

# **EXHIBIT I**

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop N2-20-16  
Baltimore, Maryland 21244-1850



**Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group**

Refer to: Control Numbers: #052220187048, #052220187050, #052320187013,  
#052220187046, #052320187007 & #052320187010

6/22/2018

Kandi Hidde  
Frost Brown Todd LLC  
201 N. Illinois Street, Suite 1900  
P.O. Box 44961  
Indianapolis, IN 46244

Dear Ms. Hidde:

This letter pertains to your Freedom of Information Act (FOIA) request. We have categorized your request as one for commercial use. Accordingly, we are permitted to assess fees for search, review, and duplication. We estimate that the fee for search and review of the responsive records will be \$120,000.

Based on Department of Health and Human Services' FOIA Regulations at 45 C.F.R. 5.51(b)<sup>1</sup>, we request that you make an advance payment of these fees. The cited section of the regulation requires advance payment when FOIA fees will exceed \$250.00 or when requesters have failed to pay previous FOIA bills in a timely fashion.

Enclosed are two copies of the invoice that specify our estimate. Retain one copy for your files. Send the other copy back with your advance payment check. Please make your check payable to the U.S. Department of the Treasury. Send to:

Hugh Gilmore  
Centers for Medicare & Medicaid Services  
Freedom of Information Group  
7500 Security Boulevard, N2-20-16  
Baltimore, Maryland 21244-1850

Once received, we will forward the payment to the Division of Accounting and we will continue the search and reviewing process.

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<sup>1</sup> HHS regulations amended 81 F.R. 74947 (Oct. 28, 2016)

**IMPORTANT: RETURN A COPY OF THIS INVOICE WITH REMITTANCE**

**INVOICE OF FEES FOR FOIA SERVICES**

*CASE NUMBER 052220187048	DATE 6/22/2018
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**MATERIAL REQUESTED**

Correspondence/Risk Adjustment Payment System and MAOs

<b>CHARGE TO</b>	NAME OF REQUESTOR Kandi Hidde		
	ORGANIZATION Frost Brown Todd LLC		
	STREET ADDRESS Frost Brown Todd LLC, 201 N. Illinois Street, Suite 1900, P.O. Box 441		
	CITY Indianapolis	STATE IN	ZIP CODE 46244

	NUMBER	CHARGE
<b>REPRODUCTION</b>		
EACH PAGE 10 ¢		
OTHER (ESTIMATE)		\$120,000.00
<b>SEARCH FEES; Per hour (Based on Salary of Searcher as per 45 CFR 5.43)</b>		
LEVEL 1		
LEVEL 2		
LEVEL 3		
<b>REVIEW FEES; Per hour (Based on Salary of Reviewer as per 45 CFR 5.43)</b>		
LEVEL 1		
LEVEL 2		
LEVEL 3		
<b>SPECIAL SERVICES;</b>		
CERTIFICATION (\$10.00)		
RETURN RECEIPT (\$2.15)		
OTHER		
	<b>PAY TOTAL OF</b>	<b>\$ 120,000.00</b>

Questions regarding enclosed material or charges, call: 410-786-0519

MAKE CHECK OR MONEY ORDER PAYABLE TO: U.S. DEPARTMENT OF THE TREASURY  
AND REMIT WITH A COPY OF THIS INVOICE TO:

HUGH GILMORE  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
FREEDOM OF INFORMATION GROUP  
7500 SECURITY BOULEVARD, N2-20-16  
BALTIMORE, MARYLAND 21244-1850

**\*PLEASE INCLUDE THE CASE NUMBER ON YOUR CHECK OR MONEY ORDER**

Enclosed is payment of \$ \_\_\_\_\_ by check  money order

If payment is not made within 30 days of the date of this invoice, interest and administrative costs will be assessed and future requests for information will not be honored until payment is made. Your name and account information will be turned over to a private collection agency and credit bureau if your account becomes 60 days overdue and associated costs will be added to the account. Additional penalties of six percent will be assessed on accounts delinquent for more than 90 days and such accounts may be referred to the IRS or the Justice Department for judicial action. (The Debt Collection Act of 1982.)