

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

**ACTION REFERRAL**

|                           |                               |
|---------------------------|-------------------------------|
| <b>TO</b><br><i>Myers</i> | <b>DATE</b><br><i>9-26-08</i> |
|---------------------------|-------------------------------|

|   |   |
|---|---|
| <b>DIRECTOR'S USE ONLY</b>  | <b>ACTION REQUESTED</b>   |
| 1. LOG NUMBER<br><i>000181</i>                                    | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR<br><i>cc: Singlestar, Ms. For-Kner</i> | <input type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE _____    |
|   | <input type="checkbox"/> FOIA<br>DATE DUE _____                                       |
|   | <input checked="" type="checkbox"/> Necessary Action                                  |

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

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| 2. DATE SIGNED BY DIRECTOR<br><p style="text-align: center;"><i>cc: Singlester, Ms. Foraker</i><br/><i>WJ</i></p> |  |

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



*InStil Health Insurance Company*  
P.O. Box 100294, Columbia, SC 29202-3294  
1-877-446-7845 (1-877-4INSTIL)

**RECEIVED**

September 23, 2008

SEP 26 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

Subject: Notification of Intent to Discontinue Services

Dear Ms. Forkner:

This letter is sent to provide notification of InStil Health's intent to discontinue services provided under the Memorandum of Agreement between South Carolina Department of Health and Human Services (SCDHHS) and InStil Health Insurance Company effective December 31, 2008.

InStil Health appreciates the opportunity to partner with SCDHHS, unfortunately, the administrative burden associated with the Gap Assistance Pharmacy Program for Seniors (GAPS) has made it cost prohibitive to continue participation. Lester Lachuk, InStil Health's Pharmacy Director, will serve as the point of contact for resolution of all activity outstanding after December 31, 2008. Mr. Lachuk is available by email at [lester.lachuk@myinstil.com](mailto:lester.lachuk@myinstil.com) and by telephone at (803) 763-6559.

InStil Health will continue to sponsor several Medicare Advantage Prescription Drug plans throughout South Carolina and would welcome the opportunity to discuss lessons learned and to offer suggestions for consideration for future GAPS programs. Please feel free to contact Dee Yurko, Contract Manager, to arrange this meeting. Ms. Yurko is available by email at [dee.yurko@myinstil.com](mailto:dee.yurko@myinstil.com) or by telephone at (803) 763-5888.

Sincerely,

Robert W. Johnson  
President and COO  
InStil Health Insurance Company

cc: Mary Fingerlin, AVP, InStil Health Insurance Company  
Lester Lachuk, Pharmacy Director, InStil Health Insurance Company  
Dee Yurko, Contract Manager, InStil Health Insurance Company

InStil Health Insurance Company  
P. O. Box 100294  
Columbia SC, 29202-3294

South Carolina DHHS  
ATTN: Emma Forkner, Director  
P. O. Box 8206  
Columbia, SC 29202-8206