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State/Territory Name: SOUTH CAROLINA

State Plan Amendment (SPA) #: SC-24-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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

March 15, 2024

Robert M. Kerr Director South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206

RE: South Carolina State Plan Amendment (SPA) Transmittal Number SPA # SC-24-0007

Dear Director Kerr,

We have reviewed the proposed South Carolina State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 22, 2024. This plan amendment updates the reimbursement methodology for dietitians services to support access to medical nutrition therapy services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Ysabel Gavino at maria.gavino@cms.hhs.gov

Sincerely,

Todd Mc Million

Todd McMillion Director Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL O	F 1. TRANSMITTAL NUMBER 2. STATE 2 4 0 0 7 S C
STATE PLAN MATERIAL	$\begin{bmatrix} 2 & 4 \\ \hline 2 & 4 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ \hline 0 & 0 \\ \hline 7 \end{bmatrix} \begin{bmatrix} S \\ \hline S \\ \hline C \\ \hline \end{bmatrix}$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2024
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440.60 (d) ; 1905(a)(6) (a)	a FFY 2024 \$ 11,512 b FFY 2025 \$ 15,380
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 3	Attachment 4.19-B, Page 3
Х. Х.	
9. SUBJECT OF AMENDMENT	
This SPA will update the reimbursement methodology for dietitians services to support access to medical nutrition therapy services and improve members' health outcomes.	
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	• OTHER, AS SPECIFIED:
O COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Mr. Kerr was designated by the SC Governor to
\bigodot NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	review and approve all state plans.
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
Pol Lin-	South Carolina Department of Health and Human Services Post Office Box 8206
12. TYPED NAME	Columbia, SC 29202-8206
Robert M. Kerr	
13. TITLE Director	
14. DATE SUBMITTED February 16, 2024	
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED
February 22, 2024	March 15, 2024
PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL	
	Todd McMillion
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement Review

22. REMARKS

3/11/24: South Carolina authorizes a pen-and-ink change to delete (d) and add (a) to block 5 of the CMS form 179 (MYLG)

Attachment 4.19-B Page 3

6.a Podiatrists' Services:

Reimbursement is calculated at 100 percent of the Medicaid Physician Fee Schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at https://www.scdhhs.gov/Providers/fee-schedules.

6.b Optometrists' Services (Vision Care Services):

Reimbursement is calculated at 100 percent of the Medicaid Physician Fee Schedule. The agency's fee schedule rates were set as of July 1, 2020 and are effective for services provided on or after that date. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at https://www.scdhhs.gov/Providers/fee-schedules.

6.c Chiropractor's Services:

Reimbursement is calculated at 100 percent of the Medicaid Physician Fee Schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at https://www.scdhhs.gov/Providers/fee-schedules.

6.d Certified Registered Nurse Anesthetist (CRNA): CRNAs under the medical direction of a surgeon will be reimbursed at 90 percent of the Anesthesiologist reimbursement rate. CRNAs under the medical direction of an Anesthesiologist will receive 50 percent of the Anesthesiologist reimbursement rate. Refer to the Physician Services Section 5, in Attachment 4.19-B. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at https://www.scdhhs.gov/Providers/fee-schedules.

Nurse Practitioner: Reimbursement is calculated at 80 percent of the Medicaid Physician fee schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at https://www.scdhhs.gov/Providers/fee-schedules.

<u>Physician Assistant</u>: Reimbursement is calculated at 80 percent of the Medicaid Physician fee schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at https://www.scdhhs.gov/Providers/fee-schedules.

<u>Psychologists</u>: Psychological services are reimbursed at an established statewide fee schedule as determined in accordance with section 13.d of Attachment 4.19-B.

Licensed Registered Dietitian: Reimbursement rate for dietitian services is set at 75% of the 2022 Medicare Physician Fee schedule. 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 rates for dietitian's services were set on January 1, 2024 and are effective for services provided on or after that date. All rates are published on the agency's website at https://www.scdhhs.gov/Providers/fee-schedules.

Licensed Pharmacist: Reimbursement is calculated at 80 percent of the Medicaid Physician fee schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at https://www.scdhhs.gov/Providers/fee-schedules.

SC 24-0007 EFFECTIVE DATE: 01/01/24 APPROVAL DATE: March 15, 2024 SUPERSEDES: SC 23-0016