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March 30, 2020

## PUBLIC NOTICE

### **Public Notice of Final Action for the Supplemental Teaching Physician (STP) Payment Program**

The South Carolina Department of Health and Human Services (SCDHHS), pursuant to the requirements of Section 1902(a)(13)(A) of the Social Security Act, gives notice of the following action regarding its methods and standards for setting payments for the Supplemental Teaching Physician (STP) Payment Program under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for payments beginning on or after April 1, 2020, SCDHHS will compute payments under the Centers for Medicare and Medicaid Services (CMS) approved STP Payment Program using calendar year (CY) 2019 Medicaid fee-for-service claims data, commercial payer rates, and updated teaching physician listings. The Medicaid fee-for-service claims data will be adjusted by an incurred but not reported (IBNR) factor to account for any incurred CY 2019 claims that may pay during CY 2020.

In an unrelated action to the STP Payment Program, SCDHHS will also replace the former psychotherapy code 90804 with replacement psychotherapy codes 90832, 90834, and 90837. Additionally, SCDHHS will adjust the unit measurement of E&M code 99214 from 30 minutes to 25 minutes. This change is being made only to the Mental Health Clinic Services section of Attachment 4.19-B.

SCDHHS is making this change in order to update the STP payments using more current claim and commercial payer data as well as updated teaching physician listings. The agency is also making this change to replace the former CPT code 90804 with the new replacement CPT codes 90832, 90834, and 90837 as well as update the new unit measurement for CPT code 99214.

SCDHHS projects that based upon the STP payment action, annual aggregate Medicaid fee-for-service expenditures will increase by approximately four million (\$4,000,000) total dollars. The agency expects the CPT code changes outlined above to be budget neutral to the agency.

Copies of this notice are available at each South Carolina Healthy Connections Medicaid county office and at [www.scdhhs.gov](http://www.scdhhs.gov) for public review. Additional information regarding this action is available upon request at the address cited in this public notice.

Any submitted written comments may be reviewed by the public Monday through Friday between 9 a.m.-5 p.m. at the Reimbursement Methodology and Policy Department, SCDHHS, Room 1219, 1801 Main Street, Columbia, SC.

Joshua D. Baker

## 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:

**(1-888-842-3620 رقم هاتف الصم والبكم 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 língua 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).**

နမူနာကတိကညီ ကျိအလိ, နမူနာ ကျိအတိမစာလါ တလင်ဘူင်လင်စွါ နိတံးဘာင်သုနင်လီၤ. ကိ: 888-549-0820 (TTY: 888-842-3620)

ကျိအလိ: ၈၈၈-၅၄၉-၀၈၂၀ (ကျိအလိ: ၈၈၈-၈၄၂-၃၆၂၀)။  
ကျိအလိ: ၈၈၈-၅၄၉-၀၈၂၀ (ကျိအလိ: ၈၈၈-၈၄၂-၃၆၂၀)။

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် သို့ ခေါ်ဆိုပါ။