

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singleton/Chavis</i>	<i>1-2-13</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100195</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc. Mr. Teck, Singleton, Depps,</i> <i>EMS file</i> <i>closed 4/3/13, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1 Mar 13</i> <input type="checkbox"/> Necessary Action DATE DUE _____

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

December 14, 2012

DEC 20 2012

RECEIVED

Mr. Anthony E. Keck
Director
Department of Health and Human Services
P. O. Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: South Carolina Title XIX State Plan Amendment, Transmittal #12-017

Dear Mr. Keck:

South Carolina submitted State Plan Amendment (SPA) 12-017 which was received by the Centers for Medicare & Medicaid Services (CMS) on September 28, 2012. The purpose of this SPA is to update the payment methodology for provider preventable conditions (PPC) and hospital acquired conditions (HAC).

We conducted our review of South Carolina SPA 12-017 according to federal regulations. Based on our previous conversations, before we can continue processing this SPA, we are requesting additional information as follows:

1. In order to recommend approval of this SPA the language must be sufficiently comprehensive. We note that Page 5 of Attachment 4.19B mentions that it covers ambulatory surgical centers and practitioners. Page 6 includes a slightly different adjustment methodology that requires providers to document PPC with a modifier on a claim, but does not specifically reference any providers or settings. To whom does the page 6 methodology apply?
2. Please revise the plan language to ensure clarity of this policy. One possibility is to consider leaving the pre-print language and the language on page 4, and consolidate the adjustment methodologies by referencing the settings where they apply.
3. Previously, the state indicated that providers retain payment but did not address whether all payment is actually received. Please clarify whether providers receive and retain 100 percent of the state plan payment.

Mr. Anthony E. Keek, Director

Page 2

We are requesting this additional/clarifying information under provisions of section 1915(f)(2) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on December 27, 2012. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid Directors dated January 2, 2001, if we have not received the state's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment.

If you have any questions or need any further assistance, please contact Yvette Moore at (404) 562-7327.

Sincerely,

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

Jackie Glaze

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



April 3, 2013

Log 195
to close

Ms. Jackie L. Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
61 Forsyth St., Suite 4720
Atlanta, Georgia 30303-8909

Re: **South Carolina Title XIX State Plan Amendment Transmittal #SC 12-017**

Dear Ms. Glaze:

This is in response to your request for additional information regarding the above referenced SPA. Please find the South Carolina Department of Health and Human Services' (SCDHHS) responses to your requests below:

CMS Question 1

In order to recommend approval of this SPA the language must be sufficiently comprehensive. We note that Page 5 of Attachment 4.19B mentions that it covers ASCs and Practitioners. Page 6 includes a slightly different adjustment methodology that requires providers to document PPC with a modifier on a claim, but does not specifically reference any providers or settings. To whom does the page 6 methodology apply?

SCDHHS Response: The changes have been made as required.

CMS Question 2

Please revise the plan language to ensure clarity of this policy. One possibility is to consider leaving the pre-print language and the language on page 4, and consolidate the adjustment methodologies by referencing the settings where they apply.

SCDHHS Response: The changes have been made as required.

CMS Question 3

Previously, the state indicated that providers retain payment but did not address whether all payment is actually received. Please clarify whether providers receive and retain 100 percent of the state plan payment.

SCDHHS Response: Yes, providers receive and retain 100 percent of state plan payments.

We trust this response addresses all the issues raised in CMS' RAI. Please contact Sheila Chavis at (803) 898-2707 or Valeria Williams at (803) 898-3477, if you have any questions regarding this matter.

Sincerely,

Anthony E. Keck
Director

AEK/gwsc
Enclosures