

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL



| | |
|---------------------------|-----------------------|
| TO <i>Hess / Baker</i> | DATE <i>4-8-11</i> |
|---------------------------|-----------------------|

| | | | |
|--|---|--|---|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOG NUMBER <i>101467</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-19-11</i> | <input type="checkbox"/> FOIA DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR | | <input type="checkbox"/> Necessary Action | |
| * If we are charging for this info... your call. | | | |

| APPROVALS <small>(Only when prepared for director's signature)</small> | APPROVE | * DISAPPROVE <small>(Note: reason for disapproval and return to preparer.)</small> | COMMENT |
|---|--------------------|---|--|
| 1. | <i>[Signature]</i> | | <i>Called Shannon Ashford. Could not get info by date he needed it. Said he did not need it after that Monday 4/9/11</i> |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Brenda James - Financials for Medicaid Patient Days at LTC facilities & nursing homes

From: <SHANNON.ASHFORD@bcbssc.com>
To: <KostBR@scdhhs.gov>
Date: 04/08/2011 3:20 PM
Subject: Financials for Medicaid Patient Days at LTC facilities & nursing homes

Hello Bryan:

Is it possible that you can provide me with the financials (total annual \$ spent by SC in the entire state) for Medicaid patient days at long-term care, LTAC, and nursing home facilities form 2005 – 2010? I figure that 2010 numbers would be preliminary, but still helpful. I would like to have something by midday Monday morning.

Please let me know when you might be able to provide it.

Thank you,

Shannon Ashford

(803) 264-0490

This email is confidential and subject to privilege

TO:

FROM:

SUBJECT: Cost of Processing Request for Information

The South Carolina Department of Health and Human Services has received and processed your Information 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 Processing 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 29202-8397

Please contact _____ should you have any questions.

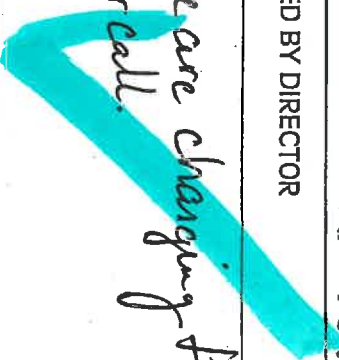
Signature _____

Date: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-------------------|-----------------------|
| TO <i>Hess</i> | DATE <i>4-8-11</i> |
|-------------------|-----------------------|

| | | | |
|--|--|------------------|--|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOG NUMBER <i>1011467</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | | |
| 2. DATE SIGNED BY DIRECTOR | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-19-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action | | |
| <i>* If we are changing for this info... your call.</i>  | | | |

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

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Thank you,

Shannon Ashford

(803) 264-0490

This email is confidential and subject to privilege

From:

Bryan Kost

To:

Brenda James

Date:

04/08/2011 3:29 PM

Subject:

Fw: Financials for Medicaid Patient Days at LTC facilities & nursing homes

Attachments:

Financials for Medicaid Patient Days at LTC facilities & nursing homes

Please log

TO:

FROM:

SUBJECT: Cost of Processing Request for Information

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Date: _____