

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SC 11-007	2. STATE South Carolina
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 04/08/11

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: 42 CFR Part 447 Subpart C	7. FEDERAL BUDGET IMPACT: FMAP a. FFY 2011 \$(1,379,425) b. FFY 2012 \$(3,231,040)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages 1, 1.1, 1a.1, 1a.2, 1a.3 and 1d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, pages 1, 1a.1, 1a.2, and 1d

10. SUBJECT OF AMENDMENT:
Outpatient hospital payment reductions effective April 8, 2011

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Mr. Keck was designated by the Governor to
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
13. TYPED NAME: Anthony E. Keck	
14. TITLE: Director	
15. DATE SUBMITTED: April 7, 2011	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 4-7-11	18. DATE APPROVED: 06/16/11

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: (04/09/11)	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Optrs

23. REMARKS: