

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlehew/FOIA</i>	<i>4-10-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000525	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>4-24-08</i> <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>CC: Stenobud</i> <i>Cleared 4/30/08, letter</i> <i>attached.</i>	

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.			

NEXSEN | PRUET

William A. Prince
Member
Admitted in SC

April 10, 2008

RECEIVED

APR 10 2008

SCDHHS
Office of General Counsel

RECEIVED

BY HAND DELIVERY

Byron Roberts, Esq.
Associate General Counsel
South Department of Health and Human Services
1801 Main Street, 10th Floor
Columbia, SC 29201

Re: Freedom of Information Act Request

Byron:

Department of Health & Human Services
OFFICE OF THE DIRECTOR

APR 10 2008

Charleston
Charlotte
Columbia
Greensboro
Greenville
Hilton Head
Myrtle Beach

Pursuant to the Freedom of Information Act SC Code Ann. § 30-4-10 et seq., I hereby request a copy of all amendments to the State Medicaid Plan that relate to diagnosis related groups, prospective payment systems and/or cost-based reimbursement for hospital inpatient and outpatient services for the past ten (10) federal fiscal years. This request does not seek any State Medicaid Plan amendments relating to disproportionate share payments. When these documents are ready, please call me, and we will send a courier. Thank you for your attention to this matter. If you have any questions, please call me.

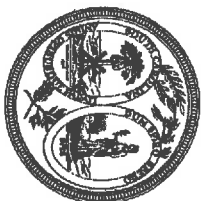
Very truly yours,

Bill Prince

BAP

1230 Main Street
Suite 700 (29201)
PO Drawer 2426
Columbia, SC 29202
www.nexsenpruet.com

T 803.540.2012
F 803.727.1494
E BPPrince@nexsenpruet.com
Nexsen Pruet, LLC
Attorneys and Counselors at Law



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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235

RECEIVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

APR 11 2008

SCDHHS
Office of General Counsel

ACTION REFERRAL

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TO

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4-10-08

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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 30, 2008

Mr. William A. Prince
NEXSEN | PRUET
1230 Main Street, Suite 700
Columbia, SC 29201

Dear Mr. Prince:

We received your April 10, 2008, request regarding past amendments to the South Carolina Medicaid State Plan. Enclosed is the information, which appears to be responsive. Let us know if you think we may have misinterpreted your request in some respect.

Our expense for retrieving and copying this information is fifty-two and no hundredths dollars (\$52.00). Please make your check out to the agency and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8355

Please contact me if there are any questions. My direct is (803) 898-2791.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard G. Hepfer".

Richard G. Hepfer
Deputy General Counsel

Enclosures

cc: Jeff Saxon, Reimbursement (w/o enclosures)
Lynette Wilson, Receivables (w/o enclosures)

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

NEXSEN PRUET

William A. Prince

Member

Admitted in SC

April 10, 2008

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APR 10 2008

SODHHS

Office of General Counsel

Byron Roberts, Esq.
Associate General Counsel
South Department of Health and Human Services
1801 Main Street, 10th Floor
Columbia, SC 29201

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Re: Freedom of Information Act Request

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Bill Prince

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