May 6, 2011

Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, SC 29201

Re: South Carolina Title XIX State Plan Amendment, Transmittal #11-003

Dear Mr. Keck:

We have reviewed the proposed amendment to the South Carolina Medicaid State Plan that was submitted under transmittal number 11-003. This State Plan Amendment addresses the requirements regarding Estate Recovery per Section 115 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) by encouraging dual eligible beneficiaries to fully utilize Medicare cost-sharing benefits available through the Medicare Savings Program.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment 11-003. This SPA was approved on May 4, 2011. The effective date for this amendment is January 1, 2011. We are also enclosing the approved HCFA-179 and plan pages.

If you have any questions or need any further assistance, please contact Rita Nimmons at (404) 562-7415.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO: REGIONAL ADMINISTRATOR**

HEALTH CARE FINANCING ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**5. TYPE OF PLAN MATERIAL (Check One):**

- [ ] NEW STATE PLAN
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [X] AMENDMENT

**COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT**

(Separate Transmittal for each amendment)

**6. FEDERAL STATUTE/REGULATION CITATION:**

Section 1902(a)(42)(B)(ii) of the Act section 115 of MIPPA

**7. FEDERAL BUDGET IMPACT:**

- [a] FFY 2011: N/A
- [b] FFY 2012: N/A

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

Basic Text, Page 57a.1

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable):**

New Page

10. **SUBJECT OF AMENDMENT:**

Limitations on Estate Recovery – Medicare Cost Sharing.

11. **GOVERNOR’S REVIEW (Check One):**

- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] COMMENTS OF GOVERNOR’S OFFICE: ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

- [X] OTHER, AS SPECIFIED:

Mr. Keck was designated by the Governor to review and approve all State Plans

12. **SIGNATURE OF STATE AGENCY OFFICIAL:**

[Signature]

13. **TYPED NAME:**

Anthony F. Keck

14. **TITLE:**

Director

15. **DATE SUBMITTED:**

March 4, 2011

16. **RETURN TO:**

South Carolina Department of Health and Human Services

Post Office Box 8206

Columbia, SC 29202-8206

17. **DATE RECEIVED:**

18. **DATE APPROVED:**

05/04/11

19. **EFFECTIVE DATE OF APPROVED MATERIAL:**

01/01/11

20. **SIGNATURE OF REGIONAL OFFICIAL:**

[Signature]

21. **TYPED NAME:**

Jackie Glaze

22. **TITLE:**

Associate Regional Administrator

Division of Medicaid & Children’s Health Ops

23. **REMARKS:**

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FORM HCFA-179 (07-92)
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.