SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID

MITIGATING THE HUMAN ELEMENT

Automating the 64

Christina Jordan
1 March 2022

Table of Contents

Problem Statement

The South Carolina Department of Health and Human Services' (SCDHHS) mission is to "purchase the most health for our citizens in need at the least possible cost to the taxpayer"[1]. In State Fiscal Year 2020, SCDHHS spent almost $8 billion accomplishing this mission, approximately 75% of which was reimbursed to the State by the federal government.

On a quarterly basis, SCDHHS is required to submit a CMS-64 report, where both administrative and Medicaid expenditures are provided to the Centers for Medicaid and Medicare Services (CMS) to compute the federal financial participation (FFP) for the State's Medicaid costs[2]. These FFP rates determine the percentage of expenditures that will be reimbursed by the federal government for Medicaid services and administrative costs.

During an internal audit of SCDHHS's Federal Reporting division, it was determined that the process of completing the CMS-64 would benefit from automating the reporting process to the extent possible to minimize the risk of human error and ensure that the information being reported to CMS is accurate.

---

[1] South Carolina Department of Health and Human Services – About Us
[2] Center for Medicare & Medicaid Services - Medicaid Budget & Expenditure System (MBES)

Data Collection

Systems

SAP

The State of South Carolina utilizes SAP for the accounting system, project name: South Carolina Enterprise Information System (SCEIS). The SCEIS System consists of various modules including, but not limited to: Accounts Payables, Accounts Receivables, Payroll, Funds Reservations, Purchase Orders, and Human Resources. The combination of these modules allows SCDHHS to retrieve most of the information necessary for the CMS 64 reporting from SCEIS via the Business Objects program.

Some data cannot be derived from the SCEIS system, primarily based on detailed Claims Data or number of recipients. This information must be pulled separately from the SAS system or received directly from the Program Areas of SCDHHS.

Legacy Accounting System Replacement Assessment and Implementation (LASRAI)

In 2019, SCDHHS completed the LASRAI project where payments for Medicaid claims were transitioned to being paid from SCEIS instead of MMIS. The transition to claims being paid through SCEIS allowed the Finance staff to have more detailed information within the accounting system on claims payments without having to manually import the data from the MMIS system. After the completion of the LASRAI project, SCDHHS can get information out of

SCEIS by fund code and report type, which links to the CMS-64 line number through the Ancillary Crosswalk Maintenance table.

Business Objects

Business Objects is a reporting platform that utilizes information from SCEIS that has been downloaded overnight, causing a lag between the information available in the report and what is available in the SCEIS system. Reports for the CMS-64 are run monthly, so the time lag between current data and what is available in the report is unimportant.

Business Objects and SCEIS are state-wide systems utilized by all State agencies, and in the interest of data security, SCDHHS does not have access to the full capabilities of the program, but instead are limited to reports that the Department of Administration has created.

SCDHHS does have a separate Business Objects system where some of the data from SCEIS is transferred. This enables SCDHHS to adapt select reports and include additional resources not found within the accounting system such as the administrative CMS line numbers found in the Ancillary Crosswalk Maintenance Table. Without the full capabilities of the Business Objects program, SCDHHS cannot recreate the CMS-64 report in the reporting system, instead needing to manipulate data in an outside program.

Ancillary Crosswalk Maintenance Table

The Ancillary Crosswalk Maintenance table is a program, written in Visual Basic, that allows the SCDHHS version of Business Objects to crosswalk from SCEIS data elements, primarily the Functional Area, to the CMS-64 line number for the administrative expenditures. (See Appendix A for an example of the Translation Table).

If it is determined that an error has been made in the crosswalk table, aligning a functional area to an incorrect CMS line, a new functional area is created, and a new line is added to the crosswalk. The creation of new data allows SCDHHS to maintain a historical record of what has occurred while correcting the report moving forward.

MMIS

The Medicaid Claims processing system, called Medicaid Management Information System (MMIS), is hosted by Clemson University and houses the claims submitted by Medicaid providers. Detailed information from the claims, such as the primary diagnosis code, determine which Fund Codes are used to process the claim payment. An interface is run, typically once a week, to process payments in SCEIS for claims and adjustments processed in the MMIS System.

