

**RESPONSE TO REQUEST FOR PUBLIC RECORDS -  
FREEDOM OF INFORMATION ACT**

**Michigan Department of Community Health**

|   |                                 |
|---|---------------------------------|
| Date of Response<br>12/30/2008  | FOIA Request<br><b>2008/719</b> |
| Request Type:<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Additional Info. |                                 |

Dear Mr. Hansen,

This letter is in response to your request dated **12/16/2008**, received in this office on **12/17/2008** for  **COPIES**  **INSPECTION** of the following record(s):

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.

Here are my answers to the four issues raised by you:

1. "Define all fields." I will be satisfied with information collected from all four fields named in my request: Label Name, Approved (dollar) Amount, Provider Name, and License Number.

2. "Children under age 18 on the claim service date or another particular calendar date?" Claim service date.

Your request for public records has been reviewed and the following action(s) has been taken in compliance with the provisions of the State of Michigan's Freedom of Information Act.

1.  **REQUEST GRANTED:**

This request involves too many documents to be processed within standard time frames. Your request will be processed as soon as staff have completed the copying. *MDCH STAFF: If this box is checked, you must provide another copy of this form when the documents are forwarded to the requestor. Also, check either box 2 or 3.*

2.  **REQUEST GRANTED AS TO EXISTING NON-EXEMPT RECORDS:** Your request is approved - please send deposit.

3.  **REQUEST GRANTED IN PART and DENIED IN PART:** *(See comments on next page).*

4.  **REQUEST DENIED:**

This agency has determined that the record(s) you have requested are exempt from disclosure based on the provisions of the Freedom of Information Act. *(See comments on next page).*

5.  **REQUEST DENIED:**

To the best of our understanding, knowledge and belief, the record(s) you have requested do NOT exist within this agency.

6.  **REQUEST DENIED:**

Your request does NOT describe the record(s) sufficiently, or by another name reasonably known, to enable us to determine what record(s) you are seeking. Please submit a new request describing the record(s) in greater detail.

7.  The specific nature of your request involves a circumstance which requires an additional **10 business days** to properly process your request as provided by Sec. 6(5) of the Freedom of Information Act.

The extension due date is . The reason for this extension is:

**UNDER SECTION 10 OF THE FREEDOM OF INFORMATION ACT, IF A PUBLIC BODY MAKES A FINAL DETERMINATION TO DENY ALL OR A PORTION OF YOUR REQUEST, YOU MAY DO ONE OF THE FOLLOWING:**

- (1) Submit to the head of the public body, a written letter that states the word "APPEAL" and identifies the reason or reasons for reversal of denial.
- (2) Commence an action in the circuit court to compel the public body's disclosure of the public records within 180 days after a public body's final determination to deny a request.
- (3) Pursuant to MCL 15.235(5)(4)(e) this serves as notice of the right to receive attorneys' fees and damages as provided in Section 10, if after judicial review, the circuit court were to order disclosure of all or a portion of the document(s) requested.

Signature of FOIA Coordinator or Representative

Name of Responding Office

Mary Greco, FOIA Coordinator  
Office of Legal Affairs

**See Reverse Side for Non-discrimination Information**

# STATEMENT OF FEES FOR FREEDOM OF INFORMATION ACT REQUESTS

**Michigan Department of Community Health**

|  |                                     |
|--|-------------------------------------|
| Date of Statement<br><b>12/30/2008</b>   | FOIA Request No.<br><b>2008/719</b> |
| Statement:<br><input checked="" type="checkbox"/> <b>FIRST</b> <input type="checkbox"/> <b>FINAL</b> |                                     |
| FOIA Requester Name<br><b>Hansen</b>   |                                     |

**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: ..... | <b>\$300.90</b> |
| 2. DUPLICATION costs for photocopying documents or providing computer diskettes: .....                                | <b>\$20.00</b>  |
| 3. SHIPPING and HANDLING charges: .....   | <b>\$</b>       |
| 4. <b>SUB-TOTAL CHARGE:</b> (Sum of Lines 1 through 3) .....  | <b>\$320.90</b> |
| 5. Indigent Waiver Credit (minus \$20.00 if applicable) .....   | <b>\$</b>       |
| 6. <b>NET TOTAL CHARGE:</b> (Line 4 minus Line 5) .....   | <b>\$320.90</b> |
| 7. <b>DEPOSIT REQUIRED NOW</b> (if any):.....   | <b>\$160.45</b> |
| 8. <b>REMAINDER REQUIRED NOW:</b> (Line 6 minus Line 7) .....   | <b>\$</b>       |

