

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Liggett/FOIA	12-5-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000132	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Brooks, Mullis Cleared 12/17/14, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 12-19-14 <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.			



1901 N. MAIN STREET
ANDERSON, SC 29621
(864) 224-0711
(800) 256-6017
www.bryantRX.com

December 2, 2014

Re: Incontinence Providers Information

Dear Mrs. James,

Under the Freedom of Information Act, I would like to request the list of all current Incontinence Providers for SC State Medicaid. I would also like to see the expenditures/payouts to each of these companies for the last 12 months. Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read "Giles Canter", is written over the word "Sincerely,".

Giles Canter

RECEIVED

DEC 05 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR



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:

December 17, 2014

Giles Canter
Bryant Pharmacy and Supply
1901 Main Street
Anderson, SC 29621

Dear Mr. Canter:

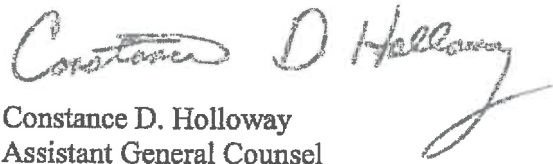
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated December 2, 2014 and received by DHHS on December 5, 2014. Enclosed is a list of all current Incontinence Providers and their expenditures/payouts for the last 12 months.

Our expense for extracting this information is twenty and 00/100 dollars (\$20.00). 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

Thank you for your request. If you have any questions, please feel free to contact me.

Sincerely,


Constance D. Holloway
Assistant General Counsel

cc. Lynette Wilson

Enclosure

Constance / Linda B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

DEC 06 2014

SODHHS
Office of General Counsel

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TO	DATE
Roberts/Liggett/FOTA	12-5-14

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	<input checked="" type="checkbox"/> FOIA DATE DUE 12-19-14
	<input type="checkbox"/> Necessary Action

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1901 N. MAIN STREET
ANDERSON, SC 29621
(864) 224-0711
(800) 256-6017
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December 2, 2014

Re: Incontinence Providers Information

Dear Mrs. James,

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RECEIVED

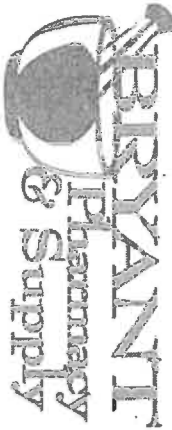
DEC 05 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

DEC 08 2014

SODHHS
Office of General Counsel



1901 North Main Street, Anderson, SC 29621

www.bryantix.com

RECEIVED

DEC 05 2014

SCDHHS
Office of General Counsel

RECEIVED

DEC 05 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

GREENVILLE SC 296
03 DEC 2014 PM 6 L



RECEIVED

DEC 08 2014

OFFICE OF General Counsel
ATTN: BRANDA JAMES
P.O. Box 8206
Columbia, SC 29202 - 8206

SCDHHS
Office of General Counsel

2520238206





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:

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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: