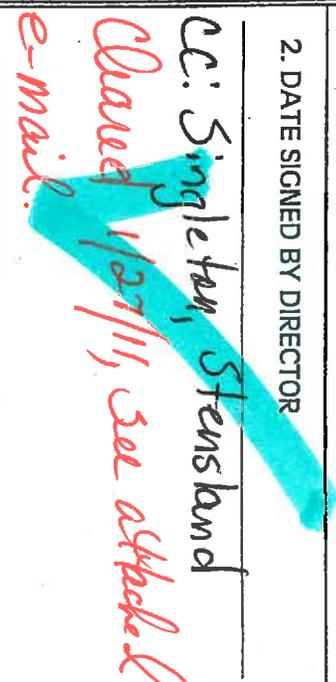


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Medical Services/Beverly/FOIA	1-24-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	0000316	<input type="checkbox"/> I Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> I Prepare reply for appropriate signature	DATE DUE _____
cc: Single for, Stensland		<input checked="" type="checkbox"/> FOIA	DATE DUE 2-7-11
Classed 1/27/11, see attached e-mail.		<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.			

From: Vicki Johnson
To: Roy Hess; Timothy Hartnett
CC: Jeff Stensland; Mary Cooper
Date: 1/24/2011 9:22 AM
Subject: Re: Fwd: MHN Contracts

FOIA
Feb. 108
R/S.

I believe so. Then, it is forwarded to the appropriate people to handle.

>>> Roy/Hess 1/24/2011 8:24 AM >>>
Does Jeff Stensland get FOIA?

>>> ~~Vicki Johnson 1/24/2011 8:11 AM~~ >>>
Yes. It will need to be logged in for tracking.

Vicki

-----Original Message-----

From: Timothy Hartnett
Cc: Roy Hess <HESSROY@scdhhs.gov>
To: Vicki Johnson <JOHNVIC@scdhhs.gov>

Sent: 1/24/2011 7:45:51 AM
Subject: Fwd: MHN Contracts

Vicki,

See below, can this be considered a formal request for information?

Timothy Hartnett
Department of Managed Care
SCDHHS
ph. (803) 898-2849
fax (803) 255-8232
email: harttim@scdhhs.gov

>>> Kyle Moll <kmoll@chsamerica.com> 1/21/2011 5:46 PM >>>

Hi Tim:

Thanks for your time this week reviewing contracts.

As follow up to our discussion, can you please use this email as a formal request for copies of the new MHN plans contracts. We are looking to build a new boilerplate Provider agreement and would like to be consistent with what you have already approved. Thanks and best regards...

S. Kyle Moll
Senior Vice President & CIO

Community Health Solutions of America, LLC
Premier Administrative Solutions, LLC

1000 118th Avenue North
St. Petersburg, FL 33716

(727) 498-0020 - Office
(727) 421-7881 – Mobile

This e-mail is intended only for the individual(s) or entity(s) named within the message and may contain privileged and confidential information. If the reader of this message is not the intended recipient, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited by the sender and to do so may constitute a violation of the Electronic Communications Privacy Act, 18 U.S.C. section 2510-2521. If this communication was received in error we apologize for the intrusion. Please notify the sender immediately by phone at (727) 498-0020, fax at (866) 907-4854, or reply email and delete any and all copies of the message or attachments from your system.



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: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



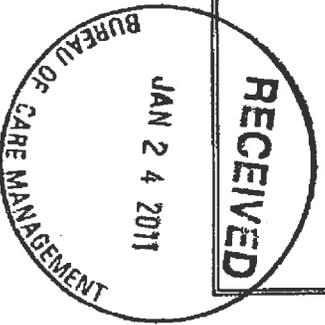
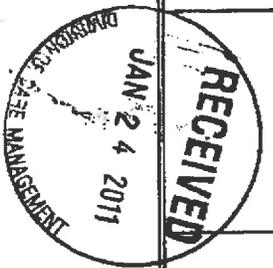
ACTION REFERRAL

TO	DATE
Medical Services/Bayer/1/FOIA	1-24-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	4000916	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	cc: Singleton, Stensland	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
		<input checked="" type="checkbox"/> FOIA DATE DUE 2-7-11	
		<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.			

Best use email by
Tim Hammett
1/27/2011





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: \$ 0

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: *Ren S. Forner* Date: 21 Jan 11

Mary Cooper - Request for Information

From: Timothy Hartnett
To: Kyle Moll
Date: 1/27/2011 8:23 AM
Subject: Request for Information
CC: Roy Hess
Attachments: Roy Hess

Kyle,

Attached is your requested information.

Timothy Hartnett
Department of Managed Care
SCDHHS
ph. (803) 898-2849
fax (803) 255-8232
email: harttim@scdhhs.gov

From: Roy Hess
To: Jeff Stensland; Mary Cooper
Date: 1/27/2011 8:26 AM
Subject: Log Letter 316 FOIA
Attachments: Request for Information completed.
Roy