STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:_____South Carolina_____

Requirements for Third Party Liability –
Identifying Liable Resources

1.   Date exchanges as required in 433.138(d)(1) with SWICA and the SSA wage
and earnings file are performed monthly. Those required in (d)(3) with the
State title IV-A agency are performed quarterly. The exchange with Worker's
Compensation is not currently performed. Diagnosis and trauma code edits as
required in 433.138(e) are performed weekly for all claims approved during the
week.

2.   Within 30 days of receipt of information regarding employment from
SWICA, SSA wage and earnings file, and Title IV-A data exchanges, letters are
sent to each identified employer asking if the Medicaid recipient has
employment-related health insurance.   If no response is received within 30
days a second letter is sent. If the employer's response indicates that
insurance exists the information is verified and incorporated into the third
party data base and recovery unit within 45 days of receipt as required in
433.138(9)(l)(i).

Health insurance information obtained through the eligibility process is
forwarded to this agency from the Department of Social Services. It is
manually screened for completeness, verified, and incorporated into the third
party data base and recovery unit within 60 days of receipt as required in
433.138(9)(2)(i). No information is obtained from Worker's Compensation.

3.   The State motor vehicle accident report file data exchange is not
currently performed.

4.   Within 10 days of receipt of information regarding claims paid with
traumatic diagnosis codes (ICD-9 codes 800 through 999, inclusive) a
questionnaire is mailed to each indicated recipient asking how they were
injured and requesting information regarding their attorney or liability
insurance (if any). If the recipient does not respond within 30 days a second
request is mailed. If their response indicates the probable existence of a
liable third party, a case file is established and information is entered into
the third party data base within 30 days of receipt of the response. On a
monthly basis, a report is generated from the data base indicating how many
questionnaires were sent for each diagnosis code, how many responses were
received, and how many cases were established. This information is analyzed
and used to prioritize the cases which are most productive in generating
cases. For the most productive codes, if a recipient does not respond to the
second questionnaire a third questionnaire is generated; for the least
productive codes, only a first questionnaire is generated.