

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

ACTION REFERRAL

TO <i>W. Myers</i>	DATE <i>11/29/07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000265	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Wills</i> <i>Mr. Jenkins</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4120
Atlanta, Georgia 30303-8909



November 21, 2007

RECEIVED

NOV 29 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

RE: MCO Standard Contract (Carolina Crescent Health Plan, Inc.) for 2007

Dear Ms. Forkner:

We have reviewed the proposed 2007 Medicaid MCO standard contract. We found that the contract, which includes the capitation rates, rate range, and methodology that was certified by the actuary, 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 contract. The effective date is October 1, 2007, through March 31, 2008.

If any future actuarial study or financial review reveals inaccuracies in the submitted capitation rate cost 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 & 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,

A handwritten signature in black ink, appearing to read "Jay Gavens". The signature is written in a cursive style.

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