

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	2-26-09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER J00470	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singleton, Stensland Cleared 3/16/09 letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 3-12-09 <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.			

McLeod

Family Medicine Center
The Choice for Medical Excellence

RECEIVED

FEB 26 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 23, 2009

Gina Morris
Acute Care Reimbursement SCDHHS
PO Box 8206
Columbia, SC 29202-8206

Dear Ms. Morris,
I am requesting, under the Freedom of Information Act, current information about the hospital rates for add-ons for medical education.
I am the Family Medicine Residency Program Director and the Designated Institutional Official for medical education at McLeod. I would like to be able to provide to my Administration some of the offset costs of running the educational program in family medicine that we receive from any and all sources. For some time, I have been aware that we do receive money from DME and IME for medical education and would like to be able to quantify that in my reports.
If you need further information, do not hesitate to contact me at 843-777-2808.

Sincerely yours,



William H. Hester, MD
Program Director
Designated Institutional Official MRM/C

WHH/amm

RECEIVED

FEB 26 2009

SCDHHS BUREAU OF REIM.
METHODOLOGY & POLICY



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: _____



State of South Carolina
Department of Health and Human Services

809

470



Mark Sanford
Governor

Emma Fortner
Director

March 6, 2009

William H. Hester, M.D., Program Director
McLeod Family Medicine Center
555 East Cheves Street
Florence, South Carolina 29506-2606

Dear Dr. Hester:

In response to your recent Freedom of Information Act request, enclosed you will find the information and the billing for processing your request from our office.

I hope this information is helpful to you. If you should have any questions, please contact Gina Morris at (803) 898-1029.

Sincerely,

A handwritten signature in black ink that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/mh
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 6, 2009

TO: William H. Hester, M.D., Program Director
McLeod Family Medicine Center

FROM: William L. Wells, CPA
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	14	Pages	\$ 1.40
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ _____
Other costs associated with the FOIA request:			\$ _____

Total Amount Due SCDHHS: \$11.40

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 Gina Morris (803) 898-1029 should you have any questions.

William L. Wells
Signature _____ Date *March 6, 2009*