

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-26-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>200181</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>cc: Singlestar, Ms. Forlner</i>			

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-26-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000181</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>cc: Singlester, Ms. Farber</i> <i>W</i>			

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



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

September 23, 2008

RECEIVED

SEP 26 2008

Emma Forkner
Director

Department of Health & Human Services
OFFICE OF THE 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 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 or by telephone at (803) 763-5888.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert W. Johnson".

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