

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO	DATE
Roberts/Supna/FOIA	10-15-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000083	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Brooks, Mullis Same as log #81	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 10-30-14 <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: Linda Boyer
Sent: Monday, October 13, 2014 12:42 PM
To: Brenda James
Subject: FW: Open Records Request

Importance: High

RECEIVED

OCT 15 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Hi Brenda,

I was out all last week and I received this FOIA request that was sent only to me. I do not have a clue who this person is and how they received my email address.

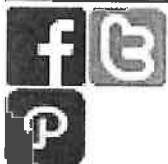
Please log as a FOIA Request.

Thanks!

Linda Boyer
Administrative
Assistant
BOYER@scdhhs.gov
803.898.2669
www.scdhhs.gov

SOUTH CAROLINA

Healthy Connections
MEDICAID



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From: FOIA Analyst [<mailto:analyst@resmail-us.com>]
Sent: Tuesday, October 07, 2014 5:31 PM
To: Linda Boyer
Subject: Open Records Request

To Whom it May Concern:

Pursuant to your state open records laws, I respectfully request electronic copies of the following information:

1. A copy of the current Medicaid Management Information System (MMIS) Fiscal Agent contract and any subsequent amendments;
2. A copy of the current Recovery Audit Contractor (RAC) services contract and any subsequent amendments;

I would prefer to receive the information in electronic format via email at analyst@resmail-us.com. Alternatively, you may reach me via regular mail at S. Smith, 1608 S. Ashland Ave #51996, Chicago, IL 60608-2013.

Sincerely,

S. Smith



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 <i>Robert/Supria/FOIA</i>	DATE <i>10-15-14</i>
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