SAS

Data is transferred into SAS from the MMIS System to create reports. The claims data in SAS is more detailed than the information within SCEIS, however it does not consider any of the funding splits required to be reported on the CMS-64.

Data Elements

Functional Areas

The South Carolina Department of Health and Human Services has set up their accounting system using a PCA, a four-digit code that allows for expenses and revenues to be split between federal, state, earmarked, and other funds. Depending on the type of expenditure/revenue, the split amount is different ranging from 50% federal/50% state for many administrative costs to 90% federal/10% state fund for family planning expenditures. (See Appendix B for examples of Administrative and Service Functional Areas)

Sponsored Program

Sponsored Programs are derived from a combination of cost center and functional area (See Appendix C for an example of a Sponsored Program). These sponsored programs are then tied to a CMS Line number based on what service(s) are being provided. (See Appendix D for examples of the Sponsored Program to CMS 64 line Crosswalk.)

Fund Code

Fund codes are two-digit codes found within the MMIS System that are determined by information from the claim submitted by a Medicaid provider. (Examples of fund codes and the criteria used to determine the fund code can be found in Appendix E.) Fund codes are tied to specific CMS-64 service categories.

Data Analysis

CMS-64 Administrative Report

The CMS-64 Administrative report pulls data from several reports run quarterly from the Business Objects Module: CMS_64_Admin, CMS64_Interim_Supplemt_CHIPADmin, CLTC_A1A4, CMS64_Interim_Supplemt_HEINC, CMS64_Interim_Supplemt_HITIM, and 8500 Trans and Recips. Some information that is required to complete the report is currently unavailable in the SCEIS accounting system, this information includes: the number of recipients who received services and the claims for Nurse Family Practitioners.

The CMS_64_Admin report, Detail on All Admin Lines tab, contains expenditure information by CMS line number. The report is run out of the SCDHHS Business Objects program, allowing the report to utilize the Ancillary Crosswalk Maintenance Table to capture the appropriate CMS line.

The CMS_64_Admin report, CLTC FAs for State Acctg Adjmts tab, contains information to assist in calculating the expenditures for two of the waivers administered by SCDHHS, the Elderly and AIDS Waivers.

The 8500 Trans and Recips report is run out of the SCDHHS Business Objects program and is used for the calculation of the manual allocation of CHIP Allowable Reimbursement, including the percentage of expenditures allowable. This report is based on a file from the MMIS system,

allowing for some information to be brought in about recipients and transactions which could normally not be found within the Business Objects system.

The CMS64_Interim_Supplemt_CHIPADmin report - QTP by Cmmtmt Indicator and CLTC_A1A4 reports provide data on the expenditures for the Community Long Term Care programs. The Interim Supplement report is pulled based on the CHIP grant while the CLTC_A1A4 report expenditures are based on Functional Area J020_A1A4.

The CMS64_Interim_Supplemt_HEINC and CMS64_Interim_Supplemt_HITIM reports provide expenditure information for the Health Information Technology Implementation/Operations and Incentive Payments for Eligible Professionals. The information for these reports is pulled by SCEIS grant number.

CMS-64 Service Lines Report

The CMS-64 Service Lines reports pulls data from several reports run quarterly from various software programs: Business Objects Module: Service Expenditures by Sponsored Program; SAS: Nurse Family Practitioner Waiver, CHIP SEDS (Statistical Enrollment Data System), Medicaid Enrollment data, and EVV Reconciliation Report, by month. The reports from SAS are received as PDF documents as the SAS system does not allow the data to be exported in a usable file, whether in Excel or text. These PDF files limit the amount of automation that can be completed on the CMS-64 Service Line report.

SCDHHS has recently created a report to allow the Finance staff to receive information on DSH

payments, Cost Settlements and UPL Payments, and State Agency Cost Settlements from

Business Objects rather than waiting on the information to be provided by the Program Area.

Being able to run the report in the Finance Department allows SCDHHS staff members to

confirm the totals being provided by the Program staff, rather than being wholly dependent on

them for the information. During the process of working on the automated report, SCDHHS

Finance was able to catch an error on the part of the program where a payment had been

missed in their records.

