

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

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>8-26-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101095</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Dept, CMS</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

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

AUG 26 2011

'11 AUG 18

Dear Sir or Madam:
SUPPLEMENTAL

Department of Health & Human Services
OFFICE OF THE DIRECTOR

The grant award listed below has been approved for supplemental federal funding for allowable Medicaid expenditures incurred by your State during the period 01/01/2011 - 03/31/2011 under Appropriation 75X0518 Centers for Medicare & Medicaid Services.

HIT Incentive Payments

\$(25,041,500)

The above listed grant award provides Federal funds for incentive payments made in accordance to your State plan approved under Title XIX of the Social Security Act (the Act) having adopted or meaningfully used certified electronic health record (EHR) technology. 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 to issue incentive payments to providers who have qualified for EHR incentive payments.

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 & Medicaid Services Regional Office financial contact and/or the Regional Office HIT Lead 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. These payments will be made available under the subaccount "HIT-INCTPAY11". 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 as well as to the staff who oversee the State's Medicaid EHR Incentive Program.

Sincerely yours,

Director,
Division of Financial Operations

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

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

ADMINISTRATION
INCENTIVE PAYMENTS
HIT - ARRA Sec. 4201

1. ADJUSTMENTS FOR QUARTER ENDED MARCH 31, 2011	\$	42,500
A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....		42,500
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....		25,084,000
C. DIFFERENCE.....		(25,041,500)
D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....	A.	0
E. COLLECTIONS.....		0
F. OTHER.....		
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING JULY 1, 2011	B.	(25,041,500)
3. NET AMOUNT TO BE CERTIFIED.....	C.	
	\$	(25,041,500)

TOTAL AMOUNT TO BE CERTIFIED..... \$ D. (25,041,500)

AUG 18 2011

DATE APPROVED _____

COMPUTATION PREPARED BY Khia Carrington

INTERNAL TRANSMITTAL NO. HINC-6

COMPUTATION REVIEWED BY [Signature]

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2011

A. HIT INCT ADM

-	INCREASING CLAIMS PRIOR TO	
-	INCREASING CLAIMS AFTER	12/31/2010
\$	TOTAL INCREASING CLAIMS.	
-	DECREASING CLAIMS	
\$	NET ADJUSTMENT	

B. SEE ATTACHMENTS 1

C. GRANT AWARD BASED ON THE ESTIMATE OF HIT INCENTIVE EXPENDITURES UNDER SECTION 1903(a)(3) OF THE SOCIAL SECURITY ACT AS AMENDED BY SECTION 4201 FOR THE FOURTH QUARTER FISCAL YEAR 2011 WAS ISSUED JULY 1, 2011.

D. THE FUNDING AUTHORIZED BY THIS GRANT AWARD IS PAID SUBJECT TO ANY FUTURE FINANCIAL MANAGEMENT REVIEW OR AUDIT.

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.

11 AUG18

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>8-26-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101094</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland, Singleton</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-7-11</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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4.			

Brenda James - SC FOIA

From: "Malone, Colleen" <Colleen.Malone@kmhp.com>
To: "Jeff Stensland" <STENSJEF@scdhhs.gov>
Date: 08/25/2011 4:51 PM
Subject: SC FOIA

RECEIVED

AUG 26 2011

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

Hello,

I am requesting the following data and would like an estimate of the cost associated with it.

I am looking for monthly Medicaid enrollment from January 2010 through the most recent month (August 2011?)

I need the data broken down by county and plan and if possible eligibility category. Preferably to look like this

County	Plan		
	Aug 2011	July 2010	Jan 2011
Abbeville		110	106
Aiken		549	641
Allendale		42	51
Anderson		521	840

Or

County	Aug 2011	July 2010	Jan 2011
Abbeville		110	106
Plan			
Plan C			
Aiken			
Plan A			
Plan B		549	641
Allendale		42	51
Anderson		521	840

Etc.

If a better explanation is required please let me know.

Thank You,

Colleen Malone

MAILGW01.kmhp.com made the following annotations

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From: Jan Polatty
To: Brenda James
Date: 08/26/2011 7:21 AM
Subject: Fw: SC FOIA
Attachments: Fw: SC FOIA

Pls log