

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Singleton/FOIA	3-5-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000304	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Coy cleared 3/18/14 letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 3-19-14 <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.			



Gallivan, White & Boyd, P.A.
ATTORNEYS AT LAW

1201 Main Street, Suite 1200
Post Office Box 7368 (29202)
Columbia, South Carolina 29201
Telephone 803.779.1833
Facsimile 803.779.1767
www.GWBlawfirm.com

March 4, 2014

RECEIVED

MAR 04 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

VIA HAND DELIVERY

Brenda Jones
State of South Carolina
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201-2430

Re: Freedom of Information Act
RFI for Dental Benefits Management issued 12/19/13
RFI for Medicaid Pharmacy Benefits Management issued 12/19/13

Dear Ms. Jones:

Pursuant to the South Carolina Freedom of Information Act found at S.C. Code Ann. §30-4-10 *et seq.*, I am writing to request access and copies of certain records in your possession as well as information compiled by your office. These records have to do with requests for information for Dental Benefits Management issued December 19, 2013 and for Medicaid Pharmacy Benefits Management issued December 19, 2013 and any documents or information submitted to the South Carolina Department of Health and Human Services in response to and/ or associated with such requests. I agree to pay all fees and costs associated with this request.

If some of the requests are exempt from release, please furnish this office with those portions "reasonably segregable." Further, if you determine that some of our requests are exempt, please provide this office with an indexed itemization and detailed justification concerning information you are not releasing.

Specifically, we are requesting all documents, records and papers in your office pertaining to the following subjects:

- a. Request for information for Dental Benefits Management issued 12/19/13.
- b. Responses or submissions to your office in response to your request for information for Dental Benefits Management issued 12/19/13.
- c. Request for information for Medicaid Pharmacy Benefits Management issued 12/19/13.

d. Responses or submissions to your request for information for Medicaid Pharmacy Benefits Management issued 12/19/13.

Under the South Carolina Freedom of Information Act, S.C. §30-4-30, this office has a right to inspect a copy of these public records. If you cannot copy and provide them, please inform us within fifteen (15) days of the time and place where we might come and inspect the documents on our own or copy them with the use of your copy machine.

If the S.C. Dept. of Health and Human Services refuses to comply with this request in whole or in part, please identify the legal basis under which your Department refuses to comply by reference to specific exemptions of the Act. Please do not hesitate to contact me directly at the number provided below if you have any questions.

Sincerely,

GALLIVAN, WHITE & BOYD, P.A.



Childs Cantey Thrasher

Direct Dial: 803-724-1717

cthramer@GWBlawfirm.com

Please send copied documents to:

Childs Cantey Thrasher
Gallivan, White & Boyd, P.A.
P.O. Box 7368
Columbia, SC 29202



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:

3/18/14

response attached

To Date 3/7/14

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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MAR 07 2013

Department of Health & Human Services
Office of Health Programs

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Sincerely,

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Childs Cantey Thrasher

Direct Dial: 803-724-1717

cthrasher@GWBlawfirm.com

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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

March 18, 2014

Childs Cantey Thrasher, Esquire
Gallivan, White & Boyd, P.A.
P. O. Box 7368
Columbia, SC 29202

Dear Ms. Thrasher:

Your letter to Brenda James of March 4, 2014 was forwarded to us for a response. Enclosed is a cd with the requested information. The RFIs are located on SC Department of Health and Human Services' website at <https://www.scdhhs.gov/site-page/contract-library>. Please select "Pharmacy Benefits Administration RFI #1."

Our expense for reproducing this information is twenty-three and 17/100 dollars (\$23.17). This cd is true and accurate information directly from computerized information kept in the normal course of Department business. Please make the check payable to the Department of Health and Human Services and send it to:

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

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosure

cc: Lynette Wilson, Receivables

