

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</i> <i>Cleared 8/4/12, letter</i> <i>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:

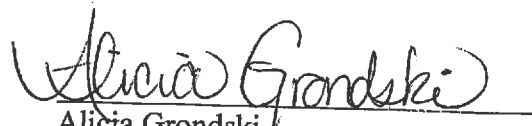
Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any **Home Office Cost Reports** filed by the above named provider for any contract periods between 11/20/07 and 1/26/11.

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:



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:

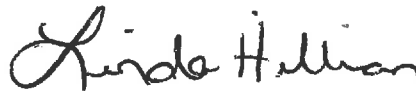
In response to your Freedom of Information Act request, enclosed you will find the applicable home office cost reports, you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

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