

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Singleton	5-12-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000376	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox Cleared 5/29/14, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 5-27-14 <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.			



May 9, 2014

State of South Carolina
Department of Health and Human Services
Attention: Communications
1801 Main Street
PO Box 8206
Columbia, SC 29202-8206
RE: Freedom of Information Act Request
Dental Benefits Management Request for Information #1

RECEIVED

MAY 12 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir/Madam:

Under the South Carolina Freedom of Information Act, §30-4-10 et seq., Electronic Health Resources LLC (EHR) respectfully requests to obtain copies of public records for all responses to the Dental Benefits Management Request for Information #1 that was released on December 19, 2013 with a requested response date no later than January 24, 2014. We seek copies of all responses and any and all appendices, attachments, addenda, exhibits, and/or appurtenances thereto. We prefer to receive this information in electronic form, if possible.

Please provide us with an invoice for any costs associated with this request, and we will forward payment. If you have any questions, or if there is any additional information that you need from us, please contact me at one of the following:

- email at jmeagher@ehr-llc.com
- Telephone at 518.891.3250
- FAX at 518.891.3250
- Mail at the address shown on this letter

The South Carolina Freedom of Information Act requires a response time within 15 business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or this entire request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for your kind consideration of this request.

Sincerely,

Judith Anne Meagher
Principal Consultant

441 Gilpin Bay Road
Saranac Lake, NY 12983-3038
W 518.891.3250; M 970.376.5000
jmeagher@ehr-llc.com

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 • Columbia, SC 29202
www.scdhhs.gov

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:

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

May 29, 2014

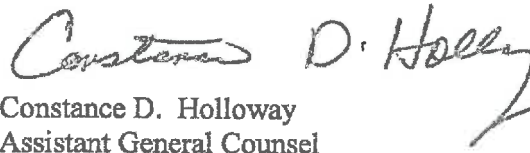
Judith Anne Meagher
Electronic Health Resources LLC
441 Gilpin Bay Road
Saranac Lake, NY 12983
Via Email: jmeagher@ehr-llc.com

Dear Ms. Meagher:

Your Freedom of Information Act request dated May 9, 2014 was referred to me for processing. You requested a copy of public records for all responses to the Dental Benefits Management Request for Information # 1 that was released on December 19, 2013 with a requested response date no later than January 24, 2014. Please find attached the requested documents.

Thank you for your request. If you have any questions, please feel free to contact me at (803)-898-0062.

Sincerely,


Constance D. Holloway
Assistant General Counsel

CDH/lb

CC: Kim Cox

Nikki Hailey
Anthony Keck
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

May 29, 2014

Judith Anne Meagher
Electronic Health Resources LLC
441 Gilpin Bay Road
Saranac Lake, NY 12983

Dear Ms. Meagher:

Your Freedom of Information Act request dated May 9, 2014 was referred to me for processing. You requested a copy of public records for contract # 4400001016 ITMO: Dental Administrative Service between South Carolina Department of Health and Human Services and DentaQuest Ventures, Inc.

This agency does not have copies of the requested information. For a copy of the requested information you may wish to contact the Information Technology Management Office (ITMO), as they are the holder of some of the official files related to contracts for the South Carolina Department of Health and Human Service. The following is the contact information for ITMO:

Information Technology Management Office
Division of Procurement Services
Attention: Norma J. Hall, FNIGP, CPPO, CPPB, CPM
1201 Main Street, Suite 601
Columbia, SC 29201

Thank you for your request. If you have any questions, please feel free to contact me at (803)-898-0062.

Sincerely,



Constance D. Holloway
Assistant General Counsel

CDH/lb

CC: Kim Cox

Constance / Linda B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

MAY 13 2014

ACTION REFERRAL

SODMHS
Office of General Counsel

TO	DATE
Roberts/Singh, Jan	5-12-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000376	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Coy Don't Forget to send C. Gore a Copy of Final letter	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 5-27-14 <input type="checkbox"/> Necessary Action

(Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			Actual Due Date: 5-30-14
2.			
3.			
4.			

RECEIVED



MAY 13 2014

May 9, 2014

SCDHHS
Office of General Counsel

RECEIVED

MAY 12 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State of South Carolina
Department of Health and Human Services
Attention: Communications
1801 Main Street
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Dental Benefits Management Request for Information #1

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Thank you for your kind consideration of this request.

Sincerely,

A handwritten signature in cursive script that reads "Judith Anne Meagher".

Judith Anne Meagher
Principal Consultant

441 Gilpin Bay Road
Saranac Lake, NY 12983-3038
W 518.891.3250; M 970.376.5000
jmeagher@ehr-llc.com

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request # 000 376

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South Carolina Department of Health and Human Services
Post Office Box 8297
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Signature

Date: