

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Supra/FOIA</i>	<i>2-15-12</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000314</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Tyek Singleton, Stenbyrd</i> <i>cleared 3/5/12, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	DATE DUE <i>3-1-12</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.			

Teeshla Curtis - FOIA Request

From: "Heather Smith" <hsmith@capconsc.com>
To: "Teeshla Curtis" <CURTIST@scdhhs.gov>
Date: 2/14/2012 4:31 PM
Subject: FOIA Request

February 14, 2012

Director Tony Keck
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Director Keck:

This letter is a request for access to the public records listed below pursuant to the S.C. Freedom of Information Act. I would like to review the following:

A copy of the recently released federal audit that was done regarding South Carolina Medicaid payments during federal fiscal year (FFY) October 2009 to September 2010.

Please contact me at 803-252-1087 to schedule a time to examine the records.

Since this request primarily benefits the general public, I request that any search or copying fees be waived. If there is a charge for providing me access, please advise me of your estimate of the charge and the basis for the charge when you call to arrange an appointment.

Sincerely,

Heather Smith



TO:
FROM:

SUBJECT: Cost of Processing Request for Information #

The South Carolina Department of Health and Human Services has received and processed your request for information. 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: _____



Log # 314

March 5, 2012

Ms. Heather Smith
Capitol Consultants
1300 12th Street
Cayce, South Carolina 29033

Dear Ms. Smith:

In response to your Freedom of Information Act (FOIA) request, enclosed is the 2010 Payment Error Rate Measurement report for South Carolina. Please note that this report highlights initial findings. Since the release of the report in November, CMS has updated our error rate and is in the process of recalculating the exact dollar amount associated with the reported errors. Once issued, a copy of the report can be made available to you under the Freedom of Information Act.

Also enclosed is a detailed list of the costs associated with processing your FOIA request. Our expense for collecting the data is \$10. Please remit the payment as soon as possible.

If you have any questions, please contact Michael Jones at (803) 898-2987.

Sincerely,



John R. Supra, Jr.
Deputy Director

JS/tc
Enclosures

cc: Lynette Wilson, Receivables



TO: Heather Smith
Capitol Consultants

FROM: John R. Supra, Jr.
Deputy Director

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	1 Hour	\$ <u>10.00</u>
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:		\$<u>10.00</u>

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 Michael Jones (803) 898-2987 should you have any questions.

Signature *M. R. Supra*

March 5, 2012
Date