

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>6-24-11</i>
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<p style="text-align: center;">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER <i>100581</i></p> <p>2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Depo, CUS file</i></p>	<p style="text-align: center;">ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____</p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input checked="" type="checkbox"/> Necessary Action</p>
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APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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

JUN 24 2011

JUN 21 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir or Madam:
Supplemental

The grant awards listed below have been approved for federal funding for allowable Medicaid expenditures incurred by your State during the period 07/01/2011 - 09/30/2011 under Appropriation 75X0512 Centers for Medicare & Medicaid Services.

Medical Assistance Payments	
Medicaid State Children's Health Insurance Program Payments	\$141,169,000
Administration Payments	\$0
Total Grant Awards	\$141,169,000

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. 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.

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 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,

Rebecca A. Mahline
Director,
Division of Financial Operations *RAM*

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2011

- A. The estimated expenditures for the THIRD quarter Fiscal Year 2011 is being changed from \$761,378,000 to \$902,547,000 for the Medicaid Assistance Payment. See attachment 1.
- B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

JUN 21 2011

Part A Premium and Interest Offset
Against the Estimated Funding for the Quarter

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2011

	MARCH *	APRIL *	MAY *	TOTAL
Premium Offset	\$ _____	_____	(407,324)	\$ (407,324)
Interest Assessed	_____	_____	(891)	(891)
Total	\$ <u>0</u>	<u>0</u>	<u>(408,215)</u>	\$ <u>(408,215)</u>

Footnotes:

- (1) Offset on _____ quarter FY _____ grant award dated _____
- (2) Offset on _____ quarter FY _____ grant award dated _____
- (3) Offset on _____ quarter FY _____ grant award dated 06/14/2011

NOTE: Report the Medicaid portion of these expenditures on the expenditure report for the quarter ending June 30, 2011

* Billing Month

partA2.wk1

CALCULATION OF SUPPLEMENTAL AWARD

STATE: **SOUTH CAROLINA**

QUARTER/FISCAL YEAR: **THIRD/2011**

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS:	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 902,547,000	\$ 0	\$
Less:			
SPR Penalty, Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	_____
MEQC Penalty, Attachment	_____	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Third Party Liability/Assignment of Rights-Billing Offset Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	_____
Part A (Buy-In) Premiums Attachment	(407,324)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B (Buy-In) Premiums Attachment	(17,607,468)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part A Interest Attachment	(891)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B Interest Attachment	(38,516)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
5% FUNDING ADJUSTMENT	0	0	0
Adjusted funding for the quarter	\$ 884,492,801	\$ 0	\$ 0
Estimate previously funded for the quarter	(743,323,800)	0	0
Net Amount of Funding	\$ 141,169,001	\$ 0	\$ 0

JUN 21 2011

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FORM CMS-152 (10/14/93) Supporting Schedule
ATTACHMENT: 3

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

Part B Premium and Interest Offset
Against the Estimated Funding for the Quarter

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2011

	MARCH *	APRIL *	MAY *	TOTAL
Premium Offset	\$ _____	_____	(17,607,469)	\$ (17,607,469)
Interest Assessed	_____	_____	(38,516)	(38,516)
Total	\$ _____	_____	(17,645,984)	\$ (17,645,984)

Footnotes:

- (1) Offset on _____ quarter FY _____ grant award dated _____
- (2) Offset on _____ quarter FY _____ grant award dated _____
- (3) Offset on 0 quarter FY _____ grant award dated 06/14/2011

NOTE: Report the Medicaid portion of these expenditures on the expenditure report for the quarter ending June 30, 2011

* Billing Month

partB2.wk1

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