

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

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>6-30-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000596</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Teet, Dupa, CMS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Medicaid, CHIP and Survey Certification
Financial Management Group
7500 Security Boulevard
Baltimore, MD 21244

RECEIVED

Mr. Anthony E. Keck
Executive Director
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

JUN 30 2011

JUN 27 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir or Madam:

The grant award listed below has been approved for supplemental federal funding for allowable Medicaid expenditures incurred by your State during the funding period under Appropriation 75X0518 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

HIT Administrative Planning Payments

\$0

The above listed grant award provides Federal funds for expenditures made in accordance to your State plan approved under Title XIX of the Social Security Act (the Act) for certain State expenditures related to administrative costs in support of the administration of incentive payments to providers. The amount of this grant award is authorized under the provisions of section 1903(a)(3) of the Act, as amended by section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA, Public Law 111-5, enacted on February 17, 2009), providing for Health Information Technology (HIT) Administration Recovery Act. The amount of this grant award is provided to encourage the adoption and use of certified EHR technology.

Computation of this grant award is shown on the enclosed statement.

With the acceptance of this award you agree to be responsible for limiting the drawing of Federal funds so as to minimize Federal cash on hand in accordance with policies established in Treasury Circular 1075 (revised) and procedures established by the Department of Health and Human Services. You also agree to submit timely reports as required. Withdrawals of Federal funds are not to exceed the individual programmatic grant awards show above. You also are required to provide for effective control over the accountability for all Federal funds as stated in Office of Management and Budget Circular No. 1075 (revised). Failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked. Part 92, Title 45, Code of Federal Regulations implements these circulars for this Department.

Any questions you may have in connection with this grant award should be referred to the appropriate Centers for Medicare and Medicaid Services Regional Office financial contact for your State.

Payments under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management, Program Support Center. Inquiries regarding payment should be directed to:

Director, Division of Payment Management Telephone Number 1-877-614-5533
Post Office Box 6021
Rockville, MD 20852-0605

Please transmit a copy of this grant award document to the State official authorized to request funds from the Division of Payment Management.

Sincerely yours,


Director,
Division of Financial Operations

STATE: SOUTH CAROLINA				
FISCAL YEAR	2	0	1	1
QUARTER	<input type="checkbox"/> 1ST	<input type="checkbox"/> 2ND	<input checked="" type="checkbox"/> 3RD	<input type="checkbox"/> 4TH

COMPUTATION OF AMOUNTS FOR MEDICAL ASSISTANCE
GRANTS UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ADMINISTRATION
PAYMENTS
HIT - ARRA Sec. 4201

1. ADJUSTMENTS FOR
EXPENDITURES

A. ACTUAL FEDERAL SHARE OF
EXPENDITURES.....

A. \$ 156,633

B. ESTIMATED FEDERAL SHARE OF
EXPENDITURES PREVIOUSLY FUNDED....

B. \$ 156,633

C. DIFFERENCE.....
D. NET ADJUSTMENTS APPLICABLE TO
PRIOR PERIODS.....

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....
- 2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR HIT-ADM09

_____ 0

3. NET AMOUNT TO BE CERTIFIED.....

\$ 0

TOTAL AMOUNT TO BE CERTIFIED.....

C. \$ 0

DATE APPROVED

JUN 27 2011

COMPUTATION PREPARED BY

INTERNAL TRANSMITTAL NO.

H-3

COMPUTATION REVIEWED BY

Kyle Connor
Kimel D. Adams

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2011

SECTION 4201 - Medicaid Provider HIT Adoption and Operation Payments Implementation Funding

A. \$156,633 represents the expenditures reported for the Health Information Technology (HIT) funding reported on the FY 2009 through third quarter FY 2010 quarterly expenditure reports, as reflected on the 64.10 report. This is provided in accordance with Section 1903(a)(3) of the Social Security Act as amended by Section 4201.

B. \$156,633 In accordance with section 4201 of ARRA, this represents the grant authorization to your HIT-ADM09 PMS subaccount and is equal to your 2009 HIT expenditures reported for the funding period

Refer any questions you have on the above to your Regional Office contact.

JUN 27 2011