

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Vicky Robert/Johnson/FOIA</i>	DATE <i>12-6-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100164</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc. Singleton, Cox, FOIA file cleared 12/11/12, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>12-20-12</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.			

## Brenda James

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**From:** Vicki Johnson  
**Sent:** Friday, November 30, 2012 11:48 AM  
**To:** Brenda James  
**Subject:** FW: Copies of Medicaid MCO Contracts

Brenda,

Please see FOIA request received below for processing.

Thank you,  
Vicki

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**From:** Ed White [<mailto:ed.white@nelsonmullins.com>]  
**Sent:** Friday, November 30, 2012 11:30 AM  
**To:** Vicki Johnson  
**Cc:** Bill Prince  
**Subject:** Copies of Medicaid MCO Contracts

Vicki,

I left you a voicemail message a few moments ago. We would like to request copies of all signed Medicaid MCO contracts using the new DHHS contract form that was effective July 1, 2012.

Please consider this a request pursuant to the South Carolina Freedom of Information Act and we will pay any costs of copying the contracts.

If you have any questions please do not hesitate to contact me or my partner, Bill Prince 255-9327, here at Nelson Mullins Law Firm.

If possible, we would like to expedite this request.

Thank you,

Ed White  
255-9559.



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:	_____	\$_____
<b>Total Amount Due SCDHHS:</b>		<b>\$_____</b>

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:



December 11, 2012

Ed White, Esquire  
Nelson Mullins Riley & Scarborough LLP  
Meridian, 17<sup>th</sup> Floor  
1320 Main Street  
Columbia, SC 29201

Dear Mr. White:

Enclosed please find the response to your Freedom of Information Act request dated November 30, 2012. Per your request enclosed please find:

Copies of all signed contracts between Medicaid MCOs and the South Carolina Department of Health and Human Services (SCDHHS) using the contract form that was effective July 1, 2012

Our expense for reproducing this information totals forty-eight and 10/100ths dollars (\$48.10). 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/h  
Enclosures  
cc: Lynette Wilson, Receivables (w/o enclosures)