

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>6-10-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000258</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis</i> <i>Cleared 7-23-15, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>6-24-15</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.			
2.			
3.			
4.			



White
Graham
Buckley
Carr

June 3, 2015

RECEIVED

JUN 10 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SCDHHS
ATTN: FOIA Custodian of Records
P.O. Box 8206
Columbia, SC 29202-8206

Dear Custodian of Records:

Under the **South Carolina Freedom of Information Act, §30-4-10 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records including all RFP's (Request for Proposals), bids, awards, and executed contracts for services rendered or proposed to be rendered to the State of South Carolina or its governmental agencies by **Health Management Systems, Inc. (HMS)** from January 1, 2009 to December 31, 2013. This request includes all publicly available documents related to such services by **Health Management Systems, Inc. (HMS)**, even though not specifically described herein. **This request specifically includes a request for any and all payments made by the State for services provided from January 1, 2009 to December 31, 2013.**

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$100.00. This information is not being sought for commercial purposes.


The South Carolina Freedom of Information Act requires a response time within 15 business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Very truly yours,

WHITE, GRAHAM, BUCKLEY & CARR, L.L.C.

By: 
William L. Carr

WLC:bc

Steven W. White | Gene P. Graham, Jr. | C. Robert Buckley | William L. Carr
Deborah J. Blakely | Bryan T. White

Nikki Haley GOVERNOR

Christian L. Saura DIRECTOR

P.O. Box 8206 Columbia, SC 29202

www.scdhhs.gov

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:

Log # 268

SOUTH CAROLINA

Healthy Connections
MEDICAID



Nikki R. Haley GOVERNOR

Christian L. Scuse DIRECTOR

P.O. Box 8206 Columbia, SC 29202

www.scdhhs.gov

July 23, 2015

VIA EMAIL ONLY (bcarr@wagblaw.com)

William L. Carr

White Graham Buckley Carr

19049 E. Valley View Parkway, Suite C

Independence, MO 64055

Dear Mr. Carr:


This is in response to your request for information from the South Carolina Department of Health and Human Services (SCDHHS) pursuant to the South Carolina Freedom of Information Act (FOIA). You requested to obtain copies of public records related to Health Management Systems, Inc. Specifically any and all payments by the state for services provided from January 1, 2009 to December 31, 2013.

Our expense for extracting this information is twenty 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 at 803-898-0062.

Sincerely,


Constance Holloway
Assistant General Counsel

