



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

ACTION REFERRAL

TO	DATE
<i>10/16/2004</i>	<i>4-27-09</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	<i>100603</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>4/27/09</i> <i>cc: Singlestar, Stangland</i> <i>[Signature]</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
<i>* 4/27/09</i>  		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>5-12-09</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.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wd/S/FOIA</i>	<i>4-27-09</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>100603</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Singlestar, Stenstand</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>5-12-09</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.			

Bar-

From: Jeff Stensland
To: Polatty, Jan; Saxon, Jeff; Wells, William
Date: 4/24/2009 1:25 PM
Subject: Fwd: FOIA - request for copy of Attachment 4.19-A in effect in 2007
Attachments: FOIA - request for copy of Attachment 4.19-A in effect in 2007

Got this FOIA. This guy says he wants it today.

FOIA, pls.

Jeff Stensland
SC DHHS
(803) 898-2584

RECEIVED

He -

APR 27 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Jan 4/24

From: Staats Fred <Fred.Staats@hcahealthcare.com>
To: "stensland@scdhhs.gov" <stensland@scdhhs.gov>
Date: 4/24/2009 1:23 PM
Subject: FOIA - request for copy of Attachment 4.19-A in effect in 2007

Well, good morning, Jeff! I appreciate your offering to help me find this document.

THIS AFTERNOON, I would like to obtain a copy of the Attachment 4.19-A, under the Freedom of Information Act, that is part of the South Carolina State Medicaid Plan. This document, in every State, describes the calculation by which the Medicaid plan determines the amount of Disproportionate Share Hospital (DSH) payments to its various hospitals within the State.

I need the calculation that was in effect for 2006, 2007, and 2008.

I found an opportunity on the web site to buy a copy of the State Plan, but I don't need the whole document. Is there a copy of the State plan on the web that I can browse from time to time?

Thanks for all your help,

Fred Staats

Manager, Appeals

HCA

* 615-344-5092 7 615-344-6368

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From: William Wells
To: Jan Polatty; Jeff Saxon; Jeff Stensland
Date: 4/24/2009 3:43 PM
Subject: Re: Fwd: FOIA - request for copy of Attachment 4.19-A in effect in 2007

Unfortunately, Faye is not here today and she would need to be the one to pull the correct pages, as to what was in effect for the years he is requesting. She will be back Monday, and can work on his request then.

>>> Jeff Stensland 4/24/2009 1:25 PM >>>
Got this FOIA. This guy says he wants it today.

Jeff Stensland
SC DHHS
(803) 898-2584



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
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: _____