

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Johnson/FOIA</i>	DATE <i>1-22-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101221</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox Cleared 1/31/13, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>2-5-13</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.			



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■
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RECEIVED

JAN 22 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 22, 2013

VIA EMAIL ONLY (kostbr@scdhhs.gov)

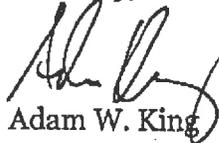
Bryan Kost
P.O. Box 1801
Columbia, SC 29202

Dear Bryan:

Under the South Carolina Freedom of Information Act (SC Code Ann. §30-4-10), I am requesting access to Medicaid facility cost reports and home office cost reports filed by Bamberg County Nursing Center/UniHealth Post-Acute Care Bamberg, located at 439 North Street, Bamberg, South Carolina, 29003. I am requesting facility and home office cost reports for 2007, 2008, 2009, 2010, and 2011. The Medicaid number for this facility is 108093. The NPI is 1104063718. The OSCAR number is 425104. If possible, I request that the information be provided in electronic format. My email address is adam@nicholsonrevell.com. If there is any cost associated with this request, please let me know and I will remit the same.

If you have any questions about handling this request, please feel free to contact me at (706) 722-8784. Thank you in advance for your assistance.

Sincerely,



Adam W. King

AWK/spg



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 # 000 221

January 31, 2013

Adam W. King, Esquire
Nicholson Revell, LLP
4137 Columbia Road
Augusta, Georgia 30907

Re: FOIA Request – Medicaid Cost Reports for Bamberg County
Nursing Center/UniHealth Post-Acute Care Bamberg

Dear Mr. King:

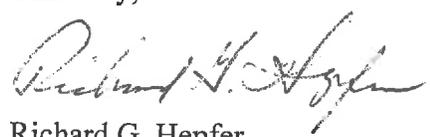
In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports you requested. This facility was freestanding in 2007 and 2008 so there would be no home office cost reports. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is eighty and 10/100 dollars (\$80.10). 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,



Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette D. Wilson, Receivables