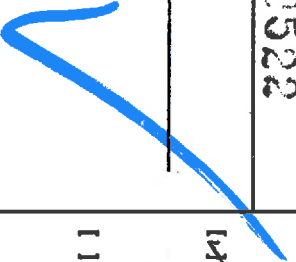


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Singleton</i>	<i>2-9-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000522</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Bowling Wells</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <i>2/30/07</i>
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1. <i>Cleaved 2/30/07, see attached e-mail</i>			
2.			
3.			
4.			



**North Carolina Department of Health and Human Services
Office of MMIS Services**

2011 Mail Service Center • Raleigh, North Carolina 27699-2011
Tel: 919.647.8300 • Fax: 919.715.7133

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Angeline Sligh, Director

January 31, 2007

Robert Kerr, Medicaid Director
Department of Health and Human Services
PO Box 8206
Columbia, South Carolina 29202-8206

RE: Copy of ACS Contract Terms and Conditions

Dear Mr. Kerr:

North Carolina is conducting research related to its litigation of our Medicaid Management Information System (MMIS) contract, and we are in the process of comparing the Terms and Conditions of other states' Medicaid-related contracts.

It is our understanding that you have a contract with Affiliated Computer Services for your TPL. It would be helpful to us to review the Terms and Conditions of this contract—including all references to intellectual property. Please forward a copy to me at ed.riley@ncmail.net. If you do not have an electronic copy, please mail to the address above.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ed Riley", is written over the typed name.

Ed Riley
OMMISS Contract Administrator

cc: Angeline Sligh, Director, OMMISS

RECEIVED

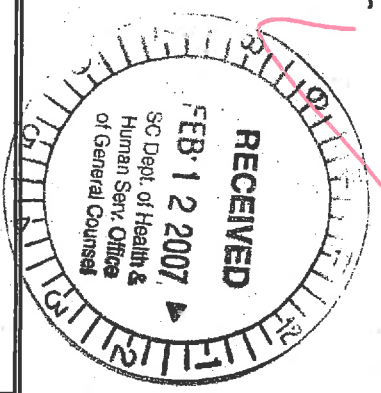
FEB 09 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Byron

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL



TO	DATE
<i>Singleton</i>	<i>2-9-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000522</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Bowling Wells</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2/30/07</i> <input type="checkbox"/> FOIA DATE DUE _____ <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.			

From: Byron Roberts
To: ed.riley@ncmail.net
Date: 2/20/2007 3:28:31 PM
Subject: Copy of ACS Contract Terms and Conditions

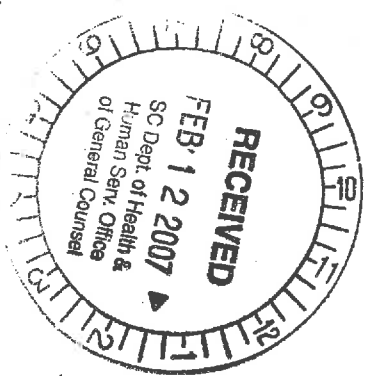
Mr. Riley,

This is in response to your request (dated January 31, 2007) for information regarding the Terms and Conditions of SCDHHS' TPL contract with ACS. Please find attached a copy of the TPL Request for Proposals which contains the Terms and Conditions of our contract.

If you need further information please let me know.

Thanks,

Byron R. Roberts
Assistant General Counsel
803-898-2795



**North Carolina Department of Health and Human Services
Office of MMIS Services**

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Sincerely,

Ed Riley
Ed Riley

OMMISS Contract Administrator

cc: Angeline Sligh, Director, OMMISS

RECEIVED
FEB 09 2007
Department of Health & Human Services
OFFICE OF THE DIRECTOR