

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 16, 2014

Dr. Jerry Dubberly, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 14-001

Dear Dr. Dubberly:

We have reviewed the proposed Georgia State Plan Amendment 14-001, which was submitted to the Atlanta Regional Office on March 18, 2014. The SPA updates Georgia's family planning services and the policy and methods for establishing payment rates for other types of care and/or services.

Based on the information provided, the Medicaid State Plan Amendment 14-001 was approved on June 16, 2014. The effective date of this amendment is January 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER: 14-001	2. STATE GEORGIA
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2014

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:
FFY 2013 \$0
FFY 2014 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 2a
Attachment 4.19-B, page 1a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

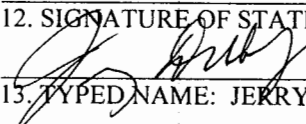
Attachment 3.1-A, page 2a
Attachment 4.19-B, page 1a

10. SUBJECT OF AMENDMENT:

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:
Single State Agency Comments Attached

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME: JERRY DUBBERLY

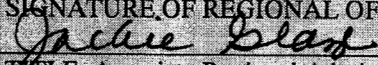
14. TITLE: CHIEF, DIVISION OF MEDICAID

15. DATE SUBMITTED:

16. RETURN TO:

Department of Community Health
Division of Medicaid
2 Peachtree Street, NW, 36th Floor
Atlanta, Georgia 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03-18-14	18. DATE APPROVED: 06-16-14
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-14	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes as authorized by state agency email s dated 06/04/14, 6/13/14 and 06/16/14.

Block #6 changed to read: 42 CFR 440.40.

Block #7 changed to read: FFY 2014 0 and FFY 2015 0.

Block # 10 changed to read: Family Planning Services.

Block #12 changed to read: March 18, 2014.

4. c. FAMILY PLANNING SERVICES

Family planning services are provided to eligible Medicaid members who wish to prevent pregnancies, plan the number of pregnancies, plan the spacing between pregnancies, or obtain confirmation of pregnancy.

Covered Services

Covered services include at a minimum:

- Education and counseling (including behavioral counseling) necessary to make informed choices and understand contraceptive methods;
- Initial and annual complete physical examinations including a pelvic examination and Pap test;
- Follow up brief and comprehensive visits;
- Pregnancy testing;
- Contraceptive methods, supplies and follow – up care;
- Sterilizations for members at least twenty-one (21) years of age at the time consent is obtained who are mentally competent and who voluntarily give informed consent in accordance with state policies and procedures.
- Diagnosis of sexually transmitted infections;
- Treatment of sexually transmitted infections; and
- Infertility assessments.

Non-Covered Services

- Abortions or abortion-related services performed for family planning purposes.
- Sterilization of recipients institutionalized in correction facilities, mental hospitals, or other rehabilitative facilities.
- Hysterectomies performed for family planning purposes.
- Indirect services to recipients, such as telephone contacts, and case management.

**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR
OTHER TYPES OF CARE OR SERVICES**

B. Services Provided

a. Family Planning Services

84.645% of the January 1, 2000 Medicare fee schedule is being used as the statewide maximum allowable amount for initial, annual, and follow-up family planning visits using covered CPT codes (99211 through 99215 and 99204). Reimbursement rates for contraceptive supplies, including intrauterine devices and hormonal implants, are the lesser of the provider's usual and customary charge; the average sales price plus 6% as defined January 1st of each year or average sales price plus 6% upon the drug's initial availability in the marketplace whichever is later; or average wholesale price minus 11% for drugs that do not have an average sales price until such time the average sales price plus 6% pricing becomes available. Reimbursement rates for clinical laboratory and anatomical pathology services are the lesser of the laboratory's usual and customary charge or the statewide maximum allowable amount. There is no cost settlement.

TN No.: 14-001

Supersedes

TN No.: 07-004

Effective Date: January 1, 2014

Approval Date: 06-16-14