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PUBLIC NOTICE

SUBJECT: Final Action for Reimbursement Changes for Medications Purchased through the 340B Program

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following action regarding reimbursement for medications purchased through the 340B program under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective on or after July 1, 2019, SCDHHS will amend the South Carolina Title XIX State Plan to adopt the following policy changes for drugs purchased through the 340B program, as described in Section 340B of the Public Health Act of 1992:

- For drugs purchased through the 340B program, covered entities must submit a value of “20” in the Submission Clarification Code field (42Ø-DK).
- Reimbursement for drugs purchased through the 340B program will be provided as an amount not to exceed the 340B ceiling price plus a 340B dispensing fee of \$10.50 being submitted in the usual and customary field when submitting these claims to SCDHHS or the provider’s usual and customary charges for providing the medication to the general public, whichever is less.
- Pharmacies contracted with covered entities for the provision of 340B (e.g. contract pharmacies) should not bill SCDHHS for drugs purchased through the 340B program.

SCDHHS projects that based upon the ability to more precisely identify 340B claims, increases to rebate revenue will offset any increase in Medicaid expenditures.

Copies of this notice are available at each SCDHHS Healthy Connections Medicaid Office and at www.scdhhs.gov for public review. Additional information regarding these actions is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Division of Behavioral Health, Jefferson Square Building, 1801 Main Street, Columbia, South Carolina, Monday through Friday between 9 a.m.-5 p.m.

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: 1-888-808-4238 (TTY: 1-888-842-3620); or by email at: 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).

خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-549-0820 (رقم هاتف الصم والبكم: 888-842-3620). إذا كنت تتحدث اذك اللغة، فإن

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 लिए 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 ka pek 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).

နမူကတိ၊ ကညီ ကျိန်အလိ၊ နမူနာ ကျိန်အတိမ်၊ စာလတ်တူညီလက်စွာ နီတမံတည်သ့န့ညီလိ။ ကိး 888-549-0820 (TTY: 888-842-3620)

ကျင့်တမ်း: ၈၈၈-၅၄၉-၀၈၂၀ အကူအညီ နံပါတ် ၈၈၈-၈၄၂-၃၆၂၀။ ဝန်ထမ်းများ: ၈၈၈-၅၄၉-၀၈၂၀ (အင်္ဂလိပ်စကား: ၈၈၈-၈၄၂-၃၆၂၀)။

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက်

စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ်ဆိုပါ။