***For Department of Community Health Office Use Only***

|                           |                            |   |
|---------------------------|----------------------------|---|
| Agency Code<br><b>391</b> | Index<br><b>68110</b>      | Name of FOIA Coordinator or Representative<br>Mary A. Greco FOIA 2008/719                                 |
| PCA<br><b>77200</b>       | Object Code<br><b>7612</b> | Return To:<br>Department of Community Health<br>320 S. Walnut - Cashiering Div<br>Lansing, Michigan 48933 |
| PCA                       | Object Code<br><b>7612</b> |   |
|                           |                            | Amount<br><b>\$</b>   |
|                           |                            | Amount<br><b>\$</b>   |

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

**RESPONSE TO REQUEST FOR PUBLIC RECORDS -  
FREEDOM OF INFORMATION ACT**

**Michigan Department of Community Health**

|   |                          |
|---|--------------------------|
| Date of Response<br>3/3/2009  | FOIA Request<br>2008/719 |
| Request Type:<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Additional Info. |                          |

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2.  **REQUEST GRANTED AS TO EXISTING NON-EXEMPT RECORDS:** Your requested documents are enclosed.

3.  **REQUEST GRANTED IN PART and DENIED IN PART:** (See comments on next page).

4.  **REQUEST DENIED:**

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Signature of FOIA Coordinator or Representative



Name of Responding Office  
Mary Greco, FOIA Coordinator  
Office of Legal Affairs

**See Reverse Side for Non-discrimination Information**

**DENIAL OF RECORDS:**

Denial is based on the following provision(s) of the Freedom of Information Act. MCL 15.243, Sec. 13(1). (Check ALL that apply)

- (a) Information of a personal nature where the public disclosure of the information would constitute unwarranted invasion of an individual's privacy.
- (c) A public record that, if disclosed, would prejudice a public body's ability to maintain the physical security of custodial or penal institutions occupied by persons arrested or convicted of a crime or admitted because of mental disability, unless the public interest in disclosure under this act outweighs the public interest in disclosure.
- (d) Records or information specifically described and exempted from disclosure by statute.  
[Cite: ] Explain in comments below.
- (e) A public record described in this section that is furnished by the public body originally compiling, preparing, or receiving the record or information to a public officer or public body in connection with the performance of the duties of that public officer or public body, if the considerations originally given rise to the exempt nature of the public record remain applicable.
- (g) Information or records subject to attorney-client privilege.
- (h) Information or records subject to the physician-patient privilege, psychologist-patient privilege, the minister, priest or Christian Science practitioner privilege, or other privilege recognized by statute or court rule.
- (i) A bid or proposal by a person to enter into a contract or agreement, until the time for the public opening of bids or proposals, or if a public opening is not to be conducted, until the deadline for submission of bids or proposals has expired.
- (l) Medical, counseling, or psychological facts or evaluations concerning an individual if the individual's identity would be revealed by disclosure of those facts or evaluation.
- (m) Communications and notes within a public body or between public bodies of an advisory nature to the extent that they cover other than purely factual materials and are preliminary to a final agency determination of policy or action. This exemption does not apply unless the public body shows that in a particular instance the public interest in encouraging frank communications between officials and employees of public bodies clearly outweighs the public interest in disclosure. This exemption does not constitute an exemption under the state law for purposes of section 8(h) of the open meetings act, 1976 PA 267, MCL 15.268. As used in this subdivision, "determination of policy or action" includes a determination relating to collective bargaining, unless the public record is otherwise required to be made available under 1947 PA 336, MCL 423.201 to 423.217.
- (p) Testing data developed by a public body in determining whether bidders' products meet the specifications for purchase of those products by the public body, if disclosure of the data would reveal that only one bidder has met the specifications. This subdivision does not apply after 1 year has elapsed from the time the public body completes the testing.
- (t) Except as otherwise provided in this subdivision, records and information to an investigation or a compliance conference conducted by the department of community health under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, before a complaint is issued. This subdivision does not apply to records and information pertaining to 1 or more of the following:
  - (i) The fact that an allegation has been received and an investigation is being conducted, and the date the allegation was received.
  - (ii) The fact that an allegation was received by the department of community health; the fact that the department community health did not issue a complaint for the allegation; and the fact that the allegation was dismissed.
- (u) Records of a public body's security measures, including security plans, security codes and combinations, passwords, passes, keys, and security procedures, to the extent that the records relate to the ongoing security of the public body.
- (v) Records or information relating to a civil action in which the requesting party and the public body are parties.
- (w) Information or records that would disclose the social security number of any individual.

Comments:  
Your request is granted in part as we have provided you with a CD as described above. Your request is denied in part as the prescriber name and license number have been redacted pursuant to Sections 13(1)(a) and (l) of the FOIA. Specifically, the disclosure of the Prescriber Name and License Number could be used with other public data to produce identifiable information.

Description of Information Deleted or Separated from the Public Record Requested:

Exemption Not Listed Above:

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, political beliefs, or disability.