

CENTERS FOR MEDICARE & MEDICAID SERVICES FREEDOM OF INFORMATION ACT REQUEST

1. Case #: _____
2. Date Received: _____ 3. Due Date: _____ 4. Response Date: _____ 5. Processing Days: _____
6. Requester: _____
7. Affiliation/Address: _____
8. Subject: _____
9. Referred To: _____
10. Category of Requester _____ Commercial
_____ Educational/Scientific or News Media
_____ Other

11. IS THERE PROGRAM CONCERN ABOUT DISCLOSING THESE RECORDS? _____ Yes _____ No

_____ Ongoing Deliberations _____ Invasion of Privacy _____ Circumvention of
_____ Decision-making Process _____ Pending Litigation _____ Agency Rules
_____ Proprietary Information _____ Open Investigation
_____ Other (Specify) _____

12. ACTIONS: _____ Direct Reply _____ No Records Found _____ Request Withdrawn
_____ Not FOIA _____ Records Not Reasonably Described _____ Subpoena Denial
_____ Fee Related Closure _____ Referral to Next Review Level _____ Other

ACTUAL COSTS OF RESPONDING TO REQUEST

13. ACTUAL PROCESSING COSTS:	Hours	Hourly Wage	Total	17. Invoiceable Fees
Reading/Interpreting/Logging				XXXXXXXXXXXXXXXX
Clarifying/Negotiating/Consultation				XXXXXXXXXXXXXXXX
Searching for Records				\$
Review/Edit/Delete (DFOI Only)				\$
Compose/Type Response				XXXXXXXXXXXXXXXX
Other (specify)				\$

14. COPYING COSTS - @ \$.10 per page:	No. of Pages	No. of Sets	Total	
Pages Located/Copied		1 x \$.10 per page		XXXXXXXXXXXXXXXX
No. of Pages Released to Requester		1 x \$.10 per page	XXXXXXXXXXXX	\$ _____
No. of Pages Sent to Next Review Level		1	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX

15. MAILING COSTS: Postage _____	XXXXXXXXXXXXXXXX
Special Handling _____	_____

16. Total Actual Cost: _____

18. Total Invoiceable Fees: _____

19. Fees Charged: _____

20. Fee Waived: _____

21. Name(s), Phone Number(s) and Component(s) of Person(s) Who Searched For and Compiled These Records:

INSTRUCTIONS FOR COMPLETING FORM CMS-632-FOI

Completion of this form is mandatory. It must be attached to and remain with every Freedom of Information Act (FOIA) request for control and tracking. Every CMS employee involved in processing the request must add to a given Form CMS-632-FOI data accounting for that involvement. This data will be the base for the Annual Report.

Item

1. **Case #:** number assigned in accordance with DFOI instructions.
2. **Date Received:** date request was received in the FOIA unit.
3. **Due Date:** date 20 working days from receipt of request in the FOIA unit.
4. **Response Date:** actual date case was completed and response sent.
5. **Processing Days:** the number of work days it took to process the request.
6. **Requester:** last name, first name, initial of person who signed the request.
7. **Affiliation/Address:** name of company, law firm etc., and complete address of requester.
8. **Subject:** explain briefly the nature of the request by subject or records requested.
9. **Referred To:** where the request was sent for records search(es).
10. **Category of Requester:** check appropriate category based upon number seven above.
11. **Program Concern:** check appropriate item(s) to show concern about release of these records.
12. **Actions:** check all appropriate items that show the disposition of the request.
13. **Actual Processing Costs:** actual costs of time spent by each person involved in processing this request. Complete all items. Include computer-based data costs in the block entitled "other."
14. **Copying Costs:** cost for photocopying the responsive records. Complete all applicable items. Copying costs are \$.10 per page.
15. **Mailing Costs:** input postage and special handling, such as certification of records.
16. **Total Actual Costs:** summation of totals for actual processing, copying and mailing costs.
17. **Invoiceable Fees:** different from actual costs. They are based upon the HHS fee schedule for search, review and copying activities.
18. **Total Invoiceable Fees:** summation of search, review and copying fees.
19. **Fees charged:** responding office tallies. If invoiceable fee is \$15.00 or more, invoice the requester.
20. **Fees waived:** If invoiceable fee is less than \$15.00, do not invoice requester. Insert amount waived in this block.
21. **Name, Phone Number and Component of Person Who Searched For/Compiled Records:** be specific; give name and title of person who searched, their component, address and phone number.