

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singletan</i>	DATE <i>8-18-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>J00095</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Foxlow, Depo</i>	<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 St, SW, Suite 4T20
Atlanta, Georgia 30303-8909



August 11, 2008

RECEIVED

AUG 18 2008

Emma Forkner, Director
South Carolina Department of Health and Human Services
P.O. Box 8306
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

This is in response to your letter dated July 15, 2008, requesting that the Centers for Medicare & Medicaid Services (CMS) review and approve a proposed Request For Proposal (RFP) for a replacement Medicaid Management Information system (MMIS) Pharmacy Benefit Administration system.

I am pleased to inform you that CMS approves the Department's request in accordance with 45 CFR Part 95.605 (B), and the State Medicaid Manual (SMM), Part 11. The State is reminded that a full copy of the proposed contract, plus completed scoring documents, must be submitted to the Regional Office for approval in order to claim Federal Financial Participation. Official announcement of contract award must not be made until you have received the formal decision of CMS.

If you have any questions or concerns, please contact David Hinson at (404) 562-7411 or Lawrence.hinson@cms.hhs.gov

Sincerely,

Mary Kaye Justis, RN, MBA
Acting, Associate Regional Administrator
Division of Medicaid & Children's Health Operations