

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/Chanis	5-13-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000380	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Mr. Teek, Kost, Depo, CMS file	<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
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services
Disabled & Elderly Health Programs Group**

March 14, 2014

Anthony E. Keck
Director
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

MAY 13 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

We have reviewed South Carolina State Plan Amendment (SPA) 13-009, Prescribed Drugs, received in the Atlanta Regional Office on December 5, 2013. This amendment proposes to revise the existing National Medicaid Pooling Initiative (NMPI) Supplemental Rebate Agreement. We are pleased to inform you that the amendment is approved effective October 1, 2013.

We believe that the South Carolina NMPI SRA continues to be consistent with the objectives of the Medicaid program. Please note that this authorization extends only to the revised SRA, attachments and schedules included in this approval packet which will replace the current SRA packet authorized by CMS on July 15, 2008. Inclusion of the managed care organization (MCO) utilization under the South Carolina NMPI SRA is optional and at the sole discretion of each member state.

If revisions are subsequently made to include MCO utilization for supplemental rebate collection or any other changes to the supplemental drug rebate agreement, attachments or schedules, all such documents should be submitted to CMS for review and approval. A separate SPA will be required if the state intends to exercise the option of including MCO utilization for supplemental rebates.

A copy of the CMS-179 form, as well as the pages approved for incorporation into the South Carolina state plan will be forwarded to you by the Atlanta Regional Office. If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Howell", is written over the word "Sincerely,".

Kim Howell
Acting Director
Division of Pharmacy

cc: Jackie Glaze, ARA, Atlanta Regional Office
Maria Drake, Atlanta Regional Office
Sheila Chavis, South Carolina Department of Health and Human Services

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Kim Howell
Acting Director
Division of Pharmacy

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