

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

ACTION REFERRAL

| | |
|--------------------|------------------------|
| TO <i>Wells</i> | DATE <i>10-2-09</i> |
|--------------------|------------------------|

| | |
|---|---|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER <i>000150</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>10/02/09</i> | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ |
| <i>cc: Ms. Forkner</i> | <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 and State Operations
Financial Management Group
7500 Security Boulevard
Baltimore, MD 21244

RECEIVED

Ms. Emma Forkner
Executive Director
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

SEP 29 2009

OCT 02 2009

Department of Health & Human Services
SEE FUNDING RESTRICTIONS FOR 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 period 07/01/2009 - 09/30/2009 under Appropriation 75X0518 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

Administrative Payments

\$156,633

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 4102 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

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

| | | | | |
|-----------------------|------------------------------|------------------------------|------------------------------|---|
| STATE: SOUTH CAROLINA | | | | |
| FISCAL YEAR | 2 | 0 | 0 | 9 |
| QUARTER | 1ST <input type="checkbox"/> | 2ND <input type="checkbox"/> | 3RD <input type="checkbox"/> | 4TH <input checked="" type="checkbox"/> |

ADMINISTRATION
PAYMENTS
HIT - ARRA Sec. 4201

1. ADJUSTMENTS FOR
QUARTER ENDED

\$ A 156,633

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

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

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

0

E. COLLECTIONS.....

F. OTHER.....

G. TOTAL ADJUSTMENTS.....

0

2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING JULY 1, 2009

B 156,633

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

\$ 156,633

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 156,633

DATE APPROVED SEP 29 2009 COMPUTATION CHECKED BY

Jennifer North

INTERNAL TRANSMITTAL NO. H-1

Auth. Dir

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: _____

FOURTH/2009

SEP 29 2009

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

A. **\$156,633** represents the total Health Information Technology (HIT) funding provided due to the American Recovery and Reinvestment Act of 2009 (ARRA). This is provided in accordance with Section 1903(a)(3) of the Social Security Act as amended by Section 4201. See Attachment 1.

B. In accordance with section 4201 of ARRA, this grant represents the Federal funding provided for certain State expenditures to Medicaid providers to encourage the adoption and use of certified electronic health technology record (EHR) technology and associated Administrative costs. This grant award represents the Federal share portion of funds to be used for this purpose.

A separate PMS subaccount has been established for you to draw these funds that is HIT09.

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

C. The funding authorized by this grant award is paid subject to any future financial management review or audit.

CALCULATION OF INITIAL AWARD
Health Information Technology (HIT) Funding Under ARRA, Section 4201

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2009

ADMINISTRATION
PAYMENTS
HIT - ARRA, Sec. 4201

Secretary's Estimate of Funding
Need for the Quarter \$ 156,633

Less: SEP 29 2009

SPR Penalty, Attachment XXXXXXXXXXXXXXXXXXXX

MEQC Penalty, Attachment _____

Third Party Liability/Assignment
of Rights-Billing Offset
Attachment _____

Part A (Buy-In) Premiums
Attachment _____

Part B (Buy-In) Premiums
Attachment _____

Part A Interest
Attachment _____

Part B Interest
Attachment _____

Adjusted funding for the quarter \$ 156,633

Estimate previously funded for
the quarter _____

Net Amount of Funding \$ 156,633