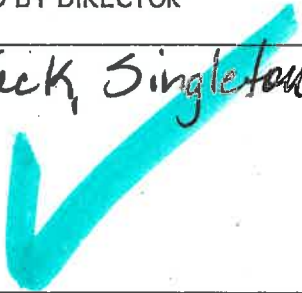


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Johnson</i>	DATE <i>10-15-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000110</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Heck, Singleton</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.			



CENTERS FOR MEDICARE & MEDICAID SERVICES
SUMMARY ACCOUNTING STATEMENT
BILLING NOTICE

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OCT 12 2012

SUPPLEMENTARY MEDICAL INSURANCE PREMIUMS

Central Processing

NAME OF ORGANIZATION	AGENCY CODE	BILLING PERIOD	DATE OF BILL
SOUTH CAROLINA	420	NOV 2012	10/15/2012

This statement contains billing for items processed through this period only. It does not include remittances or billing for items received too late for processing, or items under investigation. Such items will be included in a later billing.

1. PREVIOUS BALANCE **\$14,624,415.00**

2. ADJUSTMENTS **\$0.00**

3. CURRENT MONTH'S LIABILITY-PAYABLE BY 11/01/2012 **\$14,666,148.40 ***

4. PAYMENTS RECEIVED **\$14,687,461.10 CR**

RECEIVED 09/19/2012 \$99.90

RECEIVED 09/25/2012 \$14,687,361.20

RECEIVED

OCT 15 RECD

5.

LEP

6. TOTAL BALANCE

\$14,603,102.30

☐ SEE ATTACHMENT (S)

* \$13,410,879.20 REPORT ON FORM CMS-64.9 CASH/DEEMED CASH

ENTRIES ON THIS FORM ARE EXPLAINED IN THE **STATE BUYIN MANUAL.**

FOLLOWING ARE THE ELECTRONIC FUNDS TRANSFER METHODS AGENCIES SHOULD USE TO PAY THE MEDICARE PREMIUMS AND/OR STATE PHASED-DOWN CONTRIBUTIONS:

1. THE U.S. DEPARTMENT OF THE TREASURY'S INTERNET COLLECTIONS APPLICATION KNOWN AS PAY.GOV
2. THE U.S. DEPARTMENT OF THE TREASURY'S ELECTRONIC TRANSFER OF MONIES SYSTEM KNOWN AS THE TREASURY FINANCIAL COMMUNICATIONS SYSTEM (TFCS) OR FEDWIRE

SEE THE MANUAL NAMED ABOVE FOR COMPLETE INSTRUCTIONS.

FAILURE TO COMPLY WITH THESE INSTRUCTIONS COULD DELAY THE PROPER CREDITING OF YOUR PAYMENT.

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OCT 15 2012

CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MD 21244-1850

LAB LISTING FOR AGENCY CODE 420 SOUTH CAROLINA
11/03/2012

TOTAL ITEMS PROCESSED - 144658

DEBIT			CREDIT		MISC. ITEMS
CODE	ITEMS	MONEY	ITEMS	MONEY	
CODE 11	3741	1555120.50	CODE 14	85	CODE 20
CODE 41	137561	13735796.70	CODE 15	8	CODE 21
CODE 43	18	6432.80	CODE 16	604	CODE 23
CODE 45	7	306.00	CODE 17	2538	CODE 24
TOTAL	141327	15297656.00	CODE 42	90	CODE 25
			CODE 44	6	CODE 27
			TOTAL	3331	CODE 29
					CODE 30
					CODE 32
					CODE 49
					CODE 86
					CODE 87
					TOTAL

RECEIVED

OCT 12 2012

Central Processing

RECEIVED

OCT 15 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR



CENTERS FOR MEDICARE & MEDICAID SERVICES
SUMMARY ACCOUNTING STATEMENT
BILLING NOTICE

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HOSPITAL INSURANCE PREMIUMS

Central Processing

NAME OF ORGANIZATION	AGENCY CODE	BILLING PERIOD	DATE OF BILL
SOUTH CAROLINA	S42	NOV 2012	10/15/2012

This statement contains billing for items processed through this period only. It does not include remittances or billing for items received too late for processing, or items under investigation. Such items will be included in a later billing.

1. PREVIOUS BALANCE \$905,628.80

2. ADJUSTMENTS \$0.00

3. CURRENT MONTH'S LIABILITY-PAYABLE BY 11/01/2012 \$452,045.50 *

4. PAYMENTS RECEIVED \$465,005.20 CR
RECEIVED 09/25/2012 \$465,005.20

5.

6. TOTAL BALANCE \$892,669.10

☐ SEE ATTACHMENT (S)

* \$452,045.50 REPORT ON FORM CMS-64.9

ENTRIES ON THIS FORM ARE EXPLAINED IN THE **STATE BUYIN MANUAL**.

FOLLOWING ARE THE ELECTRONIC FUNDS TRANSFER METHODS AGENCIES SHOULD USE TO PAY THE MEDICARE PREMIUMS AND/OR STATE PHASED-DOWN CONTRIBUTIONS:

1. THE U.S. DEPARTMENT OF THE TREASURY'S INTERNET COLLECTIONS APPLICATION KNOWN AS PAY.GOV
2. THE U.S. DEPARTMENT OF THE TREASURY'S ELECTRONIC TRANSFER OF MONIES SYSTEM KNOWN AS THE TREASURY FINANCIAL COMMUNICATIONS SYSTEM (TFCS) OR FEDWIRE

SEE THE MANUAL NAMED ABOVE FOR COMPLETE INSTRUCTIONS.

FAILURE TO COMPLY WITH THESE INSTRUCTIONS COULD DELAY THE PROPER CREDITING OF YOUR PAYMENT.

RECEIVED

OCT 15 2012

CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MD 21244-1850

LAB LISTING FOR AGENCY CODE S42 SOUTH CAROLINA
11/03/2012

TOTAL ITEMS PROCESSED - 1053

DEBIT		CREDIT		MISC. ITEMS
ITEMS	MONEY	ITEMS	MONEY	
CODE 11	4	CODE 14	CODE 20	
CODE 41	4961.00	CODE 15	CODE 21	
CODE 43	451594.50	CODE 16	CODE 23	
CODE 45		CODE 17	CODE 24	
TOTAL	1044	CODE 42	CODE 25	
		CODE 44	CODE 27	
		TOTAL	CODE 29	
			CODE 30	
			CODE 32	
			CODE 49	
			CODE 86	
			CODE 87	
			TOTAL	

RECEIVED

OCT 15 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR