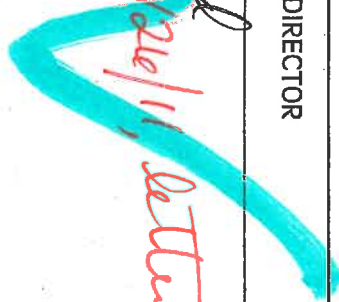


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	4-19-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100473	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Standland Cleared 4/26/11, letter attached. 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 5-3-11 <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.			

Raymond E.
CLUTTS
P.C.

Raymond E. Clutts

Rhett S. Bilek

Kenneth J. Merlino

1111 North Plaza Drive, Suite 405
Schaumburg, IL 60173-4981

T 847.330.1800
F 847.330.1811

Attorneys At Law
April 15, 2011

RECEIVED

APR 19 2011

South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

SCDHHS

Office of General Counsel

ATTN: Records Department

To Whom It May Concern:

Under the South Carolina Freedom of Information Act, I am requesting copies or production of any and all public records, including but not limited to records, forms, writings, letters, memoranda, electronic communications, recorded information, and all other documentary materials created, received, maintained, executed, or entered into within the past five years, regardless of physical form or characteristics, pertaining to any proposal, request for proposal, or contract between the South Carolina Department of Health and Human Services and South Carolina's Medicaid program that is administered by the Centene Corporation.

I am also requesting copies or production of any and all model provider agreements from the Centene Corporation that were provided to the South Carolina Department of Health and Human Services.

If the above mentioned public records contain commercial or financial information that is proprietary in nature and disclosure of such would cause competitive harm to the named organizations, the South Carolina Department of Health and Human Services may elect to redact such information.

I request that the information be provided in electronic format, or if that format is unavailable, in the format in which it is maintained by the South Carolina Department of Health and Human Services.

I am willing to pay appropriate fees for copies, production, or access to the requested public records.

Very truly yours,

Rhett S. Bilek

APR 19 2011

RECEIVED

Raymond E. Clutts, PC
1111 North Plaza Drive
Suite 405
Schaumburg, IL 60173

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: _____

Page #000473

April 26, 2011

Rhett S. Bilek, Esquire
Raymond E. Clutts, PC
1111 North Plaza Drive, Suite 405
Schaumburg IL 60173

Dear Mr. Bilek:

Your Freedom of Information Act request dated April 15, 2011, was referred to me for handling. Enclosed please find:

1. Copies of contracts between The South Carolina Department of Health and Human Services (SCDHHS) and entities related to the Centene Corporation since 2007, which are not available in an electronic format. Please be advised that in accordance with your request that commercial or financial information that is proprietary in nature be removed, I removed the appendices to these contract documents that included capitated rate information.
2. A compact disc containing any model provider agreements in the possession of SCDHHS for the same time period.

Our expense for reproducing this information is a total cost of Eighty-Eight and 90/100 Dollars (\$88.90). 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

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely



Vicki Johnson
Assistant General Counsel

VJ/b

Enclosures

cc: Lynette Wilson, Receivables