

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts / Singleton / FOIA</i>	DATE <i>10-30-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000103	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Brooks, Mullis Cleared 11/13/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>11-17-14</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.			

Brenda James

From: Colleen Mullis
Sent: Thursday, October 30, 2014 9:15 AM
To: Brenda James
Cc: Byron Roberts; Peter Brooks; Brooke Bailey
Subject: FW: Freedom of Information Request

RECEIVED

OCT 30 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Can you please log and process this FOIA?

Thank you.

Colleen

Colleen Mullis
Public Information Director II
Colleen.Mullis@scdhhs.gov
803.898.2452
cell: 803.605.4848
1801 Main Street Suite 1100
Columbia, SC - 29201
www.scdhhs.gov



SOUTH CAROLINA
Healthy Connections
MEDICAID 

Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

From: Info
Sent: Thursday, October 30, 2014 8:55 AM
To: Byron Roberts; Colleen Mullis; Brooke Bailey
Subject: RE: Freedom of Information Request

This email was received through the agency's info email address. I am forwarding to you for any action deemed necessary. Please respond directly to the sender. Thanks.

Carolyn Roach
Program Manager I
ROACHCA@scdhhs.gov
803.898.3967, Fax:803.255.8350
Member Relations
1801 Main Street, Columbia, SC - 29202

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From: US-ADV BIN/PCN Mailbox [<mailto:us-advbinpcn@kpmg.com>]
Sent: Wednesday, October 29, 2014 8:42 PM
To: Info
Cc: US-ADV BIN/PCN Mailbox
Subject: Freedom of Information Request

SC Dept of Health and Human Services,

I am currently conducting research in an effort to obtain a listing of state funded health care plans (including Medicaid FFS and Managed Medicaid) as well as ADAP. We are seeking information from your office regarding health plans which are funded by the state in an effort to exclude certain pharmacy customers from promotions and marketing which may be prohibited by state and/or federal laws, as applicable.

To that end, we are requesting from the state an electronic listing of all currently active state-funded health plans, such as Medicaid FFS, Managed Medicaid, and ADAP, including:

- Plan Name, Administrator, and Contact Information
- BIN (Bank Identification Number)
- PCN (Processor Control Number)
- Group ID
- Effective Dates

Please let me know if you have any questions about handling this request; you may reach me via email at us-advbinpcn@kpmg.com

Best regards,
Rob

Robert Bowne | KPMG LLP | Advisory Services
51 John F. Kennedy Parkway, Short Hills, NJ 07078

The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this email by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it, is prohibited and may be unlawful. When addressed to our clients any opinions or advice contained in this email are subject to the terms and conditions expressed in the governing KPMG client engagement letter.



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:

Log # 103

Healthy Connections

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

November 13, 2014

Mr. Robert Bowne
KPMG LLP, Advisory Services
51 John F. Kennedy Parkway
Short Hills, NJ 07078

Dear Mr. Bowne:

Thank you for your FOIA request of October 29, 2014. This agency administers the Medicaid Program in South Carolina, including the Medicaid Managed Care Organizations. The information you seek regarding the MCOs is on the Department's website at:

<https://msp.scdhhs.gov/managedcare/sites/default/files/Pharmacy%20Plan%20Benefit%20Information%201.pdf>.

The Managed care contact information is at:

<https://msp.scdhhs.gov/managedcare/resource/managed-care-health-plan-contact-information>
and

<https://www.scchoices.com/HealthPlanSummary.aspx>

The plans listed are current. The information for the Medicaid fee for service program is below:

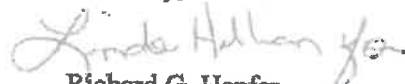
ANSI BIN # 009745

Processor Control # P006009745

Group # SC MEDICAID

We believe that the South Carolina ADAP is administered by the South Carolina Department of Health and Environmental Control at 2600 Bull Street, Columbia, SC 29201. There may be other state-funded pharmacy programs of which we are unaware. Please contact us if you think we may be able to provide additional help. My direct is (803) 898-2791.

Sincerely,



Richard G. Hepfer
Of Counsel

Constance / Linda B

RECEIVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

OCT 31 2014

SCDHHS
Office of General Counsel

ACTION REFERRAL

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Date: