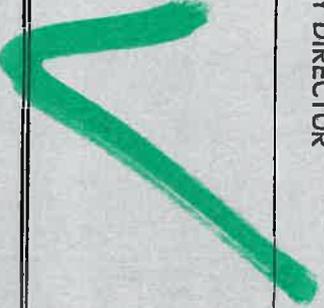


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>6-23-10</i>
--------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>1001502</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input checked="" type="checkbox"/> Necessary Action	

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



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

7500 Security Boulevard  
Baltimore, MD 21244

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

JUN 14 2010

**RECEIVED**

JUN 22 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Sir or Madam:  
SUPPLEMENTAL

The grant awards listed below have been approved for the period 04/01/2010 - 06/30/2010 under Appropriation 75X0512 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

<b>Medical Assistance Payments</b>	<b>\$770,844,287)</b>
<b>Medicaid State Children's Health Insurance Program Payments</b>	<b>\$0</b>
<b>Administration Payments</b>	<b>\$(6,374,343)</b>
<b>Total Grant Awards</b>	<b>\$(77,218,630)</b>

The above listed grant awards provide Federal funds for expenditures made in accordance with your State plan approved under Title XIX of the Social Security Act. The amount of this grant award does not include the additional amount of funds associated with the increased FMAP determined under ARRA only for the expenditures for which the increased FMAP is available. These funds will be provided to you in a separate grand award. Computation of the awards is shown on the enclosed statement.

With the acceptance of these awards, 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 shown 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. Please reference your grant award accounting and footnote sheets for details regarding your Medicaid funds identification number, common accounting number, document number, and subaccount information that are subject to change periodically.

Any questions you may have in connection with the grant award should be referred to the appropriate Centers for Medicare & Medicaid Services regional office financial contact for your State.

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

Director, Division of Payment Management  
Post Office Box 6021  
Rockville, Maryland 20852-0605  
Telephone Number (301) 443-1660

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,

*Deborah A. Blaine*  
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	1	0
QUARTER	<input type="checkbox"/> 1ST	<input type="checkbox"/> 2ND	<input checked="" type="checkbox"/> 3RD	<input type="checkbox"/> 4TH

1. ADJUSTMENTS FOR  
QUARTER ENDED DECEMBER 31, 2009

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....	\$ 899,599,586 (3,874)		\$ 16,072,705
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED.....	899,595,712		16,072,705
C. DIFFERENCE.....	(923,160,000)		22,484,000
D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....	(23,564,288) (699,344)		B. (6,411,295) 42,420
E. COLLECTIONS.....	(25,004,405)		(5,468)
F. OTHER.....	(21,693,173) 116,923		
G. TOTAL ADJUSTMENTS.....	E. (70,844,287)		E. (6,374,343)
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING APRIL 1, 2010	F.		F.
3. NET AMOUNT TO BE CERTIFIED.....	\$ (70,844,287)	0	\$ (6,374,343)

TOTAL AMOUNT TO BE CERTIFIED.....

\$G. (77,218,630)

DATE APPROVED JUN 14 2010 COMPUTATION CHECKED BY Tennie Vold

INTERNAL TRANSMITTAL NO. 80



JUN 14 2010

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2010

A. \$13,874 REPRESENTS THE FEDERAL SHARE OF INTEREST INCOME EARNED ON DRUG REBATES THAT THE STATE REPORTED ON LINE 5. OF THE FORM CMS-64 SUMMARY SHEET.

B.

