

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>1-11-10</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1001297</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Fortney, Deps, CMS file</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> I 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 and State Operations
Financial Management Group
7500 Security Boulevard
Baltimore, MD 21244

RECEIVED

JAN 11 2010

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JAN -- 1 2010

Dear Sir or Madam:

The grant award listed below has been approved for the period 01/01/2010 - 09/30/2010 representing Federal funding for allowable Medicaid expenditures incurred by your State during the period for the Qualifying Individual Program under Appropriation No. 75X0518.

Qualifying Individual (QI) Program Payment

\$7,425,032

This grant award represents funding authorized under the provisions of section 1933(g) of the Social Security Act, as amended by section 5005 of the American Recovery and Reinvestment Act of 2009 (ARRA, Public Law 111-5, enacted on February 17, 2009) for the purpose of providing an extension of the total amount available for allocation for the Federal fiscal year (FY) 2010 ending September 30, 2010 for the QI program.

The funds included in this grant award are from the preliminary QI allotment for FY 2010 for your State, determined in accordance with the methodology set forth in existing regulations at 42 CFR §433.10(c)(5), as amended in the Federal Register published on November 24, 2008 (73 FR 70893).

These funds are provided in advance of, and subject to adjustment, if any, based on the publication in the Federal Register by the Secretary of the Department of Health and Human Services.

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 shown above. You also are required to provide for effective control over the accountability for all Federal funds as stated in Offices of Management and Budget Circular No. 1075 (Revised). 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 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 (PSC). Inquiries regarding payment should be directed to:

Director, Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852-0605

Telephone Number 1-877-614-5533

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. Bellini
Director,
Division of Financial Operations

JAN -- 1 2010

FUNDING RESTRICTIONS

THIS GRANT AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING JANUARY 1, 2010 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER THIS GRANT AWARD MAY NOT BE DRAWN OR PAID UNTIL JANUARY 1, 2010.

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

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

QUALIFYING INDIVIDUAL PROGRAM
PAYMENTS
QI - ARRA SEC. 5005

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.....

0

2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER BEGINNING:
JANUARY 1, 2010 - SEPTEMBER 30, 2010

A. 7,425,032

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

\$ 7,425,032

TOTAL AMOUNT TO BE CERTIFIED.....

DATE APPROVED JAN - 1 2010 COMPUTATION CHECKED BY
INTERNAL TRANSMITTAL NO. Q-2

\$B. 7,425,032
Thelma Hall
4/24

ACCOUNTING DATA FOR THE QUALIFYING INDIVIDUAL PROGRAM (ARRA, SECTION 5005)

STATE: SOUTH CAROLINA**QUARTER/FISCAL YEAR: SECOND/2010**

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
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[illegible]

TOTAL AMOUNT TO BE CERTIFIED

7,425,032

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

SECOND/2010

JAN -- 1 2010

SECTION 5005 - Medicaid Qualifying Individual Program Payments Implementation Funding

A. \$7,425,032 represents the preliminary Qualifying Individual (QI) funding provided due to the American Recovery and Reinvestment Act of 2009 (ARRA) and is provided in accordance with the methodology set forth in existing regulations at 42 CFR 433.10(c)(5). See attachment 1.

B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

A separate PMS subaccount has been established for you to draw these funds that is QI10.

Refer any questions you have on the above to your Regional Office contact.

CALCULATION OF INITIAL AWARD
Qualifying Individual Program (QI) Funding Under ARRA, Section 5005

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2010

Secretary's Estimate of Funding
Need for the Quarter

QUALIFYING INDIVIDUAL PROGRAM
PAYMENTS
QI - ARRA, Sec. 5005
\$ 7,425,032

JAN -- 1 2010

Less:

SPR Penalty, Attachment _____	<u>XXXXXXXXXXXXXXXXXXXX</u>
MEQC Penalty, Attachment _____	_____
Third Party Liability/Assignment of Rights-Billing Offset Attachment _____	_____
Part A (Buy-In) Premiums Attachment _____	_____
Part B (Buy-In) Premiums Attachment _____	_____
Part A Interest Attachment _____	_____
Part B Interest Attachment _____	_____

Adjusted funding for the quarter
Estimate previously funded for
the quarter

\$ 7,425,032

Net Amount of Funding

\$ 7,425,032



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Medicaid and State Operations
Financial Management Group
7500 Security Boulevard
Baltimore, MD 21244

RECEIVED

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

JAN 1 2010

Dear Sir or Madam:

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FREE FUNDING RESTRICTION ATTACHMENT

The grant award listed below has been approved for supplemental federal funding for allowable Medicaid expenditures incurred by your State during the period 01/01/2010 - 03/31/2010 under Appropriation 75X0518 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

Administrative Payments

\$285,000

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 administration of incentive payments to providers. The amount of this grant award is authorized under the provisions of section 1903(a)(3) of the Act, as amended by section 4102 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 and Medicaid Services Regional Office financial contact 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. Inquiries regarding payment should be directed to:

Director, Division of Payment Management
Post Office Box 6021
Rockville, MD 20852-0605
Telephone Number 1-877-614-5533

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 O'Brien
Director,

Division of Financial Operations

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

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

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

ADMINISTRATION
PAYMENTS
HIT - ARRA Sec. 4201

\$ A 285,000

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 JANUARY 1, 2010

B 285,000

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

\$ 285,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 285,000

DATE APPROVED _____ COMPUTATION CHECKED BY

INTERNAL TRANSMITTAL NO. 11-1

Jennifer Walsh
AW

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2010

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

JAN - 1 2010

CENTRAL REGISTRY SYSTEM

ENTITY IDENTIFICATION NUMBER (CRS/EIN) 157-600-0286-23

[illegible]

TOTAL AMOUNT TO BE CERTIFIED

285,000

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2010

JAN - 1 2010

SECTION 4201 - Medicaid Provider HIT Adoption and Operation Payments Implementation Funding

A. **\$285,000** 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-ADM10.

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.

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

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2010

ADMINISTRATION
PAYMENTS
HIT - ARRA, Sec. 4201

Secretary's Estimate of Funding
Need for the Quarter \$ 285,000

JAN - 1 2010

Less:

SPR Penalty,
Attachment XXXXXXXXXXXXXXXXXXXX

MEQC Penalty,
Attachment _____

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

Part A (Buy-In) Premiums
Attachment _____

Part B (Buy-In) Premiums
Attachment _____

Part A Interest
Attachment _____

Part B Interest
Attachment _____

Adjusted funding for the quarter \$ 285,000

Estimate previously funded for
the quarter _____

Net Amount of Funding \$ 285,000