At this time, SCDHHS is partially out of compliance with the Electronic Visit Verification (EVV)

process required by CMS. Due to the this, SCDHHS is required to complete a review of all EVV

expenditures within a quarter and determine what costs are non-compliant versus compliant;

SCDHHS is currently being penalized on the non-compliant expenditures but anticipates being

fully compliant with the requirements by the end of state fiscal year 2022. The requirement for

review adds an additional layer of complexity to the CMS-64 Service line report.

Implementation Plan

CMS-64 Administrative Report

The CMS Administrative Report Summary (See Appendix F for a blank copy of the Summary

Report) is a consolidation of all administrative expenditures paid by SCDHHS in the most recent

quarter.

Utilizing the template created in Microsoft Excel: copy the following reports into the appropriate tabs: CMS_64_Admin report - Detail on All Admin Lines tab, CMS_64_Admin report - CLTC FAs for State Acctg Adjmts tab, CMS64_Interim_Supplemt_CHIPADmin - QTP by Cmmtmt Indicator CHPAD tab, CLTC_A1A4 - CLTC_A1A4 tab, CMS64_Interim_Supplemt_HEINC - QTP by Cmmtmt - HEINC, CMS64_Interim_Supplemt_HITIM - QTP by Cmmtmt Indicator - HITM, and 8500 Trans and Receipts - Man Alloc of CHIP Allow Reimb tab.

The information in the Medicaid Admin Expenditures Total Computable is primarily filled in using a SumIf formula from the Detail on All Admin Lines based on the CMS Line number found within the report. The exception to the SumIf in this column are lines: 24C - HIT: Implementation and Operation: Cost of In-House Activities which is the sum of the QTP by Cmmtmt Indicator – HITM expenditures; 24E - HIT Incentive Payments - Eligible Professionals which is the sum of the QTP by Cmmtmt - HEINC expenditures; and the 10. Elderly Waiver and 10. AIDS Waiver expenditures which are calculated on the CLTCqtr tab.

The CLTCqtr tab combines information received from the program area (number of CLTC recipients) with the CLTC expenditures found in reports CLTC FAs for State Acctg Adjmts and CLTC_A1A4 to calculate the allowable expenditures for the Elderly and AIDS Waivers.

The column titled Portion Allocated to CHIP contains information calculated on the Allocation to CHIP tab. This tab takes information from the Detail on All Admin Lines combines it with the

information from the Man Alloc of CHIP Allow Reimb tab to increase the allowable expenditures as the CHIP grant has a federal reimbursement rate higher than the standard federal percentage.

Information in the NFP column cannot currently be pulled out of the SCEIS system and is only available from SAS. The Program Area pulls a SAS report on all Nurse Family Practitioners and provides this report to the Finance Department. Since this information comes from a different source, it must be manually keyed into the report; this amount is always reported as a negative.

The MBES % are the approved rates found within the CMS system. These approved rates are used to calculate the Net Admin Expenditures FFP, as the CMS system automatically creates these calculations based on the Net Admin Expenditures – Total Computable. As a check figure, SCDHHS compares these calculated figures with the Federal expenditures amount located on the Detail on All Admin Lines tab.

CMS-64 Service Lines Report

Due to the quantity of data involved, the number of sources that data is being pulled from, and the file types being received, SCDHHS has been unable to begin to implement an automated report for the CMS-64 Service Lines report.

Evaluation Method

The automated report for the CMS-64 report should be run simultaneously with the current process for several quarters, to ensure that the report is capturing all the necessary information and adjust as necessary. When using the automated report for the December quarter and comparing it to the current process, SCDHHS was able to determine that there were several items that had been incorrectly keyed into the SCEIS accounting system, based on the calculations of the variances between the approved CMS MBES percentages and the totals located on the Detail on All Admin Lines report.

Summary and Recommendations

Moving forward, CMS is changing the system that is used to upload the CMS-64 report for both administrative and service expenditures. The new system will require SCDHHS to modify our current reporting structure to match the templates that will be put forth by CMS. When the new templates are provided, there is the potential that SCDHHS will need to change the reports that have currently been automated.

