


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-6-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000412	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. For Krier, Deps</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____		
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input checked="" 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.			

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4.			



Select Health

of South Carolina, Inc.

J. Michael Jernigan
President and CEO

RECEIVED

FEB 06 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 4, 2008

Jennifer Campbell

SC Department of Health and Human Services
Managed Care

P.O. Box 8206

1801 Main Street

Columbia, SC 29202-8206

Non-Binding Letter of Intent SCHIP Standalone Product

Dear Ms. Campbell,

Select Health of South Carolina is pleased to indicate our interest to actively participate as a contracted managed care organization in the new SCHIP standalone program. This non-binding letter of intent sets forth Select Health's stated intention of offering an SCHIP product in all of our forty-two approved counties. We continue to develop our provider networks in the remaining four counties.

We look forward to hearing from you shortly regarding the application process and specific program requirements. We would also like to be notified of any relevant updates. If you have questions, please contact Herb Weldon at (843) 569-4629 or herb.weldon@selecthealthofsc.com.

Sincerely yours,

Michael Jernigan

J. Michael Jernigan
President and CEO

Cc: Beverly Hamilton
Cc: Emma Forkner

PO Box 40849

Charleston, SC 29423

(843) 569-4600

FAX (843) 569-7228

mike.jernigan@selecthealthofsc.com

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