

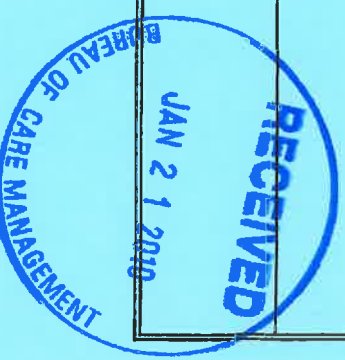
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|------------------------|---------|
| TO | DATE |
| Myers/FOIA / Fernandez | 1-20-10 |

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|----------------------------|--|--|--|
| 1. LOG NUMBER | 000305 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | |
| 2. DATE SIGNED BY DIRECTOR | cc: Singlehu, Stenobaud cleared 1/22/10, see note | <input checked="" type="checkbox"/> FOIA DATE DUE 2-3-10 <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. <i>Penally b. hand</i> | ✓ 1/22/10 | | Spoke to Brian Callaci; pointed him to contracts + P+P on web; sufficient for his needs- |
| 2. | <i>please close out item 1/22/10</i> | | |
| 3. | | | |
| 4. | | | |



CHANGE to WIN

1900 L Street, NW ■ Suite 900 ■ Washington, DC 20036 ■ Tel: 202.721.0660 ■ Fax: 202.721.0661 ■ www.changetowin.org

FAX COVER SHEET

Date: 1-20-10

Pages: 2

To: Public Information Office

From: Brian Callan

Phone:

Phone: 917-209-5472

Fax: 803-898-4515

Fax:

Re: Records Request

cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

This communication is intended only for the addressee and may contain information that is privileged and/or confidential. If you are not the addressee or the addressee's employee or agent, you are hereby notified that any disclosure, reproduction or distribution of this communication is strictly prohibited. If you have received this communication in error, please call us immediately.

CHANGE to WIN1900 L Street, NW
Suite 700
Washington, DC 20036Phone: 202-552-
Fax: 202-
www.ch

January 20, 2010

Attn: Public Information Officer
South Carolina Department of Health & Human Services
1801 Main Street
Columbia, SC 29202

VIA FACSIMILE

Deputy Public Information Officer,

Pursuant to the state open records law, S.C. Code Ann. Secs. 30-4-10 to 30-4-165, I request copies of the State of South Carolina's current contracts with each of its Medicaid managed care providers:

- 1) Select Health of South Carolina
- 2) Unison Health Plan
- 3) Absolute Total Care
- 4) BlueChoice HealthPlan of SC
- 5) Carolina Crescent Health Plan

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions under the law. I will also expect you to release all segregable portions of otherwise exempt material.

If you estimate associated costs will exceed \$50.00, please contact me prior to completing my request.

Thank you for your assistance,



Brian Callaci
Workers United-SEU, Change to Win
31 W 15th St
New York, NY 10011
P: (917) 209-5472
F: (212) 366-0975

cc: General Counsel

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

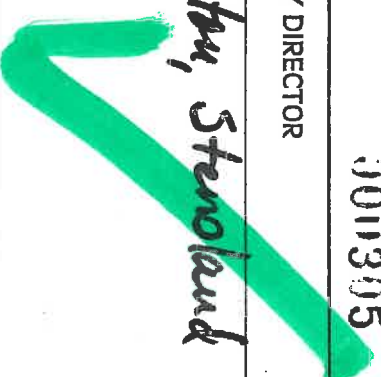
Please contact _____ should you have any questions.

Signature _____ Date: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-------------------|----------------|
| TO | DATE |
| <i>Myers/FOIA</i> | <i>1-20-10</i> |

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|----------------------------|---|---|------------------------|
| 1. LOG NUMBER | <i>1011305</i> | <input type="checkbox"/> I Prepare reply for the Director's signature | DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR | <i>cc: Singley, Stenoland</i>  | <input type="checkbox"/> I Prepare reply for appropriate signature | DATE DUE _____ |
| | | <input checked="" type="checkbox"/> FOIA | DATE DUE <i>2-3-10</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 |
|---|---------|--|---------|
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| 2. | | | |
| 3. | | | |
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CHANGE to WIN

1900 L Street, NW ■ Suite 900 ■ Washington, DC 20036 ■ Tel: 202.721.0660 ■ Fax: 202.721.0661 ■ www.changeto.win.org

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Pages: 2

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From: Brian Callan

Phone:

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Fax: 803-818-4515

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cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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CHANGE to WIN

1900 L Street, NW
Suite 900
Washington, DC 20036

Phone: 202-332-1234
Fax: 202-332-1234
www.ctw.org

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Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____