

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



ACTION REFERRAL

TO <i>Myers/FOIA</i>	DATE <i>1-6-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>.101,294</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Steward Closed 1/21/11, see attached.</i>	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>1-21-11</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. <i>Beaulieu S. Stand</i>	<i>1/7/11</i>		
2.			
3.			
4.			



Select Health

of South Carolina, Inc.
An AmeriHealth Merit Company

Log: Myers

RECEIVED

JAN 0 0 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 5, 2011

Jeff Stensland
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Stensland:

This letter is a request for public records.

According to the Medical Homes Network (MHN) Policy and Procedure Guide, the MHN Shared Savings Formula Policy is as follows:

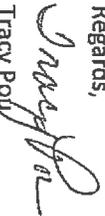
Reimbursement to the Medical Homes Network (the advisory Board and the Care Coordination Services Organization [CSO]) will be based on a shared savings model. The Network will be paid a prospective care coordination fee per member per month. In order to determine the cost savings achieved by a Medical Homes Network, the cost of enrolled Network members will be accumulated on a quarterly basis and will be compared to the cost of covering those same members in a fully insured Medicaid Managed Care Organization (MCO).

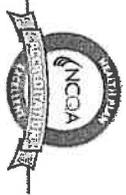
Pursuant to the South Carolina Freedom of Information Act, please provide the last two quarterly savings reports for the Medical Homes Network.

Please send the requested information via fax to 843 569-7228, or via mail to:

Tracy Pou
Director of Communications
Select Health of South Carolina
PO Box 40849
Charleston, SC 29423

Regards,


Tracy Pou



From: Jan Polatty
To: Brenda James
Date: 1/5/2011 4:59 PM
Subject: Fwd: Medical Homes Network Savings_FOIA Request
Attachments: Medical Homes Network Savings_FOIA Request

Please log...thanks! Jan.

>>> Jeff Stensland 1/5/2011 4:49 PM >>>

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JAN 06 2011

Jeff Stensland
SC DHHS
(803) 898-2584

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda James - Medical Homes Network Savings_FOIA Request

From: "Pou, Tracy" <Tracy.Pou@selecthealthofsc.com>
To: "Jeff Stensland" <STENSJBF@scdhhs.gov>
Date: 1/5/2011 4:36 PM
Subject: Medical Homes Network Savings_FOIA Request
Attachments: MHNSavingsFOIARquest.pdf

RECEIVED

JAN 06 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Hi Jeff,

Please see attached and let me know if this request should go to a different contact.

Thanks,
Tracy Pou

Director of Communications
Select Health of South Carolina
PO Box 40849
Charleston, SC 29423-0849
843.569.4640 p.
843.569.7228 f.
tracy.pou@selecthealthofsc.com
Mission: We help people get care, stay well and build healthy communities

MAILGW01.kmhp.com made the following annotations

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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: _____



FAX COVER SHEET

“CONFIDENTIAL INFORMATION CLOSED”

10/2/11
10/2/11

DATE:

11/2/11

TO:

Troy Pav

FAX NUMBER:

843-569-7228

FROM:

A. Steensland

TOTAL # OF PAGES TRANSMITTED (INCLUDING COVER):

2

COMMENTS

*Please see attached MHN
Savings for last two quarters.*

Confidentiality Note:

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this in error, please notify us immediately and destroy the related message. Thank you.

Cost Savings
SC Solutions / CHS

Quarter	Savings
Q32009	3,247,111.64
Q42009	3,576,734.43

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/FOIA</i>	DATE <i>1-6-11</i>
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2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Standaard</i>	<input type="checkbox"/> Necessary Action		

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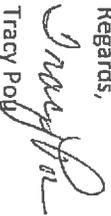
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Tracy Pou



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