

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



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June 26, 2012

Mr. Jerry Dubberly, PharmD.  
Chief, Georgia Department of Community Health  
Medicaid Division  
2 Peachtree Street, NW  
Atlanta, Georgia 30303-3159

Re: Georgia Title XIX State Plan Amendment, Transmittal #12-004

Dear Dr. Dubberly:

We have reviewed Georgia State Plan Amendment (SPA) 12-004, which was submitted to the Atlanta Regional Office on March 30, 2012. The purpose of this State Plan Amendment is to provide assurances that the State is in compliance with the Screening and Enrollment of providers pursuant 42 CFR 455 subpart E.

Based on the information provided, we are now ready to approve Georgia State Plan Amendment 12-004 as of June 21, 2012. The effective date is September 1, 2012. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Carolyn Brown at (404) 562-7421.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

Enclosures

**RECEIVED**

JUN 27 2012

Chief's Office  
Medicaid Division

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 12-004	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 September 1, 2012
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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)

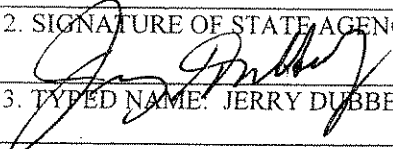
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: FFY 2012 \$ 253,503.00 FFY 2013 \$ 979,048.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.46 Pages 1,2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
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10. SUBJECT OF AMENDMENT:  
Provider Screening and Enrollment

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 <sup>th</sup> Floor Atlanta, Georgia 30303-3159
13. TYPED NAME: JERRY DUBBERLY	
14. TITLE: CHIEF, DIVISION OF MEDICAID	
15. DATE SUBMITTED:	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 03/30/12	18. DATE APPROVED: 06/21/12
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/01/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns

23. REMARKS:  
Approved with the following changes to items 8 and 9 as authorized by State Agency on email dated 06/11/12:  
Block # 6 Changed to read: 42 CFR 455 Block #7 changed to read: FFY2012 \$5,818.00 and FFY2013 \$69,768.00 Block #15 changed to read: 03/30/12

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: GEORGIA

**Provider Screening and Enrollment**

- Citation                    The State Medicaid agency gives the following assurances:  
1902(a)(77)  
1902(a)(39)  
1902(kk);  
P.L. 111-148 and  
P.L. 111-152
- 42 CFR 455                PROVIDER SCREENING  
Subpart E                 Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.
- 42 CFR 455.410        ENROLLMENT AND SCREENING OF PROVIDERS  
 Assures enrolled providers will be screened in accordance with 42 CFR 455.400 *et seq.*  
  
 Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.
- 42 CFR 455.412        VERIFICATION OF PROVIDER LICENSES  
 Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.
- 42 CFR 455.414        REVALIDATION OF ENROLLMENT  
 Assures that providers will be revalidated regardless of provider type at least every 5 years.
- 42 CFR 455.416        TERMINATION OR DENIAL OF ENROLLMENT  
 Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.
- 42 CFR 455.420        REACTIVATION OF PROVIDER ENROLLMENT  
 Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

- 42 CFR 455.422 APPEAL RIGHTS  
 Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
- 42 CFR 455.432 SITE VISITS  
 Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur.
- 42 CFR 455.434 CRIMINAL BACKGROUND CHECKS  
 Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 FEDERAL DATABASE CHECKS  
 Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER  
 Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS  
 Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
- 42 CFR 455.460 APPLICATION FEE  
 Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.
- 42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS  
 Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries’ access to medical assistance.