

Table of Contents

RECEIVED

NOV 23 2020

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State/Territory Name: South Carolina

State Plan Amendment (SPA) #: SC-20-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

November 20, 2020

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

RECEIVED

NOV 23 2020

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Baker:

The CMS Division of Pharmacy team has reviewed South Carolina (SPA) 20-0003 received in the CMS Medicaid & CHIP Operations Group on September 30, 2020. This SPA proposes to allow for up to 12 months of systemic contraceptives to be provided per dispensation, pursuant to a prescription by a healthcare provider.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 20-0003 is approved with an effective date of July 1, 2020. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into South Carolina's state plan.

If you have any questions regarding this amendment, please contact Lisa Shochet at (410) 786-5445 or lisa.shochet@cms.hhs.gov.


Sincerely,

**John M.
Coster -S**

Digitally signed by
John M. Coster -S
Date: 2020.11.22
21:37:00 -05'00'

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Bryan Amick, Deputy Chief of Staff, SC Dept of Health and Human Services
Sheila Chavis, Senior Consultant, SC Dept of Health and Human Services
Maria Drake, CMS, Medicaid & CHIP Operations Group
William Pak, CMS, Medicaid & CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 20-0003	2. STATE SC
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Social Security Act §1927		7. FEDERAL BUDGET IMPACT: @ 70.70% FFP a. FFY 2020 \$106,000 b. FFY 2021 \$424,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Limitation Supplement, pages, 5b & 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Limitation Supplement, pages 5b & 6	
10. SUBJECT OF AMENDMENT: This plan amendment will allow, with prescriber's indication, coverage of up to a 12-month supply of systemic contraceptives.			
11. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input type="checkbox"/> OTHER, AS SPECIFIED Mr. Baker was designated by the Governor to review and approve all State Plans.	
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, South Carolina 29202-8206	
13. TYPED NAME Joshua D. Baker			
14. TITLE Director			
15. DATE SUBMITTED September 28, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 9/30/2020		18. DATE APPROVED 11/20/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2020		20. SIGNATURE OF REGIONAL OFFICIAL John M. Coster -S <small>Digitally signed by John M. Coster -S Date: 2020.11.22 21:37:30 -05'00'</small>	
21. TYPED NAME John M. Coster, Ph.D., R.Ph.		22. TITLE Director, Division of Pharmacy	
23. REMARKS			

12.a PHARMACY SERVICES. The pharmacy benefit provides certain medications to eligible Medicaid recipients, pursuant to, and in compliance with, Section 1927 of the Act.

Prescription/refill quantities are generally limited to a maximum thirty-one (31) day supply per fill. Exceptions to the 31-day supply include: (1) systemic contraceptives and (2) products for which packaging does not allow a 31-day dispensation.

Based on the requirements in Section 1927 of the Act, the state has the following policies for the supplemental rebate program for the Medicaid population:

- (A) CMS has authorized the State of South Carolina to enter into the Michigan multi-state pooling agreement (MMSPA) also referred to as the National Medicaid Pooling Initiative (NMPI). The Amendment to the Supplemental Drug Rebate Agreement was submitted to the Center for Medicare and Medicaid Services (CMS) on October 1, 2013 and approved for existing agreements with the pharmaceutical manufacturers.
- (B) CMS authorized the Supplemental Drug-Rebate Agreement submitted to CMS on January 12, 2007 for renewal and new agreements with pharmaceutical manufacturers.
- (C) Any contracts or agreements with pharmaceutical manufacturers not currently approved by CMS will be submitted for CMS approval.

SC: 20-0003
EFFECTIVE DATE: 07/01/20
RO APPROVAL:
SUPERSEDES: SC 17-0008

- 12c. PROSTHETIC OR ORTHOTIC APPLIANCES. Approval from the State Office is required prior to the provision of the prosthetic or orthotic appliance. Supplies, equipment, and appliance limitations are specified in the Durable Medical Equipment Provider Manual, and follow Medicare limitations.
- 12d. EYEGLASSES Coverage for eyeglasses will be limited to recipients under 21 years of age when medical necessity has been established. One pair of eyeglasses is available during a 365 day period to beneficiaries eligible under the EPSDT program. Additional lenses can be approved if the prescription changes at least one half diopter (0.50) during the 365 day period.
- 13b. Preventive Services are defined as routine services for adults or children when the procedures are performed in the absence of an illness or complaint(s). Preventative services are subject to certain limitations depending on age, risk factors, and frequency. These best practice recommendations are subject to change as regulations and future clarifications are released by the USPSTF.

SC: 20-0003
EFFECTIVE DATE: 07/01/20
RO APPROVAL:
SUPERSEDES: SC 14-017