


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bowling/FOIA	2-6-07

DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER 000514	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 2-21-07 <input type="checkbox"/> Necessary Action	
2. DATE SIGNED BY DIRECTOR cc: Stansland, Singleton Cleared 2/21/07, letter attached - cl. 		

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

From: "Pou, Tracy" <Tracy.Pou@selecthealthofsc.com>
To: "Jeff Stensel (E-mail)" <stensjef@scdhs.gov>
Date: 2/6/2007 12:01 pm
Subject: Select Health FOIA Request

CC: "Stone, Kathy" <Kathy.Stone@selecthealthofsc.com>
<<2.06.07 FOIA Request.doc>> <<8.41 Proviso.doc>>

RECEIVED

FEB 06 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Los Bowling
"FOIA"

cc: Singleton
Stensland

RECEIVED

February 6, 2007

FEB 06 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Jeff Stensel
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Stensel:

Please find the attached Proviso passed last year during the General Assembly's legislative session related to Medicaid costs and quality effectiveness.

I am writing today to request, under the Freedom of Information Act (FOIA), the 2006 Cost Effectiveness and Quality Comparison of Medical Home Networks and Managed Care Organizations. The proviso requires that the comparison be completed annually by December 15.

Please send the requested information via fax to 843 569-7228, or via mail to:

Tracy Pou
Manager of Government Relations and Corporate Communications
Select Health of South Carolina
PO Box 40849
Charleston, SC 29423

Regards,

Tracy Pou

41. (DHHS: Medicaid Cost and Quality Effectiveness) The Department of Health and Human Services shall establish a procedure to assess the various forms of managed care (Health Maintenance Organizations and Medical Home Networks, and any other forms authorized by the department) to measure cost effectiveness and quality. These measures must be conducted by December 15 of each year. In addition to the cost effectiveness calculations, HMOs and MHNs must conduct annual patient and provider satisfaction surveys equivalent to those sanctioned by nationally recognized managed care accrediting organizations. Cost effectiveness shall be determined in an actuarially sound manner and data must be aggregated in a manner to be determined by a third party actuary in order to adequately compare cost effectiveness of the different managed care programs. The program measures must use a case-mix adjustment that encourages the managed care organizations to enroll and manage all beneficiaries. The results of the cost effectiveness calculations and the patient and provider satisfaction surveys must be made available to the Speaker of the House, Chairman of the Ways and Means Committee, President Pro Tempore of the Senate, and Chairman of the Senate Finance Committee no less than 45 days after the measures have been collected.

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FEB 06 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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

Robert M. Kerr
Director

February 21, 2007

Ms. Tracy Pou
Manager of Government Relations
and Corporate Communications
Select Health of South Carolina
Post Office Box 40849
Charleston, South Carolina 29423

Dear Ms. Pou:

Thank you for your request for the 2006 Cost Effectiveness and Quality Comparison of Medical Home Networks and Managed Care Organizations required as a result of Proviso 8.41 in the 2007 state budget. Once the report is completed and has been delivered to those named in the proviso, a copy will be sent to you at the address you indicated.

We appreciate your interest in the South Carolina Medicaid program and anticipate being able to provide the requested report in the near future.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/ghm