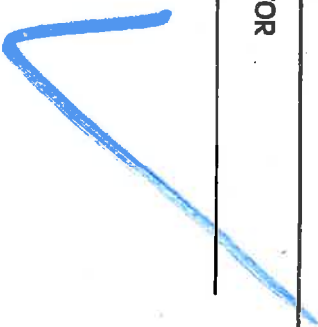


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>1-3-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000438</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Bowling</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4120
Atlanta, Georgia 30303-8909

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

December 26, 2006

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

Ros Wells
"Rec. Action"
CC: Bowling

RECEIVED
JAN 03 2007
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #06-012

Dear Mr. Kerr:

We have reviewed South Carolina's State Plan Amendment (SPA) 06-012 which was received in the Atlanta Regional Office on September 29, 2006. This amendment proposes to update the South Carolina State Plan for extended pregnancy related services by removing the State Health Department as a provider of the service.

Based on the information provided, we are pleased to inform you that South Carolina SPA 06-012 was approved on December 22, 2006. The effective date is July 1, 2006.

Copies of the signed CMS-179 form and approved plan page are enclosed. If you have any questions regarding this amendment, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

Renard L. Murray

Renard L. Murray, D.M.
Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: SC 06-012	2. STATE South Carolina
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 20065. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT: @ \$(109) x 69.54% x 25%

a. FFY 2007 @ \$(19)
b. FFY 2008 \$(76)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 6f

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, Page 6f

10. SUBJECT OF AMENDMENT:

Updated reimbursement methodology for extended pregnancy related services provided by state agencies.

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

☒ OTHER, AS SPECIFIED:
Mr. Kerr was designated by the Governor
to review and approve all State Plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Robert M. Kerr

14. TITLE:

Director

15. DATE SUBMITTED:

September 28, 2006

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 29, 2006

18. DATE APPROVED:

December 22, 2006

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2006

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Renard L. Murray, D.M.

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

20.a &
20.b

Extended pregnancy related services are reimbursed individually based upon the methodologies described below under 20.A., 20.B., and 20.C. Services provided by state owned/operated entities will not exceed cost.

A. Risk Assessment - Risk assessments as defined in Attachment 3.1-A must be provided by a physician, registered nurse, or licensed practical nurse utilizing the policies and procedures outlined in the SCDHHS Medicaid Enhanced Services Manual and the SCDHHS Physicians, Laboratories, and Other Medical Professionals Manual. These services are reimbursed utilizing procedure code 99420, Administration and Interpretation of Health Risk Instrument. These services are provided by state owned and private providers. In order to price the assessments, the Medicaid Agency has limited its reimbursement to no more than the amount reimbursed by Medicare via CPT code 99211. CPT code 99211 is used because it most closely mirrors the amount of effort required to perform the risk assessments as described in Attachment 3.1-A. No cost reports are required nor any cost settlements made to the state owned providers of service.

B. Healthy Mothers/Healthy Futures Program - These are enhanced educational and referral services as described in Attachment 3.1-A that are available to pregnant women and newborns. These services are rendered by primary care providers utilizing the policies and procedures outlined in the SCDHHS Physicians, Laboratories and Other Medical Professionals Manual and are provided coincident with the initial OB or subsequent antepartum or newborn visits. Payment rates have been established to reimburse primary care providers for the following enhanced services:

99203 Initial OB Exam with Additional Services
99213 Antepartum Visits with Additional Services
97802 Newborn Care Exam with Additional Services

The reimbursement rates for these services are established at percentages up to 100% of the Medicare fee schedule for the corresponding CPT codes. The reimbursement rates for services to pregnant women (99203 and 99213) are inclusive of all services received during the initial and antepartum visits. The reimbursement rate established for services to the newborn are in addition to the payment made for the medical services rendered during the visit. The additional payment (97802) is to cover the additional educational and referral activities. No cost reports are required nor any cost settlements made to the state owned providers of service.

C. Postpartum/Infant Home Visits - Postpartum/Infant Home Visits as defined in Attachment 3.1-A are services provided in the recipient's home to a mother and infant, by a registered nurse in conformity to standards outlined in the SCDHHS Medicaid Enhanced Services Manual and the SCDHHS Physicians, Laboratories, and Other Medical Professionals Manual. The following services, provided by public and private

TN.: 06-012
Supersedes
TN.: 04-001

Approval Date: 12/22/06

Effective Date: 07/01/06