

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Miyers/Hamilton</i>	DATE <i>5/23/08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000608</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input checked="" type="checkbox"/> FOIA DATE DUE <i>6/9/08</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Singley, Stenlund Claude 6/5/08, letter attached.</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
1.				
2.				
3.				
4.				

Phone: (803) 865-4014

Fax: (803) 865-4015

Email: EMTCarolina@yahoo.com

May 20, 2008

Princess Bovain
6938 Faust St.
Columbia, SC 29223-7529

RECEIVED

MAY 23 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Beverly Hamilton
Bureau Chief- Department of Health and Human Services
1801 Main St.
Columbia, SC 29209

Dear Beverly Hamilton:

I am writing in reference to the rates that are paid to brokers by the Department of Health and Human Resources (DHHS). I am requesting the break down of payment by broker and by region. I am requesting this information based on the Freedom of Information Act. I appreciate your timely assistance in this matter. Please forward this information to the address above.

Sincerely,



Princess Bovain





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

TO:
FROM:

SUBJECT: Cost of Processing Request for Information

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
 Governor

June 5, 2008

Emma Forkner
 Director

Ms. Princess Bovain
 6938 Faust Street
 Columbia, South Carolina 29223-7529

Dear Ms. Bovain:

The South Carolina Department of Health and Human Services (SCDHHS) has received your request for information under Freedom of Information Act (FOIA) regarding transportation rates paid to brokers. Your letter requested a breakdown of payment by broker and region.

The chart below lists SCDHHS transportation rates as of June 2008.

Region	Broker	Counties	Capitated Rate
1	MTM	Abbeville, Anderson, Greenville, Greenwood, Laurens, Oconee, Pickens	\$ 4.69
2	MTM	Cherokee, Chester, Lancaster, Spartanburg, Union, York	\$ 2.74
3	LogistiCare	Edgefield, Fairfield, Lexington, McCormick, Newberry, Richland, Saluda	\$ 6.30
4	LogistiCare	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Clarendon, Kershaw, Lee, Orangeburg, Sumter	\$ 8.16
5	LogistiCare	Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Marion, Marlboro, Williamsburg	\$ 6.07
6	LogistiCare	Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper	\$ 6.80

Source: Medicaid Management Information System, June 2008

Attached is the cost associated with providing this information to you. If you need additional information, please contact Ms. Sheila Platts at (803) 898-2613.

Sincerely,

Beverly G. Hamilton

Beverly G. Hamilton
 Bureau Director

BGH/pm

Log # 608 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

TO: Ms. Princess Bovain
FROM: Ms. Sheila Platts
Division of Medical Support Services

SUBJECT: Cost of Processing FOIA Request # 608

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	2 1/2	Hours	\$25.00
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:			\$25.00

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 Ms. Sheila Platts at (803) 898-4614 should you have any questions.

Sheila A. Platts
Signature SP Date: 06/03/08