	<u>MAP</u>	<u>ADM</u>	
\$	0	\$ 0	INCREASING CLAIMS PRIOR TO 01/01/08
	0	162,375	INCREASING CLAIMS AFTER TO 12/31/07
\$	0	\$ 162,375	TOTAL INCREASING CLAIMS.
	<u>(699,344)</u>	<u>(119,955)</u>	DECREASING CLAIMS
\$	<u>(699,344)</u>	<u>42,420</u>	NET ADJUSTMENT

C. \$ (21,693,173) REPRESENTS MEDICAID CHILDREN'S HEALTH INSURANCE PROGRAM (M-CHIP).  
SEE ATTACHMENT 4, 5 & 6.

D. \$116,923 REPRESENTS CIVIL MONETARY PENALTIES REPORTED ON LINE 9C. THIS AMOUNT IS NOT BEING USED IN THE GRANT AWARD COMPUTATION TO PRECLUDE A DUPLICATE ADJUSTMENT.

E. SEE ATTACHMENTS 1 - 15.

F. GRANT AWARD BASED ON THE ESTIMATE FOR THE THIRD QUARTER FISCAL YEAR 2010 WAS ISSUED APRIL 1, 2010.

G. THE FUNDING AUTHORIZED BY THIS GRANT AWARD IS PAID SUBJECT TO ANY FUTURE FINANCIAL MANAGEMENT REVIEW OR AUDIT.

THE AMOUNT OF ADJUSTMENTS ON THIS GRANT AWARD FINALIZATION DOES NOT INCLUDE ADDITIONAL AMOUNTS OF FUNDS ASSOCIATED WITH INCREASED FMAP DETERMINED UNDER ARRA. THESE ADJUSTMENTS WILL BE PROVIDED TO YOU IN A SEPARATE ARRA FINALIZATION GRANT AWARD.

MEMORANDUM

1. DSH ADJUSTMENT.

THE LAW REQUIRED THAT THE YEARLY LIMITATION ON DSH EXPENDITURES BE CALCULATED AGAINST THE TOTAL COMPUTABLE FOR FISCAL YEARS 1993 THROUGH 1997. HOWEVER, SECTION 4721 (A) OF THE BALANCED BUDGET ACT (BBA) OF 1998 REPLACED THE CURRENT DSH ALLOTMENT METHODOLOGY WITH STATUTORILY DEFINED FEDERAL DSH ALLOTMENTS. FOR FEDERAL FISCAL YEARS 1998 THROUGH 2002, THE FEDERAL DSH ALLOWMENTS ARE LISTED IN THE STATUE UNDER 1923 (F) OF THE ACT. SEE THE ATTACHED DSH SCHEDULES (ATTACHMENTS 5 THROUGH 12) FOR THE STATUS OF YOUR DSH ALLOTMENTS.

JUN 14 2010

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

FOOTNOTES

STATE:

**SOUTH CAROLINA**

QUARTER/FISCAL YEAR:

**THIRD/2010**

2. **TANF EXPENDITURES.**

SEE ATTACHMENTS 16 AND 17 FOR THE STATUS OF THE ALLOTMENTS.

3. FOR THE STATUS OF MEDICARE PART B PREMIUMS FOR QUALIFYING INDIVIDUALS, SEE ATTACHMENTS 18 & 19.  
**FOR FEDERAL USE ONLY**

4. **\$3,874** REFERS TO INTEREST COLLECTED AND REPORTED ON LINE 5. OF THE CMS-64 SUMMARY SHEET  
BY THE STATE ON DRUG REBATES, DOCUMENT #05-1005SCSMAP AND CAN# 05993312.

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - MAP  
 ATTACHMENT:     1    

Department of Health and Human Services  
 Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
 Medical Assistance Payments (MAP)

