

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Supra</i>	<i>4-18-13</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000332	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Teck, Charis, Hutto, German</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-29-13</i>
<i>Closed 4/30/13, e-mail attached</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input 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.			

Brenda James

From: Jan Polatty
Sent: Thursday, April 18, 2013 3:33 PM
To: Brenda James
Subject: FW: FY 2012 Performance Bonus Payment Adjustment Process--ACTION
Attachments: SC FY 2012 BP ADJ PROCESS Template.xlsx

Bren, Please log.

From: Deirdra Singleton
Sent: Tuesday, April 16, 2013 6:36 PM
To: Sheila Chavis; Jan Polatty
Subject: FW: FY 2012 Performance Bonus Payment Adjustment Process--ACTION

Jan, we probably should log. thanks

From: Anthony Keck
Sent: Tuesday, April 16, 2013 12:45 PM
To: John Supra; Deirdra Singleton
Subject: Fwd: FY 2012 Performance Bonus Payment Adjustment Process--ACTION

Begin forwarded message:

From: "Kimble, Davida R. (CMS/CMCHO)" <Davida.Kimble@cms.hhs.gov>
Subject: FW: FY 2012 Performance Bonus Payment Adjustment Process--ACTION
Date: April 16, 2013 11:49:37 AM EDT
To: "Anthony E. Keck (keck@scdhhs.gov)" <keck@scdhhs.gov>

Davida Kimble

From: Kimble, Davida R. (CMS/CMCHO)
Sent: Tuesday, April 16, 2013 11:48 AM
To: Anthony E. Keck (O); Milton K. German (German@scdhhs.gov); Jan Polatty (PolattyJ@scdhhs.gov)
Cc: Ron Small; Cheryl W.; Michelle
Subject: FY 2012 Performance Bonus Payment Adjustment Process--ACTION

RESPONSE REQUESTED BY TUESDAY, APRIL 30, 2013

The purpose of this communication is to:

1. Inform you about the adjustment process we are using for the purpose of determining any potential revision in the amount of the Children's Health Insurance Program (CHIP) Performance Bonus Payment (Bonus Payment) for fiscal year (FY) 2012 for your State (as previously determined and provided to you in December 2012), and
2. Request your review and respond by Tuesday, April 30, 2013 of the data contained in the attached Excel spreadsheet for your State and your updates of such information which is used in calculating the amount of the FY 2012 Bonus Payment for your State.

This is in follow-up to the Bonus Payment process implemented last December for calculating and issuing the amount of the CHIP Bonus Payment for FY 2012 to each State eligible for such payment. The CHIP Bonus Payment process and in particular the calculation of the CHIP Bonus Payment for a fiscal year was described in the State Health Official Letter SHO #09-015 issued on December 16, 2009. As indicated in Section B of Appendix II to the SHO #09 015, we established a "Bonus Payment Adjustment Process" under which the data used for calculating fiscal year Bonus Payments may be updated, with particular emphasis on the monthly average unduplicated number of Qualifying Children enrollment data for such fiscal year:

SHO Letter Link: <http://www.cms.gov/smdl/downloads/SHO09015.pdf>

Under the Bonus Payment adjustment process, the Bonus Payments for a fiscal year may be revised, based on updated data as of the April 30 following the December of the calendar year after the end of the fiscal year for which the initial Bonus Payment was made. In this regard, the initial FY 2012 Bonus Payment amount for your State that was calculated last December 2012 may be updated under the FY 2012 Bonus Payment adjustment process. Accordingly, we are requesting that your State provide its review and any updates to the average monthly enrollment data under the FY 2012 Bonus Payment Adjustment Process by Tuesday, April 30, 2013.

Again, the particular concern in the Bonus Payment Adjustment Process is to ensure that the full/correct FY 2012 monthly average unduplicated number of Qualifying Children enrollment data be used for in calculating the amount of the Bonus Payments for FY 2012, particularly to address concerns that such data might not reflect the full enrollment for the fiscal year, especially as relates to potential retroactive eligibility determinations.

For your review, attached to this communication is an Excel file with the following filename format:

XX FY 2012 BP ADJ PROCESS Template.xlsx

("XX" in the filename format refers to the 2-character designation for each affected State)

This file contains the Medicaid monthly average unduplicated number of Qualifying Children enrollment that was previously provided by your State in determining the FY 2012 Bonus payment calculation last December.

NOTE: The Medicaid monthly average unduplicated number of Qualifying Children enrollment data in the attached file reflects the amounts that were used in the calculating the actual amount of the Bonus Payment for each State determined last December 2012. The State should review and as appropriate, update this data.

Please fully review the data to ensure that it reflects the most recent data available for your State, as relevant to the requirements as described in the SHO #09-015, and provide any updates to the data, any associated comments, and any supporting documentation with respect to the data provided, as appropriate. This data will be used in the calculation of the final adjusted Bonus Payment for your State for FY 2012.

