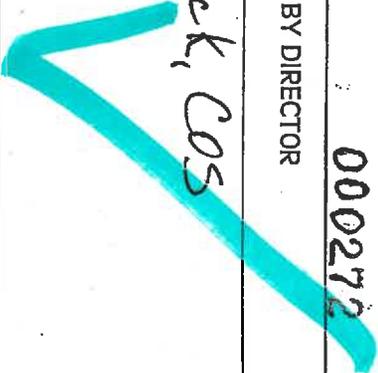


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton / Chavis	3-5-13

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000272	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	C. M. Keck, COS	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input checked="" type="checkbox"/> Necessary Action	

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 41720
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

February 28, 2013

RECEIVED

Mr. Anthony E. Keck

MAR 05 2013

Director

South Carolina Department of Health and Human Services
Post Office Box 8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: South Carolina (SC) Title XIX State Plan Amendment (SPA), Transmittal # SC 12-022

Dear Mr. Keck:

We have reviewed the proposed South Carolina State Plan Amendment 12-022, which was submitted to the Atlanta Regional Office on December 28, 2012. This amendment changes the language under the enrollment process from an algorithm that ensures an equitable distribution of beneficiaries to a quality weighted assignment algorithm for enrollments that begin on or after January 1, 2013.

Based on the information provided, the Medicaid State Plan Amendment SC 12-022 was approved on February 28, 2013. The effective date of this amendment is January 1, 2013. We are enclosing the approved HCF A-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
SC 12-022

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 SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2013

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 (0)

The Social Security Act § 1932(e)(4)
42 CFR 438.50

a. FFY 2013 \$0
b. FFY 2014 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (if applicable):

Attachment 3.1-F, Pages 10 & 11

Attachment 3.1-F, Pages 10 & 11

10. SUBJECT OF AMENDMENT:
Quality Weighted Algorithm

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. Keck was designated by the Governor to
review and approved all state plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

13. TYPED NAME:
Anthony E. Keck

14. TITLE:
Director

15. DATE SUBMITTED:
December 20, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/28/12

18. DATE APPROVED: 02-28-13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Jackie Glaze

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

23. REMARKS:

Citation

Condition or Requirement

- iii. Describe the state's process for notifying Medicaid recipients of their auto-assignment. *(Example: state generated correspondence.)*

The State will use Enrollment Broker generated correspondence that has been approved by SCDHHS to notify Medicaid beneficiaries of their auto-assignment.

- iv. Describe the state's process for notifying the Medicaid recipients who are auto-assigned of their right to disenroll without cause during the first 90 days of their enrollment. *(Examples: state generated correspondence, HMO enrollment packets etc.)*

The State will use Enrollment Broker generated correspondence that has been approved by SCDHHS to notify the Medicaid beneficiaries of their disenrollment rights.

- v. Describe the default assignment algorithm used for auto-assignment. *(Examples: ratio of plans in a geographic service area to potential enrollees, usage of quality indicators.)*

The default assignment of beneficiaries to managed care health plans is performed by the Enrollment Broker on a monthly basis utilizing a customized assignment algorithm for the State. The process links beneficiaries with available health plans in their geographical area and ensures that there is a choice of health plans where appropriate, should the beneficiary request a transfer. The assignment process also ensures that beneficiaries are assigned to an MCO or PCCM in their geographic region that is accepting new members. The distribution of these beneficiaries to the health plans occurs through the use of a quality weighted assignment of beneficiaries across all of the available plans in the geographic area. The procedure maintains family relationships whenever possible to minimize confusion.

- vi. Describe how the state will monitor any changes in the rate of default assignment. *(Example: usage of the Medical Management Information System (MMIS), monthly reports generated by the enrollment broker)*

The State will monitor changes in the rate of default assignment through reports generated by the enrollment broker. On a monthly basis the Contractor shall submit a report describing the Method of Plan Enrollment, addressing Enrollment/Disenrollment Trends by Plan.