

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>12-31-13</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000221		<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
<i>cc: Mr. Keck Host, Dept, CMS file</i>		<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.			

John

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

November 26, 2013

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

RECEIVED

DEC 23 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Thank you for your correspondence dated August 7, 2013 requesting that the Centers for Medicare & Medicaid Services (CMS) approve South Carolina's Individual Service Agreement (ISA) amendment with Clemson University to provide support for the State Level Repository for their Medicaid EHR Incentive Program. CMS has completed its review of the contract.

The ISA amendment is entered into with Clemson University (No. A20151715A) at a fixed price not to exceed \$3,732,126. The contract will be effective from execution through June 30, 2015.

CMS approved an Implementation Advance Planning Document (IAPD) on July 17, 2013 for \$7,465,244 (Federal share \$6,718,719), with an expiration date of September 30, 2015.

CMS completed its review of the ISA and approves it effective on the date of this letter, in accordance with Federal regulations at 42 CFR § 495, subpart D. Authorization of Federal funding for this contract is effective as of the date of this letter and will expire September 30, 2015, with total contract expenditures not to exceed \$3,732,126. Please forward a copy of the signed contract once it is executed.

Please be advised that subsequent optional year(s) extensions must have CMS prior approval before exercising this clause in the contract. As provided by 42 CFR § 495, subpart D, any revisions or amendments to the contracts will require CMS' prior written approval to qualify for FFP.

We look forward to working with you as you proceed through the implementation process of your Medicaid HIT project. 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.

Sincerely,

Jackie Garner
Consortium Administrator