

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|            |         |
|------------|---------|
| TO         | DATE    |
| Myers/FOIA | 8-23-10 |

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

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

August 10, 2010

**RECEIVED**

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

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. (ew)*

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

**UniHealth Request for documents & data**

Request # REQUEST RESPONSE

| 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?   |          |



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: | _____       | \$ _____        |
| <b>Total Amount Due SCDHHS:</b>               |             | <b>\$ _____</b> |

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

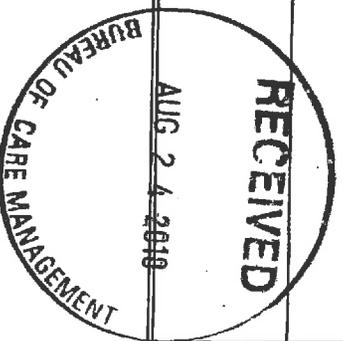
By Larry  
8/25/10

ACTION REFERRAL

|                        |         |
|------------------------|---------|
| TO                     | DATE    |
| Myers/FOIA / Ham, Fran | 8-23-10 |

|                            |                          |   |                        |
|----------------------------|--------------------------|---|------------------------|
| DIRECTOR'S USE ONLY        |                          | ACTION REQUESTED  |                        |
| 1. LOG NUMBER              | 101082                   | <input type="checkbox"/> Prepare reply for the Director's signature | DATE DUE _____         |
| 2. DATE SIGNED BY DIRECTOR | CC: Singleton, Stensland | <input type="checkbox"/> Prepare reply for appropriate signature    | DATE DUE _____         |
|                            |                          | <input checked="" type="checkbox"/> FOIA                            | DATE DUE <u>9-7-10</u> |
|                            |                          | <input type="checkbox"/> Necessary Action                           |                        |

| APPROVALS<br>(Only when prepared for director's signature) | APPROVE | * DISAPPROVE<br>(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.

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

**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, 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?   |          |

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: | _____       | \$_____        |
| <b>Total Amount Due SCDHHS:</b>               |             | <b>\$_____</b> |

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:** fgmidd@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.