SCDHHS should continue to work to automate the CMS-64 Service Line report. This process may require re-formatting the reports that are currently being utilized to pull the data required, creating condensed reports to minimize the amount of data being pulled in one file. SCDHHS should continue to run the current reports as well, for use in auditing changes in expenditures at the detailed level and to ensure that all data is being reliably reported.

Other states, like Wisconsin, have worked with outside fiscal agents to complete the

automation process. At the time of this report, it does not make fiscal sense to pursue this

option since it is anticipated that the Medicaid and CHIP Financial (MacFin) System will be live

in the next year, with the goal of modernizing and streamlining the reporting process.

However, in the future working with a fiscal agent is an option that can be considered as a

potentially effective way to assist with the report automation process.

References

South Carolina Department of Health and Human Services. n.d. *About SCDHHS.*

https://www.scdhhs.gov/about.

U.S. Centers for Medicare & Medicaid Services. n.d. *Medicaid Budget & Expenditure System*

(MBES). https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-

and-Systems/MedicaidBudgetExpendSystem.

Appendices

A – Example of Translation Table

Functional_Area	CMS_Line	CMS_Line_Desc	CMS_Line_Sc	zFu
J020_M9A0	5A	Physician and Surgical Services - Regular Payments	5.1	1B
J020_M9A1	5A	Physician and Surgical Services - Regular Payments	5.1	1B
J020_M9Y2	5A	Physician and Surgical Services - Regular Payments	5.1	1B
J020_W0A0	40	Rehabilitative Services (non-school-based)	40	1X
J020_W0A1	40	Rehabilitative Services (non-school-based)	40	1X
J020_W0Z3	40	Rehabilitative Services (non-school-based)	40	1X
J020_C3A0	5A	Physician and Surgical Services - Regular Payments	5.1	2B
J020_C3A1	5A	Physician and Surgical Services - Regular Payments	5.1	2B
J020_C3Y1	5A	Physician and Surgical Services - Regular Payments	5.1	2B
J020_C0F4	1A	Inpatient Hospital Services - Regular Payments	1.1	2C
J020_C0F5	1A	Inpatient Hospital Services - Regular Payments	1.1	2C
J020_C0W6	1A	Inpatient Hospital Services - Regular Payments	1.1	2C
J020_M1A0	10	Clinic Services	10	3X
J020_M1A1	10	Clinic Services	10	3X
J020_M1V6	10	Clinic Services	10	3X
J020_C3A2	5A	Physician and Surgical Services - Regular Payments	5.1	4B
J020_C3A3	5A	Physician and Surgical Services - Regular Payments	5.1	4B
J020_C3Y2	5A	Physician and Surgical Services - Regular Payments	5.1	4B
J020_M3A0	10	Clinic Services	10	4T
J020_M3A1	10	Clinic Services	10	4T
J020_M3Z3	10	Clinic Services	10	4T
J020_D3A0	10	Clinic Services	10	4X
J020_D3A1	10	Clinic Services	10	4X
J020_D3Y7	10	Clinic Services	10	4X
J020_E4A4	10	Clinic Services	10	4X

B – Example of Functional Areas

Administrative Functional Area

Business Area:	J020
PCA Code:	A0A0
Description:	Agy Admin Indrct O
Begin Date:	10/01/2021
End Date:	06/30/2022

Fund	Grant	Functional Area	Percentage
10010000	J0201CHPAD21	J020_A0A0	1.0000
50020000	J0201CHPAD21	J020_A0A0	2.2000
50020000	J02010504822	J020_A0A0	51.6000
34420000	J02010504822	J020_A0A0	1.0000
10010000	J02010504822	J020_A0A0	44.2000

Service Functional Area

Business Area:	J020
PCA Code:	C0A0
Description:	Hosp Svcs DRBI Map
Begin Date:	10/01/2021
End Date:	03/31/2022

Fund	Grant	Functional Area	Percentage
10010000	J02010502822	J020_C0A0	23.0500
51C20001	J0201COVID22	J020_C0A0	6.2000
57640000	J02010502822	J020_C0A0	70.7500

