

Board of Community Health
Meeting
June 13, 2024

Members Present

Norman Boyd
Roger Folsom
David Crews
Anthony Williamson
Nelva Lee
Cynthia Rucker
Shane Mobley
Tommy Hopkins

Members Absent

Robert Cowles

The Board of Community Health held its meeting via Zoom teleconference. (An agenda and a List of Attendees are attached hereto and made an official part of these Minutes as Attachments #1 and #2). Chairman Norman Boyd presided and called the meeting to order at 10:30 a.m.

Minutes

The Minutes of the May 9, 2024 meeting were unanimously approved.

Opening Comments

None to report.

Commissioner's Report

Commissioner Carlson thanked the Board, members of the public, and staff for their participation via Zoom.

The following updates were provided to the Board:

- It is important to note that the Department is preparing for new legislation effective July 1, 2024.
- Today's agenda items include:
 - Jesse Cox represents Health Planning and will share information related to Certificate of Need (CON) in the spirit of customer service, education, and respect for numerous stakeholders and customers.
 - Several updates for the direct payment programs (DPPs) represent a lot of work between the finance and reimbursement teams and stakeholders, namely, the Georgia Hospital Association (GHA), whose expertise is always appreciated.
- State Health Benefit Plan (SHBP) team evaluations for the Medicare Advantage (MA) procurement have concluded and are under final legal review. We expect a public announcement at the end of this month.

- Medicaid managed care proposals continue to be thoroughly vetted and evaluated. Thank you to all the subject matter experts and the countless hours of thought-provoking discussions.
- Congratulations to the Aspiring Leaders graduates within the Department.
- Recognition for employees' years of service milestones.

Lynnette Rhodes, Chief Health Policy Officer presented to the Board for final adoption of the Medical Assistance Plans, State Plan Amendment (SPA): Adult Dental Public Notice.

Pending approval by the Centers for Medicare and Medicaid Services (CMS) and the Department of Community Health (DCH) Board, DCH proposed to amend the State Plan for Medicaid to expand the scope of dental services available to individuals over age twenty-one (21) by removing existing limitations on certain procedure codes. This amendment is consistent with budgetary instructions from the 2024 legislative session.

An opportunity for public comment was held on May 14, 2024 at 11:30 a.m. via Zoom. Written comments were due on or before May 21, 2024.

Oral comments received:

- None.

Written comments received:

- None.

Ms. Rhodes respectfully asked for the Board's favorable consideration of final adoption.

David Crews MADE a MOTION to approve the Medical Assistance Plans, State Plan Amendment (SPA): Adult Dental Public Notice. Shane Mobley SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment (SPA): Adult Dental Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Kim Morris, Director of Reimbursement presented to the Board for final adoption the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Select Primary Care and Obstetrics and Gynecology (OBGYN) Codes Public Notice.

Pending approval by the Centers for Medicare and Medicaid Services (CMS), the Department of Community Health (DCH) proposed to reimburse select Primary care

codes to 90% of Medicare 2024 rates and select Obstetrics and Gynecology codes to the 2024 Medicare rates, effective July 1, 2024.

An opportunity for public comment was held on May 14, 2024 at 12:30 p.m. via Zoom. Written comments were due on or before May 21, 2024.

Oral comments received:

- Fay Fulton, Executive Vice President, Georgia Academy of Family Physicians

Written comments received:

- Angela Highbaugh-Battle, MD, President, Georgia Chapter, American Academy of Pediatricians
- Samuel L. “Le” Church, MD, MPH, CPC-I, FAAFP, President Georgia Academy of Family Physicians

The following summary of public comments was received:

1. The commenters expressed concerns with the following paragraph in the public notice:
Rates shown are for providers reimbursed at the par rate (accept Medicare assignment); reimbursement rates for non-par providers (do not accept Medicare assignment) are slightly lower.

DCH Response: The Department has retracted this statement from the public notice.

2. The commenters expressed concern with the Department not using all funds appropriated by the General Assembly.

DCH Response: The Department has revised the public notice to list the total and state funds appropriated by the General Assembly.

Ms. Morris respectfully asked for the Board’s favorable consideration of final adoption.

