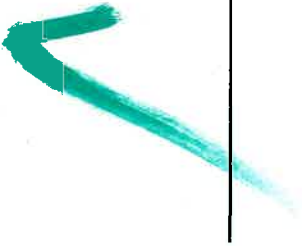


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Myles</i>	DATE <i>1-23-08</i>
--------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>000385</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.			



P.O. Box 6170  
Mail Code AX-400  
Columbia, SC 29260-6170

Writer's Direct Dial 803-382-5529

RECEIVED

JAN 23 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



Log. Myers

N/A

January 22, 2008

Emma Forkner, Director  
South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

Dear Director Forkner:

Please accept this as BlueChoice HealthPlan's Letter of Intent to participate as a Managed Care Organization in the separate, stand-alone plan being developed under the authority of the State Children's Health Insurance Program (SCHIP). As in the Medicaid Managed Care Program, BlueChoice HealthPlan will join with WellPoint Partnership Plan for delivery of the product.

We look forward to joining with the Department in the launching of this new program.

Sincerely,

Ann H. Weldon  
Assistant Corporate Secretary  
& Compliance Officer

CC: Jennifer Campbell

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