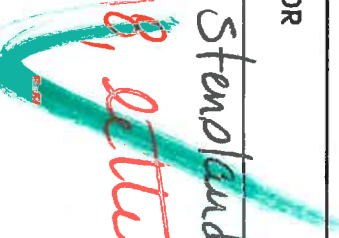


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

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

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

# TOTAL<sup>TM</sup>

## CAROLINA CARE

*Healthcare from the Heart*

1441 Main Street Columbia, SC 29201 (866) 433-6041 [www.totalcarolinacare.com](http://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", written over the printed name of Felicity Myers.

Felicity Myers  
Deputy Director

FM/hhc

Enclosures

#41

