

Table of Contents

State/Territory Name: Georgia

State Plan Amendment (SPA) #:19-0006

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
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303-8909



Atlanta Regional Operations Group

December 18, 2019

Lynette Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree Street, NW, Suite 36-450
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment, GA 19-0006

Dear Ms. Rhodes:

We have reviewed the proposed State Plan Amendment, GA 19-0006, which was submitted to the Atlanta Regional Office originally on June 20, 2019. This amendment proposes to make Graduate Medical Education (GME) paid claims Add-On Payments for Community Service Boards (CSBs) with GME programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME), effective on or after July 1, 2019.

Based on the information provided, the Medicaid State Plan Amendment GA 19-0006 was approved on December 18, 2019. The effective date is July 1, 2019. 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.

Sincerely,

/s/

Davida R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-0006	2. STATE Georgia
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2019	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Section 1917(b) <i>et seq.</i> of the Act, 1917(a)(1)(B) of the Act, and 42 C.F.R. 700 <i>et seq.</i>	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$117,253 b. FFY 2020 \$561,181
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1a-21	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Not Applicable

10. SUBJECT OF AMENDMENT:

: Graduate Medical Education (GME) Supplemental Payments for Community Service Boards (CSBs)

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: /s/	16. RETURN TO: Georgia Department of Community Health Division of Medical Assistance Plans 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159
13. TYPED NAME: LYNNETTE R. RHODES, ESQ.	
14. TITLE: Executive Director, Medical Assistance Plan	
15. DATE SUBMITTED: 06/20/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/20/19	18. DATE APPROVED: 12/18/19
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/19	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Davida R. Kimble	22. TITLE: Acting Deputy Director Division of Medicaid Field Operations South

23. REMARKS: Approved with the following changes to blocks #6, 7 and 10 on RAI Response dated 12/16/19.

Block # 6 changed to read: 42 CFR Part 447
Block # 7 changed to read: FFY19 \$120,319 and FFY20 \$516,475
Block # 10 changed to read: Graduate Medical Education (GME) paid Claims Add-On Payments for Community Service Boards (CSBs)

D. Graduate Medical Education Payments for Community Service Boards

Community Service Boards (CSBs) with Graduate Medical Education (GME) programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) will be eligible to receive GME supplemental payments. The annual amount of each eligible CSB's GME payments will be calculated as follows:

- (1) Determine the Percentage of the CSB Claims Attributable to Medicaid in the previous fiscal year.
- (2) Multiply the percentage of the CSB claims attributable to Medicaid by the total GME annual expenses for the current fiscal year.
- (3) Divide the last four state fiscal years average CSB annual Medicaid claim count into the GME expenses reimbursable by Medicaid.
- (4) This amount is the per claim GME add-on amount.