

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>3-5-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100345</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fock, Dep's CMS file</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> I 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 St., Suite 4120
Atlanta, Georgia 30303-8909



February 28, 2012

RECEIVED

MAR 02 2012

Mr. Anthony E. Keck, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving the South Carolina submission of Managed Care Organization (MCO) contracted rate amendments between South Carolina Department of Health and Human Services and following entities:

- Amendment 4 (approved rates attached) – Unison Health Plan of South Carolina, Inc.
- Amendment 3 (approved rates attached) – Select Health of South Carolina, Inc.
- Amendment 3 (approved rates attached) – BlueChoice Health Plan of South Carolina, Inc.
- Amendment 4 (approved rates attached) – Absolute Total Care, Inc.

These amendments reflect the impact of provider reimbursement decreases and increased cost sharing implemented by the State. The rates also reflect an adjustment to the MCO administrative allowance estimates. The adjusted capitation rates are effective July 1, 2011 – March 31, 2012. The risk adjustment was calculated and certified by Milliman, Inc.

If any future actuarial study or financial review reveals inaccuracies in the submitted risk adjusted rate data, we reserve the right to recover the federal share of any unallowable costs resulting from the inaccuracies. In addition, if errors in the rates are later determined, you will be required to adjust your quarterly expenditure report to the Centers for Medicare and Medicaid Services.

We appreciate the effort and cooperation provided by your staff during our review. If you have any questions, please feel free to contact Ed Smith at (502) 223-5927.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St, Suite 4T20
Atlanta, Georgia 30303-8909



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