

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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>7-13-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;"><i>000078</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <div style="text-align: center; font-size: 2em;"><i>V</i></div>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

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

7500 Security Boulevard
Baltimore, MD 21244

Mr. Robert M. Kerr
Executive Director
Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202-8206

RECEIVED

JUN 29 2006

JUL 13 2006

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 04/01/2006 - 06/30/2006 under Appropriation 75X0512 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

Medical Assistance Payments	\$0
Medicaid State Children's Health Insurance	
Program Payments	\$0
Administration Payments	\$(14,638)
Total Grant Awards	\$(14,638)

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.

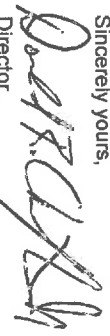
Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Inquiries regarding payment should be directed to:

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

Telephone Number (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,


Director,
Division of Financial Management

STATE	South Carolina											
FISCAL YEAR	2	0	0	6								
QUARTER	1ST	2ND	3RD	4TH								
	<input type="text"/>	<input type="text"/>	<input checked="" type="text"/>	<input type="text"/>								

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

1. ADJUSTMENTS FOR
QUARTER ENDED December 31, 2005

A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....

B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED.....

C. DIFFERENCE.....

D. NET ADJUSTMENTS APPLICABLE TO
PRIOR PERIODS.....

MEDICAL ASSISTANCE PAYMENTS	DSH PAYMENTS	ADMINISTRATION PAYMENTS
\$ 0	0 \$	0
0	0	0
0	0	0

E. COLLECTIONS.....

F. OTHER.....

G. TOTAL ADJUSTMENTS.....

2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING April 1, 2006

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

TOTAL AMOUNT TO BE CERTIFIED.....

\$B.	(14,638)
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DATE APPROVED JUN 29 2006 COMPUTATION CHECKED BY [Signature]
INTERNAL TRANSMITTAL NO. 34 WV

FOOTNOTES

JUN 29 2006

THIRD PARTY LIABILITY/ASSIGNMENT OF RIGHTS BILLING OFFSET

STATE: SOUTH CAROLINA QUARTER/FISCAL YEAR THIRD/2006

A.	\$	(7,011)	Third Party Liability-Billing Offset
		(7,627)	Assignment of Rights-Billing Offset
	\$	<u>(14,638)</u>	Total Computable Amount of Offset

This offset represents the adjustment of your State's Medicaid grant award authority for the administrative costs incurred by the Social Security Administration (SSA) in collecting and providing Third Party Liability data and/or obtaining Assignment of Rights to medical benefits for your State under the terms of your Section 1634 agreement. The billing notice was issued by

G. Jeff Chaney, Director of Accounting Management Group, to your state on

May 15, 2006

Under the terms of the modified Section 1634 agreement, SSA agrees to collect Third Party Liability information and obtain Assignment of Rights from Supplemental Security Income applicants and recipients who are also eligible for Medicaid. If you elect not to pay for the costs of these administrative services when due, the costs will be offset from your quarterly Medicaid grant award authority. In this situation, the Secretary, under the authority of the Federal Claims Collection Act of 1966, codified at 31 U.S.C. 3711 and the implementing regulations located in 42 CFR 401, Subpart F, may recover the amount due by offset against funds owed the State.

To obtain reimbursement or recognize credit adjustment for the portion of the Third Party Liability Offset subject to Federal participation, report the total computable amount of the billing notice on Line 7.A. for the Form CMS-64.10 (Third Party Liability Recovery Procedure - Billing Offset) in your next quarterly expenditure report (Form CMS-64).

To obtain Federal reimbursement or recognize credit adjustments for the portion of the Assignment of Rights offset subject to Federal participation, report the total computable amount of the billing notice on Line 7.B. of the Form CMS-64.10 (Assignment of Rights - Billing Offset) in your next quarterly expenditure report (Form CMS-64).

A footnote, highlighting the fact that the recoupment was made by offsetting your Medicaid grant award authority, should be included with the expenditure report. Insert the remark in the footnote section of the certification page.

Questions regarding the billing notice should be directed to Danette Diaz-Juarez, Division of Accounting on (410) 786-7449 and program questions should be directed to the Third Party Liability Branch, Division of Payment System on (410) 786-3392.

See Attachment 1.

JUN 29 2006

FORM CMS-152 (10/14/93) Supporting Schedule
ATTACHMENT 1

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

CALCULATION OF SUPPLEMENTAL AWARD

STATE: South Carolina

QUARTER/FISCAL YEAR:

Third/2006

	MEDICAL ASSISTANCE PAYMENTS	DSH ADJUSTMENTS PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 780,212,000	\$	\$ 25,619,000

Less:

SPR Penalty, Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
MEQC Penalty, Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Third Party Liability/Assignment of Rights-Billing Offset Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	(14,638)
Part A (Buy-In) Premiums Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B (Buy-In) Premiums Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part A Interest Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B Interest Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX

FUNDING ADJUSTMENT			
Adjusted funding for the quarter	\$ 780,212,000	\$ 0	\$ 25,604,362
Estimate previously funded for the quarter	(780,212,000)		25,619,000
Net Amount of Funding	\$ 0	\$ 0	\$ (14,638)