

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR



ACTION REFERRAL

TO <del>Director</del> Myers/Jacobs	DATE 4-23-10
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER 000429	<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>5-4-10</u> DATE DUE _____		
cc: Kost Closed per Myers on 4/30/10 see attached email.		<input type="checkbox"/> FOIA <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.			

**Brenda James - procurement information**

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**From:** "Helen Burch" <h.burch@burchconsulting.net>  
**To:** <info@scdhhs.gov>  
**Date:** 4/23/2010 9:46 AM  
**Subject:** procurement information

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Hello!

I am trying to get information on upcoming and planned procurements for managed health care plans for South Carolina's Medicaid and CHIP programs. This would be for anything planned for the next 2-3 years. Can someone help me with this?

--Helen Burch

**RECEIVED**

APR 23 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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Helen C. Burch  
Burch Consulting, LLC  
7300 Rosemead Lane  
Chesterfield, VA 23838  
Phone/Fax: (804) 716-0460  
Mobile: (804) 399-0627

**From:** Bryan Kost  
**To:** Brenda James  
**Date:** 4/23/2010 10:23 AM  
**Subject:** Please log -Fw: Fwd: procurement information (Forward from Info ID)  
**Attachments:** Fwd: procurement information (Forward from Info ID)

Please log. Thanks

**From:** Info Info  
**To:** Kost, Bryan  
**Date:** 4/23/2010 9:46 AM  
**Subject:** Fwd: procurement information (Forward from Info ID)  
**Attachments:** procurement information

Message automatically forwarded from Info ID

**From:** Felicity Myers  
**To:** h.burch@burchconsulting.net  
**Date:** 4/26/2010 9:38 AM  
**Subject:** contact info

Helen,  
It was a pleasuer talking with you this morning. Please feel free to contact me with any further questions regarding managed care or other Medicaid programs in SC.  
Felicity

Felicity Costin Myers, Ph.D.  
Deputy Director of Medical Services  
Department of Health and Human Services  
myersfc@scdhhs.gov  
(803) 898-2803

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TO <i>Myers / Jacobs</i>	DATE <i>4-23-10</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>0001429</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Kost</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-4-10</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>0011429</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-11-10</i>	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kost</i>	<input type="checkbox"/> Necessary Action		

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