

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Single fax	9-30-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100150	I I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Ms. Forkey, Dep. CMS file 	I I Prepare reply for appropriate signature DATE DUE _____
	I I 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.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., SW, Suite 4120  
Atlanta, Georgia 30303-8909



September 27, 2010

**RECEIVED**

Ms. Emma Forkner  
South Carolina Department of Health and Human Services  
P.O. Box 8306  
Columbia, SC 29202-8206

SEP 30 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

This is in response to the request by the State of South Carolina, that the Centers for Medicare & Medicaid Services (CMS) review and approve the Implementation Advanced Planning Document (IAPD) dated August 26, 2010, reflecting the intent of the state to procure a qualified contractor to implement a claims prepayment editing process incorporating National Correct Coding Initiative and performing associated functions of payment policy determination, administration, and support. The State is requesting a total Federal share of \$7,911,038. Of that amount, the State is requesting \$1,611,038 at 90 percent Federal Financial Participation (FFP) for Design, Development and Implementation and \$6,300,000 at 75 percent FFP for operations.

I am pleased to inform you that CMS approves South Carolina Department of Health and Human Services' (SCDHHS) request for modification and upgrade of the MMIS in collaboration with Clemson University and a qualified contractor. Your request is approved in accordance with 42 CFR Part 433.116, 45 CFR Part 92, 45 CFR Part 95, Subpart F, and the State Medicaid Manual (SMM), Part 11.

The State is reminded that onsite reviews will be conducted to determine whether or not the objectives for which FFP was approved are being accomplished and whether or not the automatic data processing equipment or services are being efficiently and effectively utilized in support of approved programs or project as provided for at 45 CFR part 95, Section 621 and the SMM. As provided by the SMM, Section 11200 and by 45 CFR 95.611, all subsequent revisions and amendments to the IAPD for this project will require our prior written approval to qualify for FFP. Only actual costs incurred are reimbursable. The State must provide adequate support for all costs claimed in addition to providing detailed records and proper audit trails.

If there are any questions concerning this approval, please contact Eritan Odumeye at (404) 562-7424 or via E-mail at [eritan.odumeye@cms.hhs.gov](mailto:eritan.odumeye@cms.hhs.gov).

Sincerely,

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations