

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



September 26, 2011

Dr. Jerry Dubberly, Chief
Medicaid Division
Georgia Department of Community Health
2 Peachtree Street
Atlanta, Georgia 30303

Re: Georgia State Plan Amendment, Transmittal #11-004

Dear Dr. Dubberly:

We have reviewed Georgia State Plan Amendment (SPA) 11-004, which was submitted to the Atlanta Regional Office on June 30, 2011. This amendment establishes conditions and guidelines for Freestanding Birthing Centers according to the Affordable Care Act of March 23, 2010.

Based on the information provided, we are now ready to approve Georgia SPA 11-004 as of September 22, 2011. The effective date is June 1, 2011. 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

9. CLINIC SERVICES CONTINUED

AMBULATORY SURGICAL CENTER SERVICES (ASC)

ASC Limitations

Services are limited to those surgical procedures which are covered by Medicare and which have been identified by HHS pursuant to 42 CFR 416.60-75, and to those surgical procedures deemed cost effective by the Department.

Services are provided by distinct entities that operate exclusively for the purpose of providing surgical services to eligible recipients not requiring hospitalization.

Services are furnished to outpatients.

Services are furnished by facilities that meet requirements in 42 CFR 416.25 through 416.49.

Ambulatory surgical centers are recognized by state law under OCGA Section 31-7-1(1)(D).

Attachment 3.1A: freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations With Limitations None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With Limitations (please describe below)

Not applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another category and otherwise covered under the State Plan (i.e, physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 9e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc). *

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

TN No. 11-004
Supersedes
TN No. 90-37

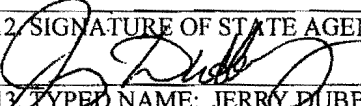
Approval Date: 09-22-11




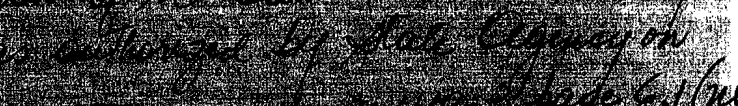


Effective Date June 1, 2011



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



Freestanding Birth Center Services



1. The Agency's rates were set as of July 1, 2003, and are effective for services on or after that date. Except as otherwise noted in the plan, the statewide maximum allowable reimbursement rate is 84.645% of the 2000 Resource Based Relative Value Scale as specified by Medicare for Georgia Area 1 (referred to as, "RBRVS") and is the same for both governmental and private providers.
2. Medicaid covers and reimburses for services rendered by providers administering prenatal labor and delivery or postpartum care in freestanding birth care centers such as physicians, nurse midwives and other providers of such services as recognized under Title 43 of the Official Code of Georgia Annotated. Practitioners furnish other covered mandatory services in accordance with Attachment 3.1-A, Page 4a-3.
3. Pregnant women, recipients under twenty-one (21) years of age, nursing home residents, and hospice care recipients, are not required to pay-the co-payment. Emergency services and family planning services are exempt from co-payments.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-004	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 June 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
<input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 2301 of the Affordable Care Act (2010)	7. FEDERAL BUDGET IMPACT: FFY 2010 \$ 0 FFY 2011 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 4a-2, Section 9 Correction: 3.1A page 4a-3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 4a-2, Section 9	
10. SUBJECT OF AMENDMENT: AMBULATORY SURGICAL CENTER SERVICES and BIRTHING CENTER SERVICES		
11. GOVERNOR'S REVIEW (Check One):		
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:  8/19/11	16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW Atlanta, Georgia 30303-3159	
13. TYPED NAME: JERRY DUBBERLY		
14. TITLE: CHIEF, DIVISION OF MEDICAID		
15. DATE SUBMITTED:		

APPROVED BY:  DATE: 8/19/11
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