

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

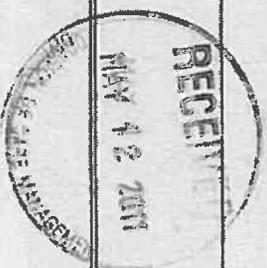
ACTION REFERRAL



TO <i>Giese Campbell</i>	DATE <i>5-11-11</i>
-----------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101500</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Kock, Dept Cleared 5/27/11, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-11-11</i> <i>5-23-2011</i> DATE DUE _____ <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. <i>James Bradford</i> Supervisor	<i>gob</i>		
2. <i>Senni Per Campbell</i> Supervisor	<i>[Signature]</i>		
3. <i>[Signature]</i>	<i>5/19/11</i>		
4.			





May 6, 2011

The Honorable Anthony E. Keck
Executive Director
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

*Log: Bristol
C. Deas
Keck*

Dear Director Keck:

I am writing to formally request approval to amend reimbursement terms in our existing BlueChoice Medicaid contracts without the need for a full review of contractual language. It is our hope that providers will agree to change only the financial terms of the contract, with all other aspects untouched. We recognize the need to re-paper our network to bring all of our contractual language current. We have an agency-approved plan to accomplish this task during the remainder of 2011 and intend to execute the plan as written.

In the short-term, however, we need flexibility to immediately change reimbursement terms in existing contracts without having to address contract language. Should we encounter situations in which providers agree to financial changes but require language changes, we will submit the changes to DHHS for full review. Thank you for considering this request.

With warmest regards,

Mary P. Mazza Spivey
President & Chief Operating Officer

MPMS/mmng

cc: Jim Deyling, President BCBS via email

RECEIVED

MAY 09 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

EXHIBIT A

REIMBURSEMENT SCHEDULE

For Medically Necessary Core Benefits provided to BlueChoice Members in the Medicaid MCO Program, Institution shall accept as payment in full from BlueChoice 105%, 100% of the State of South Carolina Medicaid Fee Schedule in effect at the time such services are rendered, or Institution's billed charges for such services, whichever is less.

Notwithstanding the foregoing, when the applicable State of South Carolina Medicaid Fee Schedule is revised for any reason, BlueChoice reserves the right to review, accept and implement such revisions before revising rates paid to Institution. BlueChoice will notify Institution in writing of the new rates and effective date of such rates according to the notice section of this Agreement.

RECEIVED

MAY 09 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR



Ms. Mary P. Mazzola Spivey
President and Chief Operating Officer
BlueChoice Health Plan of South Carolina
Post Office 6170
Columbia, South Carolina 29260-6170

Dear Ms. Mazzola Spivey:

Thank you for your letter of May 6th to Director Keck regarding your request for approval to amend the reimbursement terms in your existing BlueChoice Medicaid subcontracts.

It is appropriate for you to amend the reimbursement schedule of your boilerplate subcontracts without submitting the changes to South Carolina Department of Health and Human Services (SCDHHS) for review and approval. However, should you elect to amend the body of the boilerplate subcontracts, it would necessitate SCDHHS review and approval.

Please do not hesitate to contact me should have any other questions or concerns.

Sincerely,

Melanie "Bz" Giese, RN
Deputy Director

MG/cc

*b2p's
this is all in - JK*



May 27, 2011

Ms. Mary P. Mazzola Spivey
President and Chief Operating Officer
BlueChoice Health Plan of South Carolina
Post Office 6170
Columbia, South Carolina 29260-6170

Dear Ms. Mazzola Spivey:

Thank you for your letter of May 6th to Director Keck regarding your request for approval to amend the reimbursement terms in your existing BlueChoice Medicaid subcontracts.

It is appropriate for you to amend the reimbursement schedule of your boilerplate subcontracts without submitting the changes to South Carolina Department of Health and Human Services (SCDHHS) for review and approval. However, should you elect to amend the body of the boilerplate subcontracts, it would necessitate SCDHHS review and approval.

Please do not hesitate to contact me should have any other questions or concerns.

Sincerely,

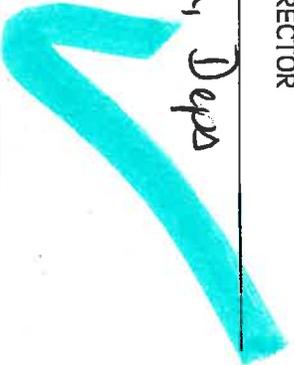
Melanie "Bz" Gliese, RN
Deputy Director

MG/cc

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE 5-11-11
--------------------	---------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101500	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Deps</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>5-23-11</u> <input type="checkbox"/> FOIA DATE DUE _____ <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.			
2.			
3.			
4.			



May 6, 2011

The Honorable Anthony E. Keck
Executive Director
South Carolina Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

*Log: Bristol
c: Deas
Keck*

Dear Director Keck:

I am writing to formally request approval to amend reimbursement terms in our existing BlueChoice Medicaid contracts without the need for a full review of contractual language. It is our hope that providers will agree to change only the financial terms of the contract, with all other aspects untouched. We recognize the need to re-paper our network to bring all of our contractual language current. We have an agency-approved plan to accomplish this task during the remainder of 2011 and intend to execute the plan as written.

In the short-term, however, we need flexibility to immediately change reimbursement terms in existing contracts without having to address contract language. Should we encounter situations in which providers agree to financial changes but require language changes, we will submit the changes to DHHS for full review. Thank you for considering this request.

With warmest regards,

Mary P. Mazzola Spivey
President & Chief Operating Officer

MPMS/rmmg

cc: Jim Deyling, President BCBS via email

RECEIVED

MAY 09 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

EXHIBIT A

REIMBURSEMENT SCHEDULE

For Medically Necessary Core Benefits provided to BlueChoice Members in the Medicaid MCO Program, Institution shall accept as payment in full from BlueChoice 105% 100% of the State of South Carolina Medicaid Fee Schedule in effect at the time such services are rendered, or Institution's billed charges for such services, whichever is less.

Notwithstanding the foregoing, when the applicable State of South Carolina Medicaid Fee Schedule is revised for any reason, BlueChoice reserves the right to review, accept and implement such revisions before revising rates paid to Institution. BlueChoice will notify Institution in writing of the new rates and effective date of such rates according to the notice section of this Agreement.

RECEIVED

MAY 09 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR