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Territory Name: SOUTH CAROLINA

State Plan Amendment (SPA) #: 22-0017

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

February 27, 2023

Mr. Robert M. Kerr, Director
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: South Carolina State Plan Amendment (SPA) 22-0017

Dear Mr. Kerr:

We have reviewed the proposed South Carolina State Plan Amendment (SPA) 22-0017, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 16, 2022. This SPA updates reimbursement rates for Dental Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>2</u> — <u>0</u> <u>0</u> <u>1</u> <u>7</u>	2. STATE <u>S</u> <u>C</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">January 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.100	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>5,700,000</u> b. FFY <u>2024</u> \$ <u>7,600,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 3a.8	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 3a.8	

9. SUBJECT OF AMENDMENT


This SPA will update the reimbursement rates for State Plan Dental Svcs. for beneficiaries under the age of 21.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
12. TYPED NAME Robert M. Kerr	
13. TITLE Director	
14. DATE SUBMITTED December 16, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED December 16, 2022	17. DATE APPROVED February 27, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

- 1) Care coordination,
- 2) Counseling,
- 3) Medication management,
- 4) Nursing services related to medication administration,
- 5) Drug screens, and
- 6) Drug costs (opioid agonist treatment medications).

In order to determine the bundled rate, a monthly bundled rate was first developed using current SC Medicaid rates for comparable services provided in both physician and clinic settings as well as recommended monthly service frequencies for the discrete services identified. Drug costs are excluded in the calculation of the monthly bundled rate. The monthly service frequencies (i.e. units) associated with each service were then multiplied by the applicable service rate in order to determine the monthly bundled service package cost. The monthly bundled service package cost was then converted to a weekly bundled rate by dividing the monthly bundled service package cost by four. Finally, to account for the difference in the drug treatment options, the weekly drug costs associated with each drug option was added to the weekly bundled rate to determine the two weekly bundled rates for each of the following drug treatment options: Methadone Maintenance Treatment (MMT) and Buprenorphine Treatment. No room and board costs are included in the determination of the weekly bundled rates.

The OTP clinics, and not the individual practitioners, will be allowed to bill the bundled service rates. Reimbursement for any provider delivering services included in the bundled rate service package will be paid through the bundled rate. Individual providers cannot bill separately for services included in the bundled rate. As prepayment for bundled services is not permissible, providers may not bill for the weekly bundled reimbursement until at least one service has commenced for the week.

In order for the Medicaid Agency to periodically monitor the actual provision of the individual services being provided under each of the bundled service rates, each OTP provider will be required to record and supply the related service utilization data to the Medicaid Agency upon request.

Except as otherwise noted in the plan, state-developed fee schedule rates for this service are the same for both governmental and private providers. The agency's fee schedule rate was set as of January 1, 2019 and is effective for services provided on or after that date. All rates are published on the agency's website at www.scdhhs.gov.

10. Dental Services:

Reimbursement to providers of dental services is made on the basis of an established fee schedule not to exceed prevailing charges in the state. Reimbursement will be provided on a per procedure basis. Reimbursement for dental services shall be based on a percentage of published usual and customary South Carolina dental rates, not to exceed the 75th percentile of usual and customary reimbursement for South Carolina. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate for beneficiaries under the age of twenty-one (21) years was set as of January 1, 2023 and is effective for services provided to these beneficiaries on or after that date. Rates for adult beneficiaries, ages twenty-one (21) years or older remain the same as the rates set on July 1, 2017 for Preventive, Oral Surgery and Ancillary services and the rates set on July 11, 2011 for all other dental services. All rates are published on the agency's website at www.scdhhs.gov.