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2010

	FY <u>    </u> 2007 And Prior	FY 2008	FY 2009	FY 2010	Total
CMS-64 Summary					
Line 6	\$			\$ 899,599,586	\$ 899,599,586
Line 7			0	0	0
Line 8			0	0	0
Line 9			0	(25,004,405)	(25,004,405)
Line 10 A. & B.		(707)	(126,740)	0	(127,447)
Line 10 C.			-	(571,897)	(571,897)
Line 10 D.			-	-	0
Net Expenditures	\$ 0	\$ (707)	\$ (126,740)	\$ 874,023,284	\$ 873,895,837
Less:					
Waivers					
M-CHIP	0	0	0	(21,693,173)	(21,693,173)
Katrina UCCP Waivers					0
Net MAP Expenditures	\$ 0	\$ (707)	\$ (126,740)	\$ 852,330,111	\$ 852,202,664
Adjustments					
Transfers					0
					0
					0
Deferrals					0
					0
					0
Disallowances					0
					0
Subtotal	\$ 0	\$ (707)	\$ (126,740)	\$ 852,330,111	\$ 852,202,664
Other					
Global Settlements				0	0
Civil Monetary Penalties				116,923	116,923
Interest on Disallowances				(3,874)	0
Drug Rebate					(3,874)
Part B Offset					0
Part B Interest					0
Adjusted Funding	\$ 0	\$ (707)	\$ (126,740)	\$ 852,443,160	\$ 852,315,713
Less: Federal Advances				(923,160,000)	(923,160,000)
Total Funding	\$ 0	\$ (707)	\$ (126,740)	\$ (70,716,840)	\$ (70,844,287)

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - MAP  
 ATTACHMENT: 2

Department of Health and Human Services  
 Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
 Medical Assistance Payments (MAP)  
 FY 2010

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2010

CMS-64 Summary	QTR 1	QTR 2	QTR 3	QTR 4	Total
Line 6	\$ 899,599,586	\$	\$	\$	\$ 899,599,586
Line 7					0
Line 8					0
Line 9	(25,004,405)				(25,004,405)
Line 10 A. & B.					0
Line 10 C.	(571,897)				(571,897)
Line 10 D					0
<b>Net Expenditures</b>	<b>\$ 874,023,284</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 874,023,284</b>
Less:					
Waivers					0
M-CHIP	(21,693,173)				(21,693,173)
Katrina UCCP Waivers					0
<b>Net MAP Expenditures</b>	<b>\$ 852,330,111</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 852,330,111</b>
<b>Adjustments</b>					
Transfers					0
Deferrals					0
Disallowances					0
Subtotal	\$ 852,330,111	\$ 0	\$ 0	\$ 0	\$ 852,330,111
<b>Other</b>					
Global Settlements					0
Civil Monetary Penalties	116,923				116,923
Interest on Disallowances					0
Drug Rebate	(3,874)				(3,874)
Part B Offset					0
Part B Interest					0
<b>Adjusted Funding</b>	<b>\$ 852,443,160</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 852,443,160</b>
Less: Federal Advances	(923,160,000)				(923,160,000)
<b>Total Funding</b>	<b>\$ (70,716,840)</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ (70,716,840)</b>

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - MAP  
 ATTACHMENT: 3

Department of Health and Human Services  
 Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
 Medical Assistance Payments (MAP)  
 FY 2009

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2010

CMS-64 Summary	QTR 1	QTR 2	QTR 3	QTR 4	Total
Line 6	\$	\$	\$	\$	\$ 0
Line 7					0
Line 8					0
Line 9					0
Line 10 A. & B.	(3,004)	(33,734)	(35,845)	(54,157)	(126,740)
Line 10 C.					0
Line 10 D					0
<b>Net Expenditures</b>	<b>\$ (3,004)</b>	<b>\$ (33,734)</b>	<b>\$ (35,845)</b>	<b>\$ (54,157)</b>	<b>\$ (126,740)</b>
Less:					
Waivers					0
M-CHIP					0
Katrina UCCP Waivers					0
<b>Net MAP Expenditures</b>	<b>\$ (3,004)</b>	<b>\$ (33,734)</b>	<b>\$ (35,845)</b>	<b>\$ (54,157)</b>	<b>\$ -126,740</b>
<b>Adjustments</b>					
Transfers					0
Deferrals					0
Disallowances					0
<b>Subtotal</b>	<b>\$ (3,004)</b>	<b>\$ (33,734)</b>	<b>\$ (35,845)</b>	<b>\$ (54,157)</b>	<b>\$ (126,740)</b>
Other					
Global Settlements					0
Civil Monetary Penalties					0
Interest on Disallowances					0
Drug Rebate					0
Part B Offset					0
Part B Interest					0
<b>Adjusted Funding</b>	<b>\$ (3,004)</b>	<b>\$ (33,734)</b>	<b>\$ (35,845)</b>	<b>\$ (54,157)</b>	<b>\$ (126,740)</b>
Less: Federal Advances					0
<b>Total Funding</b>	<b>\$ (3,004)</b>	<b>\$ (33,734)</b>	<b>\$ (35,845)</b>	<b>\$ (54,157)</b>	<b>\$ (126,740)</b>



JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - MAP  
ATTACHMENT: 4

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Medicaid State Children's Health Insurance Plan (M-SCHIP)

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2010

	FY <u>2007</u> And Prior	FY 2008	FY 2009	FY 2010	Total
CMS-64 Summary					
Line 6	\$	\$	\$	\$ 21,693,173	\$ 21,693,173
Line 7					0
Line 8					0
Line 9					0
Line 10 A. & B.					0
Line 10 C.					0
Net Expenditures	\$ 0	\$ 0	\$ 0	\$ 21,693,173	\$ 21,693,173
Less:					
Waivers					0
M-SCHIP					0
Net MAP Expenditures	\$ 0	\$ 0	\$ 0	\$ 21,693,173	\$ 21,693,173
Adjustments					
Transfers					0
Line 10 Adj					0
CMP's					0
Deferrals					0
Disallowances					0
Subtotal	\$ 0	\$ 0	\$ 0	\$ 21,693,173	\$ 21,693,173
Interest on					
Disallowances					0
Other					0
					0
					0
Adjusted Funding	\$ 0	\$ 0	\$ 0	\$ 21,693,173	\$ 21,693,173
Less: Federal Advances					0
Total Funding	\$ 0	\$ 0	\$ 0	\$ 21,693,173	\$ 21,693,173

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - MAP  
ATTACHMENT: 5

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Medicaid State Children's Health Insurance Plan (M-SCHIP)  
FY 2010

STATE: SOUTH CAROLINA QUARTER/FISCAL YEAR: THIRD/2010

CMS-64 Summary	QTR 1	QTR 2	QTR 3	QTR 4	Total
Line 6	\$ 21,693,173	\$	\$	\$	\$ 21,693,173
Line 7					0
Line 8					0
Line 9					0
Line 10 A. & B.					0
Line 10 C.					0
<u>Net Expenditures</u>	<u>\$ 21,693,173</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 21,693,173</u>
Less:					
Waivers					0
M-SCHIP					0
<u>Net MAP Expenditures</u>	<u>\$ 21,693,173</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 21,693,173</u>
<u>Adjustments</u>					
Transfers					0
Line 10 Adj					0
CMP's					0
Deferrals					0
Disallowances					0
Subtotal	\$ 21,693,173	\$ 0	\$ 0	\$ 0	\$ 21,693,173
Interest on					
Disallowances					0
Other					0
					0
					0
					0
<u>Adjusted Funding</u>	<u>\$ 21,693,173</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 21,693,173</u>
Less: Federal Advances					0
<u>Total Funding</u>	<u>\$ 21,693,173</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 21,693,173</u>

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - MAP  
ATTACHMENT: 6

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Medicaid State Children's Health Insurance Plan (M-SCHIP)  
FY 2009

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2010

CMS-64 Summary	QTR 1	QTR 2	QTR 3	QTR 4	Total
Line 6	\$	\$	\$	\$	\$ 0
Line 7					0
Line 8					0
Line 9					0
Line 10 A. & B.					0
Line 10 C.					0
Net Expenditures	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Less:					
Waivers					0
M-SCHIP					0
Net MAP Expenditures	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Adjustments					
Transfers					0
Line 10 Adj					0
CMP's					0
Deferrals					0
Disallowances					0
Subtotal	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Interest on					
Disallowances					0
Other					0
					0
					0
Adjusted Funding	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Less: Federal Advances					0
Total Funding	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0 *

