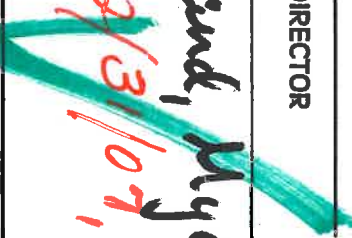


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singleton</i>	<i>12-6-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000274	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>CC: Stensland, Myers</i> <i>Closed 12/31/07, letter attached.</i> 	<input checked="" type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE <i>12-20-07</i>

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

SCAHHP

November 28, 2007

RECEIVED RECEIVED

Ms. Deirdre Singleton, Deputy Director

DEC 06 2007

General Counsel

DEC 05 2007

SC Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SCDHHS
Office of General Counsel

Dear Ms. Singleton:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I am hereby requesting access to, and copies of, the following information:

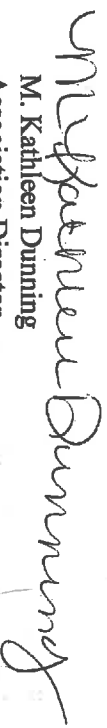
1. The letter addressed to North Hills Medical Center from PhyTrust of South Carolina (PhyTrust) and Total Carolina Care (TCC), which resulted in sanctions by SCDHHS in July 2007.
2. Any written or electronic communication between SCDHHS and PhyTrust or TCC relating to the appeal of the above referenced sanction issued in July 2007.
3. Any written or electronic documentation or communication of terms agreed to by SCDHHS, PhyTrust and TCC in lieu of the July 2007 sanction, to include documentation of any fines imposed.
4. Copy of the written communications from TCC or PhyTrust to providers as a result of the July 2007 sanction and/or agreement made between TCC and PhyTrust, and SCDHHS as a result of PhyTrust and/or TCC's appeal of the July 2007 sanctions. If this communication was done by form letters, a single example of this letter would be sufficient.

I understand if there is cost associated with compiling this information. I also understand that components of the information I am requesting may need redacting.

In accordance with FOIA, I await a response from the department within the allotted 15 days. If you have any questions regarding this request, please to contact me at (803) 771-9855.

Thank you for this information.

Sincerely,


M. Kathleen Dunning
Association Director
SC Alliance of Health Plans

South Carolina Alliance of Health Plans



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

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: _____

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF DIRECTOR

DEC 06 2007

SCDHHS
Office of General Counsel

ACTION REFERRAL

RECEIVED

TO

DATE

Singleton

12-6-07

DIRECTOR'S USE ONLY

ACTION REQUESTED

1. LOG NUMBER

000274

☐ Prepare reply for the Director's signature

DATE DUE _____

2. DATE SIGNED BY DIRECTOR

☐ Prepare reply for appropriate signature

DATE DUE _____

CC: Stensland, Myers

☒ FOIA

DATE DUE 12-20-07

☐ Necessary Action

APPROVALS

APPROVE

(Only when prepared
for director's signature)

* DISAPPROVE

(Note reason for
disapproval and
return to
preparer.)

COMMENT

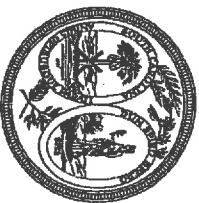
1.



2.

3.

4.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

December 31, 2007

Ms. M. Kathleen Dunning
Associate Director
SC Alliance of Health Plans
3020 Devine Street, Suite A
Columbia, SC 29205

Re: Freedom of Information Act Request

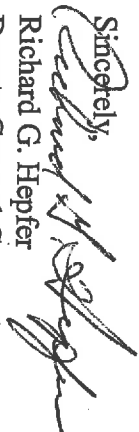
Dear Ms. Dunning:

Enclosed is the information we believe to be responsive to your request of November 28, 2007. This information consists of e-mails and other documents known to personnel within the Department's Office of General Counsel who gathered the information. We do not know of any other documents within the agency that are responsive, however, we did not inquire of any other divisions with the Department. Please contact us if you believe anything is omitted.

The cost for gathering, copying, and mailing this information is eleven and nine hundredths dollars (\$11.09). Please make your check out to the agency and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

If there are any questions, please contact me. My direct is 898-2791.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

Enclosure

cc: Byron Roberts
Lynette Wilson, Receivables (w/o enclosures)

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

SCAHP

November 28, 2007

RECEIVED RECEIVED

Ms. Deirdre Singleton, Deputy Director
General Counsel
SC Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

DEC 06 2007
Department of Health & Human Services
OFFICE OF THE DIRECTOR

DEC 05 2007
SCDHHS
Office of General Counsel

Dear Ms. Singleton:

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Thank you for this information.

Sincerely,

M. Kathleen Dunning
Association Director
SC Alliance of Health Plans

M. Kathleen Dunning

*Copy 41 x 10 = 41.00
Taxes 30.00 = 51.00
Postage: 803 Return Flat = 1.99
11.09*

South Carolina Alliance of Health Plans

3020 Devine Street, Suite A • Columbia, SC 29205 • 803-771-9855 • 803-771-9752 (fax) • www.scalliance.org