

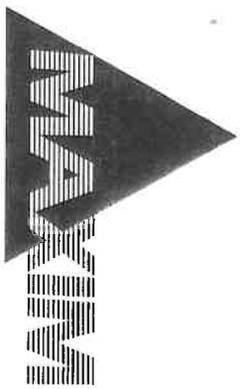
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells/FOIA</i>	DATE <i>7-15-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101030</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland, Singleton cleared 7/16/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7-29-09</i> <input type="checkbox"/> Necessary Action

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



HEALTHCARE SERVICES®

555 N. PLEASANTBURG DR.
SUITE 200
GREENVILLE, SC 29607
TEL: 864 ▲ 242 ▲ 1994
FAX: 864 ▲ 241 ▲ 9040
TOLL FREE: 888 ▲ 528 ▲ 2345

RECEIVED

Re: Freedom of Information Act Request – SC Medicaid Rates

JUL 15 2009

July 13, 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Maine,

As per the Freedom of Information Act, I kindly request a copy of the South Carolina Medicaid Home Health Fee Schedule. Please forward to the above address to my attention as soon as possible.

I appreciate your assistance.

Respectfully,

Timothy Smith
Manager of Branch Operations

RECEIVED

JUL 13 2009

NODHHS BUREAU OF REIM.
METHODOLOGY & POLICY



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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

FAX COVER SHEET
“CONFIDENTIAL INFORMATION ENCLOSED”

DATE: July 16, 2009

TO: Mr. Timothy Smith, Manager of Branch Operations
Maxim Healthcare Services
555 N. Pleasantburg Drive, Suite 200
Greenville, South Carolina 29607
Telephone #: (864) 242-1994
Fax #: (864) 241-9040

FROM: Karen A. Maine, Auditor III – SC DHHS

Total Number of Pages Transmitted: 4 (Including Cover Sheet)

COMMENTS: Dear Mr. Smith,

In response to your recent Freedom of Information Act request, attached you will find the information pertaining to Home Health providers that you requested. I hope this information is helpful to you. If you should have any questions, please contact me at (803) 898-1040 or e-mail mainek@scdhhs.gov. Thank you Karen Maine

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this in error, please notify us immediately and destroy the related message. Thank you.

Division of Ancillary Reimbursements
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-1040 Fax (803) 255-8228

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