

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese/FOIA</i>	DATE <i>9-4-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100099</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Stenlund, Roberts</i> <i>Cleared 10/29/12, letter</i> <i>attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>10-19-12</i> <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.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giare/FOIA/Vaughn</i>	DATE <i>10-4-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100099</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
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	<input checked="" type="checkbox"/> FOIA DATE DUE <i>10-19-12</i>
	<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. <i>[Signature]</i>	<i>10/20/2012</i>		
2. <i>[Signature]</i>	<i>10/29/12</i>		
3.			
4.			



PALMETTO LEGISLATIVE PARTNERS' GROUP

P.O. Box 378
Lexington, SC 29071

(803) 309-2400 Phone
Email: slanford@palmettolpg.com
tjohnson@palmettolpg.com

October 3, 2012

RECEIVED

OCT 04 2012

Department of Health and Human Services
Attn. Mr. Jeff Stensland
1801 Main Street
Columbia, SC 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: FOIA Request

Dear Mr. Stensland,

On behalf of the SC Area Association of Air Medical Services and pursuant to the Freedom of Information Act, I respectfully request the following information.

- The total number of Air Medical transports for SFY 2011/2012.
- Of the total number of Air Medical transports for SFY 2011/2012, how many of those were Medicaid?
- The total amount paid for Air Medical transports for SFY 2011/2012.
- Of the total amount paid for Air Medical transports for SFY 2011/2012, how much was paid by Medicaid?

Should you have any questions or need anything further from me, please contact me by email at tjohnson@palmettolpg.com or by phone at 803-309-2400.

Thank you for your assistance.


Tami Johnson





October 29, 2012

Palmetto Legislative Partners' Group
Attn: Tami Johnson
Post Office Box 348
Lexington, South Carolina 29201

Dear Ms. Johnson:

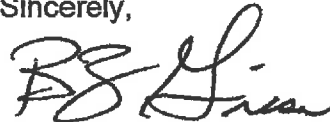
Thank you for your letter requesting information on Air Medical transports for State Fiscal Years 2011 and 2012.

I understand that you spoke with Ms. Zenovia Vaughn on Thursday, October 18, 2012 and as discussed, she indicated to you that the only data that we have available is for transports provided to a Medicaid member. Below are number of transports and amount paid as requested.

	SFY 2011	SFY 2012
Total number of Air Transports	329	216
Total amount paid for Air Transports	\$746,746	\$508,550

Please see the attached invoice for the cost associated with processing this request. If you have any questions regarding the information or if we may be of additional assistance, please contact Ms. Vaughn at (803) 898-2682.

Sincerely,



Melanie "BZ" Giese, RN
Deputy Director

MG/vw



TO: Tami Johnson
Palmetto Legislative Partners' Group
From: Zenovia Vaughn
Department of Health and Human Services

SUBJECT: Cost of Processing FOIA Request # 000099

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 at \$ 10.00 per hour	<u>2</u> Hours	\$ <u>20.00</u>
Pages copied at \$.10 per page	<u> </u> Pages	\$ <u> </u>
Pages faxed at \$.20 per page	<u> </u> Pages	\$ <u> </u>
Shipping and Handling Costs		\$ <u> </u>
Other costs associated with the FOIA request:	<u> </u>	\$ <u> </u>
Total Amount Due SCDHHS:		\$ <u>20.00</u>

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 Zenovia Vaughn should you have any questions.

Zenovia Vaughn
Signature

10/25/2012
Date

PALMETTO LEGISLATIVE PARTNERS' GROUP

P.O. Box 378
Lexington, SC 29071

(803) 309-2400 Phone
Email: slanford@palmettolpg.com
tjohnson@palmettolpg.com

October 3, 2012

RECEIVED

OCT 04 2012

Department of Health and Human Services
Attn. Mr. Jeff Stensland
1801 Main Street
Columbia, SC 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: FOIA Request

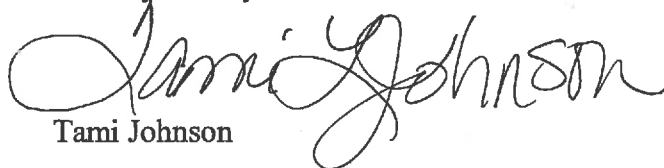
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Should you have any questions or need anything further from me, please contact me by email at tjohnson@palmettolpg.com or by phone at 803-309-2400.

Thank you for your assistance.


Tami Johnson



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: