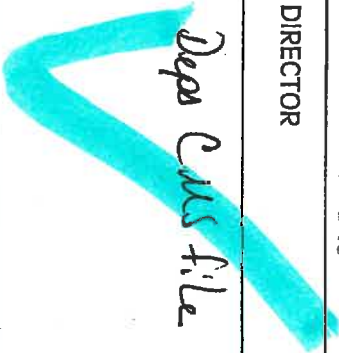


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                   |                        |
|-------------------|------------------------|
| TO<br><i>Hess</i> | DATE<br><i>6-30-11</i> |
|-------------------|------------------------|

| DIRECTOR'S USE ONLY  | ACTION REQUESTED  |
|--|---|
| 1. LOG NUMBER<br><i>100592</i>   | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____   |
| 2. DATE SIGNED BY DIRECTOR<br><i>cc: Mr. Teck, Depo CMS file</i><br> | <input type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE _____<br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><input checked="" type="checkbox"/> Necessary Action |

| APPROVALS<br>(Only when prepared for director's signature) | APPROVE | * DISAPPROVE<br>(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

RECEIVED

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

JUL - 1 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR  
SEE FUNDING RESTRICTION ATTACHMENT

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 07/01/2011 - 09/30/2011 under Appropriation 75X0518 Centers for Medicare & Medicaid Services.

**HIT Incentive Payments**

**\$72,084,000**

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-INCTPAY11". 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,

  
for  
Director,  
Division of Financial Operations

**FUNDING RESTRICTIONS**

**THIS GRANT AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING JULY 1, 2011 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER THIS GRANT AWARD MAY NOT BE DRAWN OR PAID UNTIL JULY 1, 2011.**

**JUL - 1 2011**

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

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

A. 72,084,000

2. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES FOR QUARTER  
BEGINNING JULY1, 2011

B. 72,084,000

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

\$ 72,084,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 72,084,000

DATE APPROVED

JUL - 1 2011

COMPUTATION PREPARED BY :

Chris Cunningham

INTERNAL TRANSMITTAL NO.

HLA-1

COMPUTATION REVIEWED BY :

Paul Hill



FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2011

JUL - 1 2011

**SECTION 4201 - Medicaid Provider HIT Incentive Payments Funding**

A. **\$72,084,000** 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 **HIT-INCTPAY11** and the CFDA number is 93.778.

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.

Health Information Technology (HIT) Funding Under ARRA, Section 4201

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2011

**ADMINISTRATION  
INCENTIVE PAYMENTS  
HIT - ARRA, Sec. 4201**

## Secretary's Estimate of Funding Need for the Quarter

**\$ 72,084,000**

JUL - 1 2011

**Less:**

SPR Penalty,  
Attachment[illegible]MEQC Penalty,  
Attachment

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

## Part A (Buy-In) Premiums

## Part B (Buy-In) Premiums

Part A Interest  
AttachmentPart B Interest  
Attachment \_\_\_\_\_

Adjusted funding for the quarter

|    |            |
|----|------------|
| \$ | 72,084,000 |
|----|------------|

**Estimate previously funded for the quarter**

### Net Amount of Funding

**\$ 72,084,000**