

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



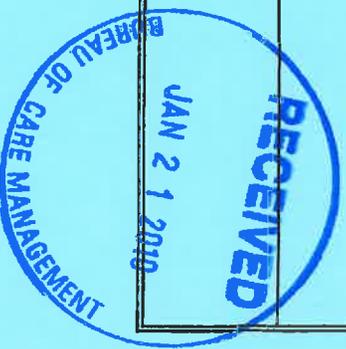
ACTION REFERRAL

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

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	900305	<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 type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<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. Beverly S. Harrell	✓ 1/22/10		Spoke to Brian Callaci; pointed him to contracts + P+P on web; sufficient for his needs.
2.			
3.			
4.			

please close out Fern 1/22/10



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.



1900 L Street, NW
Suite 700
Washington, DC 20036

Phone: 2
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 \$50,000, please contact me prior to completing my request.

Thank you for your assistance,

Brian Callacci
Workers United-SEIU, 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
Myers/FOIA	1-20-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011305	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singleby, Stenoband	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE <u>2-3-10</u>

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1.			
2.			
3.			
4.			

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Phone: Phone: 917-209-5472

Fax: 803-898-4515 Fax:

Re: Records Request cc:

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- Please Comment
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1900 L Street, NW
Suite 900
Washington, DC 20036

Phone: 202-331-7000
Fax: 202-331-7000
www.ctw.org

January 20, 2010

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South Carolina Department of Health & Human Services
1801 Main Street
Columbia, SC 29202

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