

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/FOIA</i>	DATE <i>8-23-10</i>
-------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>401082</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Stensland</i> <i>Cleand 8/30/10, see attached</i> <i>e-mail response</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>9-7-10</i>
	<input type="checkbox"/> Prepare reply for appropriate signature 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.			

August 10, 2010

Attn: Roy Hess & Beverly Hamilton
SCDHHS
P.O. Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

AUG 20 2010

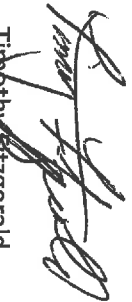
Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: UniHealth Questions

We appreciate the prompt response from SCDHHS regarding our previous letter. We are pleased that SCDHHS is committed to working with us to make the additional MHN a success. As we continue to develop our strategy and plans we would like to submit requests for documents and ask some questions of the department. We are asking for this under the Freedom of Information Act. This will assist us in meeting SCDHHS requirements and the development of the network. We are already in the process of reaching out to primary care providers and health centers.

We apologize if any of our questions could be answered within the contract, policy and procedure manual or other data sources. In that circumstance we would greatly appreciate it if you would refer us to the section or to the appropriate data source. We are very excited about the opportunity of developing this program and working with your department on this and other initiatives. If you have any questions regarding this letter, please feel free to call me.

Sincerely


Timothy Fitzgerald

UniHealth, Inc.
1055 Laskin Rd., Suite 303
Virginia Beach, VA 23454

Ph: (757) 425-1355
Fax: (757) 425-1366

8-14-2010
D.V. (M)

UniHealth Request for documents & data

Request # REQUEST RESPONSE

1 Request for copy of the SCDHHS model contract and policies and procedures in Word version

2 Request for a copy of the South Carolina Solutions physician application for participation

3 Request for copy of the South Carolina Solutions downstream provider contract

4 Request for copy of shared savings payments to South Carolina Solutions in 2008, 2009

5 Request for copy of payments made to primary care providers for 2008 and 2009 FFS and MHN program

6 Contract - Request for copy of Medical Homes Medicaid Managed Care Beneficiary Handbook

7 Distribution of membership in the MHN, MCOs and FFS by category (Product)

UniHealth Questions

Question #	Sec #	Pg #	QUESTION	RESPONSE
1	1.1.8	4	Contract – Is SCDHHS interested in us participating in the Medically Complex Children's Program? If so, will you provide membership totals?	
2			Are contracted obstetricians a network requirement for the MHN?	
3	2.A.4	15	Appendix A – It is mentioned under system requirements that SCDHHS anticipates that the MHN program will become a claims processor. When is SCDHHS planning to implement this change?	
4			Can the same provider group be contracted with multiple MHNs?	
5			Do you have claim paid data for providers contracted with the MCOs?	

UniHealth, Inc.
1055 Laskin Rd, Suite 303
Virginia Beach, VA 23454

Ph: (757) 425-1355
Fax: (757) 425-1366

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:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

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: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

pay 1/25/10
8/25/10

ACTION REFERRAL

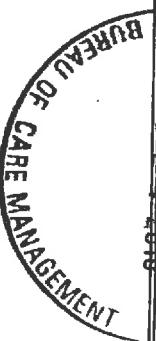
TO <i>Myers/FOIA / Hamilton</i>	DATE <i>8-23-10</i>
------------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001082</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>9-7-10</i> <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.			

RECEIVED

AUG 24 2010



August 10, 2010

Attn: Roy Hess & Beverly Hamilton
SCDHHS

P.O. Box 8206

Columbia, South Carolina 29202-8206

RECEIVED

AUG 20 2010


Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: UniHealth Questions

We appreciate the prompt response from SCDHHS regarding our previous letter. We are pleased that SCDHHS is committed to working with us to make the additional MHN a success. As we continue to develop our strategy and plans we would like to submit requests for documents and ask some questions of the department. ~~We are asking for this under the Freedom of Information Act.~~ This will assist us in meeting SCDHHS requirements and the development of the network. We are already in the process of reaching out to primary care providers and health centers.

We apologize if any of our questions could be answered within the contract, policy and procedure manual or other data sources. In that circumstance we would greatly appreciate it if you would refer us to the section or to the appropriate data source. We are very excited about the opportunity of developing this program and working with your department on this and other initiatives. If you have any questions regarding this letter, please feel free to call me.

Sincerely


Timothy Fitzgerald

UniHealth, Inc.
1055 Laskin Rd., Suite 303
Virginia Beach, VA 23454

Ph: (757) 425-1355
Fax: (757) 425-1366

8-14-2010
DIV. 600

Pre-Application Questions to: South Carolina Department of Health and Human Services

UnitHealth Request for documents & data

Request #	REQUEST	RESPONSE
1	Request for copy of the SCDHHS model contract and policies and procedures in Word version	
2	Request for a copy of the South Carolina Solutions physician application for participation	
3	Request for copy of the South Carolina Solutions downstream provider contract	
4	Request for copy of shared savings payments to South Carolina Solutions in 2008, 2009	
5	Request for copy of payments made to primary care providers for 2008 and 2009 FFS and MHN program	
6	Contract - Request for copy of Medical Homes Medicaid Managed Care Beneficiary Handbook	
7	Distribution of membership in the MHN, MCOs and FFS by category (Product)	

UnitHealth, Inc.
1055 Laskin Rd, Suite 303
Virginia Beach, VA 23454

Ph: (757) 425-1355
Fax: (757) 425-1366

UniHealth Questions

Question #	Sec #	Pg #	QUESTION	RESPONSE
1	1.1.8	4	Contract – Is SCDHHS interested in us participating in the Medically Complex Children's Program? If so, will you provide membership totals?	
2			Are contracted obstetricians a network requirement for the MHN?	
3	2.A.4	15	Appendix A – It is mentioned under system requirements that SCDHHS anticipates that the MHN program will become a claims processor. When is SCDHHS planning to implement this change?	
4			Can the same provider group be contracted with multiple MHNs?	
5			Do you have claim paid data for providers contracted with the MCOs?	

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:		\$_____
Total Amount Due SCDHHS:		\$_____

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: _____

From: Larry Fernandez
To: fgmiddd@bellsouth.net; tfz41@yahoo.com
Date: 8/30/2010 2:58 PM
Subject: FOIA requested information
Attachments: MHN Contract - Appl. & Contract 08.11.10.pdf; MHN P&P 2010 - FinalTH - Blac
kline August 2010.doc; distribution.xls; MHN Members Handbook Published Feb
ruary 2005.doc; UniHealth Preapplication Questions.docx

CC: Hamilton, Beverly; James Bradford; Jennifer Campbell; Roy Hess; Timo...
Tim/Frank,

Attached are the SCDHHS responses and accompanying documents in response to your request of 8.10.10. We are in the process of developing a submission checklist and will circulate it to you and other interested parties in the next few days. Thanks and we look forward to working with you.