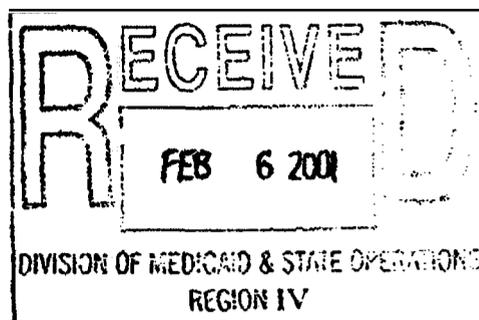


**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

Roy E. Barnes, Governor

2 Peachtree Street, NW
Atlanta, GA 30303-3159
www.communityhealth.state.ga.us

Russ Toal
Commissioner
404.656.4507
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January 31, 2001

Mr. Eugene A. Grasser
Associate Regional Administrator
Division of Medicaid
Sam Nunn Atlanta Federal Center
61 Forysth Street, SW - Suite 4T20
Atlanta, Georgia 30303-8909

Dear Mr. Grasser:

The Georgia Department of Community Health, Division of Medical Assistance, formally submits for your review State Plan Amendment PC-01-002, Section 4.3, pages 5 through 8. This amendment removes the role of the State Department of Labor from the eligibility determination process.

Please contact Carolyn Ferrell at (404) 651-9961 or Jana Key at (404) 657-9506 if you have any questions.

Sincerely,

Mark Trail, Acting Director
Division of ~~Medical~~ Assistance

GBR/aj
Enclosures

An Equal Opportunity Employer

APPLICATION PROCESSING

Upon receipt of the *CHIP application*, the TPA will screen the application for potential Medicaid eligibility. If, based on a check of the DMA's Information System, the child is a current Medicaid enrollee, the TPA will deny the application for CHIP. If the child is potentially Medicaid eligible based on reported income, the TPA will serve as "case coordinators" and provide State Eligibility Specialist with an electronic file of the application for eligibility determination. The State Eligibility Specialists will report back the eligibility and enrollment status for all referred children. The TPA will notify family of Medicaid enrollment and serve as ongoing case coordinators for the children, including the renewal process, and coordination with Medicaid with changes in household composition, income or address.

For children who are not Medicaid eligible, the TPA will determine if: net family income is at or below the 235% federal poverty level; the child is covered by a group health plan (either currently or in the past three months); the child is eligible for health benefits through a family member's employment with a state agency; and if the child is a U.S. citizen or lawfully admitted alien.

The TPA will check the Georgia Merit System files for potential eligibility under the state's health benefit plan. The TPA will also be required to use customer service personnel to follow up on incomplete or unclear information found in the application.

If a child is determined to be ineligible for CHIP, the family will receive a written notice describing the reason for ineligibility. The notice shall specify the reason for the denial (e.g. excess income, age over eighteen years etc.) The notice shall also specify the applicant's opportunity to request a reconsideration of the decision and related procedures to accomplish this. This may include submission of additional or clarifying information to allow a review of the application decision. If the client is not satisfied with the final decision of the TPA, the case will be sent to DMA for further review.

If a child is found to be eligible for the CHIP program, the family will receive a notice describing available benefits, a confirmation of the MCO (Managed Care Organization) or GBHC (Georgia Better Health Care) Primary Care Provider selected by the family (if a selection was made), instructions on how to submit premium payments and a number to contact the TPA to report changes.

CONTINUING ENROLLMENT

At the time of application approval, the family will receive information requiring them to report changes in their income, place of residence or household size to the TPA. If these changes would result in ineligibility, the TPA will send the client a notice of termination and close the case. The notice shall specify the reason for termination (e.g. excess income, age over eighteen, years etc.) The notice shall also specify the applicant's opportunity to request a reconsideration of the decision and related procedures to accomplish this. This may include submission of additional or clarifying

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information to allow a review of the termination decision. If the client is not satisfied with the final decision of the TPA, the case will be sent to DMA for further review.

As long as the family continues to meet all eligibility requirements and continues to pay the monthly premium as required, the child(ren) may be eligible for coverage for twelve (12) months.

PREMIUM COLLECTION and REINSTATEMENT PROCESS

- Premiums: Children ages 0-5 \$0
 Children ages 6-18 \$7.50 (1 child) \$15.00 (2 children)
- Applicant must submit 1 month's premium with application for it to be complete. Once determined eligible enrollment occurs by first of next month.
- When applicant is enrolled, the TPA will send a coupon payment book (or other payment mechanism) to the enrollee for use in making regular premium payments. Clients may send in premiums for multiple months.
- The first month's coverage will be funded with state/federal funds. The premium sent with application will be applied to the second month's coverage. With this model, the collection process will be one month ahead of coverage and an enrollee has 30 days after being late with a payment to submit it before coverage is terminated.
- If payments are late, the notification/cancellation process will begin. Two letters will be sent before cancellation occurs.

An example follows:

January 6th	Applicant submits complete application.
January 16th	Eligibility is determined. Applicant is enrolled, if eligible.
February 1st	Enrollee is eligible to start receiving benefits. State/federal dollars fund February's coverage.
March 1st	Parental premium submitted with application is applied to March's coverage. April premium is due.
March 10th	April premium is late, if not yet received.
March 31st	If April premium has not been received, cancellation will occur.

- If coverage is terminated due to nonpayment of premium, coverage may be reinstated at any time within the 12 month eligibility period, with the payment of premium for month of reinstatement. Coverage will resume the first of the next month.

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44. Describe the procedures that assure:

- 4.4.1. Through intake and follow up screening, that only targeted low-income children who are ineligible for either Medicaid or other creditable coverage are furnished child health assistance under the state child health plan. (Section 2102)(b)(3)(A))**

Upon receipt of the application, the TPA will screen the application for potential Medicaid eligibility. If, based on a check of the DMA's Information System, the child is a current Medicaid enrollee, the TPA will deny the application for CHIP. If the child is potentially Medicaid eligible based on reported income, the TPA will ~~mut~~ the application to the State's Medicaid eligibility unit for a determination of Medicaid eligibility.

For children who are not Medicaid eligible, the TPA will determine if the child is covered by a group health plan or eligible for health benefits through a family member's employment with a state agency. The TPA will check the Georgia Merit System files for potential eligibility under the state's health benefit plan.

Once the child is enrolled in the CHIP program, monthly checks will be made of the Medicaid Information System to insure that the child has *not* been approved for Medicaid while eligible for CHIP benefits.

In order to insure the integrity of the program, DMA's Quality Control Unit will conduct periodic reviews of a random sample of approved, denied and terminated CHIP cases. These reviews will be patterned after the Title XIX Medicaid Eligibility Quality Control (MEQC) process. The client will be contacted and all eligibility elements be verified through information gathered from the primary source. In this way, the state can be assured that only targeted low-income children without other creditable coverage are being served by the CHIP program.

- 4.4.2. That children found through the screening to be eligible for medical assistance under the state Medicaid plan under Title XIX are enrolled for such assistance under such plan. (Section 2102)(b)(3)(B))**

Upon receipt of the CHIP application, the TPA will screen the application for potential Medicaid eligibility. If, based on a check of the DMA's Information System, the child is a current Medicaid enrollee, the TPA will deny the application for CHIP. If the child is potentially Medicaid eligible based on reported income, the TPA will serve as "case coordinators" and provide State Eligibility

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