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[www.scdhhs.gov](http://www.scdhhs.gov)  
June 1, 2018

## PUBLIC NOTICE

### **Public Notice of Proposed Action for Third Party Liability (TPL) Health Recovery Cycle**

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following proposed actions regarding the TPL Health Recovery Cycle under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Section 1902(a)(25)(A) of the Social Security Act requires healthcare providers to bill any beneficiary's primary insurance, if available, prior to seeking Medicaid reimbursement for a covered service. SCDHHS engages in activities to determine if this requirement has been met and recovers funds on a periodic basis either directly from liable third-party insurers or institutional healthcare providers.

Currently, each periodic health recovery cycle begins quarterly and may take up to six months to complete. SCDHHS has observed that nearly 16% of recovery claims are rejected by the financially liable insurer for untimely filing. This is due in-part to the length and infrequent commencement of each cycle.

Effective on or after July 1, 2018, SCDHHS proposes to amend the South Carolina Title XIX State Plan to modify the frequency of the TPL Health Recovery Cycle. The proposed modification will increase the occurrence of the TPL health recovery cycle to afford providers quicker notification of other primary health insurance information. Prompt notification should improve the rate of timely claims filing and allow SCDHHS to recover professional claims from third-party payers in a much more timely manner.

Although this proposal will not increase the total amount of funds SCDHHS seeks to recover, the agency anticipates improvements in the amount and timeliness of recovery of those funds.

Copies of this notice are available at each County Department of Health and Human Services Office and at [www.scdhhs.gov](http://www.scdhhs.gov) for public review. Additional information regarding this proposed action is available upon request at the address cited below.

Written comments may be sent to Eligibility and Third Party Liability Contract Services, SCDHHS, Post Office Box 8206, Columbia, South Carolina 29202-8206. Comments may also be submitted to [comments@scdhhs.gov](mailto:comments@scdhhs.gov). Written and e-mailed comments must be received by noon June 29, 2018.

Any written comments submitted may be reviewed by the public at the SCDHHS, Eligibility and Third Party Liability Contract Services, Jefferson Square Building, 1801 Main Street, Columbia, South Carolina, Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M.

Joshua D. Baker  
Director  
South Carolina Department of Health and Human Services

# Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: [civilrights@scdhhs.gov](mailto:civilrights@scdhhs.gov).

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Language Services

**If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).**

**si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).**

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

(رقم هاتف الصم والبكم 1-888-842-3620) 888-549-0280

**Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549- 0820 (TTY: 1-888-842-3620).**

**Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).**

**Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).**

**Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)**

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

**Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.**

**धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842- 3620) पर कॉल कर।**

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549- 0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

**Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang kapek tul lo in ko thei.**

**Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).**

နမူနာကတိ ကညီ ကျိအလိ, နမူနာ ကျိအတိမာစာလါ တလင်ဘူင်လင်စု နိတမံဘာညီသုန့လိ. ကိ: 888-549-0820 (TTY: 888-842-3620)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-549- 0820 (መስማት ለተሳናቸው: 1-888-842-3620).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် သို့ ခေါ်ဆိုပါ။