at 617-565-4024.
5. Save the file to a diskette or CD-ROM. If possible, please zip or compress the file.

To maintain data security, do not enclose this instructions sheet or the encryption password when mailing your data.



OlG study – State Medicaid Agency Referrals Survey

The Office of Inspector General (OlG) is conducting this survey as part of a national study on referrals of final sanction actions by State Medicaid programs. The information from this study may also aid in targeting future outreach efforts made by OlG relative to exclusions.

This survey has four sections that ask about your experience with the following:

- Referral information
- OlG communication on referring providers with final actions
- Barriers to referring providers with final actions
- General comments

Who should complete the survey?

The State Medicaid agency's director or designee who is knowledgeable about provider sanctions and who can provide the State's perspective.

When is the deadline for completing the survey?

Please mail the survey by **Friday, December 8, 2006**

Where to send completed surveys?

Fax: (617) 565-3751 Attention: Bailey Orshan

Mail: Bailey Orshan
HHS-OIG-OEI
JFK Federal Building, Room 2225
Boston, MA 02203

Who to contact with questions?

Bailey Orshan at 617-565-4024 or bailey.orshan@oig.hhs.gov

Contact Information for State Medicaid Agency Survey Respondent

State: **South Carolina**

Name of person completing the survey: _____

Title: _____

Telephone number: _____

E-mail address: _____

Terms used in this survey

In this survey, we use the term **provider** to refer to any individual, entity, or business that participates, or has participated, in your State's Medicaid program.

We use the term **final actions** to refer to actions taken against a provider for reasons bearing on the provider's professional competence, professional performance, or financial integrity. Pursuant to Section 1128(b)(5) of the Social Security Act and 42 CFR 1001.601, the final actions that your State Medicaid agency should refer to OIG include:

- Program suspensions;
- Program exclusions;
- Other actions that limit the ability of a provider to participate in your State's Medicaid program regardless of what such an action is called; and
- Situations in which a provider voluntarily withdraws from your State's Medicaid program to avoid a formal sanction.

Referral information

1. Is there a designated person in your Medicaid agency who refers providers with final actions to OIG?

- Yes
- No
- Don't know

2. If yes, what is this person's title?

3. If no or don't know, who makes the referrals to OIG?

4. If you have questions concerning exclusions, do you know whom to contact in OIG?

- Yes
 No → Skip to question 6
5. If yes, who is your contact person?
-

OIG communication on referring providers with final actions

6. In the past 2 years, has OIG provided your State Medicaid agency with information concerning the Federal exclusions program? (This information may include, but is not limited to, information concerning statutory/regulatory authorities and instructions on referring providers to OIG.)

- Yes
 No → skip to question 9 on the next page
 Don't know → skip to question 9 on the next page

7. If yes, what areas did the information provided by OIG cover?

	<i>check one box for each item</i>	
	Covered	Did not cover
Federal exclusion authorities	<input type="checkbox"/>	<input type="checkbox"/>
Effect of Federal exclusions	<input type="checkbox"/>	<input type="checkbox"/>
When to refer a provider to OIG	<input type="checkbox"/>	<input type="checkbox"/>
Documentation to send to OIG when referring providers with final actions	<input type="checkbox"/>	<input type="checkbox"/>
Other (please indicate below)	<input type="checkbox"/>	<input type="checkbox"/>

8. How helpful did your State Medicaid agency find the information provided by OIG?

- Very helpful
 Somewhat helpful
 Not very helpful
 Not at all helpful

9. In the past 2 years, has your State Medicaid agency had discussions with OIG concerning referrals of providers with final actions?

- Yes
- No → skip to question 12
- Don't know → skip to question 12

10. If yes, who initiated the discussions between OIG and your State's Medicaid agency?

- OIG
- State Medicaid agency
- Other (please indicate) _____
- Don't know

11. How helpful did your State Medicaid agency find the information you received from these discussions?

- Very helpful
- Somewhat helpful
- Not very helpful
- Not at all helpful

12. After your agency has referred a provider with final actions to OIG, how often is your State Medicaid agency kept informed of the outcome of OIG's review of the final action?

