

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

Relogged from Myers to Singleton per Myers on 4/11/08  
 TO Re-log to Singleton DATE Due date changed to 4/25-08  
 Single staff-FOIA 4-8-08

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER 000523		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR CC: Stensland		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
I don't think we can do this can we - they are asking for subcontracting info.		<input checked="" type="checkbox"/> FOIA DATE DUE 4-25-08	
		<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. Cleared 4/8/08, better attached.			
2.			
3.			
4.			

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

**ACTION REFERRAL**

<b>TO</b> <i>Myers/FOTA</i>	<b>DATE</b> <i>4-8-08</i>
--------------------------------	------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000523</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Stensland</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>4-22-08</i>
	<input type="checkbox"/> Necessary Action

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

**Anderson Area Cancer Center**  
Oncology – Hematology Clinic, P.A.

2000 E. Greenville Street, Suite 5000  
Anderson, South Carolina 29621  
Ph. (864) 224-5765 / Fax (864) 224-1449

Board Certified  
Medical Oncology & Internal Medicine  
Rajeev Malik, M.D., FACP  
Sarboulos G. Batzly, M.D.  
John E. Doster, M.D.  
Nandakishore Paruchuri, M.D.

April 4, 2008

**RECEIVED**

APR 08 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Freedom of Information Act  
Medicaid Managed Care Program  
P.O. Box 8206  
Columbia, SC 29202

To Whom It May Concern:

Please send me a list of the Medicaid Managed Care Plans in South Carolina and their rate of reimbursement to physicians and facilities.

Thank you,



Charlyene Harmon  
Contract Manager

Phone: (864) 716-6862  
Fax: (864) 716-6550  
Email: [charmon@charterinternet.com](mailto:charmon@charterinternet.com)



**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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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: \_\_\_\_\_



*State of South Carolina*  
*Department of Health and Human Services*

Page # 523

Mark Sanford  
Governor

Emma Forkner  
Director

April 18, 2008

Ms. Charlyene Harmon  
Anderson Area Cancer Center  
200 E. Greenville Street, Suite 5000  
Anderson, South Carolina 29621

Re: Freedom of Information Act Request

Dear Ms. Harmon:

This is in response to your Freedom of Information Act (FOIA) request dated April 4, 2008, and received by the Department of Health and Human Services (DHHS) on April 8, 2008. Specifically, you requested "a list of the Medicaid Managed Care Plans in South Carolina and their rate of reimbursement to physicians and facilities." The Medicaid Managed Care Plans currently participating in South Carolina are:

<u>Managed Care Organizations</u>	<u>Medical Home Networks</u>
AMERIGROUP Community Care	South Carolina Solutions
of South Carolina	
BlueChoice HealthPlan of South Carolina	
Carolina Crescent Health Plan, Inc.	
Select Health of South Carolina	
Total Carolina Care Inc.	
Unison Health Plan of South Carolina	
Wellpath of South Carolina	

The provisions of S.C. Code §30-4-40 protect trade secrets from public disclosure. "Trade secret" is a term that includes "materials which contain references to potential customers, competitive information or evaluation." S.C. Code §30-4-40(a)(1) The "rate of reimbursement to physicians and facilities" is competitive information, the disclosure of which to third parties could seriously jeopardize the networks of the Managed Care Plans. Therefore, we have not included this information.

Ms. Charlyene Harmon

April 18, 2008

Page 2

If you have any questions regarding this matter, you may contact me at (803) 898-2795.

Sincerely,

A handwritten signature in black ink, appearing to read "Byron R. Roberts". The signature is written in a cursive style with a long, sweeping underline.

Byron R. Roberts  
Assistant General Counsel

BRR/b