


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

ACTION REFERRAL

TO	DATE
Jacobs	9-16-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER 100149	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C:EF 	<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 41720
Atlanta, Georgia 30303-8909



September 9, 2008

RECEIVED

SEP 16 2008

Ms. Emma Forkner, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Pilot Request for the Quality Control Sample Period October 2008 – March 2009

Dear Ms. Forkner:

This letter is to inform you of our decision regarding your proposed Medicaid Eligibility Quality Control (MEQC) Pilot Project.

Your pilot proposal has been approved for the first six months of FY 2009. This approval covers the period of October 2008 through March 2009.

Based on our review of the proposal and any additional information provided by your staff, we have determined this initiative meets the objectives of the MEQC pilot program. Please note that workload equivalence must be maintained throughout the project. During the term of your approved pilot project, your error rate will be frozen.

Since the Regional Office is responsible for evaluating the results of each pilot, please forward any data or reports that you may have generated from these reviews that you believe may be beneficial to our assessment. We would appreciate submittal of the final report by August 1st, 2010. We hope that the study will provide valuable information that can be used to prevent erroneous expenditures of Medicaid funds and to protect funds for those persons who are entitled to receive assistance.

RECEIVED

SEP 16 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Page 2

Ms. Forkner

If you have any questions concerning these decisions, please 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 "Mary Kaye Justis".

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations

cc: Carolyn Roach

bc: Jessica Woodard, CMSO