

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Singleton/FOIA</i>	DATE <i>4-14-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000225</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Brooks, Colleen Mullis cleared 5/5/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>4-29-15</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

From: Colleen Mullis
Sent: Tuesday, April 14, 2015 2:26 PM
To: Brenda James
Cc: Peter Brooks
Subject: FW: FOIA

RECEIVED

APR 14 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please log and process this FOIA request.

Thank you!

Colleen

Colleen Mullis
Public Information Director II
Colleen.Mullis@scdhhs.gov
803.898.2452
cell: 803.605.4848
1801 Main Street Suite 1100
Columbia, SC - 29201
www.scdhhs.gov



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MEDICAID 

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From: Dill, Gordon R. [mailto:GDill@wspa.com]
Sent: Tuesday, April 14, 2015 2:15 PM
To: Colleen Mullis
Cc: Dill, Gordon R.
Subject: FOIA

04/14/2015
Christian Soura
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Mr. Soura

This letter is a request for a copy of a public record listed below pursuant to the South Carolina Freedom of Information Act.

I'd like a copy of the top 10 providers of the following drugs reimbursed through Medicaid and the amount reimbursed to each of those providers.

Provigil
Cymbalta
Prozac
Darvocet

Abilify

Geodon

Oxycontin

Risperdal

Roxicodone

Seroquel

Xanax

Zyprexa

I would prefer this be provided electronically if possible.

Since this request primarily benefits the general public, WSPA-TV asks that any search or copying fees be waived. If there is a charge for providing us a copy, please advise me of your estimate of the cost before fulfilling this request.

Sincerely,

Gordon Dill

WSPA-TV

250 International Drive

Spartanburg, SC 29303

864 809-7067

GDill@wspa.com

Gordon Dill

Investigative Reporter/Anchor

WSPA -TV

Cell : (864) 809-7067

Nikki Haley GOVERNOR

Christian L. Saura DIRECTOR

P.O. Box 8206 Columbia, SC 29202

www.scdhhs.gov

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:

Nikki R. Haley GOVERNOR
Christian L. Sours DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

May 5, 2015

Gordon Dill
WSPA-TV
250 International Drive
Spartanburg, SC 29303

Dear Mr. Dill:

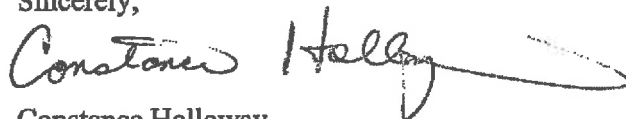
Your Freedom of Information Act request dated April 14, 2015 was referred to me for handling. Please find attached the requested information.

Our expense for extracting this information is 80 and 00/100 dollars (\$80.00). 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

Thank you for your request. If you have any questions, please feel free to contact me, at (803) 898-0062.

Sincerely,



Constance Holloway
Assistant General Counsel