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - DSH  
ATTACHMENT: 7

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Disproportionate Share Hospitals (DSH)  
FEDERAL SHARE

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2010

	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997
REPORTED THIS QUARTER					
Line 6	\$	\$	\$	\$	\$
Line 7					
Line 8					
Line 9					
Line 10 A. & B.					
Line 10 C.					
Adjustments					
SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
PREVIOUSLY REPORTED	\$ 313,460,000	\$ 312,580,697	\$ 310,952,672	\$ 311,217,444	\$ 309,722,264
BALANCE	\$ 313,460,000	\$ 312,580,697	\$ 310,952,672	\$ 311,217,444	\$ 309,722,264
CAP	\$ 313,460,215	\$ 312,580,697	\$ 310,953,589	\$ 311,217,444	\$ 309,722,264
REMAINING BALANCE	\$ 215	\$ 0	\$ 917	\$ 0	\$ 0

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - DSH  
ATTACHMENT: 8

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Disproportionate Share Hospitals (DSH)  
FEDERAL SHARE

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2010

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
REPORTED THIS QUARTER					
Line 6	\$	\$	\$	\$	\$
Line 7					
Line 8					
Line 9					
Line 10 A. & B.					
Line 10 C.					
Adjustments					
SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
PREVIOUSLY REPORTED	\$ 313,000,000	\$ 303,000,001	\$ 262,000,000	\$ 271,170,000	\$ 271,170,000
BALANCE	\$ 313,000,000	\$ 303,000,001	\$ 262,000,000	\$ 271,170,000	\$ 271,170,000
CAP	\$ 313,000,000	\$ 303,000,000	\$ 262,000,000	\$ 271,170,000	\$ 278,220,420
REMAINING BALANCE	\$ 0	(1)	\$ 0	\$ 0	\$ 7,050,420

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - DSH  
ATTACHMENT: 9

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Disproportionate Share Hospitals (DSH)  
FEDERAL SHARE

STATE: SOUTH CAROLINA QUARTER/FISCAL YEAR: THIRD/2010

	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
REPORTED THIS QUARTER					
Line 6	\$	\$	\$	\$	\$
Line 7					
Line 8					
Line 9					
Line 10 A. & B.					
Line 10 C.					
Adjustments					
SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
PREVIOUSLY REPORTED	\$ 265,908,883	\$ 308,478,800	\$ 308,478,800	\$ 308,478,799	\$ 308,478,799
BALANCE	\$ 265,908,883	\$ 308,478,800	\$ 308,478,800	\$ 308,478,799	\$ 308,478,799
CAP	\$ 265,930,000	\$ 308,478,800	\$ 308,478,800	\$ 308,478,800	\$ 308,478,800
REMAINING BALANCE	\$ 21,117	0	\$ 0	\$ 1	\$ 1

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - DSH  
ATTACHMENT: 10

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Disproportionate Share Hospitals (DSH)  
FEDERAL SHARE

STATE: SOUTH CAROLINA QUARTER/FISCAL YEAR: THIRD/2010

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
REPORTED THIS QUARTER					
Line 6	\$	\$	\$ 80,211,259	\$	\$
Line 7					
Line 8					
Line 9					
Line 10 A. & B.					
Line 10 C.					
Adjustments					
SUBTOTAL	\$ 0	\$ 0	\$ 80,211,259	\$ 0	\$ 0
PREVIOUSLY REPORTED	\$ 308,478,801	\$ 330,103,165	\$	\$	\$
BALANCE	\$ 308,478,801	\$ 330,103,165	\$ 80,211,259	\$ 0	\$ 0
CAP	\$ 308,478,800	\$ 322,051,867	\$ 322,051,867	\$	\$
REMAINING BALANCE	\$ (1)	\$ (8,051,298)	\$ 241,840,608	\$ 0	\$ 0
ARRA DSH ALLOTMENT		\$ 8,051,297			
UNUSED DSH		\$ (1)			

