TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	SC 08-018	South Carolina
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	October 1, 2008	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
In accordance with federal regulations (42 CFR 431.53)	a. FFY 2009 (\$11,200,000) b. FFY 2010 (\$11,200,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Page 2a.2	A	
	Attachment 4.19-B, Page 2a.2	
10. SUBJECT OF AMENDMENT:		
Updates the effective date of the Physician Services fee schedule to October 1, 2008 and also revises the Pediatric		
Sub-specialist program reimbursement schedule.		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	SC Department of Health and Human Services	
13. TYPED NAME:	Post Office Box 8206	
Emma Forkner	Columbia, South Carolina 29202-8206	
14. TITLE: Director		
15. DATE SUBMITTED:		
September 29, 2008		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 09/30/08	18. DATE APPROVED: 11/16/09	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
10/01/08 21. TYPED NAME:	22. TITLE: Acting Associate Regional A	
Mary Kave Justis, RN, MBA	Acting Associate Regional A	dministrator
23. REMARKS:	, « "	