HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	SC 11-013	South Carolina
DITTIE I LITTI WITH DIGITED		
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	07/11/11	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
District Annual Control Control		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: FMAP	
	a. FFY 2011 \$	(1,100,000)
42 CFR Part 447 Subpart C		6(4,400,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
6,1 AGD NOMBER OF THE PART SECTION OF THE PROPERTY.	OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, pages 1, 1.1, 1a, 1a.1, 1a.2, 1a.3 and 1d	OK ATTACHMENT (IJ Applicable):	
Attachmicht 4.17-15, pages 1, 1.1, 1a, 1a.1, 1a.2, 1a.5 and 1a	Attachment 4.19-B, pages 1, 1.1, 1a.1,	In 7 In 2 and 1d
	Auacimient 4.17-15, pages 1, 1.1, 1a.1,	1a.2, 1a.3 and 1d
10. SUBJECT OF AMENDMENT:		
Outpatient hospital payment reductions effective July 11, 2011		
A COMPANION OF THE PARIOT OF T		
11. GOVERNOR'S REVIEW (Check One):	53.0	
	☑ OTHER, AS SPECIFIED:	
GOVERNOR'S OFFICE REPORTED NO COMMENT		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Mr. Keck was designa	ated by the Governor to
		ated by the Governor to
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Mr. Keck was designate review and approve a	ated by the Governor to
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Mr. Keck was designa	ated by the Governor to
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Mr. Keck was designate review and approve a left. RETURN TO:	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	Mr. Keck was designated review and approve a left. RETURN TO: South Carolina Department of Health a	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME:	Mr. Keck was designated review and approve a left left left left left left left left	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck	Mr. Keck was designated review and approve a left. RETURN TO: South Carolina Department of Health a	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE:	Mr. Keck was designated review and approve a left left left left left left left left	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL; 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director	Mr. Keck was designated review and approve a left left left left left left left left	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED:	Mr. Keck was designated review and approve a left left left left left left left left	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL; 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011	Mr. Keck was designareview and approve a 16. RETURN TO: South Carolina Department of Health a Post Office Box 8206 Columbia, SC 29202-8206	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL; 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF	Mr. Keck was designareview and approve a 16. RETURN TO: South Carolina Department of Health a Post Office Box 8206 Columbia, SC 29202-8206	ated by the Governor to Il State Plans and Human Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF	Mr. Keck was designareview and approve a 16. RETURN TO: South Carolina Department of Health a Post Office Box 8206 Columbia, SC 29202-8206	ated by the Governor to Il State Plans
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL; 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11	Mr. Keck was designareview and approve a 16. RETURN TO: South Carolina Department of Health a Post Office Box 8206 Columbia, SC 29202-8206 FICE USE ONLY 18. DATE APPROVED:	ated by the Governor to Il State Plans and Human Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11	Mr. Keck was designareview and approve a 16. RETURN TO: South Carolina Department of Health a Post Office Box 8206 Columbia, SC 29202-8206 FICE USE ONLY 18. DATE APPROVED:	ated by the Governor to all State Plans and Human Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL; 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11	Mr. Keck was designareview and approve a 16. RETURN TO: South Carolina Department of Health a Post Office Box 8206 Columbia, SC 29202-8206 FICE USE ONLY 18. DATE APPROVED:	ated by the Governor to all State Plans and Human Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/(4/1) PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11	Mr. Keck was designareview and approve a 16. RETURN TO: South Carolina Department of Health a Post Office Box 8206 Columbia, SC 29202-8206 FICE USE ONLY 18. DATE APPROVED:	ated by the Governor to all State Plans and Human Services 02/10/12
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL; 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME:	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12 FICIAL: inistrator
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/(4/1) PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12 FICIAL: inistrator
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED — ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME: Jackie Glaze	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12 FICIAL: inistrator
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED — ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME: Jackie Glaze	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12 FICIAL: inistrator
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED — ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME: Jackie Glaze	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12 FICIAL: inistrator
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED — ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME: Jackie Glaze	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12 FICIAL: inistrator
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED — ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME: Jackie Glaze	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12 FICIAL: inistrator
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Anthony E. Keck 14. TITLE: Director 15. DATE SUBMITTED: July 12, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED — ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME: Jackie Glaze	Mr. Keck was designareview and approve a review and	ated by the Governor to all State Plans and Human Services 02/10/12 FICIAL: inistrator