

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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October 5, 2015

Mr. Christian Soura  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**RECEIVED**

**OCT 19 2015**

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 15-0014

Dear Mr. Soura:

We have reviewed the proposed South Carolina State Plan Amendment, SC 15-014, which was submitted to the Atlanta Regional Office on September 28, 2015. This state plan extends the sunset date to March 31, 2016 for the Supplemental Teaching Payment reimbursement methodology.

Based on the information provided, the Medicaid State Plan Amendment SC 15-014 was approved on October 5, 2015. The effective date of this amendment is October 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Cheryl Wigfall at (803) 252-7299.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze".

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: SC 15-014	2. STATE South Carolina
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE March 31, 2016	
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       AMENDMENT

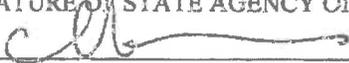
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447	7. FEDERAL BUDGET IMPACT: (\$23.20 million x 70.64%) a. FFY 2016      \$0 b. FFY 2017      \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, page 2b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-B, page 2b

10. SUBJECT OF AMENDMENT:  
This Plan Amendment extends the sunset date for Supplemental Teaching Payments to March 31, 2016.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Mr. Soura was designated by the Governor to  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      review and approval all state plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: South Carolina Department of Health and Human Services P.O. Box 8206 Columbia, South Carolina 29202-8206
13. TYPED NAME: Christian L. Soura	
14. TITLE: Director	
15. DATE SUBMITTED: September 28, 2015	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 09-28-15	18. DATE APPROVED: 10-05-15
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-15	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division Medicaid & Children's Health Opns

23. REMARKS: Approved with following change to block #4 as authorized by state on email dated 10/29/15.  
Block changed to read : October 1, 2015.

Cardiothoracic Surgery, Child Abuse Pediatrics, Critical Care, Emergency Medicine, Endocrinology, Gastroenterology/Nutrition, Genetics, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Neurological Surgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, Psychiatry, Pulmonology, Rheumatology, Surgery, Urology and such other pediatric sub-specialty areas as may be determined by the Department of Health and Human Services.

South Carolina Medical University Providers - Supplemental Medicaid Payments:

South Carolina Medical University providers are defined as those providers who are employed by or under contract with South Carolina Medical Universities and/or their component units. Effective for services beginning on or after July 1, 2013, the Medicaid agency will cap provider specific enrollment of teaching physicians eligible to receive payment under this program at the level identified in the March 2013 provider specific quarterly teaching physician report. The term level refers to the number of teaching physicians reflected within the March 2013 provider specific quarterly teaching physician report which incurred claims during this quarter. Therefore for each supplemental teaching physician provider, the Medicaid agency will cap the number of teaching physicians to be allowed in the calculation of the quarterly supplemental teaching physician payment to no more than the number of teaching physicians listed in the March 2013 provider specific quarterly teaching physician report which incurred claims during this quarter for quarterly supplemental teaching physician payments beginning with the July 1, 2013 quarter. In Addition to fee for service payments, the SCDHHS will pay a quarterly, enhanced teaching fee to each participating South Carolina Medical University. The enhanced teaching payment will be equal to 35% of the actual, billed Medicaid charges. Total Medicaid reimbursement, which includes the fee for service payment and the enhanced teaching fee adjustment, shall not exceed the prevailing charges in the locality for comparable services under comparable circumstances for physician practices. For clinics, total Medicaid reimbursement, which includes the fee for service payment and the enhanced teaching fee adjustment, shall not exceed costs. This payment methodology will sunset March 31, 2016.

SC 15-014  
EFFECTIVE DATE: 10/01/15  
RO APPROVAL:10-05-15  
SUPERSEDES: SC 15-001