

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO	Robert/Supra/FOIA
DATE	7-2-14

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000002	1 1 Prepare reply for the Director's signature	DATE DUE
2. DATE SIGNED BY DIRECTOR		1 1 Prepare reply for appropriate signature	DATE DUE
cc: Coy Mullis cleared 7/18/14, letter attached.		1 X FOIA	DATE DUE
		1 1 Necessary Action	DATE DUE

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Already/Archive  
Entered

**Demos**  
AN EQUAL SAY AND AN  
EQUAL CHANCE FOR ALL

**RECEIVED**  
JUN 30 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

June 26, 2014

S.C. Department of Health and Human Services  
Public Records Office  
P.O. Box 8206  
Columbia, SC 29202

**Re: Freedom of Information Law Request for Records**

Dear Custodian of Public Records:

Under the provisions of the South Carolina Public Records Law, *see*, S.C. Code Ann. § 30-4-30, I am requesting a copy of all memoranda of understanding between the South Carolina Department of Health and Human Services or any other state agency, on the one hand, and the U.S. Department of Health and Human Services, on the other, regarding:

(1) The exchange of information with the federally facilitated exchange in South Carolina established under the Affordable Care Act; and

(2) The roles and responsibilities of that exchange in Medicaid assessments or determinations in South Carolina.

Draft memoranda are acceptable if no final memoranda exist.

I understand there may be a fee for the duplication of the records requested. If the fee exceeds \$50, please contact me before duplicating the records. However, I would also like to request a waiver of all fees because the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of South Carolina Medicaid's operations. This information is being sought for a public purpose and not a commercial purpose.

DEMOS.ORG

INFO@DEMOS.ORG

POLICYSHOP.NET (THE DEMOS BLOG)

NEW YORK

220 FIFTH AVE, 2ND FLOOR  
NEW YORK, NY 10001

1.212.633.1405

WASHINGTON DC

1710 RHODE ISLAND AVE NW, 12TH FLOOR  
WASHINGTON, DC 20036  
1.202.559.1543

BOSTON

358 CHESTNUT HILL AVE, SUITE 303  
BRIGHTON, MA 02135  
1.617.232.5885

As you know, the freedom of information law requires that an agency respond to a request promptly and in good faith. Please process this request and contact me directly should you require any further clarification. I look forward to hearing from you soon.

Sincerely,



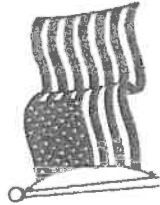
Jenn Rolnick Borchetta  
Counsel  
(212) 485-6245  
jborchetta@demos.org



**RECEIVED**

**JUN 30 2014**

**Department of Health & Human Services  
OFFICE OF THE DIRECTOR**



**S.C. Department of Health and Human Services  
Public Records Office  
P.O. Box 8206  
Columbia, SC 29202**

**2920238206 B044**

**C-128**

Nikki Haley GOVERNOR  
 Anthony Keck DIRECTOR  
 P.O. Box 8206 • Columbia, SC 29202  
[www.scdhhs.gov](http://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:	_____		\$ _____
<b>Total Amount Due SCDHHS:</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: \_\_\_\_\_

Nikki Haley, GOVERNOR  
Anthony Keck, CHIEF OF STAFF  
P.O. Box 8206 Columbia, SC 29202  
www.scdhhs.gov

July 18, 2014

Jenn Rolnick Borchetta  
Demos  
220 Fifth Ave, 2nd Floor  
New York, NY 10001

Dear Ms. Borchetta:

Your Freedom of Information Act request dated June 26, 2014 and received by the South Carolina Department of Health and Human Services (SCDHHS) on June 30, 2014 was referred to me for handling. You requested a copy of all memoranda of understanding between the South Carolina Department of Health and Human Services or any other state agency, on the one hand, and the U.S. Department of Health and Human Services, on the other, regarding:

- (1) The exchange of information with the federally facilitated exchange in South Carolina established under the Affordable Care Act; and
- (2) The roles and responsibilities of that exchange in Medicaid Assessments or determinations in South Carolina.

Please find enclosed the following documents:

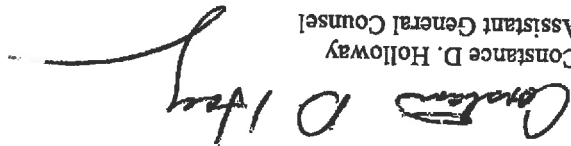
- (1) Interconnection Security Agreement between SCDHHS and CMS
- (2) Information Exchange Agreement between SCDHHS and CMS
- (3) Computer Matching Agreement and the associated addendum between SCDHHS and CMS; and
- (4) Individual Service Agreement (Medicaid Eligibility Determination System).

Our expense for extracting this information is \$15.00. 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 D. Holloway  
Assistant General Counsel

CDH/lb

CC: Kim Cox

dog #00002



Nikki Haley GOVERNOR  
Anthony Heck CLEVELAND  
P.O. Box 8206 Columbia, SC 29202  
www.scdhhs.gov

July 18, 2014

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Constance D. Holloway  
Assistant General Counsel

CDH/jb

CC: Kim Cox

RECEIVED  
 JUL 03 2014  
 SCDHHS  
 Office of General Counsel  
 Comstock/Lin & B

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 OFFICE OF DIRECTOR  
 ACTION REFERRAL

TO	PLT/Supra/FOIA
DATE	7-2-14

DIRECTOR'S USE ONLY		ACTION REQUESTED	
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2. DATE SIGNED BY DIRECTOR		1. Prepare reply for appropriate signature	DATE DUE
cc: Coy Mullis		1. Necessary Action	DATE DUE
		1. X FOIA	7-17-14

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer)	COMMENT
1.			Actual Due Date
2.			7-22-14
3.			
4.			

7-10-14  
 copy to Comstock  
 + loggrd

**Demos**  
AN EQUAL SAY AND AN  
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JUN 30 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**RECEIVED**  
JUL 03 2014

SCDHHS  
Office of General Counsel

June 26, 2014

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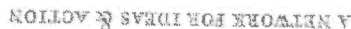
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Jenn Rolnick Borchetta  
Counsel  
(212) 485-6245  
jborchetta@demmos.org



JUN 30 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



S.C. Department of Health and Human Services  
Public Records Office  
P.O. Box 8206  
Columbia, SC 29202

RECEIVED

JUL 03 2014

SCD/HHS  
Office of General Counsel

WISCONSIN



doi:10.1017/S0022292412001687

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