

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

**ACTION REFERRAL**

<b>TO</b> <i>Mells</i>	<b>DATE</b> <i>10/14/08</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000203</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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

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



October 3, 2008

Ms. Emma Forkner, Director  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**RECEIVED**  
OCT 14 2008  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #08-019

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 08-019, which was submitted to the Atlanta Regional Office on August 8, 2008. This amendment is to comply with the requirements of Section 6035 of the Deficit Reduction Act of 2005. This amendment assures that the State has in effect laws requiring third parties to provide coverage eligibility and claims data.

Based on the information provided, we are pleased to inform you that South Carolina SPA 08-019 was approved on October 1, 2008. The effective date is July 1, 2008. The signed CMS-179 and the approved plan page are enclosed. If you have any questions regarding this amendment, please contact Rita Nimmons at (404) 568-7415 or Elaine Elmore at (404) 562-7408.

Sincerely,

*M. Ali for*

Mary Kaye Justis, RN, MBA  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
SC 08-019

2. STATE  
South Carolina

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2008

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:  
1902(a)(25)(I) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$-0-  
b. FFY 2010 \$-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement 1 to Attachment 4.22

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Supplement 1 to Attachment 4.22

10. SUBJECT OF AMENDMENT:  
State Laws requiring third parties to provide coverage eligibility and claims data.

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:  
Ms. Forkner was designated by the Governor  
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

*Emma Forkner*  
13. TYPED NAME:  
Emma Forkner

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

14. TITLE:  
Director

15. DATE SUBMITTED:  
August 8, 2008

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
08/08/08

18. DATE APPROVED:  
10/01/08

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
07/01/08

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Amr Ali for*

21. TYPED NAME:

22. TITLE:  
Acting Associate Regional Administrator

23. REMARKS:  
*Mary Kaye Justice, RN, MBA*

Division of Medicaid & Children's Health Care

SUPPLEMENT 1 TO ATTACHMENT 4.22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE  
COVERAGE ELIGIBILITY AND CLAIMS DATA

1902(a) (25) The Medicaid agency assures that the State has in effect laws requiring third parties to provide the State with coverage eligibility and claims data under 1902(a) (25) (I) of the Act.

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TN No: SC 08-019

Supersedes:

TN No: New Page

Approval Date: 10/01/08

Effective Date: 07/01/08