JUN 14 2010

Form CMS-152 (01/27/99) Supporting Schedule - DSH  
 ATTACHMENT: 11

Department of Health and Human Services  
 Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
 Disproportionate Share Hospitals (DSH)  
 TOTAL COMPUTABLE

STATE: SOUTH CAROLINA QUARTER/FISCAL YEAR: THIRD/2010

	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997
REPORTED THIS QUARTER					
Line 6	\$	\$	\$	\$	\$
Line 7					
Line 8					
Line 9					
Line 10 A. & B.					
Line 10 C.					
Adjustments					
SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
PREVIOUSLY REPORTED	\$ 439,758,699	\$ 439,758,999	\$ 438,757,705	\$ 439,759,000	\$ 439,759,000
BALANCE	\$ 439,758,699	\$ 439,758,999	\$ 438,757,705	\$ 439,759,000	\$ 439,759,000
CAP	\$ 439,759,000	\$ 439,759,000	\$ 439,759,000	\$ 439,759,000	\$ 439,759,000
REMAINING BALANCE	\$ 301	1	\$ 1,001,295	\$ 0	\$ 0

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - DSH  
ATTACHMENT: 12

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Disproportionate Share Hospitals (DSH)  
TOTAL COMPUTABLE

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2010

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
REPORTED THIS QUARTER					
Line 6	\$	\$	\$	\$	\$
Line 7					
Line 8					
Line 9					
Line 10 A. & B.					
Line 10 C.					
Adjustments					
SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
PREVIOUSLY REPORTED	\$ 445,678,485	\$ 433,786,686	\$ 374,553,252	\$ 384,965,928	\$ 391,072,974
BALANCE	\$ 445,678,485	\$ 433,786,686	\$ 374,553,252	\$ 384,965,928	\$ 391,072,974
CAP	\$ 445,678,485	\$ 433,786,686	\$ 374,553,252	\$ 384,965,928	\$ 401,240,871
REMAINING BALANCE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 10,167,897

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - DSH  
ATTACHMENT: 13

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Disproportionate Share Hospitals (DSH)  
TOTAL COMPUTABLE

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2010

	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
REPORTED THIS QUARTER					
Line 6	\$	\$	\$	\$	\$
Line 7					
Line 8					
Line 9					
Line 10 A. & B.					
Line 10 C.					
Adjustments					
SUBTOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
PREVIOUSLY REPORTED	\$ 380,899,723	\$ 441,567,134	\$ 441,377,593	\$ 445,006,921	\$ 443,599,080
BALANCE	\$ 380,899,723	\$ 441,567,134	\$ 441,377,593	\$ 445,006,921	\$ 443,599,080
CAP	\$ 380,933,964	\$ 441,567,134	\$ 441,377,593	\$ 445,006,924	\$ 443,599,080
REMAINING BALANCE	\$ 34,241	\$ 0	\$ 0	\$ 3	\$ 0

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - DSH  
 ATTACHMENT: 14

Department of Health and Human Services  
 Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
 Disproportionate Share Hospitals (DSH)  
 TOTAL COMPUTABLE

