

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess/FOIA</i>	DATE <i>4-13-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100470</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Stansland, Singleton Cleared 4/28/11, letter attached.</i>	<input checked="" type="checkbox"/> FOIA DATE DUE _____ <i>4-27-11</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 - Fwd: Medicaid Cost Report - Unihealth Post-Acute Care of Bamberg

From: Brandy Putnam
To: Brenda James; Elizabeth Hutto
Date: 4/4/2011 3:46 PM
Subject: Fwd: Medicaid Cost Report - Unihealth Post-Acute Care of Bamberg

Please log!

Thanks,
Brandy

Brandy Putnam
Department of Health and Human Services
Phone Number (803)-898-1016
Fax Number (803)-255-8228

>>> Jason Skalko <Jason.Skalko@healthtrust.com> 4/4/2011 3:28 PM >>>
Ms. Putnam,

Thank you speaking with me this afternoon. Per our conversation, I would like to request the most up to-date Medicaid cost report available for the following nursing home:

Unihealth Post-Acute Care of Bamberg
439 North Street
Bamberg, SC 29003

A CD-copy of the above report would be appreciated. Please send to the attention of:

Mr. Jason Skalko at:
6801 Energy Court, Suite 200
Sarasota, FL 34240

Best Regards,

Jason Skalko

✕ cid:image001.png@01CA46

6801 Energy Court, Suite 200
Sarasota, FL 34240
(P) 941-363-7521 | (F) 941-487-6334

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 taxed 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: _____

April 28, 2011

Mr. Jason Skalko
6801 Energy Court, Suite 200
Sarasota, FL 34240

Dear Mr. Skalko:

Enclosed you will find the information and the billing for processing your recent Freedom of Information Act request from our office.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1040.

Sincerely,



Roy E. Hess
Interim Deputy Director

REH/sbp

Enclosures

April 28, 2011

TO: Jason Skalko

FROM: Roy E. Hess
Interim Deputy Director

SUBJECT: Cost of Processing FOIA Request # 470

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	1	Hours	\$10.00
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:	3.00		\$ 3.00
Total Amount Due SCDHHS:			<u>\$13.00</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 Brandy Putnam at (803) 898-1040 should you have any questions.


Signature

April 28, 2011
Date