

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

A: The following charges are imposed on the categorically needy for services other than those provided Under section 1905(a)(1) through (5) and (7) of the Act:

Services	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
				Providers are authorized to collect the maximum copayment based on the State's payment for the services consistent with 42 CFR 447.55.
Pharmacy			X	3.40
Physicians' Services			X	3.30
Podiatrists' Services			X	1.15
Optometrists' Services			X	3.30
Chiropractor's Services			X	1.15
Nurse Practitioners			X	3.30
Licensed Midwives' Services			X	3.30
Ambulatory Surgical Clinic			X	3.30
Federally Qualified Health Centers			X	3.30
Home Health Services			X	3.30
Rural Health Clinics			X	3.30
Dental			X	3.40
Durable Medical Equipment/ Depending on Cost			X	3.40
Outpatient Hospital (non-emergency) services			X	3.40
Inpatient Hospital			X	25.00

TN No. SC 11-015  
Supercedes  
TN No. SC 11-001

Approval Date: 01-17-12

Effective Date: 07/11/11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) and 1916(a)(2) and (j) of the SSA ACT. are described below:

The State Agency advises providers that they may not collect copayment for exempt clients and services. This information is reinforced in provider training seminars and documented in provider manuals.

The State Agency reimburses providers a payment schedule amount less co-payment except for those clients and services exempt from copayment. For those clients and services exempt from copayment the State Agency reimburses providers the full payment schedule amount.

Field audits by the Division of Program Integrity staff verify that requirement pertaining to copayment are followed. (The field audit are more comprehensive than just verifying this fact alone, but this is a component of the audit.)

American Indians/Alaska Natives (AI/AN) who currently or have previously received services by the IHS or an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U), or through a referral under contract health services in any States are exempt from copay.

The Catawba Service Unit and the State work together to maintain an accurate list of AI/AN served and eligible for Medicaid to ensure they are appropriately identified in the State Eligibility System and exempted from all cost sharing. A referral form developed in coordination with tribal representatives is used to advise AI/AN and the provider of the co-pay exemption when referred by the Indian Health Service to a non IHS provider to ensure they are not charged co-pays. South Carolina will also be accepting documentation from other Indian Health Providers and Urban Indian Organizations, such as the IHS active or previous user letter, that notates the applicant has used an Indian Health Provider and Urban Indian Organization previously, and the State will then update the indicator exempting them from cost sharing.

- E. Cumulative maximums on charges:

- ☒ State policy does not provide for cumulative maximums.  
☐ Cumulative maximums have been established as described below:

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TN No. SC 11-015  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The State Agency advises providers that they may not collect copayment for exempt clients and services. This information is reinforced in provider training seminars and documented in provider manuals.

The State Agency reimburses providers a payment schedule amount less co-payment except for those clients and services exempt from copayment. For those clients and services exempt from copayment the State Agency reimburses providers the full payment schedule amount.

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E. Cumulative maximums on charges:

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☐ Cumulative maximums have been established as described below:

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