C – Example of Sponsored Program

Sponsored Program:	J020 HCBW00000000001		
Program Description:	Home & Community Base Waiver S		
FM Area	**Funds Center**	**Functional Area**	**Funded Program**
SC01	J020COST00	J020_A1F0	3000.010200.000
SC01	J020FB0000	J020_A1C4	3000.010200.000
SC01	J020FB0000	J020_A1E9	3000.010200.000
SC01	J020FB0000	J020_A4A9	3000.010304.000
SC01	J020FDA000	J020_A1F0	3000.010200.000
SC01	J020LB0000	J020_A1F0	3000.010200.000
SC01	J020LC0000	J020_A1F0	3000.010200.000
SC01	J020LD0000	J020_A1F0	3000.010200.000
SC01	J020LE0000	J020_A1F0	3000.010200.000
SC01	J020LE0000	J020_A4A9	3000.010304.000
SC01	J020LEA001	J020_A1A4	3000.010200.000
SC01	J020LEA001	J020_A1F0	3000.010200.000
SC01	J020LEA002	J020_A1A4	3000.010200.000
SC01	J020LEA002	J020_A1F0	3000.010200.000
SC01	J020LEA003	J020_A1A4	3000.010200.000
SC01	J020LEA003	J020_A1F0	3000.010200.000
SC01	J020LEA003	J020_A4A9	3000.010304.000
SC01	J020LEA004	J020_A1A4	3000.010200.000
SC01	J020LEA004	J020_A1F0	3000.010200.000
SC01	J020LEA005	J020_A1A4	3000.010200.000
SC01	J020LEA005	J020_A1F0	3000.010200.000
SC01	J020LEA006	J020_A1A4	3000.010200.000
SC01	J020LEA006	J020_A1F0	3000.010200.000
SC01	J020LEA007	J020_A1A4	3000.010200.000
SC01	J020LEA007	J020_A1F0	3000.010200.000
SC01	J020LEA008	J020_A1A4	3000.010200.000
SC01	J020LEA008	J020_A1F0	3000.010200.000
SC01	J020LEA009	J020_A1A4	3000.010200.000
SC01	J020LEA009	J020_A1F0	3000.010200.000
SC01	J020LEA010	J020_A1A4	3000.010200.000
SC01	J020LEA010	J020_A1F0	3000.010200.000
SC01	J020LEA010	J020_A4A9	3000.010304.000
SC01	J020LEA011	J020_A1A4	3000.010200.000
SC01	J020LEA011	J020_A1F0	3000.010200.000
SC01	J020LEA011	J020_A4A9	3000.010304.000
SC01	J020MBA000	J020_A1F0	3000.010200.000

D – Example of Sponsored Program to CMS 64 Line Table

Sponsored Program	CMS 64 Line	CMS Line Description	Sponsored Program Description
J020 IPHR00000000001	1A	Inpatient Hospital Services-Regular Payments	Inpatient Hospital R
J020 BCCHOSP00000001	1A	Inpatient Hospital Services-Regular Payments	Breast & Cervical Ad
J020 BCCDDSN00000001	1A	Inpatient Hospital Services-Regular Payments	Breast & Cervical Ad
J020 NFS000000000001	3A	Nursing Facility Services-Regular Payments	Nursing Services Suppl Payament
J020 MHIPA0000000001	17	Medicare Health Insurance Payments-Part B Premiums	SMI Premium Total
J020 MHIPM0000000001	18	Managed Care Organizations	MCO Premium
J020 HCBW00000000001	19	Home and Community Based Services Waivers	Home & Community Bas
J020 BCCHCBS00000001	19	Home & Community Base Services	Breast & Cervical Ad

E – Example of Fund Codes from Fund Code Manual

Fund Code	Name	Selection Criteria	2082 Federal Category	CMS 64 Federal Category	State Share Budget Mini Code
AA	(P) DHEC DHEC-01a-AA DHEC-01b-AA	- Claim Type = A or U - Provider Type = 22 - Practice Specialty = 51 - Match Source = EM OR - Claim Type = A or U - Provider Type = 22 - Practice Specialty = 51 - If a Medicare Crossover - Procedure not on 953 Exception Table "-If AA is assigned and Proc Code in DHECCOST,.reassign AA to AC	Clinic Services/Other Clinic Services	Clinic Services	DHEC 3884
B#	Physician – Newborn Referral PHY-04a-B# PHY-04b-B#	- Claim Type = A -Provider Type = 20 or 21 -Procedure Code = 97802	Physicians Services	Phys Svcs	Physicians 3749
DA	Outpatient Hospital	-Claim Type = Z or Y, U -Provider Type = 02	Outpatient Hospital Services	Outpatient Hospital Services	Hospital 3476