Roger Folsom MADE a MOTION to approve the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Select Primary Care and Obstetrics and Gynecology Codes (OBGYN) Public Notice. Tommy Hopkins SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Select Primary Care and Obstetrics and Gynecology (OBGYN) Codes Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Kim Morris, Director of Reimbursement presented to the Board for final adoption the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Select Optometric Codes Public Notice.

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health (DCH) proposed to increase reimbursement rates for select Optometric codes by 10%.

The General Assembly through HB916 appropriated total funds of \$1,153,451 with State funds of \$392,172, to increase the reimbursement rates for CPT codes 92004 and 92014.

An opportunity for public comment was held on May 15, 2024 at 11:30 a.m. via Zoom. Written comments were due on or before May 22, 2024. No oral or written comments were received.

Oral comments received:

- None.

Written comments received:

- None.

Ms. Morris respectfully asked for the Board's favorable consideration of final adoption.

Nelva Lee MADE a MOTION to approve the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Select Optometric Codes Public Notice. David Crews SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Select Optometric Codes Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Brian Lipton, Director of Strategic Finance presented to the Board for final adoption the Medical Assistance Plans, Advancing Innovation to Delivery Equity (AIDE) Revised Eligibility Public Notice.

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health (DCH) proposed a revision to the eligibility criteria for the Advancing Innovation to Deliver Equity (AIDE) state directed payment program, effective July 1, 2024. Eligible hospitals would be defined as a hospital that is: (1) an individual acute care hospital providing more than (i) 63,000 total Medicaid inpatient days based on the 2020 Medicare Cost Report and (ii) 100,000 total In-State Medicaid inpatient days as reported in the 2021 DCH Disproportionate Share Hospital (DSH) Final Payment Eligibility Report or (2) a non-state government-owned hospital designated as both a sole community

hospital and a teaching hospital on CMS Form 2552-10 for cost reporting period ending 2022.

The AIDE payments for all participants represent the difference between the aggregate provider commercial reimbursement and Medicaid payments using average commercial rates. The resulting percentage increase derived from these commercial rate equivalent calculations will be applied to all eligible participating hospitals' Care Management Organization (CMO) claims to calculate the value-based directed payment amount.

Ten percent of program payments will be at risk based on performance improvement of applicable quality metrics. Baseline performance metrics will be established in the first year based on established national benchmarks and consistent with the requirements for existing participants.

An opportunity for public comment was held on May 15, 2024 at 12:30 p.m. via Zoom. Written comments were due on or before May 22, 2024.

Oral comments received:

- None.

Written comments received:

- Caylee Noggle, President and CEO, Georgia Hospital Association

The following summary of comments was received:

1. The commenter was in full support of the proposed change, mentioning the DPP program's crucial role in strengthening essential hospital services and advancing Georgia's healthcare workforce, and commending the Department for its continual efforts to enhance the programs.

DCH Response: The Department thanks the commenter for her written comments and support.

Mr. Lipton respectfully asked for the Board's favorable consideration of final adoption.

Cynthia Rucker MADE a MOTION to approve the Medical Assistance Plans, Advancing Innovation to Delivery Equity (AIDE) Revised Eligibility Public Notice. Shane Mobley SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Advancing Innovation to Delivery Equity (AIDE) Revised Eligibility Public Notice is attached hereto and made an official part of these minutes as Attachment #6).

Brian Lipton, Director of Strategic Finance presented to the Board for final adoption the Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Revised Eligibility Public Notice.

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health (DCH) proposed a revision to the eligibility criteria for the Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) state directed payment program, effective July 1, 2024. Eligible hospitals are currently defined as teaching hospitals with at least five resident full-time equivalents (FTEs) based on schedule E part A, lines 10, 11, and 16 in the Medicare cost reports, excluding teaching hospitals participating in Georgia Advancing Innovation to Deliver Equity (Tier 1). This change will create a two-tier structure, adding rural teaching hospitals with between 0.1 – 4.9 FTEs as reported on schedule E part A, lines 10, 11, and 16 in the Medicare cost reports (Tier 2).

