

## **Table of Contents State/**

**Territory Name: SOUTH CAROLINA**

**State Plan Amendment (SPA) #: 22-0018**

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



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**Financial Management Group**

March 1, 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) 22-0018

Dear Mr. Kerr:

We have reviewed the proposed South Carolina State Plan Amendment (SPA) 22-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 16, 2022. This SPA terminates the Hemophilia program arrangement with the South Carolina Department of Health and Environment Control Agency, at their request.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 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](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 8</u>	2. STATE <u>S 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;">March 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION  Section 1902 (a)(30)(A) Social Security Act and 42 CFR 430.20	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>(54,000)</u> b. FFY <u>2024</u> \$ <u>(92,500)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B, page 3c	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-B, page 3c	

9. SUBJECT OF AMENDMENT

This plan amendment will terminate the hemophilia program arrangement with SCDHEC, per their request.

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 <b>December 16, 2022</b>	17. DATE APPROVED March 1, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

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

22. REMARKS

12.a. Prescribed Drugs:

Medicaid reimburses for covered outpatient drugs with stated exceptions described in the Medicaid State Plan.

A. Standard Basis for Payment:

Reimbursement for brand and multiple-source drugs shall be limited to the lowest of:

- (1) the actual acquisition cost (AAC) plus a professional dispensing fee (PDF) of \$10.50
- (2) the State's Maximum Allowable Cost (MAC) plus a PDF of \$10.50
- (3) the usual and customary (U&C) charges to the general public

The AAC is defined as the National Average Drug Acquisition Cost (NADAC). In those instances where the NADAC does not exist, the AAC is defined as Wholesale Acquisition Cost (WAC) minus 0 percent.

- B. Specialty drugs shall be reimbursed pursuant to the Standard Basis for Payment, as stated above.
- C. Drugs dispensed by IHS/Tribal facilities shall be reimbursed pursuant to the Standard Basis for Payment, as stated above.
- D. Drugs acquired via the Federal Supply Schedule (FSS) shall be reimbursed at their Actual Acquisition Cost, plus a PDF of \$10.50.
- E. Drugs acquired at Nominal Price (outside of 340B or FSS) shall be reimbursed at their Actual Acquisition Cost, plus a PDF of \$10.50.
- F. Drugs not dispensed by a retail community pharmacy (e.g., institutional or long-term care pharmacy when not included as part of an inpatient stay) shall be reimbursed pursuant to the Standard Basis for Payment, as stated above.
- G. Clotting factor is reimbursed pursuant to the Standard Basis for Payment, as stated in Section 12.a.A. above.

SC: 22-0018  
EFFECTIVE DATE: 03/01/23  
APPROVAL DATE: March 1, 2023  
SUPERSEDES: SC 20-0008