

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hess/FOIA	4-18-11

DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER 100469	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR C. Stensland, Singlestan Cleared 4/21/11, see attached e-mail response	<input checked="" type="checkbox"/> FOIA DATE DUE 4-27-11 <input type="checkbox"/> Necessary Action DATE DUE _____	

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

From: Jan Polatty
To: Brenda James
Date: 04/12/2011 4:53 PM
Subject: Fwd: Cost Settlement Reports FOIA Request
Attachments: Cost Settlement Reports

Please log - thanks, Jan.

>>> Jeff Stensland 4/12/2011 4:28 PM >>>
Let's file as an FOIA

Jeff Stensland
SC DHHS
(803) 898-2584

RECEIVED

APR 12 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda James - Cost Settlement Reports

From: <SCOTT.GRAVES@bluechoicesc.com>
To: <Stensland@scdhs.gov>
Date: 04/12/2011 4:25 PM
Subject: Cost Settlement Reports

Hey Jeff,

Thanks for your voicemail the other day. I am emailing to request the most recent set of cost settlement reports for the following hospitals:

Greenville Hospital System
Palmetto Health
AnMed Health
Piedmont Medical Center
Medical University of South Carolina

Let me know if you need additional information. Thanks.

Scott Graves
Scott.Graves@bluechoicesc.com
W: 803-382-5114
M: 803-586-4957

RECEIVED

APR 12 2011

Department of Health & Human Services
OFFICE OF THE 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: _____ \$ _____

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 469

Elizabeth Hutto - Fwd: RE: FOIA request

From: Jeff Saxon
To: Elizabeth Hutto
Date: 4/21/2011 3:03 PM
Subject: Fwd: RE: FOIA request
Attachments: RE: FOIA request

Please consider log #0469 completed.

Thanks Jeff

Done
Log 469
JMS

Elizabeth Hutto - RE: FOIA request

From: <SCOTT.GRAVES@bluechoicesc.com>
To: <MORRISGD@scdhhs.gov>
Date: 4/21/2011 2:48 PM
Subject: RE: FOIA request
CC: <Saxon@scdhhs.gov>

Thank you, Gina. Confirming receipt of all 5 emails.

Scott Graves

Scott.Graves@bluechoicesc.com

W: 803-382-5114

M: 803-586-4957

From: Gina D Morris [mailto:MORRISGD@scdhhs.gov]
Sent: Thursday, April 21, 2011 10:48 AM
To: SCOTT GRAVES
Cc: Jeff Saxon
Subject: FOIA request

Scott,

Attached are the cost settlements you requested. And you should have received the Cost Report report files as well. Please let me know if you have any questions or need anything additional.

Gina D. Morris
Division of Acute Care Reimbursement
SC Department of Health and Human Services
Phone (803) 898-1029
Fax (803) 255-8228

Confidentiality Note

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