STATE: SOUTH CAROLINA QUARTER/FISCAL YEAR: THIRD/2010

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
REPORTED THIS QUARTER					
Line 6	\$	\$	\$ 114,066,067	\$	\$
Line 7					
Line 8					
Line 9					
Line 10 A. & B.					
Line 10 C.					
Adjustments					
SUBTOTAL	\$ 0	\$ 0	\$ 114,066,067	\$ 0	\$ 0
PREVIOUSLY REPORTED	\$ 442,010,030	\$ 471,104,844	\$	\$	\$
BALANCE	\$ 442,010,030	\$ 471,104,844	\$ 114,066,067	\$ 0	\$ 0
CAP	\$ 442,010,030	\$ 459,614,481	\$ 457,980,471	\$	\$
REMAINING BALANCE	\$ 0	\$ (11,490,363)	\$ 343,914,404	\$ 0	\$ 0
ARRA DSH ALLOTMENT		\$ 11,490,362			
UNUSED DSH		\$ (1)			

JUN 14 2010

Form CMS-152 (01/27/93) Supporting Schedule - ADM  
 ATTACHMENT: 15

Department of Health and Human Services  
 Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
 Administration (ADM)

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2010

	FY And Prior 2007	FY 2008	FY 2009	FY 2010	Total
<b>CMS-64 Summary</b>					
Line 6	\$	\$	\$	\$ 16,072,705	\$ 16,072,705
Line 7				0	0
Line 8			162,375		162,375
Line 9			(119,955)	(5,468)	(5,468)
Line 10 A. & B.					(119,955)
<b>Net Expenditures</b>	\$ 0	\$ 0	\$ 42,420	\$ 16,067,237	\$ 16,109,657
Less: Waivers					0
<b>Net ADM Expenditures</b>	\$ 0	\$ 0	\$ 42,420	\$ 16,067,237	\$ 16,109,657
<b>Adjustments</b>					
Transfers					0
Line 10 Adjustments					0
Deferrals					0
Disallowances					0
Subtotal	\$ 0	\$ 0	\$ 42,420	\$ 16,067,237	\$ 16,109,657
Interest on Disallowances					0
Other					0
TPL					0
Adjusted Funding	\$ 0	\$ 0	\$ 42,420	\$ 16,067,237	\$ 16,109,657
Less: Federal Advances				22,484,000	22,484,000
<b>Total Funding</b>	\$ 0	\$ 0	\$ 42,420	\$ (6,416,763)	\$ (6,374,343)





JUN 14 2010

ATTACHMENT: 18

STATE: SOUTH CAROLINA

MEDICARE PART B PREMIUMS  
FOR  
QUALIFYING INDIVIDUALS

QUARTER/FISCAL YEAR:

THIRD/2010

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
<b>ALLOTMENT</b>	<b>\$ 3,314,000</b>	<b>\$ 4,607,000</b>	<b>\$ 6,026,000</b>	<b>\$ 6,599,000</b>	<b>\$ 7,567,000</b>	<b>\$ 7,567,000</b>	<b>\$ 8,100,000</b>
03/31/98	50,501						
06/30/98	173,884						
09/30/98	225,439						
12/31/98		326,896					
03/31/99		378,932					
06/30/99		445,659					
09/30/99		430,179					
12/31/99			416,808				
03/31/00			456,815				
06/30/00			481,678				
09/30/00			463154				
12/31/00				363069			
03/31/01				672829			
06/30/01				578337			
09/30/01				564614			
12/31/01					591,435		
03/31/02					624,995		
06/30/02					656,112		
09/30/02					670,262		
12/31/02						1,022,916	
03/31/03						1,072,481	
06/30/03						538,907	
09/30/03						942,819	
12/31/03	Line 6					694,966	
12/31/03	Line 8					(694,996)	
03/31/04	Line 6						1,002,008
06/30/04	Line 6						1,040,082
09/30/04	Line 6						1,032,555
12/31/04	Line 8						458
09/30/05	Line 8						1,883,421
09/30/05	Line 10.B						(1,883,421)
<b>REMAINING BALANCE</b>	<b>\$ 2,864,176</b>	<b>\$ 3,025,334</b>	<b>\$ 4,227,545</b>	<b>\$ 4,420,151</b>	<b>\$ 5,024,196</b>	<b>\$ 3,989,907</b>	<b>\$ 3,608,774</b>

