HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

ATTACHMENT 4.18-C.

Page 1 OMB No.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:								
Α.	The following	charges	are	imposed on	the	medically	needy for	services:
	den and Paris	•				Type of	Charge	
	ice and Basis Determination			Deduct	•	Coins	Co-pay.	Amount
Non-	Emergency outpar	tient se:	rvice	ЭБ			х	\$ 3.00

A co-payment study was conducted within Georgia and a comparison study with other states was completed. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 93-29

Supersedes TN No. 85-24

Approval Date 3-10-94

Effective Date 7-1-93

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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' Page 1.001

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

Α.	The following char	ges are imposed on th	e medically	needy for se	rvices:
Sarv	ice and Basis		Type of	Charge	<u></u>
	Determination	Deduct.	Coins	Co-pay.	Amount

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard copayment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a copayment.

TN No. 94-017 Supersedes TN NO. NEW

Approval Date_

7/6/94 Effective Date 7/1/94

ECFA-PH-85-14 SEPTEMBER 1985

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(BERC)

ATTACHMENT 4.18-C

Page 1.002

OMB No.: 09

0938-0193

STATE PLAN UNDER TITLE III OF THE SOCIAL SECURITY ACT

STATE: _GEORGIA

A. The following charges are imposed on the medically needy for services:

Service and Basis	Type of Charge					
for Determination	Deduct.	Coins	Co-pay.	Amount		
Nurse practitioners evaluation and management office visits			Y	2.00		

A co-payment study was conducted by the Georgia Office of Planning and Budget and the department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. <u>94-019</u> Supersedes TN No. <u>New</u> Approval Date

HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE III OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the medically needy for services:

Service and Basis				
for Determination	Deduct.	Coins	Co-pay.	Amount
Durable Medical Equipment	······		×	\$3.00
Durable Medical Supplies and Renta	ls		×	1.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. <u>94.030</u> Supersedes TN No. <u>N</u>PW Approval Date Ef

Effective Date

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HCFA-PM-85-14 SEPTEMBER 1985 (BERC)

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0938-0193

STATE PLAN UNDER TITLE III OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

The following charges are imposed on the medically needy for services: A.

Service and Basis		Type of Charge			
for Determination	Deduct.	- Coins	Co-pay.	Amount	
Orthotics and Prosthetics Services			x	\$3.00	

A co-payment study was conducted by the Georgia Office of Planning and Budget and the department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard copayment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a copayment.

44 42 TN No. Supersedes TN No.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

GEORGIA STATE:

The following charges are imposed on the medically needy for services:

Service and Basis for Determination	Deduct.	Amount		
Home Health Services			, x	\$3.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia . and a comparison study with other states was also completed. The standard copayment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a copayment.

TN No. 94-012 Supersedes TN No. <u>u</u>ew

Approval Date

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2/7/95

Effective Date

7/1/94

HCFA-PM-85-14 SEPTEMBER 1985

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Page 1.006 OMB No.:

0938-0193

STATE PLAN UNDER TITLE III OF THE SOCIAL SECURITY ACT

STATE: <u>GEORGIA</u>

The following charges are imposed on the medically needy for services: A.

Service and Basis	Type of Charge				
for Determination	Deduct.	Coins	Co-pay.	Amount	
			· · · · · · · · · · · · · · · · · · ·		
Non-Emergency Transportation			×	\$1.00	

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard copayment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a copayment.

TN No. 94-023 Supersedes TN NO. NEW

Approval Date_

2/7/95

7/1/94 Effective Date

SEPTEMBER 1985

Page 1.007

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORIGA

A. The following charges are imposed on the medically needy for services:

Service and Basis				
for Determination	Deduct.	Coins	Co-pay.	Amount
Physicians and Podiatrists Evalua- tion and Management office visits		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	x	\$2.00
Ophthalmology Service visits			x	2.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. <u>94-016</u> Supersedes TN No. New

HCFA-PH-85-14 SEPTEMBER 1985 (BERC)

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OMB No.:

0938-0193

STATE PLAN UNDER TITLE III OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

The following charges are imposed on the medically needy for services:

Service and Basis		Type of C	harge	
for Determination	Deduct.	Coins	Co-pay.	Amount
Optometric evaluation and manageme office visits	nt		x	s 1.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia · and a comparison study with other states was also completed. The standard copayment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a copayment.

