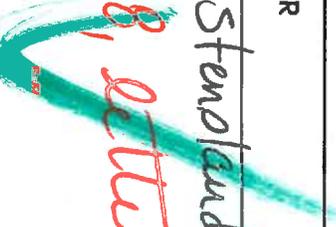


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Miyano/FOIA</i>	<i>7-18-08</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000041</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Singleton, Stensland cleared 8/4/08, with attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>8-1-08</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.			

TOTALTM
CAROLINA CARE
Healthcare from the Heart

1441 Main Street Columbia, SC 29201 (866) 433-6041 www.totalcarolinacare.com

July 16, 2008

RECEIVED

JUL 18 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mrs. Beverly Hamilton
Department of Health and Human Services
1801 Main Street, Room 909
Columbia, S.C. 29201

Dear Mrs. Hamilton,

Pursuant to the South Carolina Freedom of Information Act, I am requesting the quarterly savings reconciliation reports for South Carolina Solutions Medical Homes Network for all periods to date.

Your attention to this matter is greatly appreciated.

Sincerely,


Keith Collins
CEO





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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

August 4, 2008

Emma Forkner
Director

Keith Collins, M.D., CEO
Total Carolina Care
1441 Main Street, Suite 900
Columbia, South Carolina 29201

Dear Dr. Collins:

Pursuant to your FOIA request of July 16, 2008 the quarterly savings reconciliation reports for South Carolina Solutions Medical Homes Network are attached.

If you have any questions, please contact Roy Hess, Division Director for Care Management, at (803) 898-4614.

Sincerely,

A handwritten signature in black ink, appearing to read "FMyers".

Felicity Myers
Deputy Director

FM/hhc

Enclosures

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