

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-7-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000517</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Forkner, Depo, Jacobs</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.			

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3.			
4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, SW, Suite 41720  
Atlanta, Georgia 30303-8909



April 1, 2008

RECEIVED

APR 07 2008

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

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: MCO Standard Contract (Carolina Crescent Health Plan, Inc.) for 2008 - 2009

Dear Ms. Forkner:

We have reviewed the proposed 2008 – 2009 Medicaid MCO standard contract. We found that the contract, which includes the capitation rates and methodology that was certified by the actuary, meets the requirements contained in 42 CFR 438 effective August 13, 2003. Based on our review of the submitted documents and information provided by your staff, we approve the contract. The effective date is April 1, 2008, through March 31, 2010. However, the rates are only in effect April 1, 2008 through March 31, 2009.

If any future actuarial study or financial review reveals inaccuracies in the submitted capitation rate cost data, we reserve the right to recover the federal share of any unallowable costs resulting from the inaccuracies. In addition, if errors in the rates are later determined, you will be required to adjust your quarterly expenditure report to the Centers for Medicare & Medicaid Services.

We appreciate the effort and cooperation provided by your staff during our review of this request. Should you have any questions, please contact Elaine Elmore at 404-562-7408.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Gavens". The signature is written in a cursive style with a long horizontal stroke at the end.

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