

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wills/FOIA</i>	<i>5/15/09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101646</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Emma Jenkins</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Single for Stephens hand</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>5/31/09</i>
<i>Cleared 5/19/09, letter attached.</i>	<input type="checkbox"/> Necessary Action DATE DUE _____

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

From: "Johnson, Eva W." <Eva.Johnson@ropesgray.com>
To: "Jeff Saxon" <Saxon@scdhhs.gov>
CC: "Elizabeth Hutto" <Huttoe@scdhhs.gov>
Date: 5/13/2009 5:06 PM
Subject: RE: Incoming Fax Message

Jeff,

To limit costs, I would like to limit my request to attachment 4.19B only. Please let me know if you need any additional information from me.

Thank you,
Eva

From: Jeff Saxon [mailto:Saxon@scdhhs.gov]
Sent: Wednesday, May 13, 2009 12:20 PM
To: Johnson, Eva W.
Cc: Elizabeth Hutto
Subject: RE: Incoming Fax Message

Eva:

Yes we can but it will have to be treated as a "FOI" request and thus you will be charged for these documents.

Jeff

Jeff Saxon
Bureau Chief
Bureau of Reimbursement Methodology & Policy
SCDHHS
Phone: 803.898.1014
Fax: 803.255.8228
Fax: 803.898.4524

>>> "Johnson, Eva W." <Eva.Johnson@ropesgray.com> 5/13/2009 12:14 PM >>>
Jeff,

In follow-up to our conversations last week, would you be able to send a copy of attachments 4.19A and 4.19B of the South Carolina State Plan, as well as any similar attachment related to managed care reimbursement?

Thanks again for all of your help.

Eva

Eva W. Johnson
ROPES & GRAY LLP
T 202-508-4829 | F 202-383-9343
One Metro Center, 700 12th Street, NW, Suite 900
Washington, DC 20005-3948
Eva.Johnson@ropesgray.com
www.ropesgray.com

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From: Jeff Saxon [mailto:Saxon@scdhhs.gov]
Sent: Thursday, May 07, 2009 4:11 PM
To: Johnson, Eva W.
Subject: Fwd: Incoming Fax Message

Eva W.

I have attached a fax received from CMS regarding the allowability of provider taxes in provider cost reports. Please see the response to question #30 of the June 21, 1995 State Medicaid Director letter.

Please let me know if you have any questions.

Jeff

Jeff Saxon
Bureau Chief
Bureau of Reimbursement Methodology & Policy SCDHHS
Phone: 803.898.1014
Fax: 803.255.8228
Fax: 803.898.4524

>>> Karen Maine 7/26/2006 9:42 AM >>>
Jeff,

I have printed this and put into your mail folder.

Karen

Karen A. Maine, Fiscal Analyst
Ancillary/Acute Care Reimbursements
(803) 898-1040
MAINEK@scdhhs.gov

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**.

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If you have received this in error, please notify us immediately and destroy the related message.

Eva W. Johnson
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Washington, DC 20005-3948
Eva.Johnson@ropesgray.com
www.ropesgray.com



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	\$ _____
Snipping 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

Page # 000046 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 19, 2009

Ms. Eva Johnson
Ropes & Gray, LLP
One Metro Center
700 12th St., N.W., Suite 900
Washington, DC 20005-3948

Re: Attachment 4.19B

Dear Ms. Johnson:

Your request for attachment 4.19B was referred to this Office for a response. The attachment is enclosed.

The cost for retrieving and copying this information is twelve and 01/100 dollars (\$12.01). 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 29202-8297

If there are any questions, please contact me. My direct is 898-2791.

Sincerely,

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

Richard G. Hepfer
Deputy General Counsel

Enclosure

cc: Lynette Wilson, Receivables (w/o enclosures)
Faye Hutto, Administrative Services (w/o enclosures)

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**



ACTION REFERRAL

TO Singleton / FOIA	DATE 5/15/09
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1001648	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C: Dennis Johnson S: Stephens	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE 5/29/09

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