

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

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>8/23/12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100055</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland, Singleton, Cox Cleared 8/4/12, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>9-7-12</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.			



RECEIVED

AUG 20 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

August 14, 2012

Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

RE: UniHealth Post Acute Care-North Augusta

Dear Ms. Putnam:

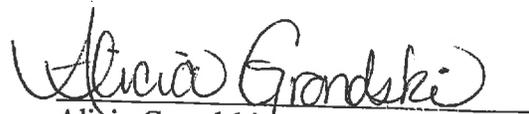
Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any **Home Office Cost Reports** filed by the above named provider for any contract periods between 11/20/07 and 1/26/11.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please contact me with an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC


Alicia Grondski
Paralegal

/ag

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

Workers' Compensation

Auto & Truck Collisions

Insurance Litigation

Social Security Disability

Serious Personal Injury

Medical & Nursing
Home Negligence



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:

Log #000055

September 4, 2012

Ms. Alicia Grondski
Paralegal
Christian & Davis, LLC
P. O. Box 332
Greenville, SC 29602

Re: FOIA Request – Medicaid Cost Reports for UniHealth Post Acute Care – North Augusta

Dear Ms. Grondski:

In response to your Freedom of Information Act request, enclosed you will find the applicable home office cost reports, you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is sixty-eight and 60/100 dollars (\$68.60). Please make the check payable to the Department of Health and Human Services and send it to:

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

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,



Linda Hillian
Paralegal

/h
Enclosures
cc: Lynette D. Wilson, Receivables