- All of the time
- Most of the time
- A little of the time
- Never
- Don't know

Barriers to referring providers with final actions

Below, please indicate the extent to which the following have been barriers for your Medicaid agency to referring providers with final actions to OIG. If you check **major barrier**, please explain your response.

13. Shortage of staff within your agency to send the referrals

- Not a barrier
- Minor barrier
- Major barrier

14. If you checked **major barrier**, please explain your response on the lines below.

15. Staff turnover within your agency

- Not a barrier
- Minor barrier
- Major barrier

→ 16. *If you checked major barrier, please explain your response on the lines below.*

17. Budget constraints within your agency

- Not a barrier
- Minor barrier
- Major barrier

→ 18. *If you checked major barrier, please explain your response on the lines below.*

19. Other priorities of State Medicaid agency staff

- Not a barrier
- Minor barrier
- Major barrier

→ 20. *If you checked major barrier, please explain your response on the lines below.*

21. Unsure of the final actions that need to be referred to OIG

- Not a barrier
- Minor barrier
- Major barrier

→ 22. *If you checked major barrier, please explain your response on the lines below.*

23. Unclear guidance/instructions from OIG concerning the documentation to send with referrals.

- Not a barrier
- Minor barrier
- Major barrier

→ 24. *If you checked major barrier, please explain your response on the lines below.*

25. Unsure of whom to contact in OIG with questions concerning referrals of providers with final actions.

- Not a barrier
- Minor barrier
- Major barrier

→ 26. *If you checked major barrier, please explain your response on the lines below.*

27. If other factors exist that impede your State Medicaid agency's referral of final actions to OIG, please write them below.

28. What additional outreach or information would you like to have from OIG concerning referrals of providers with final actions?

29. If you have any other comments to share with us regarding referrals of providers with final actions, please write them below.

THANK YOU!

This completes the survey. Thank you for taking the time to respond to this survey. Please mail the completed survey by **Friday, December 8, 2006** to:

Bailey Orshan
HHS-OIG-OEI
JFK Federal Building, Room 2225
Boston, MA 02203

or fax it to (617) 565-3751 Attention: Bailey Orshan

Also, if you have not done so already, please mail us your electronic data file as outlined in the "Instructions for Data Request" document.



OIG Study – State Medicaid Agency Referrals

Cover Sheet

Please complete this sheet and mail along with the requested information by
Friday, December 8, 2006.

State: South Carolina

Name of person fulfilling this data request: _____

Title of person fulfilling this data request: _____

Telephone number: _____

E-mail address: _____

Survey (please check the appropriate box below)

- I have faxed/will fax the completed survey, and have not included the survey in this package.
- I have enclosed the completed survey.

State Sanction Authorities

Please identify the legal citations for your State's laws and regulations concerning final actions that can be taken against providers that participate in your State's Medicaid program. These actions include sanctions, suspensions, program exclusions, and any other actions that limit the ability of a provider to participate in your State's Medicaid program regardless of what such an action is called.

Using the enclosed FedEx envelope and prepaid airbill, send this cover sheet, diskette or CD-ROM, and completed survey (unless you have already faxed the survey) by **Friday, December 8, 2006** to:

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JFK Federal Building, Room 2225
Boston, MA 02203
Phone: 617-565-4024

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Kathryn S. ✓

TO <i>Singleton</i>	DATE <i>11/21/06</i>
------------------------	-------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>00367</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>12/8/06</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12/7/06</i>	
<i>cc: Bowling</i>		<input type="checkbox"/> FOIA DATE DUE _____	
<i>* Please note request for response by 12/8/06.</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. <i>Karen Cronin</i>	<i>K</i>		
2. <i>[Signature]</i>	<i>DKS</i>		
3.			
4.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Office of Evaluation and Inspections
Region 1
John F. Kennedy Federal Building
Boston, MA 02203
(617) 565-1050

