

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Family and Children's Health Programs Group, Center for Medicaid and State Operations

October 4, 2002

Mr. Gary Redding
Commissioner
Georgia Department of Community Health
2 Peachtree St., NW
Atlanta, GA 30303

Dear Mr. Redding:

Thank you for your State Children's Health Insurance Program (SCHIP) state plan amendment submitted on July 30, 2002. As you are aware, your proposal has been undergoing review by the Department of Health and Human Services. In order to proceed with our review, we find it necessary to seek further information. Our major concerns relate to the following areas.

- Section 12, relating to applicant and enrollee protections. Section 42 CFR 457.1120 requires that the state plan include a description of the State's review process. Additional information is needed related to the review processes for eligibility and enrollment matters and for health services matters.

The enclosure more fully explains this and other areas of the proposal that require additional information and clarification. CMS may have further questions in addition to the information requested at this time.

Under section 2106(c) of the Act, CMS must approve, disapprove, or request additional information on a proposed title XXI State plan amendment within 90 days. This constitutes our notification that specified additional information is needed in order to assess fully the concerns raised in this letter. The 90-day review period has been stopped by this request and will resume as soon as the State's response to this request for additional information is received. The members of the Review Team will be happy to answer any questions you may have in regard to this letter and to assist your staff in formulating a response.

Please send your response, either on disk or electronically, as well as in hard copy, to Meredith Robertson, project officer for the Georgia title XXI proposal, with a copy to CMS Region IV Office. Meredith's Internet address is mrobertson@cms.hhs.gov. Her mailing address is:

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Centers for Medicare & Medicaid Services
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Division of State Children's Health Insurance
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We appreciate the efforts of your staff and share your goal of providing health care to low-income, uninsured children through title XXI. If you have questions or concerns regarding the matters raised in this letter, your staff may contact either Meredith Robertson at (410) 786-6543 or Michael McDaniel, CMS Region IV, at (404) 562-7413. They will provide or arrange for any technical assistance you may require in preparing your response. Your cooperation is greatly appreciated.

Sincerely,

/s/
Richard Chambers
Director

Enclosure

cc: CMS Region IV DMSO

ENCLOSURE

1. Sections 4.1.7/4.4.4.1

The reasons for voluntary termination of coverage presented in this section are not consistent with section 4.4.4.1 and the amendment approved on February 11, 2002. Please revise or provide further explanation.

2. Section 4.1.9

Please specify whether the State requires a social security number for any applicant, consistent with the requirements of 42 CFR 457.340(b).

3. Section 4.3

Please describe the State's process for redetermining eligibility.

4. Section 4.4.3

Please describe how the State facilitates enrollment in the appropriate PeachCare for Kids program when a child is determined ineligible for Medicaid.

5. Section 4.4.4.1

Please describe how the State *monitors* for substitution of coverage.

6. Section 5

Please confirm that the "attachment 4" referenced in this section is the same as in Georgia's state plan dated May 28, 1998.

7. Section 6.1.2

Coverage that includes benchmark coverage plus any additional coverage is considered Secretary-approved coverage. Please revise the plan to describe the coverage under section 6.1.4.4.

8. Sections 6.2.6/6.2.7/6.2.8

We note that the benefits described in these sections have changed from the approved State plan. Does the coverage continue to meet or exceed the benefits provided under the benchmark plan?

9. Section 7.1

Describe the methods (including external and internal monitoring) used to assure the quality and appropriateness of care, particularly with respect to well-baby care, well-child care, and immunizations provided under the plan.

10. Section 7.2.2

Please describe the methods used to assure access to emergency services.

11. Section 7.2.3

Describe the methods used to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition.

12. Section 8.3

We note that the ages described in section 8.3 are inconsistent with those described in section 8.2.1. Please clarify.

13. Section 8.6

Please confirm that as noted in section 4.4.5, any premiums paid will be reimbursed within 45 days of receipt of documents of tribal membership.

14. Section 9.2

Has the State established baseline data and determined target improvement levels for each goal (as discussed in the August 16, 1998 response to questions from CMS)?

15. Section 9.3

Please describe how performance under the State Plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the State's performance.

16. Section 9.5

Please describe the State's plan for annual assessments and reports.

17. Section 9.9

Please describe the mechanisms in place to allow for ongoing public involvement in the implementation of the plan. If applicable, please elaborate on how the Medical Assistance Study Committee ensures public input for SCHIP.

18. Section 9.9.1

Are there any organized Indian Tribes or organizations in Georgia? If so, please describe the process used by the State to ensure interaction with Indian Tribes and organizations in the State on the development and implementation of the procedures required in 42 CFR 457.125 to ensure the provision of child health assistance to American Indian or Alaska Native children, as required by 42 CFR 457.120(c).

19. Section 9.10

Please revise the budget to show the following (a budget template is enclosed):

- a) Assumptions on which the budget is based, including cost per child and expected enrollment.
- b) Cost sharing amounts are offset from health services expenditures.
- c) A break-out of the costs associated with the administrative expenditures noted in the amendment.

Alternatively, if this amendment does not have a significant impact on the previously approved budget, then provide an explanation of why the amendment is not significant and include the previously approved budget.

20. Section 12.1

- a) The State indicated that it provides an opportunity for review of a denial of eligibility. Please assure that all applicants and enrollees also have the opportunity for review of the following eligibility or enrollment matters in 42 CFR 457.1130(a): 1) failure to make a timely determination of eligibility and 2) suspension or termination of enrollment, including disenrollment for failure to pay cost-sharing.
- b) Please describe at what point in the process reviews of eligibility or enrollment matters are conducted in an impartial manner, consistent with 42 CFR 457.1150(a).
- c) Please describe how the State completes reviews of eligibility or enrollment matters in a reasonable amount of time, consistent with 42 CFR 457.1160(a). Please also describe how the State considers the need for expedited review when there is an immediate need for health services.
- d) Please describe how the State provides enrollees with an opportunity for continuation of enrollment, consistent with 42 CFR 457.1170.
- e) Please describe how the State provides applicants and enrollees with timely written notice of determinations related to eligibility or enrollment matters and describe whether the information contained within such notice is consistent with 42 CFR 457.1180.
- f) Please describe how the State ensures that applicants and enrollees are guaranteed the rights set forth in 457.1140(d)(1)(2) and (3) during the review process.

21. Section 12.2

Please describe the review process for health services matters and that it complies with 42 CFR 457.1120. Please include in the description the specific details about the review process to demonstrate compliance with 42 CFR 457.1130(b), 457.1140(c) and (d), 457.1150(b), 457.1160(b), and 457.1180.