

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Ste 5-300
San Francisco, CA 94103-6706



DIVISION OF FINANCIAL MANAGEMENT AND FEE-FOR-SERVICE OPERATIONS

DFMFFSO-FOIA

(415) 744-3665

April 13, 2018

Law Offices of Ernest C. Tosh
2709 Thorn Lane
Grapevine, TX 76051

RE: Request for CMS Form 287 – Home Office Cost Statement for all Skilled
Nursing Facilities, January 1, 2012 through December 31, 2016
FOIA Case Number: **070720177015**

Dear Ernest Tosh:

This is in response to your Freedom of Information Act (FOIA) request for copies of all CMS Form 287 – Home Office Cost Statements for all Skilled Nursing Facilities from January 1, 2012 through December 31, 2016. We contacted all Medicare contractors that are likely to house the records that you are requesting and asked them to provide an estimate of the time and resources it will take to fulfill your request.

It is estimated that fees for processing your request will total \$52,969.00.

Based on Department of Health and Human Services FOIA regulations at 45 C.F.R. § 5.44(b), we request that you make an advance payment of those fees. The cited section of the regulation requires advance payment when FOIA fees will exceed \$250.00, or when requesters have failed to pay previous FOIA bills in a timely fashion.

Please note that we have categorized your request as one for “commercial” use. Accordingly, we are permitted to assess search fees of: \$23.00 an hour for 1,679 hours by a “Level 1” employee, and \$46.00 an hour for 312 hours by a “level 2” employee.

A copy of the invoice is enclosed, specifying the fees charged. Please make your check payable to the Centers for Medicare & Medicaid Services and send it, along with a copy of the invoice to:

Ian Fraser, Freedom of Information Act Coordinator
Centers for Medicare & Medicaid Services, Region 9
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

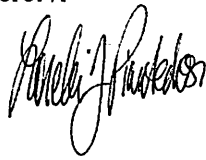
Retain a copy of the invoice in your files.

We emphasize that it is necessary that you *send your advance payment check(s) back to this office*. In this instance, do not send your advance payment check(s) to CMS' Division of Accounting. Upon receipt of your check(s), we will promptly respond to you.

If we do not receive your check(s) within thirty (30) days of the date of this letter, we will assume that you are no longer interested in pursuing this FOIA request, and your file will be closed in this office.

If you have questions, you may contact Ian Fraser at (415) 744-3769 for additional information.

Sincerely,



Digitally signed by
Lorelei J. Piantedosi -S
Date: 2018.04.13
10:15:18 -07'00'

Lorelei J. Piantedosi
Associate Regional Administrator
Division of Financial Management and Fee-For-Service Operations
San Francisco Regional Office

cc: CMS FOIA Officer

IMPORTANT: RETURN A COPY OF THIS INVOICE WITH REMITTANCE

INVOICE OF FEES FOR FOIA SERVICES

*CASE NUMBER 070720177015	DATE 4/10/2018
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MATERIAL REQUESTED
CMS Form 287 - Skilled Nursing Facilities

CHARGE TO	NAME OF REQUESTOR Ernest Tosh		
	ORGANIZATION Law Offices of Ernest C. Tosh		
	STREET ADDRESS Law Offices of Ernest C. Tosh, 2709 Thorn Lane		
	CITY Grapevine	STATE TX	ZIP CODE 76051

	NUMBER	CHARGE
REPRODUCTION		
EACH PAGE 10 ¢		
OTHER (E.G. COMPUTER PRINTOUT)		
SEARCH FEES; Per hour (Based on Salary of Searcher as per 45 CFR 5.43)		
LEVEL 1	1679	\$38,617.00
LEVEL 2	312	\$14,352.00
LEVEL 3		
REVIEW FEES; Per hour (Based on Salary of Reviewer as per 45 CFR 5.43)		
LEVEL 1		
LEVEL 2		
LEVEL 3		
SPECIAL SERVICES;		
CERTIFICATION (\$10.00)		
RETURN RECEIPT (\$2.15)		
OTHER		
	PAY TOTAL OF	\$ 52,969.00

Questions regarding enclosed material or charges, call:

MAKE CHECK OR MONEY ORDER PAYABLE TO: CENTERS FOR MEDICARE & MEDICAID SERVICES AND REMIT WITH A COPY OF THIS INVOICE TO:

CENTERS FOR MEDICARE & MEDICAID SERVICES
~~DIVISION OF ACCOUNTING~~
~~P.O. BOX 7899~~
~~BALTIMORE, MD 21207-0789~~

*PLEASE INCLUDE THE CASE NUMBER ON YOUR CHECK OR MONEY ORDER

Enclosed is payment of \$ _____ by check money order

If payment is not made within 30 days of the date of this invoice, interest and administrative costs will be assessed and future requests for information will not be honored until payment is made. Your name and account information will be turned over to a private collection agency and credit bureau if your account becomes 60 days overdue and associated costs will be added to the account. Additional penalties of six percent will be assessed on accounts delinquent for more than 90 days and such accounts may be referred to the IRS or the Justice Department for judicial action. (The Debt Collection Act of 1982.)