

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 OFFICE OF DIRECTOR  
 ACTION REFERRAL

**RECEIVED**  
 JUN 03 2008  
 SCDHHS  
 Office of General Counsel

TO	DATE
Singleton/PATA	6-3-08

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000628	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	CC: Stensland, Kost, Quinlan Deps, Jacobs, Ms. Foreman	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <u>6-17-08</u>
		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
2. <i>* Approved</i> <i>by Jeff Stensland</i>	<i>PAT</i> <i>6/20/08</i>	<i>Deny</i>	
3.			
4.			

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Singleton/PATA	6-3-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000628	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Stenbaud, Frost, Quinlan Depp, Jacobs, Ms. Fortner</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action DATE DUE <u>6-17-08</u>

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1.			
2.			
3.			
4.			

**From:** Jeff Stensland  
**To:** Polatty, Jan  
**Date:** 6/3/2008 11:51 AM  
**Subject:** Fwd: FOI request  
**Attachments:** SelectHealthFOI.doc

Log: Singleton/  
FOIA.

Jeff Stensland  
SC DHHS  
(803) 898-2584

>>> "O'Connor, John" <[jocconnor@htestate.com](mailto:jocconnor@htestate.com)> 6/3/2008 11:46 AM >>>

Jeff, attached is an FOI request. Please contact me if you have any questions. Thanks for the help.

<<SelectHealthFOI.doc>>

John O'Connor  
Staff Writer  
The State  
Columbia, S.C.  
803-771-8358 (w)  
803-771-8430 (f)

John O'Connor  
Staff Writer  
The State  
1401 Shop Road  
Columbia, SC 29201

Jeff Stensland  
Public Affairs officer  
South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

June 3, 2008

Dear Mr. Stensland,

Pursuant to state freedom of information laws, I request the following:

- 1) Any correspondence, written or electronic, between DHHS and the Center for Medicaid Services requesting guidance about changes to Medicaid contracts or how services are delivered in calendar year 2007 and 2008. In particular, I am interested in any requests about the repackaging of pharmaceuticals for sale in doctors' offices.
- 2) Any contract addendums or changes between DHHS and Select Health of South Carolina during calendar year 2007 and 2008.

According to state law you have 15 days to respond, which by my count would mean a response is due on or before June 18, 2008. Because this request is in the public interest, I ask that you waive all fees associated with the search. Feel free to contact me about the best way to make these records available or any questions you might have. I can be reached at the office at 803-771-8358, cell phone at 803-240-9108 or e-mail at [joconnor@thestate.com](mailto:joconnor@thestate.com).

Thank you for your timely response to this request.

Sincerely,

John O'Connor



*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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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: \_\_\_\_\_