Following is a brief description of the information and format of the attached Excel spreadsheet:

- State. [Cell A9] 2-Character State designation
- FY 2012 Monthly Average Unduplicated Qualifying Children. [Cell B9] Each State should review and, if appropriate, update the data entered in this column representing FY 2012 monthly average unduplicated number of Qualifying Children enrolment as defined in section 2104(a)(3)(F) of the Act;
- State Comments. [Cell A12] please indicate any comments or other related information in the space provided and include any supporting information.
- State Contact Information. Finally, at the bottom of the Excel file, please enter State contact information (Name, Telephone, Email, and Date completed) in Cells B15 through B18.

In summary, by Tuesday, April 30, 2013:

- Please review the data in the attached FY 2012 Excel file Template
- Make any edits or updates, as appropriate, to the data in the Template, provide any explanatory comments in the indicated space, and include any other supporting documentation.

PLEASE FORWARD the completed Excel file to this Regional Office by Tuesday, April 30, 2013.

Additionally, please forward the completed Excel file to the following CMS Central Office contacts:

Richard Strauss: Richard.strauss@cms.hhs.gov

Jennifer O'Brien: Jennifer.O'Brien@cms.hhs.gov

If there are any questions regarding this issue, please contact Davida Kimble at 404-562-7496.

Attachment:

SC FY 2012 BP ADJ PROCESS Template.xlsx

Davida Kimble

Branch Manager
Financial & Program Management Branch 2
Division of Medicaid & Children's Health Operations
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW - Suite 4T20
Atlanta, Georgia 30303-8909
404-562-7496
FAX 443-380-5873

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law. If you are the unintended recipient of this information please notify the sender.

FY 2012 CHILDREN'S HEALTH INSURANCE PROGRAM PERFORMANCE BONUS PAYMENT DATA

A	B
STATE	FY 2012 Monthly Average Unduplicated Qualifying Children
ENTER 2-Character State Designation: SC	[State to ENTER:] 493,650

State Comments

State Contact Information:
Name:
Telephone:
Email:
Date:

File: SC FY 2012 BP ADJ PROCESS Template.xlsx

INSTRUCTIONS

In accordance with guidance contained in SHO Letter #09-015 dated December 16, 2009:

<http://www.cms.gov/SMDL/downloads/SHO09015.pdf>

1. This file should be named/renamed and saved with the 2-character designation for the State by replacing 'XX' in the filename: 'XX FY 2012 BP ADJ PROCESS Template.xlsx'

2. States should enter, review, and/or update as appropriate:

- i. 2-Character State designation in Cell **A9**
- ii. Comments or additional information in Cell **A12**
- iii. Number of **monthly average unduplicated Qualifying Children** (relating to MSIS "BOE" (Basis of Eligibility) codes 4, 6, and 8) for FY 2012 in Cell **B9**

Cell **B9** has been pre-filled with the number previously provided by the State for calculating the amount of the December 2012 FY 2012 bonus payment determined. As part of the FY 2012 bonus payment adjustment process, the State should review and update this number as necessary.

- iv. **Name** of State Contact in Cell **B15**
- v. **Telephone** number of State Contact in Cell **B16**
- vi. **Email** of State Contact in Cell **B17**
- vii. **Date** this Template is completed (mm/dd/yyyy) in Cell **B18**

Tamara McDaniel

Log Letter 332

From: Michael Jones
Sent: Tuesday, April 30, 2013 6:16 PM
To: davida.kimble@cms.hhs.gov
Cc: Richard.strauss@cms.hhs.gov; Jennifer.Obrien@cms.hhs.gov; [Milton German](mailto:Milton.German@cms.hhs.gov); [John Supra](mailto:John.Supra@cms.hhs.gov); rolan.small@cms.hhs.gov; cheryl.wigfall@cms.hhs.gov; [White, Michelle M. \(CMS/CMCHO\) \(Michelle.White@CMS.hhs.gov\)](mailto:White,Michelle M.(CMS/CMCHO)@cms.hhs.gov)
Subject: SC FY 2012 Performance Bonus Payment Adjustment Process
Attachments: SC FY 2012 BP ADJ PROCESS Template.xlsx

Attached you will find the updated figures for FY2012 for CHIPRA bonus payment.

We would still like guidance to know if Foster Care children should be included in these figures. To be consistent with the December submission, we have excluded Foster Care children in both submissions.

If you have any questions please do not hesitate to contact me.

Thank you,
Michael

Michael Jones
Program Director
Eligibility, Enrollment & Member Services
803-898-2987

FY 2012 CHILDREN'S HEALTH INSURANCE PROGRAM PERFORMANCE BONUS PAYMENT DATA

A	B
STATE	FY 2012 Monthly Average Unduplicated Qualifying Children
ENTER 2-Character State Designation:	[State to ENTER:]
SC	498,730

State Comments

SC is not including Foster Care children as we are awaiting CMS guidance on if Foster Care children should be included.

State Contact Information:	
Name:	Michael Jones
Telephone:	903-898-2987
Email:	ljones1@cdhhs.gov
Date:	4/30/2013

File: SC FY 2012 BP ADJ PROCESS Template.xlsx

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- v. **Telephone** number of State Contact in Cell **B16**
- vi. **Email** of State Contact in Cell **B17**
- vii. **Date** this Template is completed (mm/dd/yyyy) in Cell **B18**