


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-14-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100116</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortner, Deps</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
		<input type="checkbox"/> 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.			



**RECEIVED**  
SEP 14 2010  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

September 10, 2010

Ms. Emma Forkner  
Director- South Carolina Department of Health & Human Services  
1801 Main Street  
Columbia, South Carolina 29201

Dear Ms. Forkner:

It is my pleasure to inform you that today we received official notice from the National Committee for Quality Assurance, that Absolute Total Care has achieved New Health Plan (NHP) NCQA accreditation. This accreditation is for three years, and after that time, ATC will pursue full Health Plan Accreditation from NCQA.

We are so pleased to have accomplished this very important goal, and I am so proud of our leadership and team here that were a part of this initiative.

Sincerely,

Aaron W. Brace  
President and CEO