November 16, 2006

Mr. Robert Kerr, Director
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

RECEIVED
NOV 20 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

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Sincerely,

Joyce M. Greenleaf
Regional Inspector General for Evaluation and Inspections

enclosures



OIG Study – State Medicaid Agency Referrals

Instructions for Mailing Requested Information

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- Assemble requested data elements into an electronic file.
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- Save the file on a diskette or CD-ROM.
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- Assemble the completed pink cover sheet, diskette/CD-ROM, and completed survey (unless you have already faxed the survey). Using the enclosed FedEx envelope and prepaid airbill, send the assembled materials by **Friday, December 8, 2006** to:

Bailey Orshan
HHS-OIG-OEI
JFK Federal Building, Room 2225
Boston, MA 02203
Phone: 617-565-4024

*If you have questions about this request, please call
Bailey Orshan at 617-565-4024.*

Thank you for completing this data request!



OIG Study – State Medicaid Agency Referrals

Data Request

The instructions below specify (1) the criteria for data submission of final actions, (2) the list of data elements requested for each action, (3) requested citations for your State's sanction authorities, and (4) how to compile the requested information.

1. Criteria for data submission

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- Program suspensions;
- Program exclusions;
- Other actions that limit the ability of an individual or entity/business to participate in your State's Medicaid program regardless of what such an action is called; and
- Situations where an individual or entity/business voluntarily withdraws from your State's Medicaid program to avoid a formal sanction.

2. Data Elements

For each final action meeting the criteria listed above, please provide the following:

Individual

1. First Name
2. Middle name or middle initial
3. Last name
4. Street
5. City
6. State
7. Zip
8. Date of birth
9. Type of profession (such as physician, nurse, or administrator)
10. Social Security number
11. Action taken against the individual by your State Medicaid agency (as defined above)
12. Date of action taken
13. Basis for final action. Please choose one of the following categories:
Conviction, Licensing board action, Suspected financial fraud/abuse, or Regulatory violation.

Entity/Business

1. Entity/Business Name
2. Street
3. City
4. State
5. Zip
6. Type of entity/business (such as a lab or nursing facility)
7. Employer identification number
8. Action taken against the entity/business by your State Medicaid agency (as defined above)
9. Date of action taken
10. Basis for final action. Please choose one of the following categories:
Conviction, Licensing board action, Suspected financial fraud/abuse, or Regulatory violation.

3. State sanction authorities

We request the legal citations for your State's laws and regulations concerning actions that can be taken against providers that participate in your State's Medicaid program. These actions include sanctions, suspensions, program exclusions, and any other actions that limit the ability of a provider to participate in your State's Medicaid program regardless of what such an action is called. Please write these citations on the enclosed pink cover sheet.

4. How to compile the requested information

We request that you send us the data in an electronic format on a diskette or CD-ROM. To ensure the security of the data you send, please do not send your data via email.

1. Please compile the data in one of the following formats:
 - Spreadsheet: Microsoft Excel 2000 or an earlier version, Quattro Pro 12 or an earlier version, or Lotus.
 - Word processing table: Microsoft Word 2000 or an earlier version, or WordPerfect
 - Database table: Microsoft Access, dbase, FoxPro, or Paradox
 - SAS data set
 - Delimited text file
2. Make sure that the file you are sending contains all actions meeting the criteria outlined under "criteria for data submission" on the previous page.
3. For each action, make sure that all requested data are included for each individual or entity/business.
4. Encrypt the file using 256-bit AES encryption with PKZip/WinZip (available for free) using the password 'exclusions2006'. For assistance with encryption, please contact Bailey Orshan at 617-565-4024.
5. Save the file to a diskette or CD-ROM. If possible, please zip or compress the file.

To maintain data security, do not enclose this instructions sheet or the encryption password when mailing your data.



OLG study – State Medicaid Agency Referrals Survey

The Office of Inspector General (OIG) is conducting this survey as part of a national study on referrals of final sanction actions by State Medicaid programs. The information from this study may also aid in targeting future outreach efforts made by OIG relative to exclusions.

This survey has four sections that ask about your experience with the following:

- Referral information
- OIG communication on referring providers with final actions
- Barriers to referring providers with final actions
- General comments

Who should complete the survey?

The State Medicaid agency's director or designee who is knowledgeable about provider sanctions and who can provide the State's perspective.

When is the deadline for completing the survey?

Please mail the survey by **Friday, December 8, 2006**

Where to send completed surveys?

Fax: (617) 565-3751 Attention: Bailey Orshan

Mail: Bailey Orshan
HHS-OIG-OEI
JFK Federal Building, Room 2225
Boston, MA 02203

Who to contact with questions?

Bailey Orshan at 617-565-4024 or bailey.orshan@oig.hhs.gov

Contact Information for State Medicaid Agency Survey Respondent

State: South Carolina

Name of person completing the survey: Diane Goolsby

Title: Director, Division of Program Integrity

Telephone number: (803) 898-2597

E-mail address: Goolsby@SCDHHS.GOV

Terms used in this survey

In this survey, we use the term **provider** to refer to any individual, entity, or business that participates, or has participated, in your State's Medicaid program.

We use the term **final actions** to refer to actions taken against a provider for reasons bearing on the provider's professional competence, professional performance, or financial integrity. Pursuant to Section 1128(b)(5) of the Social Security Act and 42 CFR 1001.601, the final actions that your State Medicaid agency should refer to OIG include:

- Program suspensions;
- Program exclusions;
- Other actions that limit the ability of a provider to participate in your State's Medicaid program regardless of what such an action is called; and
- Situations in which a provider voluntarily withdraws from your State's Medicaid program to avoid a formal sanction.

Referral information

1. Is there a designated person in your Medicaid agency who refers providers with final actions to OIG?

- Yes
- No
- Don't know

2. If yes, what is this person's title?

Division Director of Program Integrity

3. If no or don't know, who makes the referrals to OIG?

4. If you have questions concerning exclusions, do you know whom to contact in OIG?

- Yes
 No → Skip to question 6
 5. If yes, who is your contact person?

OIG communication on referring providers with final actions

6. In the past 2 years, has OIG provided your State Medicaid agency with information concerning the Federal exclusions program? (This information may include, but is not limited to, information concerning statutory/regulatory authorities and instructions on referring providers to OIG.)

- Yes
 No → skip to question 9 on the next page
 Don't know → skip to question 9 on the next page

7. If yes, what areas did the information provided by OIG cover?

	<i>check one box for each item</i>	
	Covered	Did not cover
Federal exclusion authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Effect of Federal exclusions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When to refer a provider to OIG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Documentation to send to OIG when referring providers with final actions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please indicate below) Information on violation by individual or entity and on employing an excluded individual. _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. How helpful did your State Medicaid agency find the information provided by OIG?

- Very helpful
 Somewhat helpful
 Not very helpful
 Not at all helpful

9. In the past 2 years, has your State Medicaid agency had discussions with OIG concerning referrals of providers with final actions?

- Yes
 No → skip to question 12
 Don't know → skip to question 12

10. If yes, who initiated the discussions between OIG and your State's Medicaid agency?

- OIG
 State Medicaid agency
 Other (please indicate) _____
 Don't know

11. How helpful did your State Medicaid agency find the information you received from these discussions?

- Very helpful
 Somewhat helpful
 Not very helpful
 Not at all helpful

12. After your agency has referred a provider with final actions to OIG, how often is your State Medicaid agency kept informed of the outcome of OIG's review of the final action?

- All of the time
 Most of the time
 A little of the time
 Never
 Don't know

SEE LIST OF REFERRALS WE HAVE RECEIVED NO CONTACT ABOUT.

Barriers to referring providers with final actions

Below, please indicate the extent to which the following have been barriers for your Medicaid agency to referring providers with final actions to OIG. If you check **major barrier**, please explain your response.

