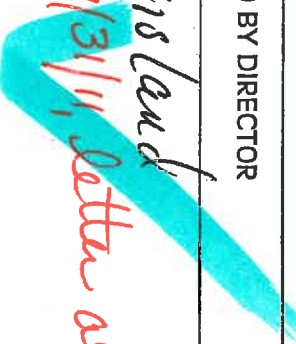


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	1-14-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1041307	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Stevensland Cleared 1/31/11, letter attached. 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 1-31-11 <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.			

BRUNER, POWELL, WALL & MULLINS, LLC

ATTORNEYS AND COUNSELORS AT LAW

1735 ST. JULIAN PLACE, SUITE 200

POST OFFICE BOX 611110

COLUMBIA, SOUTH CAROLINA 29260-1110

TELEPHONE 803-252-7693

FAX 803-254-5719

WWW.BRUNERPOWELL.COM

JOEY R. FLOYD, P.A.
WILLIAM D. BRITT, JR., P.A.

LEAH EDWARDS GARLAND
BENJAMIN C. BRUNER
MATTHEW H. STABLER

JAMES L. BRUNER, P.A.
WARREN C. POWELL, JR., P.A. *
HENRY P. WALL
E. WADE MULLINS, III, P.A.
BRIAN P. ROBINSON, P.A.
WESLEY D. PEEL, P.A.

* Also Admitted in District of Columbia

AUTHOR'S E-MAIL: MSTABLER@brunerpowell.com

January 5, 2011

VIA EMAIL and U.S. MAIL

Vicki Johnson, Esquire, Assistant General Counsel
SC Department of Health and
Human Services
Columbia, SC

JAN 14 2011

JAN 14 2011

RECEIVED

Department of Health & Human Services
OFFICE OF THE DIRECTOR
Office of General Counsel
SCDHHS

RE: Freedom of Information Act Request

Dear Ms. Johnson:

Pursuant to the South Carolina Freedom of Information Act, I am requesting copies of the following documents:

- (1) Any and all amendments to the State's plan for medical assistance implementing the requirements of 42 U.S.C. §1396a(a)(42)(B) that a State plan for medical assistance must provide for the establishment of a program under which South Carolina must contract with one or more recovery audit contractors to identify underpayments and overpayments under the State plan.
- (2) Any and all waivers, requests, for waivers, or correspondence with the U.S. Department of Health and Human Services or the Centers for Medicare & Medicaid Services regarding South Carolina's implementation of the requirements of 42 U.S.C. §1396a(a)(42)(B) that a State plan for medical assistance must provide for the establishment of a program under which South Carolina must contract with one or more recovery audit contractors to identify underpayments and overpayments under the State plan.
- (3) Any and all documents, including solicitations, requests for proposals, bids, and contracts, related to the State of South Carolina's requirement under 42 U.S.C. §1396a(a)(42)(B) that a State plan for medical assistance must provide for the establishment of a program under which South Carolina must contract with one or more recovery audit contractors to identify underpayments and overpayments and recoup overpayments under the State plan.

- (4) Any prior contracts for Third Party Liability Services between the SC Department of Health and Human Services and Blue Cross Blue Shield of South Carolina and any of its affiliates or subsidiaries.

If this request is denied in whole or in part for any reason, please advise as to the reason(s) for such denial and identify the documents withheld. Also, if the denial is based on some privilege or exception but is maintained (ie in the custody, possession or control) by another local, state or federal governmental department, office or agency, please identify the other agency that also maintains a copy of such document.

We are happy to pay all customary costs incurred by DHHS in responding to this request. Please advise if you expect that the cost incurred in responding to this request will exceed \$100.00.

I appreciate your immediate attention in expediting this request and ask that you contact me if you have any questions or concerns.

With my kindest regards, I am

Sincerely,



Matt Stabler

cc: Deirdra Singleton, Esq.

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: _____

January 31, 2011

Mr. Matt Stabler
Bruner, Powell, Wall & Mullins, LLC
1735 St. Julian Place, Suite 200
Columbia, SC 29260

Dear Mr. Stabler:

Your Freedom of Information Act request dated January 5, 2011, was referred to me for handling. Enclosed please find the following:

1. Amendment to the State Plan for Medical Assistance implementing the requirements of 42 U.S.C. § 1396a(a)(42)(B);
2. Correspondence with the Centers for Medicare and Medicaid Services regarding South Carolina's implementation of the requirements of 42 U.S.C. § 1396a(a)(42)(B);
3. Change Order related to the requirements of 42 U.S.C. § 1396a(a)(42)(B); and
4. Request for Proposal and any amendment(s) for Third Party Liability Services between South Carolina Department of Health and Human Services (SCDHHS) and Blue Cross and Blue Shield of South Carolina. SCDHHS does not have an unredacted copy of the Blue Cross and Blue Shield proposal. Please advise whether you wish for us to submit their 1990 proposal to Blue Cross and Blue Shield for redaction. As you are aware, this process may take considerable time.

Our expense for reproducing this information is a total cost of Four-Two and 20/100 Dollars (\$42.20). 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/b
Enclosures