

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE  <i>4-1-10</i>
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<p style="text-align: center;"><b>DIRECTOR'S USE ONLY</b></p> <p>1. LOG NUMBER  <i>001410</i></p> <p>2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Forbner, Deps, CMS file</i></p>	<p style="text-align: center;"><b>ACTION REQUESTED</b></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

RECEIVED

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

APR 01 2010

APR 01 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

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant award listed below has been approved for supplemental federal funding for allowable Medicaid expenditures incurred by your State during the period 04/01/2010 - 06/30/2010 under Appropriation 75X0518 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

**HIT Administrative Payments**

**\$227,000**

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 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 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      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.

Sincerely yours,

  
Director,  
Division of Financial Operations

FORM CMS-L151  
SUPPORTING SCHEDULES

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

APR 0 1 2010

FUNDING RESTRICTIONS

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

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

ADMINISTRATION  
PAYMENTS  
HIT - ARRA Sec. 4201

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

1. ADJUSTMENTS FOR  
QUARTER ENDED

\$ A 227,000

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 APRIL 1, 2010

B 227,000

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

\$ 227,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 227,000

DATE APPROVED APR 0 1 2010 COMPUTATION CHECKED BY

Terrence N. Welch  
AW-1

INTERNAL TRANSMITTAL NO. AW-1



FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2010

**APR 0 1 2010**

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

A. \$227,000 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: THIRD/2010

ADMINISTRATION  
PAYMENTS  
HIT - ARRA, Sec. 4201

Secretary's Estimate of Funding  
Need for the Quarter \$ 227,000

APR 0 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  
\$ 227,000

Estimate previously funded for  
the quarter \_\_\_\_\_

Net Amount of Funding  
\$ 227,000