

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs	6-23-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011505	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Mr. Schubert DPO's Cms files	<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



June 18, 2010

RECEIVED

JUN 23 2010

Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Pilot Request for the Quality Control Sample Period October 2010 – March 2011

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 2011. This approval covers the period of October 2010 – March 2011.

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 1, 2012. 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.

If you have any questions concerning these decisions, please contact Rita E. Nimmons, of my staff, at 404-562-7415 or via e-mail at rita.nimmons@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze

Acting Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations