

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

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>8-15-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100084</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Heck, Deps, CMS file</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.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



August 11, 2011

Mr. Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street,
Columbia, SC 29201

RECEIVED

AUG 15 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Request for Update on Approach to Medicaid Expansion and Modernization of Eligibility & Enrollment Systems – SC Member Management System

Dear Mr. Keck:

This is to notify the South Carolina Department of Health and Human Services that the Centers for Medicare & Medicaid Services (CMS) would like to conduct a review of Medicaid eligibility practices and procedures under the Member Management project. The review will assess the efficacy of this replacement to the State's Medicaid Eligibility Determination System (MEDS) in determining and re-determining Medicaid eligibility, and the system's compliance with applicable federal laws and regulations. In addition, CMS would like to utilize this review to determine whether the Member Management system meets CMS' functional system standards and is an adequate reflection of the system under review in the Implementation Advance Planning Document (IAPD) submitted by the State.

CMS requests that the State detail its approach to Medicaid expansion and modernization of the Member Management Eligibility & Enrollment (E &E) system. Some of the specific E & E activities that CMS will like the State to address (with appropriate federal regulations) include, at a minimum:

1. Ability to review timely determinations of Medicaid eligibility (42 CFR 435.911).
2. Ability to review appropriate effective date of Medicaid eligibility (42 CFR 435.914)
 - Retroactive eligibility.
 - Full month eligibility.
3. Ability to review Member Management re-determinations of Medicaid eligibility (42 CFR 435.916).
4. Assessment of Member Management interfaces with the Exchange [i.e. State Data Exchange (SDX), Beneficiary Earnings and Data Exchange (BENDEX), and Medicaid Management Information System (MMIS)].
5. Review of notices (1902(a)(3) and 42 CFR 431 Subpart E, 42 CFR 435.912, 42 CFR 435.919);
 - Content: description of action, reason for action, effective date.
 - Timeliness.
 - Information on fair hearings.
 - Continuation and reinstatement of services

6. Assessment of Member Management's safeguards of information on applicants and recipients (42 CFR 431 Subpart F)
7. Review Member Management's income and eligibility verification components (42 CFR 435.940-960)
8. Review Member Management's determination and calculation of Medicaid benefits (41 CFR 435.930)
 - Including the continuation of Medicaid benefits to eligible clients until found to be ineligible.
9. Review Member Management's case documentation and maintenance of records (42 CFR 435.913 and 42 CFR 431.17)
 - Date of applications
 - Date and basis for disposition
 - Basis for discontinuation
10. Assess Member Management's statewide operation (1902(a)(1) and 42 CFR 431.50): ensure no terminations due to in-state change of residency-county to county transfers.
11. Client access available in the Member Management system: opportunity to apply, assistance with application (42 CFR 431.905-908).
12. Member Management's screening capability for all eligibility groups and categories regardless of client selection in Medicaid application.

To ensure efficiency CMS will be requesting additional information and may sample case-specific documentation at a later date. In addition to the above, CMS will also like to review the Member Management system operations and the training made available to users. As such, we may request remote system access or access to computer-based (CBT) training if available. With regard to system operations, CMS will request information on the Member Management project management activities, a sample of system production reports, and a review of the Change Management process to include the managing and tracking of the Member Management project's Change Requests and Defect Resolution reports.

We appreciate your cooperation and look forward to working with you to determine progress and changes anticipated and/or expected in the State's approach to Medicaid expansion and modernization of its E&E systems. If you have any questions or need additional information, please contact Enitan Oduneye at (404) 562-7424 or via E-mail at enitan.oduneye@cms.hhs.gov.

Sincerely,



Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

CC: Rhonda Morrison
Kimberly Whisenant
John Supra

Log #04

From: Jan Polatty
To: John Supra
CC: Brenda James
Date: 08/19/2011 6:40 AM
Subject: Re: Log Letters

Thx! Bren, pls close.

-----Original Message-----

From: John Supra
To: Jan Polatty <POLATTYJ@scdhhs.gov>
Cc: Teeshla Curtis <CURTIST@scdhhs.gov>
To: Anthony Keck <KECK@scdhhs.gov>

Sent: 8/19/2011 6:04:31 AM
Subject: Re: Log Letters

This log letter is the hard copy of the letter that came via email last Friday 8/12/2011 from Enitan (CMS-Atlanta) and after we questioned it, we were advised by CMS that we could "ignore this letter" as noted at the end of the email below. As such, the log file on this can be closed.

john

>>> FROM ENITAN AT CMS - last paragraph he advises we can ignore the letter >>>

Hi Rhonda,

The reference to Tennessee in the email message was an error on my part. I do believe that the attached letter correctly indicated that the request was for South Carolina's E & E system efforts.

However, I have double-checked with Central Office. There was evidently some confusion on the receipt of your IAPD based on the various mailboxes established by CMS. I have confirmed with CO that the receipt date of your IAPD is June 21, 2011.

As such, please ignore the letter & associated email & accept our apologies for the confusion.

Thanks,

Enitan

[mailto:morrison@scdhhs.gov]

Sent: Friday, August 12, 2011 7:53 AM

To: Oduneye, Enitan (CMS/CMCHO)

Cc: Gavens, Jay C. (CMS/CMCHO); January Stewart; John Supra

Subject: Re: SC Medicaid Eligibility & Enrollment systems Expansion and Modernization

Enitan,

Your email below references the state of Tennessee, not South Carolina. Additionally, I'm confused on how CMS is unsure of our approach when we submitted our IAPD for the replacement of our eligibility system and CMS RO confirmed receipt of it on June 21st. Can you please clarify?

Rhonda W. Morrison
South Carolina DHHS
PO Box 8206
Columbia, SC 29202
803-898-2999
803-255-8240 (fax)
morrison@scdhhs.gov

>>> Jan Polatty 08/18/11 5:56 PM >>>

Tony review his copies of recent logs and:

Log 84 - He'd like an update (CMS: Request for Update on Approach to Medicaid Expansion and Modernization of Eligibility & Enrollment Systems - SC Member Management System)

Thanks, Jan.

Brenda James - Log 84

From: Teeshla Curtis
To: Brenda James
Date: 08/19/2011 8:25 AM
Subject: Log 84

Log 84 can be closed. See email correspondence below.

Thanks,
 Teeshla

>>> John Supra 8/19/2011 6:04 AM >>>

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Enitan

From: Rhonda Morrison rhonda.morrison@cms.ga.gov
Sent: Friday, August 12, 2011 7:53 AM
To: Oduneye, Enitan (CMS/CMCHO)
Cc: Gavens, Jay C. (CMS/CMCHO); January Stewart; John Supra
Subject: Re: SC Medicaid Eligibility & Enrollment systems Expansion and Modernization