

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Day/FOIA</i>	DATE <i>1-9-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000161</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Brooks, Mullis Cleared 1/20/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>1-20-15</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.			

Brenda James

From: Chari Preacher
Sent: Friday, January 09, 2015 3:44 PM
To: Brenda James
Subject: FW: Scan from SC DHHS.
Attachments: SKMBT_22315010915290.pdf

Brenda,

Here is a FOIA that we received today in our area.

Thanks.

Chari

-----Original Message-----

From: MailMan
Sent: Friday, January 09, 2015 3:30 PM
To: Chari Preacher
Subject: Scan from SC DHHS.

This is a scan from the SC DHHS Bizhub. Do not reply. Have a nice day.

RECEIVED

JAN 09 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 5, 2015

317.383.5487
wburgin@bkd.com

South Carolina Department of
Health and Human Services
Attention: Melissa Simmons, Director
Division of Ancillary &
Long Term Care Reimbursements
1801 Main Street
Columbia, SC 29202

RECEIVED

JAN 09 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Information Request—Freedom of Information Act

We are requesting a copy of the most recent Summary UPL Calculation for South Carolina County owned nursing facilities that participate in the IGT program. We are requesting this information in an electronic format, if available. Please provide for the following facilities:

- Cherokee County LTC
- Ellen Sagar Nursing Home
- John Edward Harter Nursing Center
- Lake Marion Nursing Center
- Lake Moultrie Nursing Home
- Lexington Medical Extended Care
- The Cottages at Brushy Creek
- Saluda Nursing Center
- Windsor Manor

RECEIVED
JAN 09 2015

JAN 09 2015

Department of Health,
Methodology and Policy

Your assistance in expediting this request would be greatly appreciated. Please do not hesitate to contact me if you have any questions, or require additional information.

Sincerely,

Walter Burgin

Walter P. Burgin, CPA
Senior Managing Consultant

Nikki Haley GOVERNOR
Christian L. Sours INTERIM 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
Christian L. Saura DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. Box 8206, Columbia, SC 29202
www.scdhhs.gov

January 20, 2015

VIA EMAIL ONLY: wburgin@bkd.com

Mr. Walter P. Burgin, CPA
BKD CPAs & Advisors, LLP
201 North Illinois Street, Suite 700
Indianapolis, Indiana 46244-0993

Dear Mr. Burgin,

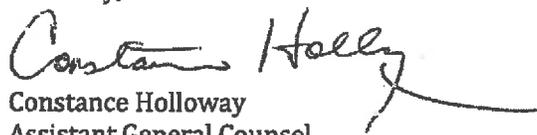
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated January 5, 2015 and received by DHHS on January 9, 2015. Enclosed are the Summary UPL Calculations for the South Carolina providers that you requested.

Our expense for extracting this information is ten and 00/100 dollars (\$10.00). 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

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

Sincerely,


Constance Holloway
Assistant General Counsel

CH/cmp
Enclosures