13. Shortage of staff within your agency to send the referrals

- Not a barrier
 Minor barrier
 Major barrier

14. If you checked *major barrier*, please explain your response on the lines below.

15. Staff turnover within your agency

- Not a barrier
- Minor barrier
- Major barrier

16. *If you checked major barrier, please explain your response on the lines below.*

17. Budget constraints within your agency

- Not a barrier
- Minor barrier
- Major barrier

18. *If you checked major barrier, please explain your response on the lines below.*

19. Other priorities of State Medicaid agency staff

- Not a barrier
- Minor barrier
- Major barrier

20. *If you checked major barrier, please explain your response on the lines below.*

21. Unsure of the final actions that need to be referred to OIG

- Not a barrier
- Minor barrier
- Major barrier

22. *If you checked major barrier, please explain your response on the lines below.*

23. Unclear guidance/instructions from OIG concerning the documentation to send with referrals.

- Not a barrier
- Minor barrier
- Major barrier

24. If you checked major barrier, please explain your response on the lines below.

25. Unsure of whom to contact in OIG with questions concerning referrals of providers with final actions.

- Not a barrier
- Minor barrier
- Major barrier

26. If you checked major barrier, please explain your response on the lines below.

27. If other factors exist that impede your State Medicaid agency's referral of final actions to OIG, please write them below.

28. What additional outreach or information would you like to have from OIG concerning referrals of providers with final actions?

It would be helpful to have a direct contact at the OIG when we have questions.

29. If you have any other comments to share with us regarding referrals of providers with final actions, please write them below.

The letters we receive from the OIG on excluded providers have no telephone numbers. We are told to contact the Special Agent when we suspect an excluded provider of continuing to receive federal funds, but we are not given the identity of that person or any way to contact them.

THANK YOU!

This completes the survey. Thank you for taking the time to respond to this survey. Please mail the completed survey by Friday, December 8, 2006 to:

Bailey Orshan
HHS-OIG-OEI
JFK Federal Building, Room 2225
Boston, MA 02203

or fax it to (617) 565-3751 Attention: Bailey Orshan

Also, if you have not done so already, please mail us your electronic data file as outlined in the "Instructions for Data Request" document.



OIG Study – State Medicaid Agency Referrals

Cover Sheet

Please complete this sheet and mail along with the requested information by
Friday, December 8, 2006.

State: South Carolina

Name of person fulfilling this data request: Diane Goolsby

Title of person fulfilling this data request: Director, Division of Program Integrity

Telephone number: (803) 898-2597

E-mail address: Goolsby@SCDHHS.GOV

Survey (please check the appropriate box below)

- I have faxed/will fax the completed survey, and have not included the survey in this package.
- I have enclosed the completed survey.

State Sanction Authorities

Please identify the legal citations for your State's laws and regulations concerning final actions that can be taken against providers that participate in your State's Medicaid program. These actions include sanctions, suspensions, program exclusions, and any other actions that limit the ability of a provider to participate in your State's Medicaid program regardless of what such an action is called.

Code of Laws of South Carolina 1976 Annotated (Regulations)

Chapter 126. Department of Health and Human Services

Article 4. Program Evaluation

Subarticle 1. Administrative Sanctions Against Medicaid Providers
126-400 thru 126-405

Using the enclosed FedEx envelope and prepaid airbill, send this cover sheet, diskette or CD-ROM, and completed survey (unless you have already faxed the survey) by **Friday, December 8, 2006** to:

Bailey Orshan
HHS-OIG-OEI
JFK Federal Building, Room 2225
Boston, MA 02203
Phone: 617-565-4024

OIG Study Questions:

For some individuals that we have excluded in 2004 and 2005, we never received any type of federal exclusion from the OIG. Those individuals are as follows:

- * Barksdale, Martin R.
Bynem, Shakesha
- * Cannon, Frederick A.
* Cassidy, Sunni H.
- * Goldsborough, Dione
* Horton, Sherrell R.
Hutchinson, Tammy Jean
- * Ledford, Charles Dwight
* Merrick, Barrie J.
Padgett, Tamekia S.
- * Scott, Deborah A.
Smith, Lisa M.

