

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

Relog from Myers to Wells per Myers on 4/9/09

TO

DATE

Wells/Saxon/Myers

4-8-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	100564	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	Ms. For Kner Cc: Singleton, Stensland, cleared 4/24/09, see note @ bottom.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE 4-24-09

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. Spike with Kristy on April 24 2009 and advised her that <del>the</del> <sup>her</sup> <del>data</del> <sup>data</sup> on overall Revenue, Budget, Uncompensated Care and Annual			<p>Pegenda Please relog to Wells/Saxon as well as me. I'll get Zenovia to add new # inpt + output adm/visits but we need to get the new</p>
3. Addressing Visits is available on hospital cost reports, we do not pull this data specifically			
4. For our purposes. I suggested that she contact the SCTHA or the Office of Revenue +			

RECEIVED

Statistics for this interval APR 10 2009

SCDHHS BUREAU OF REIM,  
METHODOLOGY & POLICY


4/24/09

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

**ACTION REFERRAL**

*Relog from Myers to Wells per Myers on 4/9/09*

TO	DATE
<i>Wells/Saxon/Myers</i>	<i>4-8-09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>100564</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc. Singletau, Stensland, Ms. Forlner</i> 	<input checked="" type="checkbox"/> FOIA <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE <i>4-24-09</i>

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>Parents Please relog to Wells/Saxon as well as me. I'll get Zenovia to address # input out of a visits but def me. forget the rest</i>
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Meyers/FOIA</i>	DATE <i>4-8-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <div style="text-align: center; font-size: 1.2em;"><i>100564</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Singleton, Stensland, Ms. Forkner</i> <div style="text-align: center; font-size: 3em; color: green; margin-top: 10px;">✓</div>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>4-23-09</i>  <input type="checkbox"/> Necessary Action

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

**From:** "Kristy Gillmann" <kristy.gillmann@powerhealthsolutions.com>  
**To:** "Bryan Kost" <KostBR@scdhs.gov>  
**Date:** 4/8/2009 4:48 pm  
**Subject:** Hospital Information requested

Bryan:

Under the Freedom of Information Act, I'd like to request the following information:

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APR 07 2009  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

A spreadsheet listing all hospitals in the state where the spreadsheet includes, but not limited to:

- \* Revenue dollars
- \* Bad Debt dollar amounts
- \* Uncompensated care dollars
- \* Annual admissions (inpatient) and visits (outpatients)

Any additional general operating statistics and financial information would be helpful.

I look forward to hearing back from you soon.

Very Truly,

Kristy

Kristy Gillmann

Vice President Business Development

PowerHealth Solutions

Office: 404-816-9927

Cell: 404-281-2571

<mailto:Kristy.Gillmann@PowerHealthSolutions.com>  
Kristy.Gillmann@PowerHealthSolutions.com

<<http://www.powerhealthsolutions.com>> [www.powerhealthsolutions.com](http://www.powerhealthsolutions.com)

**From:** "Kristy Gillmann" <kristy.gillmann@powerhealthsolutions.com>  
**To:** "Bryan Kost" <KostBR@scdhhs.gov>  
**Date:** 4/8/2009 4:12 pm  
**Subject:** Hospital information

RECEIVED

APR 07 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Bryan:  
Under the Freedom of Information Act, I request the following information:

I'd like a spreadsheet listing of all hospitals in the state each showing:  
revenue dollars  
bad debt dollar amounts  
uncompensated care dollars  
annual registrations (admissions-inpatient and visits for outpatient)

Your timely response to my inquiry is greatly appreciated.

Thanks,

Kristy

Cell: 404-281-2571

-----Original Message-----

From: Bryan Kost [mailto:KostBR@scdhhs.gov]  
Sent: Wednesday, April 08, 2009 2:12 PM  
To: kristy.gillmann@powerhealthsolutions.com  
Subject: your request

Hi:

Did I have you put your request into FOIA (Freedom of Information Act) format?

Bryan Kost  
DHHS Public Information  
803.898.2865  
cell- 429.3201  
kostbr@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.

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



*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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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: \_\_\_\_\_