F – Blank Report for the CMS-64 Administrative Expenditures

S. C. Department of Health and Human Services
Computation of CMS 64 Admin Lines after CHIP Allocation
Quarter Ending

PURPOSE: To identify total quarterly Medicaid Administrative expenditures and to determine the portion of those expenditures applicable to the CHIP grant.
SOURCES: Automated Business Objects Report for Q/E
Manual Allocation of CHIP Allowable Reimbursement for Q/E

CMS 64 Line	Medicaid Admin Expenditures Total Computable	Portion Allocated to CHIP	NFP	Net Admin Expenditures Total Computable	Net Admin Expenditures FFP
1. Family Planning	$ -	$ -		$ -	$ -
2A Design Development or Installation of MMIS: Cost of In-House Activities	$ -			$ -	$ -
2B. Design Development or Installation of MMIS: Cost of Private Sector Contractors	$ -			$ -	$ -
3A. Skilled Professional Medical Personnel - Single State Agency	$ -			$ -	$ -
3B. Skilled Professional Medical Personnel - Other Agency	$ -	$ -		$ -	$ -
4A. Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies and Institutions	$ -			$ -	$ -
4B. Operation Of An Approved MMIS: Costs of Private Sector Contractors	$ -			$ -	$ -
5A. Mechanized Systems, Not Approved Under MMIS Procedures: Costs of In-House Activities	$ -			$ -	$ -
5B. Mechanized Systems, Not Approved Under MMIS Procedures: Costs of Private Sector Contractors	$ -			$ -	$ -
6. Quality Improvement Organizations	$ -	$ -		$ -	$ -
9. Nurses Aide Training Costs	$ -			$ -	$ -
10. Preadmission Screening Costs	$ -			$ -	$ -
12. Drug Use Review Program	$ -	$ -		$ -	$ -
13. Outstationed Eligibility Workers	$ -			$ -	$ -
18. Enrollment Brokers	$ -			$ -	$ -
19. School Based Administration	$ -			$ -	$ -
20. Program Integrity/Fraud, Waste, and Abuse Activities	$ -			$ -	$ -
23. Translation and Interpretation	$ -			$ -	$ -
29. Non-Emergency Medical Transportation	$ -			$ -	$ -
49. Other Financial Participation	$ -			$ -	$ -
Subtotal A	$ -	$ -	$ -	$ -	$ -
Health Information Technology Reporting					
24A - HIT Planning: Cost of In-House				$ -	
24B - HIT Planning: Cost of Private Contractors				$ -	
24C - HIT: Implementation and Operation: Cost of In- House Activities				$ -	
24D - HIT: Implementation and Operation: Cost of Private Contractors				$ -	
24E - HIT Incentive Payments - Eligible Professionals				$ -	
24F - HIT Incentive Payments - Eligible Hospitals				$ -	
Total HIT	$ -			$ -	$ -
CVT Report - (CHIPRA- This is reported on the SF 425)					
25A - CVT Development	$ -	$ -		$ -	$ -
25B - CVT Operational	$ -	$ -		$ -	$ -
Total CVT	$ -	$ -		$ -	$ -
27 Recovery Audit Contractors State Administration	$ -	$ -		$ -	$ -
28A Design Development/Installation of Medicaid Eligibility Determination System - Cost of In-House Activities	$ -	$ -		$ -	$ -
28B Design Development/Installation of Medicaid Eligibility Determination System - Cost of Private Sector	$ -	$ -		$ -	$ -
28C Operation of an Approved Medicaid Eligibility Determination System - Cost of In-House Activities	$ -	$ -		$ -	$ -
28D Operation of an Approved Medicaid Eligibility Determination System - Cost of Private Sector Contractors	$ -	$ -		$ -	$ -
28E Eligibility Determination Staff Cost of In-house Activities	$ -	$ -		$ -	$ -
28F Eligibility Determination Staff Private Sector Contractor	$ -	$ -		$ -	$ -
28G Eligibility Determination Staff Cost of In-house Activities (new functional areas)	$ -	$ -		$ -	$ -
28H Eligibility Determination Stt Cost of Private Sector Contractor - 50% FFP	$ -	$ -		$ -	$ -
Subtotal B	$ -	$ -	$ -	$ -	$ -
64.10 Base GRAND TOTAL	$ -	$ -	$ -	$ -	$ -
10. Elderly Waiver				$ -	$ -
10. AIDS Waiver				$ -	$ -
64.10 Waiver Total	$ -	$ -		$ -	$ -
TOTAL MEDICAID ADMIN	$ -	$ -	$ -	$ -	$ -

