

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bowling	1-31-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000491	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Mr. Kerr, Wells, Singleton	<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 4120
Atlanta, Georgia 30303-8909

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

January 25, 2007

RECEIVED

JAN 29 2007

Mr. Robert M. Kerr, 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

Doc. Bowlin
"Rec'd Lett"
cc: Willington
Simmons

RE: Approval of Contracts for Non-Emergency Transportation Broker Services,
Transportation Regions I - VI, for 2007 Under the 1915(b)(4) Waiver

Dear Mr. Kerr:

We have reviewed the executed 2007 contracts for Non-Emergency Transportation brokered services for the South Carolina Transportation Regions I – VI under the authority of the 1915(b)(4) waiver currently in operation. We found that the contracts, which include the capitation rates and methodology that was certified by the actuary, meet 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 contracts as listed below:

Transportation Region I, Vendor: Medical Transportation Management, Inc.
Transportation Region II, Vendor: Medical Transportation Management, Inc.
Transportation Region III, Vendor: Logisticare, Inc.
Transportation Region IV, Vendor: Logisticare, Inc.
Transportation Region V, Vendor: Logisticare, Inc.
Transportation Region VI, Vendor: Logisticare, Inc.

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,

Renard L. Murray

Renard L. Murray, D.M.
Associate Regional Administrator
Division of Medicaid & Children's Health