

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Hamilton</i>	DATE <i>8-17-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1011077</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Claudia 8/26/10, see attached e-mail response.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-27-10</i> <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.			

## **Brenda James - Please log - Fwd: Managed Care Program Information**

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**From:** Bryan Kost  
**To:** Brenda James  
**Date:** 8/17/2010 3:37 PM  
**Subject:** Please log - Fwd: Managed Care Program Information  
**Attachments:** Managed Care Enrollment ORR.xls

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to Roy Hess. Thanks,

Bryan Kost  
DHHS Senior Consultant  
803.898.2865  
cell- 429.3201  
kostbr@scdhhs.gov

>>> dale cannedy <jdalecannedy@gmail.com> 8/17/2010 3:30 PM >>>  
Dear Sir or Madam:

I sent the request below on 7/26/10 and gratefully received information from Mr. Roy Hess, who directed me to webpages that gave me some of the information. If available, however, I would like enrollment:

- (1) By plan and by region or county
- (2) By plan by risk category.

Please let me know if there are any charges associated with this request. Documents in electronic format are preferred.

Thank you very much,  
Dale Cannedy

----- Forwarded message -----

**From:** dale cannedy <jdalecannedy@gmail.com>  
**Date:** Mon, Jul 26, 2010 at 4:05 PM  
**Subject:** Managed Care Program Information  
**To:** [info@scdhhs.gov](mailto:info@scdhhs.gov)

SCDHHS  
PO Box 8206  
1801 Main Street  
Columbia, SC 29202-8206  
Monday, July 26, 2010  
To Whom It May Concern,  
Pursuant to South Carolina Open Records Act (§§ 30-4-10 through 165), I respectfully request the following:

1. A copy of any "data books", "rate books", or reports completed by Milliman and/or the South Carolina Department of Health and Human Services in-house actuarial staff, containing the capitation rate-setting methodology and risk adjustment methodology employed to develop

the capitation rates used by South Carolina's Medicaid Managed Care program, Healthy Connection Choices; and/or,

2. A copy of any documents that can explain the capitation rate setting methodology and risk adjustment methodology used by South Carolina's Medicaid Managed Care program, Healthy Connection Choices.
3. A copy of beneficiary enrollment data for South Carolina Medicaid Managed Care program, (Healthy Connection Choices) as of July 2010:
  - o by plan and by county
  - o by plan and eligibility group/category.

A response in an electronic format is highly preferred for all responses related to this request. Please feel free to send the responses as they become available.

Please notify me, prior to the completion of this request, if any charges will be associated with this request.

Thank you very much for your assistance in this matter.

Dale Cannedy  
1409 Glencrest Drive  
Austin, TX 78723  
512-850-5440

Dale Cannedy  
1409 Glencrest Drive  
Austin, TX 78723  
512-524-0936





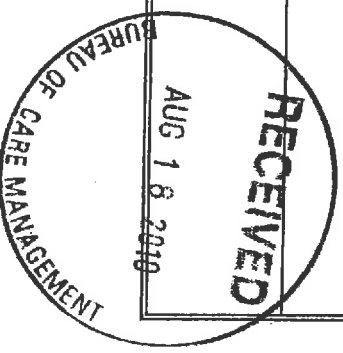
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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ACTION REFERRAL

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2. DATE SIGNED BY DIRECTOR _____	<input type="checkbox"/> Necessary Action		

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to Roy Hess. Thanks,

Bryan Kost  
DHHS Senior Consultant  
803.898.2865  
cell- 429.3201  
kostbr@scdhs.gov

>>> dale canneddy <jdalecanneddy@gmail.com> 8/17/2010 3:30 PM >>>  
Dear Sir or Madam:

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Thank you very much,  
Dale Canneddy

----- Forwarded message -----

From: **dale canneddy** <jdalecanneddy@gmail.com>  
Date: Mon, Jul 26, 2010 at 4:05 PM  
Subject: Managed Care Program Information  
To: [info@scdhs.gov](mailto:info@scdhs.gov)

SCDHHS  
PO Box 8206  
1801 Main Street  
Columbia, SC 29202-8206  
Monday, July 26, 2010

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Please notify me, prior to the completion of this request, if any charges will be associated with this request.

Thank you very much for your assistance in this matter.

Dale Cannedy  
1409 Glencrest Drive  
Austin, TX 78723  
512-850-5440

--  
Dale Cannedy  
1409 Glencrest Drive  
Austin, TX 78723  
512-524-0936







**From:** Bruce Harbaugh  
**To:** Annmarie McCanne  
**Date:** 10/6/2010 9:00 AM  
**Subject:** Fwd: July 2010 Managed Care Program Information  
**Attachments:** MCO Membership July 2010.xlsx

FYI

Bruce Harbaugh  
Fiscal/Operations  
Department of Managed Care  
(803) - 898-2618  
(803) -255-8232 (fax)

>>> Bruce Harbaugh 8/26/2010 8:31 am >>>  
Mr. Canedy

Attached is a file with the July 2010 managed care membership you have requested in your e-mail to Bryan Kost. We were unable to break down the enrollment into all of the specific risk categories you requested such as Federal Mandate, newborns, Medically Needy, but I believe the attached information should give you most of the information you have requested. The following three tabs are included in the file (1) Age Group - provides a unique count of members by age group. Adults are age 19 and over. Children are age 0 to 18. (2) Aid Category and Age Group - provides a unique count of members by aid category and age group. The highlighted aid categories are classified as TANF, and (3) Plan, Aid Cat, and Age Group - provides a unique count of members by plan, aid category, and age group. Again, the highlighted aid categories are classified as TANF. Please contact me if you have any questions on this membership data.

Bruce Harbaugh  
Fiscal/Operations  
Department of Managed Care  
(803) - 898-2618  
(803) -255-8232 (fax)

**From:** Bruce Harbaugh  
**To:** Annmarie McCanne  
**Date:** 10/6/2010 9:00 AM  
**Subject:** Fwd: July Managed Care Enrollment by Plan by County  
**Attachments:** SC HCC Eligibles & Enrolled by County by Plan\_2010-06-21-10-27-38.xls

FYI

Bruce Harbaugh  
Fiscal/Operations  
Department of Managed Care  
(803) - 898-2618  
(803) -255-8232 (fax)

>>> Bruce Harbaugh 8/23/2010 2:18 pm >>>  
Date

Attached is the July Managed Care Enrollment by Plan by County Report that you have requested in your e-mail to Bryan Kost on August 17th. We are working on your request for Managed Care Organization enrollment by plan by risk category. I hope to have the report ready for you later in the week. Let me know if you have any question about the attached report.

Bruce Harbaugh  
Fiscal/Operations  
Department of Managed Care  
(803) - 898-2618  
(803) -255-8232 (fax)