

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-22-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001272</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Fortney, Deps, CD enclosed: 2011 Mease DMEPOS/PEN Fee Schedule for States in Jurisdiction C</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> 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.			

Carolyn Helton
Claims Service Analyst
DME MAC Technical Team

*Logi Myers
c: 66/Kep's.
N/A*



**CIGNA Government
Services**

December 14, 2010

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Nashville, TN 37228
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Facsimile 615.782.4645
carolyn.helton@cigna.com

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

Dear Ms. Forkner,

As the contractor for the Jurisdiction C Durable Medical Equipment Medicare Administrative Contract (DME MAC) we are forwarding a copy of the 2011 Medicare DMEPOS/PEN Fee Schedule to the Medicaid State Agencies for the areas included in Jurisdiction C. The Jurisdiction C contract includes: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, U.S. Virgin Islands, Virginia, and West Virginia.

Sincerely,

Carolyn Helton
Carolyn Helton

RECEIVED

DEC 17 2010

**MEDICAID ELIGIBILITY
& BENEFICIARY SERVICES**

*Director's Office
by*