TN No. 94-024 Supersedes TN No. TAXAX New

2/21/95 Effective Date_ 7-01-94 Approval Date_

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OMB No.: 938-0193

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

Α.	The following charges are imposed on the medically needy for services:

Type of Charge

Service and Basis For Determination	Deduct.	Coins	Co-pay.	An	nount
Pharmacy Services			Х	Cost to State \$10.00 or less \$10.01 to \$25.00 \$25.01 to \$50.00 \$50.01 or more	Co-Payment \$0.50 co-payment \$1.00 co-payment \$2.00 co-payment \$3.00 co-payment

The co-payment structure was established to administer the Preferred Drug List program. Co=payments are based on the maximum allowable charges as described in 42 CRF 447.54 (a) non-institutional services

TN No. 01-030 JUL 0 1 2001 DEC 1 2 2881 Approval Date _ Supersedes Effective Date_

TN No. 94-028

Revision: H

HCFA-PH-85-14 SEPTEMBER 1985

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE III OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the medically needy for services:

Service and Basis				
for Determination	Deduct.	Coins	Co-pay.	Amount
Ambulatory Surgical Centers	* maga		x	\$3.00
Rural Health Centers			x	2.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. <u>94-039</u> Supersedes TN No. <u>NUW</u> Approval Date

Effective Date

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OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

The following charges are imposed on the medically needy for services:

Service and Basis		Type of Charge				
for Determination	Deduct.	Coins	Co-pay.	Amount		
Federally Qualified Health Centers [Community Health Center Services	(CHC)]	-	ж	\$2.00		

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard copayment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a copayment.

TN NO. 94-051 Supersedes TN No. NO

2/21/95 Effective Date 7/1/94 Approval Date

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE III OF THE SOCIAL SECURITY ACT

STATE: _GEORGIA_

A. The following charges are imposed on the medically needy for services:

Service and Basis		Type of C	harge	
for Determination	Deduct.	Coins	Co-pay.	Amount

Inpatient Hospital Services

\$12.50

Recipients affected by the co-payment are limited to adult recipients of Supplemental Security Income (SSI) benefits, certain other adult disabled and aged recipients and parents of children receiving Aid to Pamilies with Dependent Children (AFDC) benefits. Children under age twenty-one, pregnant women, nursing home residents, and hospice care recipients are not required to pay this co-payment. Emergency services and family planning services received by Medicaid recipients do not require a co-payment.

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-036
Supersedes Approval Date Effective Date 7/1/94
TN No. New

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SEPTEMBER 1985

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	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State: GEORGIA
В.	The method used to collect cost sharing charges for medically needy individuals:
	Providers are responsible for collecting the cost sharing charges from individuals.
	The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
c.	The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:
	Providers accept the recipients' word as to their ability to pay the co-payment.
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TN No. 93-29

Supersedes Approval Date 03-(0-94 Effective Date 07-01-93

TN No. 85-24

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Revision: HCFA-PM-85-14 (BERC) SEPTEMBER 1985 STATE PLAN UNDER TITI

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STATE	DT.ZN	TINDED	न्य.गगान	YTY	OF	THE	SOCTAL	SECURITY	ACT
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State:	GEORGIA	
	implementing and enforcing the n 42 CFR 447.53(b) are describe	
The exclusions are system.	determined by edits and audits	s of the claims payment
E. Cumulative maximums	on charges:	
$[\overline{X}]$ State policy do	des not provide for cumulative	maximums.
[] Cumulative maxi	imums have been established as	described below:
E. Cumulative maximums X State policy do	on charges: Des not provide for cumulative	maximums.

TN No. 93-29			3-10-94		7-1-93
Supersedes TN No. 85-24	Approval D	Date .		Effective Date	1-1-33