DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

**Financial Management Group**

SEP 01 2016

Ms. Linda Wiant, PharmD
Chief, Medicaid Assistance Plans
Medicaid Division
Georgia Department of Community Health
9 Peachtree Street, NW, Suite 36-450
Atlanta, GA 30303-315

RE: Georgia 16-003

Dear Ms. Wiant:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 16-003. Effective July 1, 2016 this amendment proposes to revise the payment methodology for hospital services. Specifically, this amendment will pay an additional $250 per newborn delivery to hospitals located in rural counties with populations less than 35,000.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed changes in payment methodology comply with applicable requirements and therefore have approved them with an effective date of July 1, 2016. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Stanley Fields at (502) 223-5332.

Sincerely,

Kristin Fan
Director

| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 16-003 | 2. STATE GEORGIA |
|---|---|---|
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE<br>July 1, 2016 | |

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X 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: |
|---|---|
| 42 C.F.R. § 447.205 | FFY 2016 $203,241.06<br>FFY 2017 $817,056.15 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: |
| Attachment 4.19A page 14a | Attachment 4.19A page 14a |

10. SUBJECT OF AMENDMENT:

Effective July 1, 2016, the Department of Community Health proposes to reimburse a $250 add-on payment to hospitals in rural counties (populations less than 35,000) for every newborn delivery.

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: | 16. RETURN TO: |
|---|---|
| 13. TYPED NAME: LINDA WIANT | Department of Community Health<br>Division of Medicaid<br>2 Peachtree Street, NW, 36th Floor<br>Atlanta, Georgia 30303-3159 |
| 14. TITLE: CHIEF, DIVISION OF MEDICAID | |
| 15. DATE SUBMITTED: 6/21/16 | |

**FOR REGIONAL OFFICE USE ONLY**

| 17. DATE RECEIVED: | 18. DATE APPROVED: SEP 01 2016 |
|---|---|
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2016 | 20. SIGNATURE OF REGIONAL OFFICIAL: |
| 21. TYPED NAME: KRISTEN FAN | 22. TITLE: Director, FMG |

23. REMARKS:

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT SERVICES

I. Hospital Crossover Claims

The maximum allowable payment to enrolled Georgia and non-Georgia hospitals for Medicare inpatient deductibles and coinsurance (crossover claims) will be the hospital-specific Medicaid per case rate. The maximum allowable payment to non-Georgia hospitals not enrolled the Georgia Medicaid program for Medicare inpatient crossover claims will be the average hospital-specific inpatient per case rate for enrolled non- Georgia hospitals.

J. Payment in Full

1. Participating in-state providers must accept the amount paid in accordance with the Georgia Title XIX Inpatient Hospital Reimbursement Plan as payment in full for covered services.

K. Expanded Newborn Screening Program

Effective for services provided on and after July 1, 2010, an additional payment of $50 per newborn admission will be made to fund costs associated with the expansion of the newborn screening program administered by the Georgia Department of Human Resources.

L. Rural Hospital Newborn Delivery Program

Effective for deliveries occurring on and after July 1, 2016, an additional payment of $250 per newborn delivery will be made to hospitals in rural counties with populations less than 35,000.