

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

**ACTION REFERRAL**

TO	DATE
<i>Hells</i>	<i>12-21-07</i>

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <b>000301</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Falkner, Depo</i>	

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  
61 Forsyth St., Suite 4120  
Atlanta, Georgia 30303-8909

**CMS**  
MEDICARE SERVICES

December 18, 2007

log: Wells

c: EF, Nym

Mc-act

**RECEIVED**

DEC 21 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms. Susan B. Bowling, Acting Director  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Re: South Carolina Title XIX State Plan Amendment, Transmittal #07-005

Dear Ms. Bowling:

We have reviewed South Carolina's State Plan Amendment (SPA) 07-005, which was submitted to the Atlanta Regional Office on September 27, 2007. This SPA terminates the Alternate Reimbursement Methodology (ARM) for Physicians's Primary Care Services effective September 1, 2007.

Based on the information provided, we are pleased to inform you that South Carolina SPA 07-005 was approved on December 17, 2007. The effective date is September 1, 2007. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Mark Halter at (404) 562-7419.

Sincerely,

*Michael L. Webster*

*for* Jay Gavens  
Acting 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 07-005

2. STATE  
South Carolina

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

4. PROPOSED EFFECTIVE DATE  
September 1, 2007

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

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:

a. FFY 2007 \$-0-  
b. FFY 2008 \$-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Page 2b.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Attachment 4.19-B, Page 2b.1

10. SUBJECT OF AMENDMENT:

Delete/discontinue the Alternate Reimbursement Methodology (ARM)

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*

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

13. TYPED NAME:  
Emma Forkner

14. TITLE:  
Director

15. DATE SUBMITTED:  
September 27, 2007

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
10/27/07

18. DATE APPROVED:  
12/17/07

19. EFFECTIVE DATE OF APPROVED MATERIAL:

PLAN APPROVED - ONE COPY ATTACHED

09/01/07

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Jay Gavens

*Jeffrey J. Nebeker for Jay Gavens*  
22. TITLE: Acting Associate Regional Administrator  
Division of Medicaid & Children's Health OPNS

23. REMARKS:

- In the event that a physician receiving reimbursement from the Professional Trauma Fund is also a teaching physician receiving supplemental teaching payments, the SCDHHS will ensure that the addition of the professional trauma fund payments to the Medicaid revenue received by the teaching physicians (i.e. fee for service payments and supplemental teaching payments) will not exceed the limits established under the Supplemental Teaching Physician Payment Program.

A Primary Care Access Incentive Payment to actively enrolled primary care physicians who have served a large volume of Medicaid recipients will be developed based on the volume of unduplicated recipients served by any given physician during the first three quarters of the state's fiscal year. The primary care services which the SCDHHS will use in order to determine the number of unduplicated Medicaid recipients will consist of office visits, prenatal and postpartum visits, and Early and Periodic Screening, Diagnosis and Treatment exams. The purpose of these payments will be to ensure and increase access of primary care services to Medicaid recipients.

**Primary Care Incentive Payments were discontinued effective July 1, 1998.**

The Primary Care Access Incentive Payment (when added to Prior payments for services rendered during the specified period) will not

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2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Farber, Depo</i> <i>1/1/11</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

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