

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

July 24, 2018

RECEIVED

AUG 01 2018

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Attention: Sheila Chavis

Re: South Carolina (SC) State Plan Amendment (SPA) 18-0006

Dear Mr. Baker:

We have reviewed the proposed South Carolina state plan amendment, SC 18-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2018. This plan amendment modifies the frequency of the third party liability (TPL) health recovery cycle from quarterly to monthly.

Based on the information provided, the Medicaid state plan amendment SC 18-0006 was approved on July 24, 2018. The effective date of this amendment is July 1, 2018. We are enclosing the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Shantrina Roberts".

Shantrina D. Roberts, MSN
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

1. TRANSMITTAL NUMBER
SC 18-0006

2. STATE
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2018

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:
Section 1902(a) (25) (E) and (F) of the Act; 42 CFR 433.139 (b)

7. FEDERAL BUDGET IMPACT:
a. SFY 2018 \$0
b. SFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.22-B, page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.22-B, page 2

10. SUBJECT OF AMENDMENT:

This plan amendment will modify the frequency of the third party liability (TPL) health recovery cycle.

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

OTHER, AS SPECIFIED:
Mr. Baker was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jeshua D. Baker

14. TITLE:

Director

15. DATE SUBMITTED:

June 29, 2018

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/29/18

18. DATE APPROVED: 07/24/18

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/01/18

20. SIGNATURE OF REGIONAL OFFICIAL:

Shantrina D. Roberts

21. TYPED NAME: Shantrina D. Roberts

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS: Approved with the following changes to block # 10 as authorized by the state agency on email dated 07/18/18.

Block # 10 changed to read: This plan amendment will modify the frequency of the third party liability (TPL) health recovery cycle from quarterly to monthly.

The Department will at all times pursue that amount which will maximize total net recoveries to the program. When deemed appropriate, the Department will attempt to resolve the case through binding arbitration, arbitration or mediation. The Department will not agree to a lesser recovery amount than that determined by an analysis of cost-effectiveness.

In all instances, the Department, through the assignment of rights to third party benefits as a condition of eligibility, reserves the right to pursue known liable third parties on behalf of the Recipient. In instances where it has been determined that the Recipient has engaged sufficient competent representation, and is in pursuit of known liable third parties, the Department may rely upon their services and seek reimbursement of Medicaid Paid Claims from the obtain settlement proceeds.

The Department shall apply available resources in a manner that ensures maximum average return over the entire caseload, and will apply the cost effectiveness principle established in 1902(a)(25)(B) in determining the amount of recovery to pursue based on the likelihood of collections.

3. All claims which are not cost-avoided, including waived claims (pharmacy and crossover physician claims), EPSDT, prenatal or preventative pediatric care, and all claims covered by absent parent maintained insurance under Part D of Title IV of the Act, are accumulated and billed directly to the liable health insurance companies on a monthly basis without regard to a dollar amount.

TN No. SC 18-0006

Supersedes

Approval Date: 07/24/18

Effective Date 07/01/18

TN No. MA 98-012

HCFA ID: 1076P/0019P