

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

**ACTION REFERRAL**

TO <i>Supra</i>	DATE <i>12-28-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000186</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Director, COS, Depts</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action <i>Brendan's Copy</i>

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  
Chicago Regional Office  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601



Consortium for Medicaid and Children's Health Operations

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December 4, 2012

Tony Keck  
Director  
State of South Carolina, Department of Health & Human Services  
1801 Main Street PO Box 8206  
Columbia, SC 29201-8206

Dear Mr. Keck:

Thank you for submitting South Carolina's comprehensive audit strategy for the Medicaid Electronic Health Record (EHR) Incentive Program. This audit strategy was submitted to the Centers for Medicare & Medicaid Services (CMS) for review on November 21, 2012.

CMS approves the general audit strategy but requires a more comprehensive audit strategy submission. Our approval is subject to provisions in regulations at 42 CFR Part 495, Subpart D. Issues we have identified and included in Enclosure A should be addressed in the next version of the audit strategy that the state submits to CMS for review and approval. When submitting that version of the audit strategy, please include a change control document specifying where in the document the state has addressed these items.

CMS appreciates South Carolina's work in service of this important new program that will lead to improved healthcare for populations served by the Medicaid Program.

If there are any questions concerning this information, please contact Jason McNamara at (410) 786-3315 or via email at [Jason.McNamara@cms.hhs.gov](mailto:Jason.McNamara@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Jackie Garner". The signature is written in a cursive, flowing style.

Jackie Garner  
Consortium Administrator

**RECEIVED**  
DEC 27 2012  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR