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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 18-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: SC 18-0006	2. STATE South Carolina
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2018

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: Section 1902(a) (25) (E) and (F) of the Act; 42 CFR 433.139 (b)	7. FEDERAL BUDGET IMPACT: a. SFY 2018    \$0 b. SFY 2019    \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.22-B, page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.22-B, page 2

10. SUBJECT OF AMENDMENT:  
This plan amendment will modify the frequency of the third party liability (TPL) health recovery cycle.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Mr. Baker was designated by the Governor  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:  South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
13. TYPED NAME: Joshua D. Baker	
14. TITLE: Director	
15. DATE SUBMITTED: June 29, 2018	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 06/29/18	18. DATE APPROVED: 07/24/18
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:  
Approved with the following changes to block # 10 as authorized by the state agency on email dated 07/18/18.

Block # 10 changed to read: This state plan amendment will modify the frequency of the third party liability (TPL) health recovery cycle From quarterly to monthly.

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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July 24, 2018

Mr. Joshua D. Baker,  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

Re: South Carolina (SC) State Plan Amendment (SPA) 18-0006

Dear Mr. Baker:

We have reviewed the proposed South Carolina state plan amendment, SC 18-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2018. This plan amendment modifies the frequency of the third party liability (TPL) health recovery cycle from quarterly to monthly.

Based on the information provided, the Medicaid state plan amendment SC 18-0006 was approved on July 24, 2018. The effective date of this amendment is July 1, 2018. We are enclosing the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions, please contact Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

/s/

Shantrina D. Roberts, MSN  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

The Department will at all times pursue that amount which will maximize total net recoveries to the program. When deemed appropriate, the Department will attempt to resolve the case through binding arbitration, arbitration or mediation. The Department will not agree to a lesser recovery amount than that determined by an analysis of cost-effectiveness.

In all instances, the Department, through the assignment of rights to third party benefits as a condition of eligibility, reserves the right to pursue known liable third parties on behalf of the Recipient. In instances where it has been determined that the Recipient has engaged sufficient competent representation, and is in pursuit of known liable third parties, the Department may rely upon their services and seek reimbursement of Medicaid Paid Claims from the obtain settlement proceeds.

The Department shall apply available resources in a manner that ensures maximum average return over the entire caseload, and will apply the cost effectiveness principle established in 1902(a)(25)(B) in determining the amount of recovery to pursue based on the likelihood of collections.

3. All claims which are not cost-avoided, including waived claims (pharmacy and crossover physician claims), EPSDT, prenatal or preventative pediatric care, and all claims covered by absent parent maintained insurance under Part D of Title IV of the Act, are accumulated and billed directly to the liable health insurance companies on a monthly basis without regard to a dollar amount.

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TN No. SC 18-0006

Supersedes

Approval Date: 07/24/18

Effective Date 07/01/18

TN No. MA 98-012

HCFA ID: 1076P/0019P