

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-5-07</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;">000182</div>	<input type="checkbox"/> Prepare reply for the Director's signature <div style="text-align: right;">DATE DUE _____</div>
2. DATE SIGNED BY DIRECTOR  <div style="text-align: center; font-size: 1.5em;">cc: Deps, Ms. ForKner</div> <div style="text-align: center; font-size: 3em; color: green; margin-top: 10px;">✓</div>	<input type="checkbox"/> Prepare reply for appropriate signature <div style="text-align: right;">DATE DUE _____</div> <div style="text-align: right;">DATE DUE _____</div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Necessary Action             </div>

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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4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., SW, Suite 4120  
Atlanta, Georgia 30303-8909

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

September 27, 2007

Log: Myers  
cc: Daps  
N/A Forkner

**RECEIVED**

OCT 05 2007

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

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms Forkner

The Surveillance and Utilization Review System (SURS) subsystem of the South Carolina Medicaid Management Information System, developed by Thomson Medstat, is approved for enhanced federal funding. This approval is in response to your letter dated September 19, 2007 and is retroactive effective to the first month in which the system became fully operational and accepted as complete by the State (December, 2006).

South Carolina may claim the enhanced FFP by using the Cost Distribution Plan which has been prior approved by this office. You are reminded to keep a copy of this letter with your acceptance/test results on file for future reference and potential audit. If you have questions please contact David Hinson at 404-562-7411.

Sincerely,



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