

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Singleton/FOIA</i>	DATE <i>2-10-14</i>
-------------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000277</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i> <i>Cleared 2/19/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>2-26-14</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.			



Leading American Health Care
Solutions for the Underinsured
and Chronically Ill

January 29, 2014

SC Health Care Association
176 Laurelhurst Avenue
Columbia, SC 29210
(803) 772-7511 Fax (803) 772-7943
Email: schca@schca.org

RECEIVED

FEB 10 2014

**Department of Health & Human Services
OFFICE OF THE DIRECTOR**

Re: Freedom of Information Act (FOIA) Request

To Whom It May Concern,

Pursuant to the provisions of the Freedom of Information Act, 5 U.S.C. §552 et seq., the undersigned, on behalf of the AmeriHealth Caritas Family of Companies, hereby requests the following:

Copies of each bidder's response and scoring grid to the South Carolina Dual Eligible Demonstration (SCDuE) in an electronic format (e.g. E-mail/CD/DVD).

To the extent that there are any administrative fees associated with your agency's fulfillment of this request, i.e., for burning the data to CDs, we will make appropriate arrangements for payment in advance. Please have your designee contact my assistant, Nancy Ford, at (215) 937-8431 or by e-mail at nford@amerihealthcaritas.com.

You were named as the state's primary point of contact regarding the aforementioned Solicitation. However, in the event you are not the appropriate party to send this request to, I would greatly appreciate you letting me know who is and also you forwarding this request to the official in charge of handling FOIA/public records requests at the State.

Thank you in advance for your assistance in this regard.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Rim".

Thomas Rim
VP, Product Development
AmeriHealth Caritas Family of Companies
200 Stevens Drive
Philadelphia, PA 19113
Tel: (215) 937-7312
E-mail: TRim@amerihealthcaritas.com

Brenda James

From: Colleen Mullis
Sent: Monday, February 10, 2014 3:59 PM
To: Brenda James
Subject: Fwd: AmeriHealth Caritas FOIA Request
Attachments: image001.jpg; ATT00001.htm; AmeriHealth Caritas SC RFP FOIA Request 2014.doc.pdf; ATT00002.htm

Can you process this FOIA request? What do I need to do to assist?

Thank you.

Colleen

Sent from my iPhone

Begin forwarded message:

From: "Info" <Info@scdhhs.gov>
To: "Office of Communications" <communications@scdhhs.gov>
Subject: FW: AmeriHealth Caritas FOIA Request

See below. Thank you.

Joshelyn James
Administrative Assistant
Joshelyn.James@scdhhs.gov <<mailto:Joshelyn.James@scdhhs.gov>>
803.898.1436
cell: 803.315.6245
SC Healthy Connections 1801 Main Street
Columbia, South Carolina - 29201
www.scdhhs.gov <<http://www.scdhhs.gov>>
[\[www.facebook.com/SCMedicaid\]](http://www.facebook.com/SCMedicaid) <<https://www.facebook.com/SCMedicaid>> [\[twitter.com/scmedicaid\]](https://twitter.com/scmedicaid) <<https://twitter.com/scmedicaid>> [\[www.pinterest.com/scmedicaid\]](http://www.pinterest.com/scmedicaid) <<http://www.pinterest.com/scmedicaid>>

[\[www.scdhhs.gov\]](http://www.scdhhs.gov) <<http://www.scdhhs.gov>>

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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:



Nikki Haley GOVERNOR
Anthony Keck DEPUTY GOVERNOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

February 19, 2014


Thomas Rim
VP, Product Development
AmeriHealth Caritas Family of Companies
200 Stevens Drive
Philadelphia, PA 19113

Dear Mr. Rim:

The agency is in receipt of your FOIA request dated January 29, 2014, in which you requested copies of each bidder's response and scoring grid to the South Carolina Dual Eligible Demonstration (SCDuE). SCDuE is a joint program with the Centers for Medicare and Medicaid Services (CMS), who initially qualifies the managed care organizations for participation in the program. As such, the procurement process of managed care organizations on the part of the South Carolina Department of Health and Human Services for SCDuE is that of an application rather than a solicitation, so no bidder's responses or scoring grid exists. Additionally, contracts for SCDuE have not yet been finalized.

Thank you for your request. If you have any questions, please feel free to contact me at (803-898-0062).

Sincerely,


Constance Holloway
Assistant General Counsel



CDH/lb

Cc: Kim Cox

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Constance

RECEIVED

FEB 11 2014

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Singleton/FOIA	2-10-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR cc: Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 2-26-14 Feb 20, 2014 <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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January 29, 2014

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Thank you in advance for your assistance in this regard.

Sincerely,

A handwritten signature in dark ink, appearing to read "T. Rim", followed by a long horizontal flourish.

Thomas Rim
VP, Product Development
AmeriHealth Caritas Family of Companies
200 Stevens Drive
Philadelphia, PA 19113
Tel: (215) 937-7312
E-mail: TRim@amerihealthcaritas.com

Received: AmeriHealth Caritas
Solicitation for the 2014 Dual Eligible
Demonstration (SCDuE)

RECEIVED

FEB 10 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR