

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Singleton</i> <i>Roberts/FOIA</i>	DATE <i>6-25-15</i>
--	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000285</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>7-10-15</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.			



**Genesis Health Care, Inc.**  
Deeply Rooted In Our Community

June 12, 2015

**RECEIVED**

JUN 25 2015

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

SC Department of Health and Human Services  
Freedom of Information Act Officer  
P. O. Box 8206  
Columbia, SC 29202-8206

Attn: Ms. Colleen Mullis

Dear FOIA Officer:

Please accept this letter as a formal request under the Freedom of Information Act for the following information:

**All policies, procedures, protocols, guidelines, coverage criteria and other documents pertaining to Medicaid coverage of and reimbursement for the treatment of Hepatitis A, B, and/or C, including diagnostic procedures, medications, therapies and/or other treatment methodologies in effect as of the date of this letter.**

When you have determined the approximate cost of producing this information, please contact my executive assistant, Deon Edge, at (803) 764-0933 for assistance in payment.

Thanking you, I remain

Sincerely,

Tony R. Megna, Esq.  
CEO

Cc: File

Nikki R. Haley GOVERNOR  
 Christian L. Saura DIRECTOR  
 P.O. Box 8206 · Columbia, SC 29202  
 www.scdhhs.gov

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:

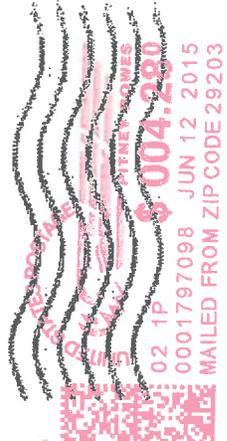
 **Genesis Health Care, Inc.**  
Deeply Rooted In Our Community  
3400 West Avenue  
Columbia, SC 29203

**CERTIFIED MAIL™**



7010 0290 0000 9966 3695

COLUMBIA SC 29203  
P.O. BOX 8206



*Handwritten signature: D. J. Jones*

SC Department of Health and Human  
Services  
Freedom of Information Act Officer  
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Columbia, SC 29202-8206

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JUN 25 2015

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