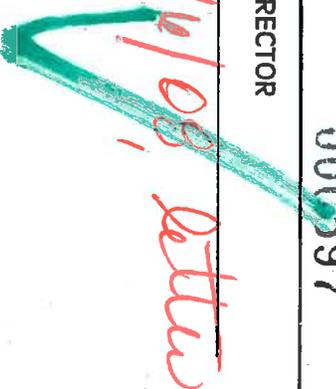


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b>  Singleton	<b>DATE</b>  5-16-08
----------------------------	----------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  000597	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  Cleared 4/16/08, letter attached 	<input checked="" type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE <u>5-30-08</u>

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

**William A. Prince**  
Member  
Admitted in SC

**RECEIVED**

May 15, 2008

MAY 1 3 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**BY HAND DELIVERY**

Byron Roberts, Esq.  
Associate General Counsel  
South Department of Health and Human Services  
1801 Main Street, 10th Floor  
Columbia, SC 29201

Re: Freedom of Information Act Request

Byron:

Charleston  
Charlotte  
**Columbia**  
Greensboro  
Greenville  
Hilton Head  
Myrtle Beach

Pursuant to the Freedom of Information Act SC Code Ann. § 30-4-10 et seq., I hereby request a copy of all letters, emails, faxes, reports, questions and responses, studies or other communication between the Department of Health and Human Services (“DHHS”) and the Centers for Medicare and Medicaid Services (“CMS”) regarding the State Medicaid Plan and amendments thereto, that relate to diagnosis related groups, prospective payment systems and/or cost-based reimbursement for hospital inpatient and outpatient services for the past six (6) federal fiscal years. This request does not seek any State Medicaid Plan amendments relating to disproportionate share payments. In addition, I also request a copy of the current State Medicaid Plan. When these documents are ready, please call me, and we will send a courier. Thank you for your attention to this matter. If you have any questions, please call me.

Very truly yours,



Bill Prince

BAP

1230 Main Street  
Suite 700 (29201)  
PO Drawer 2426  
Columbia, SC 29202  
www.nexsenpruet.com

T 803.540.2012  
F 803.727.1494  
E BPrince@nexsenpruet.com  
Nexsen Pruet, LLC  
**Attorneys and Counselors at Law**



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

June 6, 2008

Via Fax and Regular Mail

Mr. Bill Prince  
Nexsen | Pruet  
1230 Main Street, Suite 700  
PO Drawer 2426  
Columbia, SC 29202

Re: Freedom of Information Act Request

Dear Ms. Addis:

Your May 15, 2008, request to Byron Roberts, Esq., for information regarding the State Medicaid Plan and amendments was forwarded to me for a response. I apologize for the delay in responding, however we are in process of gathering the requested information. There is nothing in your request that is exempt from release, but the person with access to and knowledge of the files has not been able to pull the documents due to leave and other duties.

Hopefully, we will give you a call the middle of next week so that you can send a courier to retrieve the information.

Thank you for your patience. Feel free to contact me if there are any questions about this matter. My direct is (803) 898-2791.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard G. Hepfer".

Richard G. Hepfer  
Deputy General Counsel

RGH/h

Office of General Counsel  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2795 Fax (803) 255-8210

Page # 000597

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✓  
Log # 597

- attend -  
P-597  
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pump 6/6/08  
Din Praves  
Din Praves