

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Roberts/FOIA</i>	DATE <i>9-20-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100082</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Stensland Cleared 10/9/12, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>9-5-12</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.			



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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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:

# ALSTON & BIRD LLP

Bank of America Plaza  
101 South Tryon Street, Suite 4000  
Charlotte, NC 28280-4000

704-444-1000  
Fax: 704-444-1111  
www.alston.com

## RECEIVED

SEP 20 2012

SCDHHS  
Office of General Counsel

Elizabeth W. Riley

Telephone: 704-444-1031

E-mail: [liz.riley@alston.com](mailto:liz.riley@alston.com)

September 17, 2012

## RECEIVED

SEP 20 2012

South Carolina Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Sir/Madam:

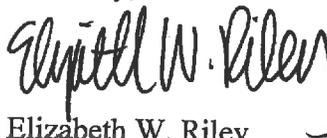
Pursuant to the South Carolina Freedom of Information Act, Title 30, Chapter 4 *et seq.*, of the South Carolina Code of Laws, we hereby request a copy of the following records maintained by the South Carolina Department of Insurance:

Public records related to the proposed and actual acquisition (via asset purchase, merger, donation, purchase, sale, contribution, or other means) ("Acquisition") by Centene Corporation, by and through its South Carolina subsidiary, Absolute Total Care, Inc. of Carolina Crescent Health Plan from University Health Services, Inc., effective June 1, 2010, including a copy of all correspondence, notifications, forms, applications, requests, responses, investigation documents, emails, or other documents related to the proposed and actual Acquisition.

Under Section 30-4-30 of the South Carolina Code, a public body is responsible for responding to this request within fifteen (15) business days of receipt. If these materials are available electronically, we specifically request electronic copies of such records.

Many thanks for your cooperation and please do not hesitate to contact me should you have any questions.

Sincerely,



Elizabeth W. Riley

EWR



October 9, 2012

Ms. Elizabeth W. Riley  
Alston & Bird LLP  
Bank of America Plaza  
101 South Tryon Street, Suite 4000  
Charlotte, NC 228280-4000

Re: FOIA Request

Dear Ms. Riley:

Your FOIA request received by the Director on September 20, 2012, was referred to this office for a response. Enclosed are the documents that we believe are described in your request.

Our expense for extracting, reproducing and mailing this information is ten and seventy five hundredths dollars (\$10.75). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services  
Department of Receivables  
Post Office Box 8297  
Columbia, SC 29202-8297

I hope this information is still helpful to you. Please contact me if there are any questions. My direct is (803) 898-2791.

Sincerely,

Richard G. Hepfer  
Deputy General Counsel

Enclosures

cc: Lynette Wilson, Receivables

COLUMBIA | CHARLESTON FLORENCE GREENVILLE

Haynsworth  
Sinkler Boyd, P.A.

ATTORNEYS AND COUNSELORS AT LAW

1201 MAIN STREET, 22ND FLOOR (29201-3226)  
POST OFFICE BOX 11889 (29211-1889)  
COLUMBIA, SOUTH CAROLINA  
TELEPHONE 803.779.3080  
FACSIMILE 803.765.1243  
WEBSITE [www.hsblawfirm.com](http://www.hsblawfirm.com)

JOHN C. BRUTON, JR.  
EMAIL [jbruton@hsblawfirm.com](mailto:jbruton@hsblawfirm.com)

March 15, 2010

**Via Hand Delivery**

Linda G. Haralson, CFE, FLMI, CIE, ARE, CPCU, CFE  
Chief Financial Examiner  
South Carolina Department of Insurance  
1201 Main Street, Suite 1000  
Columbia, South Carolina 29201

RE: Carolina Crescent Health Plan, Inc. - a SC "public benefit" nonprofit corporation

Dear Linda:

I hope this letter finds you well.

As we recently discussed, Carolina Crescent Health Plan, Inc. ("CCHP") intends to transfer substantially all of its assets in a sale (the "Transaction") to Absolute Total Care, Inc. ("ATC"). A copy of the asset purchase agreement is enclosed herein. The tentative Transaction effective date is June 1, 2010 (the "Effective Date"), at which time ATC will continue the Medicaid managed care business in South Carolina which was being performed by CCHP. CCHP will continue to pay claims to members incurred prior to the Effective Date.

Pursuant to our telephone conversation on March 8, 2010, it is CCHP's understanding that the only requirement of the South Carolina Department of Insurance in conjunction with the Transaction is notification from CCHP of the occurrence of the Transaction and notification that the South Carolina Department of Health and Human Services ("SCDHHS") has approved the transfer of the members.

Please accept this letter as the required notice of the Transaction. The parties are currently engaged in the approval process with the SCDHHS. Prior to the Effective Date, we will provide your office with written notification of the SCDHHS's approval to transfer the members. It is our understanding that once your office has received notice of the SCDHHS's approval, your office does not require any additional action on behalf of CCHP or ATC as related to the Transaction.

Haynsworth  
Sinkler Boyd, P.A.

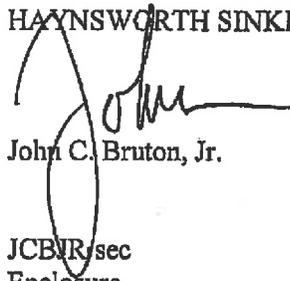
ATTORNEYS AND COUNSELORS AT LAW

Linda G. Haralson  
March 15, 2010  
Page 2

Please call me if you have any questions, or need additional information.

Respectfully submitted,

HAYNSWORTH SINKLER BOYD, P.A.



John C. Bruton, Jr.

JCBIR/sec  
Enclosure



September 20, 2012

South Carolina Department of Insurance  
Attn: Linda Haralson  
Post Office Box 100105  
Columbia, SC 29202

Dear Ms. Haralson:

On behalf of the South Carolina Department of Health and Human Services (SCDHHS), please be advised that I am unaware of any outstanding liabilities to SCDHHS by Carolina Crescent Health Plan, Inc. and do confirm that Carolina Crescent Health Plan, Inc. has met its contractual obligations related to its managed care contract with SCDHHS that ended with the selling of its members in June 2010.

Sincerely,

Roy E. Hess  
Deputy Director

cc: Tim Carpenter  
Ruth Johnson  
Byron Roberts, Esquire