

P. Kowala

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

FEB 26 2009

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO

Singleton/Morrissey/FOIA

DATE

DIRECTOR'S USE ONLY

1. LOG NUMBER

000469

I Prepared

2. DATE SIGNED BY DIRECTOR

I Prepared

cc: Stensland

Cleared 3/11/09 response letter attached.

FOIA

DATE DUE

3-12-09

Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>ORS</i>	<i>3/11/09</i>		
2.			
3.			
4.			

FILE

From: "Locke, Benjamin C." <benjamin.locke@unisys.com>
To: <stensland@scdhhs.gov>
Date: 2/26/2009 11:21 am
Subject: SC FOIA Request

RECEIVED

FEB 26 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

* PGP - S/MIME Signed: 02/26/2009 at 11:20:21 AM

Under the SC Freedom of Information Act, we request the following items, preferably on a CD-ROM(s) or a DVD(s).

- The MIMIS contract, including all amendments, between DHHS and Clemson University
- The MEDS contract, including all amendments, between DHHS and Clemson University
- The Clemson University proposal in response to the DHHS solicitation for an MIMIS
- The Clemson University proposal in response to the DHHS solicitation for a MEDS.

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FEB 26 2009

SCDHHS
Office of General Counsel

Please call or email me if you have any questions.

Thanks.

Benjamin C. Locke, CPCM
Senior Contracts Manager
Unisys Imagine it. Done.
11720 Plaza America Drive, M/S 5657
Reston, VA 20190-4757
Voice: (703) 439-5270
Cell: (703) 314-0538
Fax: (703) 439-3215
E-mail: benjamin.locke@unisys.com

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* Locke, Benjamin C. <benjamin.locke@unisys.com>
* Issuer: CN=UIS-IsUB1-CA



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 11, 2009

Mr. Benjamin C. Locke, CPCM
Senior Contracts Manager
Unisys
11720 Plaza America Drive, M/S 5657
Reston, Virginia 20190-4757

Dear Mr. Locke:

Enclosed is the information you requested from the South Carolina Department of Health and Human Services related to our Medicaid Management Information System (MMIS) and Medicaid Eligibility Determination System (MEDS) contracts with Clemson University. Because this is a contract between two state agencies, pursuant to the State Procurement Code, SCDHHS is not required to issue a solicitation document for these services. Enclosed are copies of the contracts and amendments for the MMIS and MEDS.

If you have any questions, please contact me at 803-898-2999 or Morrison@scdhhs.gov

Sincerely,

A handwritten signature in black ink that reads "Rhonda W. Morrison".

Rhonda W. Morrison
Bureau Chief – Federal Contracts

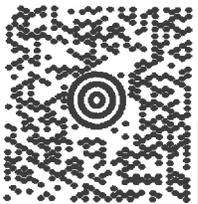
mhb

Enclosures

BEN RUMLER
STATE OF SOUTH CAROLINA
(803) 898-1009
1801 MAIN ST
COLUMBIA SC 29201

1 LBS 1 OF 1

SHIP MR. BENJAMIN C. LOCKE CPCM
SENIOR CONTRACTS MANAGER
TO: 11720 PLAZA AMERICA DRIVE M/S 5657
RESTON VA 20190



VA 220 9-70



UPS GROUND

TRACKING #: 1Z 483 01W 03 5123 9799



BILLING: P/P

PKID:MR BENJAMIN Wgt 1-lbs

ASC 0740 DMX/IE03 87 SV 01/2009

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singhston/Morrissey/FOIA</i>	DATE <i>2-26-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101469</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>3-12-09</i> <input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
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Senior Contracts Manager

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