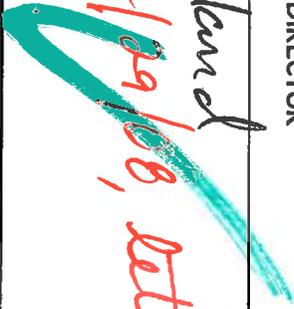


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	2-11-08

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000421	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	CC: Stensland Cleared 2/19/08, letter attached 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
		<input type="checkbox"/> Necessary Action DATE DUE <u>2-26-08</u>	

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

Nelson Mullins

Nelson Mullins Riley & Scarborough LLP

Attorneys and Counselors at Law

1320 Main Street / 17th Floor / Columbia, SC 29201

Tel: 803.799.2000 Fax: 803.256.7500

www.nelsonmullins.com

RECEIVED
FEB 11 2008
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Leslie A. Sackett

Paralegal

Tel: 803.255.9550

leslie.sackett@nelsonmullins.com

February 8, 2008

Via US Mail

Jeff Stensland

Department of Health & Human Services

Post Office Box 8206

Columbia, SC 29202-8206

RE: Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System
v. South Carolina Department of Health and Environmental Control and
Amisub of South Carolina, Inc. d/b/a Piedmont Healthcare System d/b/a Fort
Mill Medical Center
Civil No. 06-AJJ-07-0489-CC Our File No. 05946/01509

Dear Mr. Stensland:

I am writing pursuant to the South Carolina Freedom of Information Act, S.C. CODE ANN. § 30-4-10 *et. seq.* (1997) to request a copy of any documents related to Disproportionate Share Payments, including but not limited to worksheets and/or applications to determine disproportionate share eligibility and accompanying backup documentation submitted to you, as well as documentation reflecting the amount of disproportionate share payments made by you to Piedmont Medical Center, 222 S. Herlong Ave., Rock Hill, SC for the years 2004, 2005, and 2006.

We will be glad to pay any expenses associated with the copying of responsive documents. We also will send a courier for pickup of any documents responsive to this request upon notification that the same are ready.

Thank you in advance for your attention to this matter. Please call me if you have any questions or problems fulfilling these requests.

With kind regards, I remain

Very truly yours,



Leslie A. Sackett

Paralegal

LAS:

Cc: Daniel J. Westbrook, Esq.



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

Wahl/Steinle

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF DIRECTOR

RECEIVED

FEB 12 2008

ACTION REFERRAL

SCDHHS
Office of General Counsel

TO	DATE
<i>Singleton/FOIA</i>	<i>2-11-08</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000421	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>CC: Stensland</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>2-26-08</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.			
2.			
3.			
4.			



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 29, 2008

Ms. Leslie A. Sackett
Paralegal
Nelson Mullins Riley & Scarborough, LLP
1320 Main Street, 17th Floor
Columbia, SC 29201

Dear Ms. Sackett:

Your February 8, 2008, request regarding Piedmont Medical Center was referred to this office for a response. We requested of the unit that determines disproportionate share payments, documents related to Piedmont. Enclosed you will find the information provided, which appears to be responsive. Let us know if you think we should broaden our search.

Our expense for reproducing and mailing this information is twelve and 71/100 dollars (\$12.71). Please accept this letter as your only invoice, 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.

Sincerely,

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

Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Marianne Melton, Reimbursement
Lynette Wilson, Receivables

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

RECEIVED

FEB 12 2008

RECEIVED

FEB 11 2008

Nelson Mullins

SCDHHS
Office of General Counsel

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Nelson Mullins Riley & Scarborough LLP

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Leslie A. Sackett

Paralegal

Tel: 803.255.9550

leslie.sackett@nelsonmullins.com

February 8, 2008

Via US Mail

Jeff Stensland

Department of Health & Human Services

Post Office Box 8206

Columbia, SC 29202-8206

RE: Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System
v. South Carolina Department of Health and Environmental Control and
Amisub of South Carolina, Inc. d/b/a Piedmont Healthcare System d/b/a Fort
Mill Medical Center
Civil No. 06-ALJ-07-0489-CC Our File No. 05946/01509

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Paralegal

LAS:

Cc: Daniel J. Westbrook, Esq.