


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

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>2-14-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100308</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

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

FEB - 8 2012

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 01/01/2012 - 03/31/2012 under Appropriation 75X0518 Centers for Medicare & Medicaid Services. This authority is available through the end of the Federal fiscal year subject to the expiration date of the Implementation Advance Planning Document.

HIT Administrative Implementation Payments

\$293,000

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 State's Medicaid electronic health record (EHR) Incentive Program. 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 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 & 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-IMP-12". 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,

RECEIVED

FEB 13 2012

Debra S. Allen
Director,

Division of Financial Operations

Enclosures 5
CMS-L151(7-90)

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

STATE: <u>South Carolina</u>				
FISCAL YEAR	<u>2012</u>			
QUARTER	1ST <input type="checkbox"/>	2ND <input checked="" 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
IMPLEMENTATION 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. _____ 293,000

2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING JANUARY 1, 2012

B. _____ 293,000

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

\$ _____ 293,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. _____ 293,000

DATE APPROVED FEB - 8 2012

COMPUTATION PREPARED BY:

INTERNAL TRANSMITTAL NO. 41019-2 COMPUTATION REVIEWED BY:




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

QUARTER/FISCAL YEAR: SECOND/2012

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

CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN)	157600028623
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[illegible]

532

FOOTNOTES

STATE: South Carolina

QUARTER/FISCAL YEAR: SECOND/2012

SECTION 4201 - Medicaid Provider HIT Implementation Funding

A. **\$293,000** 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-IMP12 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.

FEB - 8 2012

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

STATE: South Carolina

QUARTER/FISCAL YEAR: SECOND/2012

ADMINISTRATION
IMPLEMENTATION PAYMENTS
HIT - ARRA, Sec. 4201
Secretary's Estimate of Funding
Need for the Quarter \$ ' 471,000

Less:

XXXXXXXXXXXXXXXXXXXX

Adjusted funding for the quarter \$ 471,000
Estimate previously funded for
the quarter (178,000)
Net Amount of Funding \$ 293,000

FEB - 8 2012

Hiltner, Tavon (CMS/CMCS)

From: Wigfall, Cheryl (CMS/SC)
Sent: Monday, February 06, 2012 3:25 PM
To: Hiltner, Tavon (CMS/CMCS)
Cc: Carrington, Khia (CMS/CMCS); White, Michelle M. (CMS/CMCHO); Kimble, Davida R. (CMS/CMCHO)
Subject: South Carolina HIT - Implementation for 11/15/11 CMS 37 submission

Tavon

For the 11/15/11 CMS 37 budget submission, the State requested \$471,000 for HIT Implementation. During that time, based on my analysis of previous quarters' expenditures, I cut the State's budget from \$471,000 to \$178,000. Today, the State has provided me with additional expenditure information for the remaining 3/31/12 quarter. Based on the new information that I received, I am requesting that the remaining balance of \$293,000 (the difference between \$471,000-\$178,000) be released to the State. Also noted, that since the \$471,000 is the original amount that is on the 11/15/11 CMS 37 submission, uncertifying the CMS 37 is not required. ~~_____~~

Should you have any questions, please give me a call.

thanks

Cheryl A. Wigfall, MBA, CPA
Funding Specialist, Region IV
Division of Medicaid & Children's Health Operations
Centers for Medicare & Medicaid Services
1813 Main Street, 1st Floor, suite K-124
Columbia, SC 29201
803-252-7172 Office
443-380-5984 FAX
803-252-7981 FAX

102-1237

GRANT AWARD CHECK LIST FOR HIT

Special Health Insurance Technology (HIT) (ARRA, Section 4201)

☐ Initial☒ Supplemental

Planning	
Implementation	X
Incentive	

STATE: South Carolina QUARTER/FISCAL YEAR: SECOND / 2012

VERIFY THE FOLLOWING ITEMS WHEN APPLICABLE.

RO Verification and Approval Date:

☒ ☐ Date of RDR supervisory approval

HIT Verification Sheet

- ☒ State name, quarter/fiscal year and the type of grant award.
- ☒ Award amount will not exceed approved plan amount.
- ☒ Expiration date has/will not expire before issuance of the award.

Accounting Sheet

- ☒ EIN, CANs, DOCs and State code.
- ☒ HIT amounts against the HIT Estimate Sheets.
- ☒ State name, quarter/fiscal year.

Computation Sheet

- ☒ State name, fiscal year and the quarter.
- ☒ Item #1 and #2 show correct quarters.
- ☒ HIT totals.
- ☒ Sign/Initial.

Footnote Page

- ☒ Each lettered item listed on the Computation Sheet is footnoted.
- ☒ State name and quarter/fiscal year.

Grant Award Letter

- ☒ State name, funding period and HIT amounts.
- ☒ The funding restriction statement with correct date included for initial grant award.
- ☒ HIT totals on the letter against the Estimate, Accounting and Computation Sheets.

GRANT AWARD PREPARED BY: T. Worth

DATE: 2/7/12

GRANT AWARD REVIEWED BY: W. W.

DATE: 2/7/12