

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

AUG 05 2013

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO Roberts/FOIA/Singleton	DATE 8-5-13
-------------------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000056	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: CEX	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 8-19-13
	<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.			

Brenda James

From: Kim Cox
Sent: Thursday, August 01, 2013 12:42 PM
To: Brenda James
Subject: FW: Freedom of Information Request

RECEIVED

AUG 02 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

AUG 05 2013

SCDHHS
Office of General Counsel

Brenda,
Would you please log and process this FOIA request?
Thank you,
Kim

From: D. McPhaul [<mailto:analyst@resmail-us.com>]
Sent: Thursday, August 01, 2013 12:37 PM
To: Office of Communications
Subject: Freedom of Information Request

To Whom it may concern:

This request is made pursuant to the S.C. Freedom of Information Act. I respectfully request copies of the following documents from the South Carolina Department of Health and Human Services:

- A copy of the RFP issued by the department for a Medicaid Recovery Audit Contractor (RAC)
- A copy of HMS' response to the Medicaid RAC RFP
- A copy of the Medicaid RAC contract awarded to HMS
- A copy of the scoring for all respondents to the Medicaid RAC RFP

Please send the information via email to analyst@resmail-us.com, via fax to [512-692-1826](tel:512-692-1826), or via regular mail to 815-A Brazos Street #352, Austin, TX 78701. Thank you for your time.

Best,

D. McPhaul



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: