

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Asesor

TO <i>Myers</i>	DATE <i>12-17-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001271</i>	I I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	I I Prepare reply for appropriate signature DATE DUE _____
<i>*Disk enclosed 2010 DMEPOS/PEM Fee Schedule for jurisdiction C</i>	
I I FOIA DATE DUE _____ <i>Necessary Action - NO response needed - Disk to be used by DME - <i>AS</i></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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Dept. of Health
& Human Services

DEC 22 2009

Bureau of
Health Services

Carolyn Helton
Claims Service Analyst

RECEIVED

DEC 17 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR



**CIGNA Government
Services**

December 14, 2009

2 Vantage Way
Nashville, TN 37228
Telephone 615.782.4500 Ext.
24813
Facsimile 615.782.4641
carolyn.helton@cigna.com

Ms. Emma Forkner
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Ms. Forkner,

As the contractor for the Jurisdiction C Durable Medical Equipment Medicare Administrative Contract (DME MAC) we are forwarding a copy of the 2010 Medicare DMEPOS/PEN Fee Schedule to the Medicaid State Agencies for the areas included in Jurisdiction C. The Jurisdiction C contract includes: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, U.S. Virgin Islands, Virginia, and West Virginia.

Sincerely,

Carolyn Helton

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

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TO <i>Myers</i>	DATE <i>12-17-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1001271</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> I FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Necessary Action		

**Disk enclosed
2010 DMEPOS/PEU Fee Schedule
for Jurisdiction C*

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Sincerely,

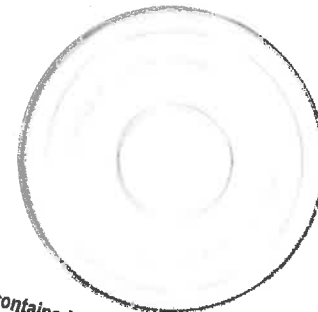
Carolyn Helton



CIGNA Government Services

To: Ms. Emma Forkner
From: Carolyn Helton
Description: 2010 DMEPOS/PEN Fee Schedule for Jurisdiction C

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(Internal Use Only)



Please return to sender
or store/dispose securely

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##Public

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