In checking the OIG's exclusion website to determine if an exclusion was indicated, some of these individuals were found on the website. However, others were not found (as indicated with *). Should SCDHHS have received an OIG exclusion on all of the above individuals? Why are some individuals showing on the OIG's website and others not?

OIG Study-South Carolina Referrals (Individuals) for 2004-2005

First Name	Middle Name	Last Name	Street	City	State	Zip	DOB	Profession Type	SSN	Action Taken	Date of Action	Basis for Action
Ernies		Anderson	122 Apple Orchard Road	Clinton	SC	29325	06/19/62	Human Services Specialist	249-39-1278	Exclusion	06/22/05	Conviction
Martin	R.	Barksdale	13 Gilbert Court	Greenville	SC	29611	08/04/84	None/Accomplice	249-61-9761	Exclusion	04/07/04	Conviction
Kimberly		Barnwell	7182 Hwy 162	Hollywood	SC	29449	10/10/81	Health Care Aide	250-69-3020	Exclusion	11/30/04	Conviction
Larry	N.	Benjamin	211 Brand Street	Sumter	SC	29150	06/26/54	Mental Retardation Specialist	249-92-2110	Exclusion	09/30/05	Conviction
Amouel		Brackett	314 Wallace Street	Union	SC	29379	04/19/35	CEO	248-54-2048	Exclusion	12/14/04	Conviction
Leonard	Joseph	Brown	3353 Lakeshore Drive	Florence	SC	29502	09/19/55	Dentist	250-02-3295	Exclusion	11/09/04	Conviction
Shakesha		Bynem	250 Crossbow Drive, Q-13	Columbia	SC	29212	06/09/79	Caregiver	052-64-4846	Exclusion	05/24/04	Conviction
Frederick	A.	Cannon	13 Gilbert Court	Greenville	SC	29611	03/01/81	None/Accomplice	251-45-8993	Exclusion	04/06/04	Conviction
Sunni	H.	Cassidy	901 Hannah Avenue	Hartsville	SC	29550	10/07/76	LPN	247-73-5239	Exclusion	04/18/05	Conviction
Jennifer	Tess Yates	Cooper	393 Spring Park Road	Marietta	SC	29661	06/01/82	Respite Caregiver	250-57-4419	Exclusion	03/16/05	Conviction
Christina	L.	Ferrer	67 Woodpond Court	Columbia	SC	29212	10/17/83	Personal Care Aide	143-76-0430	Exclusion	09/06/05	Conviction
Jennifer	C.	Flynn	3149 Long Meadow Road	Rock Hill	SC	29730	01/13/62	Respite Service Provider	303-84-0238	Exclusion	11/17/05	Conviction
Diane	Harris	Gilmore	4662 Cascade Avenue	Rock Hill	SC	29732	04/07/72	LPN	288-31-9003	Exclusion	10/27/05	Conviction
Dione		Goldsborough	8100 Bayfield Road, Apt #21-F	Columbia	SC	29223	06/28/79	Behavior Intervention Specialist	407-31-7648	Exclusion	01/20/05	Conviction
Rochelle	Delores	Grate	165 Saul Drive	Georgetown	SC	29440	04/08/65	Respite Caregiver	250-37-0738	Exclusion	08/03/05	Conviction
Meghann	C.	Gregg	1320 Cypress Point Drive	Rock Hill	SC	29730	07/31/83	Rehabilitation Support Specialist	233-35-1338	Exclusion	10/27/05	Conviction
Lumeshia		Grimes	401 N. Trenholm Road	Columbia	SC	29206	04/07/55	Personal Care Aide	251-06-1356	Exclusion	11/09/04	Conviction
Sherrell	R.	Horton	P.O. Box 2535	Sumter	SC	29150	01/28/62	LPN	251-25-5796	Exclusion	06/21/04	Conviction
Andreco	L.	Howze	2670 Georgetown Road	Great Falls	SC	29055	07/30/77	Respite Provider	250-47-2714	Exclusion	10/20/04	Conviction
Tammy	Jean	Hutchinson	4113 Secrest Shortcut Road	Monroe	SC	28110	04/24/68	Early Interventionist	249-57-7094	Exclusion	05/26/05	Conviction

