

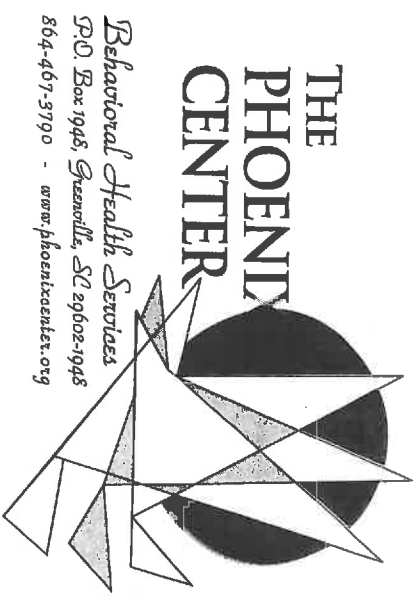
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>8/28/08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000115</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Lynne Jackson</i> <i>Cleared 9/2/08, ETL</i> <i>attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <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.			



August 20, 2008

Mr. Robert M. Kerr
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear Mr. Kerr:

Our auditors, McKinley, Cooper & Co., LLP, are making an examination of our June 30, 2008 financial statements. In that connection, please mail a list of all payments made for services provided in FYE 2008. Also, please include any relevant Federal CFDA numbers.

Please mail your reply to McKinley Cooper & Co., LLP, 555 North Pleasantburg Drive, Suite 225, Greenville, South Carolina 29607.

Sincerely,

Greenville County Commission on Alcohol and Drug Abuse

RECEIVED

AUG 28 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 2, 2008

McKinley, Cooper, & Company, LLP
Certified Public Accountants
555 North Pleasantburg Drive, Suite 225
Greenville, South Carolina 29607

REFERENCE: Greenville County Commission on Alcohol and Drug Abuse aka The Phoenix
Center
Medicaid Provider Number AD06GV and NPI Number 1891795738

Dear Sir or Madam:

Enclosed are the Medicaid payment information/history schedules for the above referenced
Medicaid Provider Number and NPI Number.

During the time period July 1, 2007 through June 30, 2008, \$121,530.00 was paid to Medicaid
Provider Number AD06GV and \$1,657,004.87 was paid to NPI Number 1891795738.

If you have any questions, please call me at (803) 898-1045.

Sincerely,

M. Elizabeth Klapman

M. Elizabeth Klapman (Beth)
Senior Account/Fiscal Analyst III
Division of Financial Systems Management
Bureau of Fiscal Affairs

Bureau of Fiscal Affairs
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-1045 Fax (803) 255-8231

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