

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>9-20-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101127</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Foraker, Depo, CWS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.				
2.				
3.				
4.				

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., SW, Suite 4T20
Atlanta, Georgia 30303-8909



September 14, 2010

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



Dear Ms. Forkner:

This is in response to your request that the Centers for Medicare & Medicaid Services (CMS) review and approve the Request For Proposal (RFP) dated August 26, 2010, reflecting the intent of the state of South Carolina to procure a qualified contractor to provide payment policy determination, administration and support, to enhance editing within the Medicaid Management Information System (MMIS) by including National Correct Coding Initiative (NCCI) edits and controlling improper coding and inappropriate payments.

I am pleased to inform you that CMS approves South Carolina Department of Health and Human Services' (SCDHHS) request for initiation of an MMIS augmentation and improvement project under contract with a qualified vendor. 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 Federal Financial Participation (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 Enitan Oduneye at (404) 562-7424 or via E-mail at enitan.oduneye@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jackie Glaze'.

Jackie Glaze

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