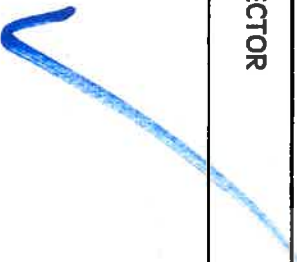


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Ried</i>	DATE <i>10-2-04</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000281</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>C: Kerr</i> 			

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 Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



September 26, 2006

RECEIVED

Mr. Robert M. Kerr, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

OCT - 2 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Pilot Request for the Quality Control Sample Period October 2006 – March 2007

Dear Mr. Kerr:

We are pleased to inform you that your request to waive the Medicaid Quality Control standard case review process for the October 2006 – March 2007 sample period has been approved. We understand from your July 20, 2006 correspondence that you would like to conduct this pilot of focused reviews to examine the current procedures for determining eligibility to assess the accuracy of eligibility determination made within the Aged, Blind, and Disabled (ABD) population. From the ABD population, the review will also focus on the accuracy of the Qualified Medicare Beneficiaries (QMBs) designation for this group of Medicaid eligibles to ensure that they meet the following QMB-specific criteria:

- Entitled to Part A of Medicare; and
- That the general income exclusion of \$20 is applied correctly

Your review will include an in-depth analysis of the accuracy of the following eligibility factors:

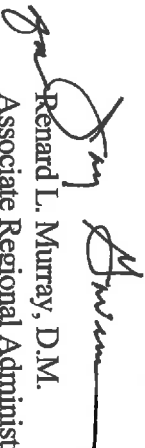
- Categorical relationship;
- Income inclusions and exclusions;
- Determination of budget group size;
- Resource inclusions and exclusions;
- Income and resources disregard applications;
- Allocations;
- Appropriate referrals for benefits; and
- Deeming.

Mr. Kerr

Page 2

Since the Regional Office is responsible for evaluating the results of each pilot, please forward to our office any data or reports you generate from these reviews. If you have additional questions, you may contact Rita E. Nimmmons of my staff at 404-562-7415 or via e-mail at rita.nimmmons@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Renard L. Murray". The signature is fluid and cursive, with a long horizontal stroke at the end.

Renard L. Murray, D.M.
Associate Regional Administrator
Division of Medicaid & Children's Health