

June 15, 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

Attn: Michael McDaniel

The Georgia Department of Community Health, Division of Medical Assistance, formally submits for your review State Plan Amendment PC-01-003, Section 4.3, page 6. This amendment is to begin coverage during the month of receipt of application rather than the following month.

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

MT/aj  
Enclosures



An example follows:

Date	Event
January 6 <sup>th</sup>	Applicant submits complete application.
January 16 <sup>th</sup>	Eligibility is determined. Applicant is enrolled, if eligible. Child is eligible to receive benefits effective January 1 <sup>st</sup> . State/federal dollars fund January's coverage.
February 1 <sup>st</sup>	Child is enrolled in GBHC, the primary care case management program. State/federal dollars fund February's coverage.
March 1 <sup>st</sup>	Parental premium submitted with application is applied to March's coverage. April premium is due.
March 10 <sup>th</sup>	April premium is late, if not yet received.
March 20 <sup>th</sup>	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. The parent may request reinstatement by phone and will have the option of reinstating for the current or the next upcoming month. All applicable premiums must be paid for the reinstatement to become effective.