

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-7-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000516</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>cc: Ms. Forkner, Dpps, Jacobs</i> <i>ly</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

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3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 41720
Atlanta, Georgia 30303-8909



March 27, 2008

RECEIVED

APR 07 2008

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Model Contract for Primary Care Case Management Entity, known as Medical Homes
Network for April 1, 2008 through March 31, 2010

Dear Ms. Forkner:

We have reviewed the proposed Model Contract for the Primary Care Case Management Entity known as Medical Homes Network for the period referenced in this letter. We found that the model contract meets the requirements contained in 42 CFR 438 effective August 13, 2003. Based on our review of the submitted documents and information provided by your staff, we approve the model contract for the term April 1, 2008 through March 31, 2010. The rate to be paid through this contract is \$10.00 per member per month.

If any future changes are made to the model contract, it will be necessary to submit the revised model to CMS for approval. Also if a financial review reveals inaccuracies in the submitted financial data, we reserve the right to recover the federal share of any unallowable costs resulting from the inaccuracies. In addition, if errors in the per member per month rates are later determined, you will be required to adjust your quarterly expenditure report to the Centers for Medicare & Medicaid Services.

We appreciate the effort and cooperation provided by your staff during our review of this request. Should you have any questions, please contact Elaine Elmore at 404-562-7408.

Sincerely,

Jay Gavens
Acting Associate Regional Administrator
Division of Medicaid & Children's Health