

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>12-12-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101223</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Felt, Dept. 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

*Log Supra
c: Director
Singer*

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

December 6, 2011

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

RECEIVED

DEC 12 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The Centers for Medicare & Medicaid Services (CMS) approves the proposed Request for Proposals (RFP) received at the Regional Office on November 15, 2011 in accordance with 45 CFR Part 95, Subpart F, Section 95.611 and the State Medicaid Manual (SMM), Chapter 11.

This approval reflects the intent of the state to request bids that will lead to procurement of the services of a qualified contractor to implement and operate a replacement Medicaid Management Information System (MMIS). The proposed system will conform to the Seven Standards and Conditions required for enhanced funding requests as mandated by CMS on April 4, 2011. CMS hereby approves the RFP submitted for the replacement MMIS.

The State is reminded that onsite reviews will be conducted to determine whether or not the objectives for which RFP was approved are being accomplished and whether or not the automatic data processing equipment or services are being efficiently and effectively utilized in support of approved programs or projects as provided for at 45 CFR Part 95, Section 96.621 and the SMM. As provided by the SMM, Section 11200 and by 45 CFR 95.611, all subsequent revisions and amendments to the RFP for this project will require our prior written approval to quality for FFP.

Allowable costs are determined by 42 CFR Part 433.116, 45 CFR Part 92, 45 CFR Part 95, Subpart F, and the SMM, Part 11. Only actual costs incurred are reimbursable. The State must provide adequate support for all costs to be claimed in addition to providing detailed records and proper audit trails.

If there are any questions concerning this approval, please contact Enitan Oduneye at (404) 562-7424 or via E-mail at enitan.oduneye@cms.hhs.gov.

Sincerely,

Jackie Glaze

Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Mr. Anthony E. Keck, Director
December 6, 2011
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CC: Rhonda Morrison
John Supra