



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEW
DIRECTOR

December 10, 2008

Mr. Bernard Hansen
926 E. State Street
Traverse City, MI 49686

Dear Mr. Hansen:

Your November 17, 2008, request for records under the FOIA, MCL 15.231 *et seq.*, was received by this office on November 18, 2008, with an extension taken pursuant to MCL 15.238 through December 11, 2008, for records that you described as follows:

"I request a copy of the following documents related to Michigan Medicaid and/or the Michigan Pharmacy Quality Improvement Project (PQIP):

1. Behavioral Pharmacy Management Reports issued monthly by Comprehensive NeuroScience Inc., from July 2007 to the present time.
2. All records of PQIP Workgroup activity in 2008, including but not limited to agendas, sign-in sheets, minutes, notes, and email correspondence.
3. All Michigan "Children Under Age 5 Detail by Drug Name" reports issued monthly by Comprehensive NeuroScience Inc. during the life of the PQIP program, listing Prescriber Name, Prescriber ID, and Drug Name. It is understood that Patient Name and Patient ID shall be redacted from these reports before they are released.
4. All Michigan "Patients on 5 or more Concurrent Behavioral Drugs" reports issued monthly by Comprehensive NeuroScience Inc. during the life of the PQIP program, listing Prescriber Name, Prescriber ID, and Drug Name. It is understood that Patient Name and Patient ID shall be redacted from these reports before they are released.
5. An electronic copy of Michigan Medicaid data, listing all fields available on children under age 18 in Medicaid, prescribed atypical antipsychotic medication (drug class including brand names Abilify, Geodon, Risperdal, Seroquel and Zyprexa) in the years 2006 and 2007, including but not limited to: Label Name (such as "Seroquel 20 MG tablet"), Approved Amount (dollars), Provider Name and License Number."

Your request is granted in part and denied in part as follows:

1. Your request is granted in part as we have attached the Adult and Child Behavioral Pharmacy Management Reports from June 2007 through July 2008. Your request is denied in part as there are no existing reports beyond July 2008 as Medicaid has not sent data to CNS since that date.
2. Your request is granted in part as we have attached documentation related to PQIP Workgroups dated 05/27/08 and 09/08/08. Your request is denied in part as there are no existing documents regarding the workgroups scheduled for 03/03/08 or 12/01/08 as they were cancelled.
3. Your request is denied as the information you are requesting is exempt from disclosure pursuant to section 13(1)(a) and (d) of the FOIA. Specifically, the information is exempt pursuant to MCL 333.533.
4. Your request is denied as the information you are requesting is exempt from disclosure pursuant to section 13(1)(a) and (d) of the FOIA. Specifically, the information is exempt pursuant to MCL 333.533.
5. Your request is denied as the request is too vague and information does not exist. Specifically, Please provide the following additional information concerning your request:
 - Define "all fields:
 - With regard to "children under age 18 in Medicaid" would this children under 18 on the claim service date or another particular calendar date?
 - Please provide a National Drug Code (NDC) list for al products requested.
 - With regard to "in the years 2006 and 2007" which date of reference are you referring to? Claim service date or claim adjudication date?

As to the partial denial of your request, under section 10 of the FOIA, the following remedies are available:

1. Appeal the partial denial determination in writing addressed to the Director, 201 Townsend, Lansing, MI 48909. The writing must specifically state the word "appeal" and must identify the reasons you believe the denial determination must be reversed. As head of the Department, the Director, or her designee, must respond to your appeal within ten business days of its receipt. Under unusual circumstances, the time for response to your appeal may be extended by ten business days.

2. File an action in circuit court to compel disclosure of the records. This action must be filed within 180 days after the date of final determination to deny the request. If you prevail in such an action, the court is to award reasonable attorney fees, costs, and disbursements. Further, if the court finds the denial to be arbitrary and capricious, you may receive punitive damages of \$500.00.

Sincerely,



Mary A. Greco, Legal Affairs Specialist
Office of Legal Affairs

Enclosures

STATEMENT OF FEES FOR FREEDOM OF INFORMATION ACT REQUESTS

Michigan Department of Community Health

Date of Statement 12/10/2008	FOIA Request No. 2008/655
Statement: <input checked="" type="checkbox"/> FIRST <input type="checkbox"/> FINAL	
FOIA Requester Name Hansen	

IMPORTANT:

This statement shows the fees, which will be charged to you because of your request under the Freedom of Information Act. See the transaction checked below.

- Arrangements for personal inspection have been made. Photocopies are enclosed. Please send the fee (shown in item #6 below) **at this time.**
- Photocopies or Diskettes are enclosed. Please send the fee (shown in item #6 below) **at this time.**
- This Department requires a **DEPOSIT before** this request can be processed.
 - Please send the deposit (shown in item #7 below) **at this time.**
 - You will be billed for any remaining costs **PRIOR** to the materials being sent to you.
- You have already made a deposit of \$ _____, and this is the **REMAINDER** of the final cost.
 - Please send the amount (shown in item #8 below) **at this time.**
 - **You will be sent the documents AFTER the remainder of the fee has been sent.**

INSTRUCTIONS:

- Please make your check payable to: **"STATE OF MICHIGAN"**
- Mail a copy of this form and your check to:
ACCOUNTING DIVISION - FOIA
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30437
LANSING MI 48909-7937

CHARGES: **Actual Amount** **Estimated Amount**

1. LABOR charges for searching for, examining of, and separation of exempt materials from non-exempt materials:	\$66.45
2. DUPLICATION costs for photocopying documents or providing computer diskettes:	\$29.25
3. SHIPPING and HANDLING charges:	\$3.00
4. SUB-TOTAL CHARGE: (Sum of Lines 1 through 3)	\$98.70
5. Indigent Waiver Credit (minus \$20.00 if applicable)	\$
6. NET TOTAL CHARGE: (Line 4 minus Line 5)	\$98.70
7. DEPOSIT REQUIRED NOW (if any):.....	\$
8. REMAINDER REQUIRED NOW: (Line 6 minus Line 7)	\$98.70

For Department of Community Health Office Use Only

Agency Code 391	Index 09031	Name of FOIA Coordinator or Representative Mary A. Greco FOIA 2008/655
PCA 97240	Object Code 7612	Return To: Department of Community Health 320 S. Walnut - Cashiering Div Lansing, Michigan 48933
PCA	Amount \$	
PCA	Object Code	
	Amount \$	

The Department of Community Health is an equal opportunity employer, services, and programs provider.