

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	5/5/09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101625	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C: EF, Singleton J. Stensland F. Myers	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE 5-18-09

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



BlueChoice
HealthPlan of South Carolina

P.O. Box 6170, Mail Code AX-400
Columbia, SC 29260-6170

Writer's Direct Dial Telephone Number 803-382-5529
Email: Ann.Weldon@BlueChoiceSC.com

Medicaid

May 5, 2009

RECEIVED

To: Jeff Stensland, Public Information Director
South Carolina Department of Health and Human Services

MAY 05 2009

From: Ann H. Weldon, Compliance Officer
BlueChoice HealthPlan of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

This is a request under the Freedom of Information Act.

On behalf of BlueChoice HealthPlan of South Carolina, I request that documents containing the following information be provided to me:

Copies of audited settlement reports for the seven hospitals listed below for Fiscal Year 2006 or the most current FY available. The heading on the requested report is as follows:

SOUTH CAROLINA

DEPARTMENT OF HEALTH & HUMAN SERVICES
Bureau of Reimbursement Methodology and Policy
SC Medicaid Retrospective Cost Settlement
For the Period October 1, 2005 through September 30, 2006

Facility	TIN	Medicaid ID #.	addtl Medicaid ID#	addtl Medicaid ID#
Spartanburg Regional Medical Ctr	576000934	224411	369963	420007
Trident Regional Health System	621768106	269338		
Colleton Regional Hospital	570712623	324008		
MUSC	571098556	160808		
Grand Strand Regional Med	621768105	347055		
Summerville Hospital	621768106002			
Greenville Hospital System	576007863	354643		

In order to determine my status to assess fees, you should know that I am affiliated with a private corporation (BlueChoice HealthPlan of South Carolina, Inc.) and am seeking information for use in the company's business. I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it will enable BlueChoice HealthPlan to evaluate the feasibility of contracting with these hospitals for our Medicaid MCO program.

We appreciate your cooperation in this matter. Please feel free to contact me if there is any additional information we can provide.

Ann H. Weldon



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HealthPlan of South Carolina

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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

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: _____

From: Jan Polatty
To: Brenda James
Date: 5/12/2009 10:04 am
Subject: Fwd: Fw: FOIA request

Bren, - did you get this one?

>>> Jeff Stensland 5/8/2009 2:38 PM >>>
Here is an FOIA.

From: Gina D Morris
To: Jeff Stensland
Date: 5/8/2009 2:36 pm
Subject: FOIA request

CC: Jeff Saxon
Jeff,

I have received the FOIA request from Ann Weldon of Blue Choice dated 5/5/09. In this request, Ms. Weldon asked for audited 2006 settlement reports for seven hospitals. She has spoken to Jeff Saxon concerning this request and it was decided that we would provide her with the Cost to Charge (CTC) ratios for these hospitals. I have attached these schedules so that you may forward them to Ms. Weldon. Please let me know if you need anything additional from me in order to consider this FOIA request fulfilled.

Gina D. Morris
Division of Acute Care Reimbursement
SC Department of Health and Human Services
Phone (803) 898-1029
Fax (803) 255-8228

Mailed 5/12/09
Gina
W
2529
201

Elizabeth Hutto - 2006 CTC ratios (FOIA request 00625)

From: Gina D Morris
To: ann.weldon@bluechoicesc.com
Date: 5/13/2009 3:02 PM
Subject: 2006 CTC ratios (FOIA request 00625)
CC: Elizabeth Hutto
Attachments: Colleton 2006.xls; Grand Strand 2006.xls; Greenville 2006 ctc ratio.xls; MUSC 2006.xls; Spartanburg 2006.xls; Trident 2006 ctc ratio.xls

Ann,

I have attached the 2006 cost-to-charge ratios per you conversation with Jeff Saxon. This email is being sent in response to your FOIA request dated 5/5/09.

Gina D. Morris
Division of Acute Care Reimbursement
SC Department of Health and Human Services
Phone (803) 898-1029
Fax (803) 255-8228