


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>1-9-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100258</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Jack, Deps</i> 	<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

Center for Medicare & Medicaid Services

Center for Medicaid and CHIP Services
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, S.C. 29202-8206

RECEIVED

JAN 09 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir or Madam:

The grant award listed below has been approved for the period 10/01/10 - 09/30/11 under the Children's Health Insurance Program (CHIP), Appropriation No. 75X0515.

CHIP Performance Bonus Payments

\$2,383,837

The above listed grant award is a "Performance Bonus Payment To Offset Additional Medicaid And CHIP Child Enrollment Costs Resulting From Enrollment And Retention Efforts" authorized under the provisions of section 2105(a)(3) and (4) of the Social Security Act (the Act). The amounts included in this grant award for your State's performance bonus payment for Federal fiscal year (FY) 2011 are in addition to payments from your State's otherwise available CHIP allotments. Computation of the award is shown on the enclosed statement.

A performance bonus payment for a fiscal year is only available to a State meeting the condition set forth in section 2105(a)(4) of the Act relating to the implementation for the fiscal year of at least 5 of 8 specified program features. The amount of the performance bonus payment for your State reflected in this grant award was determined in accordance with the provisions of section 2105(a)(3) of the Act based on available data. The amount may be subject to revision based on adjustments to such data in accordance with a process determined by the Centers for Medicare & Medicaid Services.

With the acceptance of this award, you agree to comply with the requirements of the Cash Management Improvement Act (CMLA) of 1990 as codified in 31CFR Part 205 and with the requirements of 45 CFR Part 92.

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, by the Division of Payment Management (DPM), Program Support Center (PSC). Inquiries regarding payment should be directed to:

Director, Division of Payment Management Telephone Number: 1-877-614-5533
Post Office Box 6021
Rockville, Maryland 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,

Deborah Oberlin
Director
Division of Financial Operations

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

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

COMPUTATION OF AMOUNTS FOR CHILDREN'S
HEALTH INSURANCE PAYMENT GRANTS UNDER TITLE XXI
OF THE SOCIAL SECURITY ACT

CHILDREN'S HEALTH INSURANCE PROGRAM-PERFORMANCE BO- NUS PAYMENT-SECTION 2105(a)(3) OF THE ACT	
\$ A.	2,383,837

1. NET AMOUNT TO BE CERTIFIED.....

TOTAL AMOUNT TO BE CERTIFIED.....
DATE APPROVED FEB 28 2011 COMPUTATION PREPARED BY: *Kristen Cunningham*
INTERNAL TRANSMITTAL NO. 679 COMPUTATION REVIEWED BY: *Gr*

QUARTER/FISCAL YEAR FIRST/2012

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

157-600-0286-Z3

[illegible]

* CURRENT QUARTER FUNDING

STATE: SOUTH CAROLINA

FOOTNOTES

QUARTER/FISCAL YEAR: FIRST/2012

CHIP PERFORMANCE BONUS PAYMENT

For Fiscal Year: 2011

A. \$2,383,837 represents the "Performance Bonus Payment to Offset Additional Medicaid and CHIP Child Enrollment Costs" authorized under the provisions of section 2105(a)(3) and (4) of the Social Security Act (the Act). The amounts included in this performance bonus payment award are for Federal fiscal year (FY) 2011 and are in addition to payments from your State's otherwise available CHIP allotments. A performance bonus payment is available to a State meeting the condition set forth in section 2105(a) of the Act relating to the implementation for FY 2011 of at least five of the eight specified program features below.

1. Continuous Eligibility
2. Liberalization of Asset (or Resource) Requirements
3. Elimination of In-Person Interviews
4. The Same Application and Renewal Process for medicaid and CHIP
5. Automatic/Administrative Renewal
6. Presumptive Eligibility for Children
7. Express Lane
8. Premium Assistance (must be implemented in Medicaid **or** CHIP)

Determined in the accordance with section 2105(a)(3) of the Social Security Act and calculated based on Medicaid enrollment for children above a baseline enrollment for FY 2011, this grant represents the FY 2011 Federal CHIP performance bonus payment for a State meeting the conditions referenced above and is provided in addition to any CHIP allotments otherwise available to such State.

The separate PMS subaccount established for you to draw these funds is 11CHIPBONUS.

Bonus Period:	October 1, 2010 through September 30, 2011
Appropriation:	75X0515
CAN	25993395
DOC	1105SCCPBP

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

CALCULATION OF INITIAL GRANT AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FIRST/2012

CHILDREN'S HEALTH INSURANCE PROGRAM
PERFORMANCE BONUS PAYMENT
SECTION 2105(a)(3) of the Social
Security Act. _____

Secretary's Estimate of Funding
Need for the Quarter

\$ 2,383,837

Less:

Attachment _____

XXXXXXXXXXXXXXXXXXXX

Attachment _____

XXXXXXXXXXXXXXXXXXXX

Attachment _____

Attachment _____

Attachment _____

Attachment _____

FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 2,383,837

Estimate previously funded for
the quarter

0

Net Amount of Funding

\$ 2,383,837