

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>12-19-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101-228</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Deps</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.			



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

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

RECEIVED

DEC 15 2011

NOV 30 2011

Dear Sir or Madam:
SUPPLEMENTAL

Department of Health & Human Services
OFFICE OF THE DIRECTOR

The grant award listed below has been approved for supplemental federal funding for allowable Medicaid expenditures incurred by your State during the period 10/01/2011 - 12/31/2011 under Appropriation 75X0518 Centers for Medicare & Medicaid Services.

HIT Incentive Payments

\$(100,000,000)

The above listed grant award provides Federal funds for incentive payments made in accordance to your State plan approved under Title XIX of the Social Security Act (the Act) having adopted or meaningfully used certified electronic health record (EHR) technology. 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 to issue incentive payments to providers who have qualified for EHR incentive payments.

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 & Medicaid Services Regional Office financial contact and/or the Regional Office HIT Lead 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. These payments will be made available under the subaccount "HIT-INCTPAY12". 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 as well as to the staff who oversee the State's Medicaid EHR Incentive Program.

Sincerely yours,

Deborah Bohrer
Director,
Division of Financial Operations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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

ADMINISTRATION
INCENTIVE PAYMENTS
HIT - ARRA Sec. 4201

1. ADJUSTMENTS FOR
QUARTER ENDED

\$

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

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

C. DIFFERENCE.....

0

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

E. COLLECTIONS.....

F. OTHER.....

G. TOTAL ADJUSTMENTS.....

2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING OCTOBER 1, 2011

A. (100,000,000)

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

\$ (100,000,000)

TOTAL AMOUNT TO BE CERTIFIED.....

\$B. (100,000,000)

DATE APPROVED

NOV 30 2011

COMPUTATION PREPARED BY:

Khia Carrington

INTERNAL TRANSMITTAL NO.

HINC-10

COMPUTATION REVIEWED BY:

[Signature]

ACCOUNTING DATA FOR THE HEALTH INFORMATION TECHNOLOGY (ARRA, SECTION 4201)

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FIRST/2012

☐ THIS AWARD IS FUNDED UNDER HHS SINGLE LETTER OF CREDIT NO. 75-08

CENTRAL REGISTRY SYSTEM

ENTITY IDENTIFICATION NUMBER (CRS/EIN)

157-600-0286-Z3

[illegible]

404 00 2011

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FIRST/2012

SECTION 4201 - Medicaid Provider HIT Incentive Payments Funding

- A. (\$100,000,000) represents a temporary deobligation pending receipt of additional HIT-INCENTIVE funding for CMS, on a national level.
- B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

NOV 30 2011

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

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FIRST/2012

ADMINISTRATION
INCENTIVE PAYMENTS
HIT - ARRA, Sec. 4201

Secretary's Estimate of Funding
Need for the Quarter

\$ 23,075,000

Less:

Adjusted funding for the quarter

\$ 23,075,000

Estimate previously funded for
the quarter

(123,075,000)

Net Amount of Funding

\$ (100,000,000)

NOV 30 2011



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

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

RECEIVED

DEC 16 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DEC -6 2011

Dear Sir or Madam:
SUPPLEMENTAL

The grant award listed below has been approved for supplemental federal funding for allowable Medicaid expenditures incurred by your State during the period 10/01/2011 - 12/31/2011 under Appropriation 75X0518 Centers for Medicare & Medicaid Services.

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\$100,000,000

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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 as well as to the staff who oversee the State's Medicaid EHR Incentive Program.

Sincerely yours,

Deborah Albright

Director,

Division of Financial Operations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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

ADMINISTRATION
INCENTIVE PAYMENTS
HIT - ARRA Sec. 4201

1. ADJUSTMENTS FOR
QUARTER ENDED

\$

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.....

2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING OCTOBER 1, 2011

A. 100,000,000

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

\$ 100,000,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$B. 100,000,000

DATE APPROVED

DEC -5 2011

COMPUTATION PREPARED BY :

INTERNAL TRANSMITTAL NO. HMM-16

COMPUTATION REVIEWED BY :

Kelia Camington
on

ACCOUNTING DATA FOR THE HEALTH INFORMATION TECHNOLOGY (ARRA, SECTION 4201)

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FIRST/2012

☐ THIS AWARD IS FUNDED UNDER HHS SINGLE LETTER OF CREDIT NO. 75-08

CENTRAL REGISTRY SYSTEM

ENTITY IDENTIFICATION NUMBER (CRS/EIN)

157-600-0286-Z3

[illegible]

051 - 6 201

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FIRST/2012

SECTION 4201 - Medicaid Provider HIT Incentive Payments Funding

- A. **\$100,000,000** restores the HIT INCENTIVE funds that were temporarily deobligated on a national level.
- B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

DEC -6 2011

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

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FIRST/2012

ADMINISTRATION
INCENTIVE PAYMENTS
HIT - ARRA, Sec. 4201

Secretary's Estimate of Funding
Need for the Quarter

\$ 123,075,000

Less:

Adjusted funding for the quarter

\$ 123,075,000

Estimate previously funded for
the quarter

(23,075,000)

Net Amount of Funding

\$ 100,000,000

DEC -6 2011