

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlehurst/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 _____	
2. DATE SIGNED BY DIRECTOR	<i>CC: Stenlund</i> <i>Cleared 4/30/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE <i>4-24-08</i>	

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



**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

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

APR 10 2008

Byron:

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.

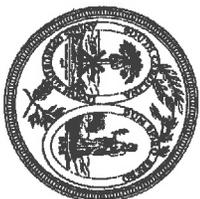
Very truly yours,

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 [BillPrince@nexsenpruet.com](mailto:BillPrince@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**

*Bayan*

TO	DATE
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2. DATE SIGNED BY DIRECTOR <i>CC: Stenobud</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>4-30-08</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. <i>Deborah SINGETON</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

**RECEIVED**

APR 10 2008

SCDHHS  
Office of General Counsel

**ROBERTS**

APR 10 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**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:

- Charleston
- Charlotte
- Columbia**
- Greensboro
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Very truly yours,

Bill Prince

BAP

*290 Prince, 29201  
2.5 hrs*

*20.00  
52.00 10/02*

*10/01*

*10/02*

*10/09*

*10/09*

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

T 803.540.2012  
F 803.727.1494

E [BillPrince@nexsenpruet.com](mailto:BillPrince@nexsenpruet.com)

Nexsen Pruet, LLC

Attorneys and Counselors at Law

*9:00's forward  
page related into pg 01  
9:33 am*