

GEORGIA TITLE XXI STATE PLAN AMENDMENT

received – 2/21/2001

General

1. Please indicate the effective date of this proposed amendment.

July **1,2000** for the eligibility expansion to **235%** of the federal poverty level (The State Plan Amendment to increase income eligibility to **235%** of the federal policy level was initially submitted in September **2000**);

July **1,2001** for the change in Application Screening process for Medicaid referrals.

2. Budget – Please submit the State’s one year budget that details the fiscal impact of the increase in eligibility to 235% FPL, i.e., indicate the source of non-Federal funds, indicate which fiscal year this budget covers, total program expenditures, total administrative costs, the administrative cost cap, and total estimated enrollees. The enhanced FMAP rate for Georgia should be **71.77** percent for Federal FY 2001. The administrative cap should be determined by dividing the NET BENEFIT COSTS by 9.

Please see attached Excel sheet for budget submitted for FFY **2000,2001** and **2002**.

The source of non-federal funds will be from a general state appropriation to the Department of Community Health for the purpose of Peachcare for Kids.

Section 4

3. How many additional children does the State anticipate enrolling?

There are an additional **24,000** children estimated to be eligible for this expansion. The anticipated enrollment would be consistent with the average participation rate of **70%**, resulting in **16,800** children enrolling.

4. The change to section 4.4.4, submitted as an addendum (letter from Commissioner Toal, dated March 9,2000) to the amendment approved on April 20,2000, is not reflected in the submitted pages. According to this addendum, American Indian/Alaskan Natives are exempt from cost sharing. Verify that this change has been operationalized.

The change to exempt American Indian/Alaskan Natives has been implemented.

5. Please describe the Third Party Administrator’s (TPA) role as “case coordinator”, and how has this role changed when their function in the original SPA was described as “customer service”? Does the TPA inform the applicant of his/her cost sharing cap amounts? Please list the TPA’s duties.

The “case coordination” by the TPA applies to the manner in which Medicaid referrals are handled by the TPA for Peachcare for Kids. It does not affect the functions performed for S-CHIP. Serving as “case coordinators,” the TPA maintains all of the

information, including the outcome of the Medicaid eligibility determination by state staff, on its database. This allows us to keep track of applications for children as they are approved for Medicaid and reevaluate applications which are determined to be ineligible for Medicaid.

As Peachcare for Kids has a premium with a maximum payment of **\$15** per household per month (\$180 a year) and no other costs associated with covered benefits, no family enrolled in the program will ever reach the **5%** out-of-pocket payment limit. A family of three at 100% of the federal poverty level would pay less than **1.2%** of the annual household income. As no family will exceed the maximum, the TPA does not notify the family of cost sharing maximums.