

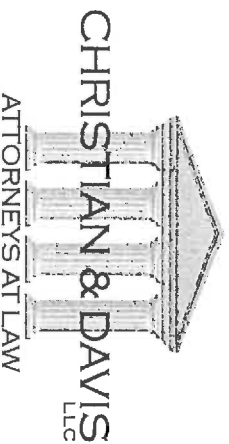
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Robert/FOIA	6-8-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100468	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc. Singleton, Stensland Cleared 6/25/12, letter attached.	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 6-22-12 <input type="checkbox"/> I 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.			



**RECEIVED**

JUN 08 2012

June 05, 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Brandy Putnam  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202

**RE: UniHealth Post Acute Care -- North Augusta**

Dear Ms. Putnam:

W. Harold Christian, Jr.  
Richard V. Davis  
Matthew W. Christian  
Joshua D. Christian

Workers' Compensation  
Auto & Truck Collisions  
Insurance Litigation  
Social Security Disability  
Serious Personal Injury  
Medical & Nursing  
Home Negligence

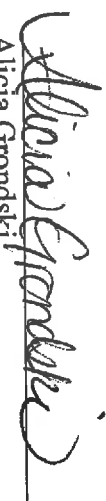
Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports submitted by the above named provider for any contract periods between 11/20/07 and 1/26/11 and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC

  
Alicia Grondski  
Paralegal to Matthew Christian

/ag

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: \_\_\_\_\_

205 # 000468 ✓

June 25, 2012

Ms. Alicia Grondski  
Paralegal to Matthew Christian  
Christian & Davis, LLC  
P. O. Box 332  
Greenville, SC 29602

Re: FOIA Request – Medicaid Cost Reports for UniHealth Post Acute  
Care – North Augusta

Dear Ms. Grondski:

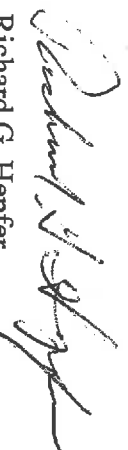
In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports and desk audit you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is thirty-eight and 40/100 dollars (\$38.40). 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