

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bouling	1-31-07

DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER 000498	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>2-9-07</u> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	
<i>Cleared 01-29-07, see attached note. by Susan Bouling</i>		

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

**From:** "Rathke, Scott" <Scott.Rathke@wellcare.com>  
**To:** <hamiltbv@scdhhs.gov>  
**Date:** 1/29/2007 5:21:55 PM  
**Subject:** Data Request / Site Visit

Beverly -

It was great talking to you last week; and thanks again for taking the time to answer some of my questions.

As discussed during our call, I would like to request additional data items from your office to help us better understand the statewide market and the MCO opportunities that may exist. Specifically, can you please provide the following items updated for activity through 12/31/2006?

1. A copy of the standard Medicaid managed care contract between the state and HMOs for TANF / SCHIP populations
2. Total eligibility by county for each Medicaid product
3. Total managed care enrollment by county by competitor for each Medicaid product
4. PMPM amounts by aid category for each Medicaid product
5. Details related to the enrollment process and State default / auto-assignment of membership to plans
6. Details related to any managed long-term care programs in the State
7. Any other information that is frequently provided to inquiring HMOs new to the State Medicaid market

Additionally, I would like to schedule a date where we can all get together in Columbia and meet face to face to discuss S. Carolina programs and the services that WellCare can offer. Initially, I'm thinking about either a meeting or meeting(s) with you, Susan Bowling, Robby Kerr and anyone else that you feel would be appropriate (perhaps the certification and licensing folks...) Since you mentioned that Mondays and Fridays are probably the best opportunity to catch-up with people, how does the week of February 12th work for you? We can meet either Monday (2/12) or Friday (2/16) of that week in Columbia if you think that is helpful, however we are available any day that week as well.

One last question for you...will you schedule the meetings with the appropriate parties, or should I contact each person individually?

Again, thanks for your help and I look forward to meeting you.

**RECEIVED**

JAN 30 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

*Scott Rathke*  
"Susan Bowling"  
"Robby Kerr"  
"Susan Bowling"

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Scott Rathke

Director - Business Development

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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ACTION REFERRAL

TO <i>Boaling / Giese</i>	DATE <i>1-31-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000498</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Not</i> <i>Staff met with Wellcare on 2/22/07 and provided info. requested on CD. No letter needed.</i> <i>Sharon Brown</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-9-07</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. Mark McKenna	<i>MM</i> <i>2/15</i>		
2. Beverly Hemfari	<i>BH</i> <i>2/13/07</i>		
3. Melane "Be" Giese	<i>2/20/1</i> <i>me</i>		
4.			

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