			T/C	FFP
Total CMS 64 Admin Report - Subtotal A + Subtotal B	$ -			
			$ -	$ -

21

G – Glossary of Acronyms

Acronym	Definition
CHIP	Children's Health Insurance Program
CLTC	Community Long Term Care
CMS	Centers for Medicaid and Medicare Services
EVV	Electronic Visit Verification
FA	Functional Area
FFP	Federal Financial Participation - The portion of Medical Assistance Expenditures that are paid or reimbursed by CMS in accordance with the State plan
LASRAI	Legacy Accounting System Replacement Assessment and Implementation
MacFin	Medicaid and CHIP Financial System
MBES	Medicaid Budget & Expenditure System - the current system used to submit the CMS-64 report
MMIS	Medicaid Management Information System
PCA	Program Cost Account - the final four digits of a functional area, allowing the SCEIS system to automatically fund split expenditures/revenues
SAP	Systems, Applications, and Processes - The enterprise resource management system used by the State of South Carolina for Accounting, Human Resources, and some Procurement transactions.
SAS	Analytics software program utilized by SCDHHS to provide non-financial reports
SCDHHS	South Carolina Department of Health and Human Services
SCEIS	South Carolina Enterprise Information System - South Carolina's project name for the SAP System
UPL	Upper Payment Limit - estimate of the amount that would be paid for Medicaid services under Medicare payment principles

H – Reports and the Data Provided

Report Name		Tab Name		Information Provided
CMS_64_Admin	CMS-64 Administrative Report	Detail on All Admin Lines	Detail on All Administrative Lines	Administrative expenditures, by CMS line number
CMS_64_Admin	CMS-64 Administrative Report	CLTC FAs for State Accg Adjmts	Community Long Term Care Functional Areas for State Accounting Adjustments	Expenditures for Community Long Term Care functional areas
CMS64_Interim_Supplemt_CHIPADmin	CMS-64 Interim Supplemental Children's Health Insurance Plan Administrative Report	QTP by Cmmtmt Indicator CHPAD	Quarter to Period by Commitment Indicator for the Children's Health Insurance Program Administrative Costs	Expenditures for the Children's Health Insurance Program Administrative grant
CLTC_A1A4	Community Long Term Care - Functional area A1A4 Expenditures	CLTC_A1A4	Community Long Term Care - Functional area A1A4 Expenditures	Expenditures for Community Long Term Care functional area A1A4
CMS64_Interim_Supplemt_HEINC	CMS-64 Interim Supplemental Health Information Technology Reporting Incentive Payments for Eligible Professionals Report	QTP by Cmmtmt - HEINC	Quarter to Period by Commitment for the Health Information Technology Reporting Incentive Payments for Eligible Professionals	Expenditures that have been charged against the health information technology (HIT) administration recovery act - incentive payments grant
CMS64_Interim_Supplemt_HITIM	CMS-64 Interim Supplemental Health Information Technology Reporting Implementation and Operation - In House Activities Report	QTP by Cmmtmt Indicator - HITM	Quarter to Period by Commitment for the Health Information Technology Reporting Implementation and Operation - In House Activities	Expenditures that have been charged against the health information technology (HIT) administration recovery act - implementation grant
8500 Trans and Recips	8500 Transactions and Recipients Report	Man Alloc of CHIP Allow Reimb	Manual Allocation of Children's Health Insurance Program Allowable Reimbursements	Number of recipients and transactions for Skilled Medical Personnel and Quality Improvement Organizations