

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>4-10-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101393</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cc: General Counsel</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action DATE DUE _____

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

RECEIVED

APR 10 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Emma Forkner
Director SCDHHS
1801 Main Street
PO Box 8206
Columbia, SC 29202-8206

March 30, 2012

Dear Mrs. Forkner,

This letter is being written to notify you that Wallace Thomson Hospital has ceased use of the SC DHHS Sponsored Medicaid Worker Program. In the past year we have only had a worker on site for four months, during which we received zero Medicaid conversions. This is not a level that justifies the cost of this agreement. For this reason we have decided to explore other avenues to ensure a level of Medicaid conversion that we believe is acceptable for this facility.

Our contract agreement with SC DHHS Sponsored Medicaid Worker Program expires 06/30/2012. Please use this letter as our notice not to renew that contract. That is outside of our required 30 day notice of termination based on the contract agreement that was signed. We have notified our local representative that we will not be pursuing the renewal of this agreement.

Sincerely,



Ian Chidester
Contracts and Payer Relations
Wallace Thomson Hospital
322 W South Street
Union, SC 29379
(864) 429-2655

