

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: 13-013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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**

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May 23, 2014

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

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 13-013

Dear Dr. Dubberly:

We have reviewed the proposed Georgia State Plan Amendment 13-013, which was submitted to the Atlanta Regional Office on September 30, 2013. This amendment proposes to implement supplemental payments to a subclass of privately owned Georgia hospitals for certain identified outpatient hospital services.

Based on the information provided, the Medicaid State Plan Amendment GA 13-013 was approved on May 23, 2014. The effective date of this amendment is July 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Amr Ali at (404) 562-7338 or [Amr.Ali@cms.hhs.gov](mailto:Amr.Ali@cms.hhs.gov).

Sincerely,

//s//

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>13-013</b>	2. STATE <b>GEORGIA</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR <b>CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		4. PROPOSED EFFECTIVE DATE <b>July 1, 2013</b>	
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: <b>42 C.F.R. § 433.68</b>		7. FEDERAL BUDGET IMPACT: <b>FFY 2013: \$ 0 FFY 2014 : \$ 5,210,225</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B, Page 8.12</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>N/A</b>	
10. SUBJECT OF AMENDMENT: <b>This State Plan Amendment will result in supplemental payments to a subclass of privately owned hospitals for certain identified outpatient hospital services.</b>			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<b>Single State Agency Comments Attached</b>	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>//s//</i>		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: 09-30-13			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 09-30-13		18. DATE APPROVED: 05-23-14	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-13		20. SIGNATURE OF REGIONAL OFFICIAL: <i>//s//</i>	
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 emails dated : 05/15/14 and 05/20/14			
<b><u>Block # 7 changed to read:</u> 7b FFY 5,274,217.</b>			
<b><u>Block # 8 changed to read:</u> Attachment 4.19-B pages 8.10, 8.11 and 8.12.</b>			
<b><u>Block # 9 changed to read:</u> Attachment 4.19-B pages 8.10, 8.11 and 8.12.</b>			

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

25	adjusted Medicaid annual payments	(Line 10 x line 24)	750,237
26	adjusted annual cost of services	(Line 8 + line 13 + line 18 + line 23) x line 24	1,153,473
27	UPL amount	Line 26 – line 25	403,236

**Footnotes for UPL Adjustment Factors:**

8.10

TN No. 13-013  
Supersedes  
TN No. 10-010

Approval Date: 5-23-14      Effective Date: 07/01/13

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

Line 26: Cost Inflation:

DCH uses Global Insight Hospital Market Basket (Table 6.3), as adopted by CMS, for all inflation-related hospital cost estimates. This quarter-by-quarter index provides a breakout of all relevant categories of hospital cost.

This is primarily eligibility growth. DCH currently predicts Medicaid fee-for-service eligibility in the Aged, Blind and Disabled (ABD) population to grow annually at 1.4%.

15. Effective for dates of service April 1, 1991, and after, the Department will provide payment to enrolled hospitals which offer, either directly or through contract, birthing and parenting classes to Medicaid-eligible pregnant women. Reimbursement will be the lesser of the amount billed for revenue code 942 or the maximum allowable payment amount established by the Department. When the outpatient cost-based settlements are made, claims for outpatient services for birthing and parenting classes will be excluded from the settlement calculations as reimbursement is at a fixed payment rate.

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8.11

TN No. 13-013  
Supersedes  
TN No. 10-010

Approval Date: 5-23-14

Effective Date : 07/01/13

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

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 outpatient 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 outpatient upper payment limit (UPL) gap calculated in Section 14 on page 8.6 of Attachment 4.19-B, less Section 14 rate payment adjustments,~~ supplemental payments shall be made to hospitals with 50 beds or less in the private hospital subclass which provide presenting access to telemedicine, tele-trauma or tele-stroke services for Georgia's Medicaid and general population as determined by the Georgia Partnership for Telehealth and updated annually with the most recent information available as of July 1 of each fiscal year. These additional payments shall be an amount of \$75.00 per outpatient Medicaid fee-for-service encounter derived from the most recent Medicaid MMIS outpatient fee-for-service date of service claims data.
- C. ~~Payments are~~ equal to the outpatient UPL gap calculated in Section 14 on page 8.6 of Attachment 4.19-B, less Section 14 rate adjustment payments and paragraph (B) Access to Care Payments, hospitals in the private subclass shall receive a payment equal to a percentage increase applied to annual outpatient hospital Medicaid fee-for-service payments derived from the most recent Medicaid MMIS outpatient 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. The percentage increase will be equal to the remaining pool amount divided by the annual outpatient hospital Medicaid fee-for-service payments for the private hospital subclass.
- D. Supplemental payments shall be paid in four installments within the state fiscal year.
- E. Hospital payments made under this section, when combined with other payments made under the state plan shall not exceed the limit specified in 42 CFR 447.321.
- F. The total funds that will be paid to each hospital will be included in the calculation of disproportionate share limits as described in Section III.B.3 of Attachment 4.19 – A.