First Name	Middle Name	Last Name	Street	City	State	Zip	DOB	Profession Type	SSN	Action Taken	Date of Action	Basis for Action
Desmond	O'Neal	Jiles	161 Brookwood Drive	Batesburg	SC	29006	07/24/80	Caregiver	249-45-3481	Exclusion	01/29/04	Conviction
Charles	Dwight	Ledford	106 South Main Street	Fountain Inn	SC	29644	01/25/53	Pharmacist	250-84-7983	Exclusion	01/05/05	Conviction
Susan	T.	Ledford	111 Hidden Oaks Terrace	Simpsonville	SC	29681	06/14/56	Pharmacist	247-13-4328	Exclusion	11/21/05	Conviction
Clint	K.	Mason	2107 Alton Court	Fork	SC	29543	11/07/74	Service Coordinator	250-17-5924	Exclusion	05/25/05	Conviction
Madonna	K.	Mathews	138 Still Avenue	Ft. Mill	SC	29715	03/23/41	Respite Service Provider	316-38-2668	Exclusion	11/17/05	Conviction
Barrie	J.	Merrick	912 Chestnut Street	Camden	SC	29020	10/30/49	LPN	147-40-9899	Exclusion	10/27/05	Conviction
Tracie	Levette	Moore	276 Tad Road	Andrews	SC	29510	09/09/69	Certified Nursing Assisant	248-25-2200	Exclusion	10/27/05	Conviction
Tamekia	S.	Padgett	232 Williams Street	Batesburg	SC	29006	12/22/75	Aide	515-76-9618	Exclusion	08/12/04	Conviction
Kenyetta	M.	Pauling	939 Holmes Road	Chester	SC	29706	05/12/74	Early Interventionist Specialist	249-49-2331	Exclusion	02/25/04	Conviction
Rachel	W.	Phillips	440 Lockhart Lane	Gaffney	SC	29341	01/01/56	Dentist	263-92-9557	Exclusion	09/16/05	Licensing Board Action
David	L.	Quick	861 Cook Road	Orangeburg	SC	29118	05/24/60	Dentist	111/54/8398	Exclusion	04/30/04	Licensing Board Action
Deborah	A.	Scott	1930 Hunt Club Road	Columbia	SC	29223	09/07/50	Owner-RCF	251-96-7433	Exclusion	08/18/05	Conviction
Amy		Simmons	2413 Annandale Drive	Anderson	SC	29621	08/03/67	Registered Nurse	249-98-8212	Exclusion	06/23/05	Conviction
Lisa	M.	Smith	221 Kerns Avenue	Greenville	SC	29609	12/19/66	Aide	251-49-5975	Exclusion	05/18/04	Conviction
Tyrone		Suber	1912 Spotswood Road	Columbia	SC	29202	05/12/58	Administrator	251-11-7024	Exclusion	12/16/04	Conviction
Barton	G.	Warren	1015 Augusta Road	Belton	SC	29627	02/18/50	Certified Nursing Assisant	521-66-0345	Exclusion	05/25/05	Conviction
Vandetta		Waters	100 Spruce Waters	Orangeburg	SC	29115	06/29/66	Certified Nursing Assisant	250-39-0312	Exclusion	12/03/04	Conviction

OIG Study-South Carolina Referrals (Entities/Businesses) for 2004-2005

Entity	Street	City	State	Zip	Type of Entity	Employer ID#	Action Taken	Date of Action	Basis for Final Action
Triangle Drug Store Inc.	111 Hidden Oak Terrace	Simpsonville	SC	29681	Pharmacy	141874696	Excluded	11/21/05	Conviction
Triangle Drug Store Inc.	106 South Main Street	Fountain Inn	SC	29644	Pharmacy	570858758	Excluded	01/05/05	Conviction