Table of Contents

State/Territory Name: Georgia

State Plan Amendment (SPA) #: 13-012

This file contains the following documents in the order listed:

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

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

Financial Management Group

OCT 06 2014

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

RE: Georgia 13-012

Dear Mr. Dubberly:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-012. The purpose of this amendment is to provide inpatient supplemental payments to certain privately owned hospitals.

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. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A.

Based upon your assurances, Medicaid State plan amendment 13-012 is approved effective July 1, 2013. We are enclosing the HCFA-179 and the amended plan page.

It should be noted that pursuant to the review of the proposed Upper Payment Limit demonstration related to this SPA is approved under the current methodology with an end date of June 1, 2014. At that time or before, a revised Upper Payment Inpatient Hospital demonstration will need to be submitted for approval for payments after that date.

If you have any questions, please call Dicky Sanford at (334) 241-0044.

Sincerely,

//s//

Timothy Hill
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: **13-012**	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 **July 1, 2013**	

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

NEW STATE PLAN | X 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: **42 C.F.R. § 433.68; 42 C.F.R. § 447.250**	7. FEDERAL BUDGET IMPACT: **FFY 2013: $ 0** **FFY 2014 : $ 16,494,168**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 4.19-A, p. 13a and 13b**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **N/A**

10. SUBJECT OF AMENDMENT: **This amendment will result in supplemental payments to a subclass of privately owned hospitals for certain identified inpatient hospital services.**

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: //s//	16. RETURN TO: Mr. Justin M. Senior Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: April Cook
13. TYPED NAME: Mr. Justin M. Senior	
14. TITLE: Deputy Secretary for Medicaid	
15. DATE SUBMITTED: 09-30-13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09-30-13	18. DATE APPROVED: 10/06/14
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/13	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Timothy Hill	22. TITLE: Director, CMCS

23. REMARKS:

Approved with the following changes to item 8 as authorized by State Agency e-mail:

Block #8 Changed to read: Attachment 4.19-A pages 14a and 14a.1.

Block #9 Changed to read: Attachment 4.19-A pages 14a and 14a.1.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT SERVICES

Supplemental Access to Care Payments for Private Hospitals:

A. As of July 1, 2013, privately owned Georgia hospitals, excluding children's, geriatric, osteopathic, critical access, rehabilitative and psychiatric hospitals, ("private hospital subclass") shall be paid supplemental amounts for the provision of hospital inpatient services set forth in this section. The supplemental amounts shall be in addition to any other amounts payable to hospitals with respect to those services.

B. Payments are not to exceed the inpatient upper payment limit gap calculated in Section IV – Other Rate Adjustments less Section IV rate payment adjustments, hospitals in the private hospital subclass providing access to specialized care for Georgia's Medicaid and general population, shall receive an additional payment per Routine Medicaid fee-for-service day derived from the most recent Medicaid MMIS inpatient fee-for-service date of service claims data as follows:
    a. Organ Transplant Centers as determined by the Georgia Department of Community Health and updated annually with the most recent information available as of July 1 of each fiscal year - $450.00
    b. Short-term Acute Care hospitals with a Medicaid case mix index (CMI) equal to or exceeding one standard deviation above the average Short-term Acute Care hospital Medicaid CMI derived from the Medicaid MMIS inpatient fee-for-service date of service claims data and updated annually with the most recent information available as of July 1 of each fiscal year - $225.00
    c. Hospital campuses with 50 or more psychiatric beds as determined by the Georgia Department of Community Health and updated annually with the most recent information available as of July 1 of each fiscal year - $180.00
    d. Hospitals with a National Accreditation Program for Breast Centers as determined by the American College of Surgeons and updated annually with the most recent information available as of July 1 of each fiscal year - $42.50
    e. Hospitals with a Commission on Cancer Accredited Cancer Programs as determined by the American College of Surgeons and updated annually with the most recent information available as of July 1 of each fiscal year - $42.50

C. The Inpatient Upper Payment Limit demonstration for the period July 1, 2013 through June 30 2014 will include organ acquisition cost in the calculation of the Medicare Cost to Charge Ratio.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT SERVICES

Beginning July 1, 2014, the Inpatient Upper Payment Limit Demonstration will exclude organ acquisition cost in the calculation of the Medicare Cost to Charge Ratio.

D. Should the aggregate of Section IV rate payment adjustments and calculated supplemental payments in paragraph (B) exceed the available inpatient upper payment limit for hospitals in the private hospital subclass, payment per each supplemental payment type in paragraph (B) will be proportionately adjusted to ensure supplemental payments do not exceed the available inpatient upper payment limit gap calculated in Section IV-Other Rate Adjustments.

E. Payments are equal to the inpatient UPL gap calculated in Section IV – Other Rate Adjustments less Section IV rate adjustment payments and paragraph (B) Access to Care Payments, hospitals in the private subclass shall receive a payment equal to a uniform