A hospital will be considered a rural hospital if the hospital's county is not in a Metropolitan Statistical Area, as defined by the United States Office of Management and Budget, or is a county having a population of less than 50,000 according to the United States decennial census; provided, however, that for counties which contain a military base or installation, the military personnel and their dependents living in such county shall be excluded from the total population of that county.

The STRONG payments for the Tier 2 STRONG hospitals represent a 75% increase to hospital Medicaid managed care base payments, which is less than the difference between 100% of commercial reimbursement and Medicaid managed care base payments. Given the facilities participating in this program also participate in the GA Hospital Directed payment program (HDPP), the final increase under this preprint will be 24.45% for Inpatient claims and 55.82% for Outpatient claims, since the HDPP pays 50.55% for Inpatient claims and 19.18% increases for Outpatient claims. There is no change to the 200% increase to hospital Medicaid managed care base payments for Tier 1 STRONG hospitals.

An opportunity for public comment was held on May 15, 2024 at 2:30 p.m. via Zoom. Written comments were due on or before May 22, 2024.

Oral comments received:

- None.

Written comments received:

- Caylee Noggle, President and CEO, Georgia Hospital Association

The following summary of comments was received:

1. The commenter was in full support of the proposed change, emphasizing the DPP program's crucial role in strengthening essential hospital services and advancing Georgia's healthcare workforce, and commending the Department for its continual efforts to enhance the programs.

DCH Response: The Department thanks the commenter for her written comments and support.

Mr. Lipton respectfully asked for the Board's favorable consideration of final adoption.

Cynthia Rucker MADE a MOTION to approve the Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Revised Eligibility Public Notice. Shane Mobley SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Revised Eligibility Public Notice is attached hereto and made an official part of these minutes as Attachment #7).

Brian Lipton, Director of Strategic Finance presented to the Board for final adoption the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Public Hospitals Rate Increase Public Notice.

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health (DCH) proposed an increase in reimbursement for the hospital state directed payment program for eligible public hospitals, effective July 1, 2024. Eligible public hospitals are defined as all state and non-state government hospitals, excluding all Critical Access Hospitals.

The program currently provides for the aggregate difference between Medicare reimbursement and Medicaid managed care base payments. DCH proposes an additional 10% increase on Medicaid managed care base payments for those eligible hospitals in Pool 2 of the Disproportionate Share Hospital (DSH) program.

This program is estimated to increase provider funding of critical services for the Medicaid population and strengthen Georgia's healthcare workforce.

An opportunity for public comment was held on May 16, 2024 at 11:30 a.m. via Zoom. Written comments were due on or before May 23, 2024.

Oral comments received:

- None.

Written comments received:

- Caylee Noggle, President and CEO, Georgia Hospital Association

The following summary of comments was received:

1. The commenter was in full support of the proposed change, emphasizing the DPP program's crucial role in strengthening essential hospital services and advancing Georgia's healthcare workforce, and commending the Department for its continual efforts to enhance the programs.

DCH Response: The Department thanks the commenter for her written comments and support.

Mr. Lipton respectfully asked for the Board's favorable consideration of final adoption.

Cynthia Rucker MADE a MOTION to approve the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Public Hospitals Rate Increase Public Notice. Tommy Hopkins SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Public Hospitals Rate Increase Public Notice is attached hereto and made an official part of these minutes as Attachment #8).

Brian Lipton, Director of Strategic Finance presented to the Board for final adoption the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Rate Increase Public Notice.

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health (DCH) proposed an increase in reimbursement for the hospital state directed payment program for eligible private hospitals, effective July 1, 2024. Eligible private hospitals are defined as all private, acute hospitals excluding general cancer hospitals, free-standing children's hospitals, rehabilitative/psychiatric/long-term acute hospitals, and rural emergency hospitals. All critical access hospitals are excluded.

The program currently provides for the aggregate difference between Medicare reimbursement and Medicaid managed care base payments. DCH proposes an additional 10% increase on Medicaid managed care base payments for those eligible hospitals in Pool 2 of the Disproportionate Share Hospital (DSH) program.

This program is estimated to increase provider funding of critical services for the Medicaid population and strengthen Georgia's healthcare workforce.

An opportunity for public comment was held on May 16, 2024 at 12:30 p/m. via Zoom. Written comments were due on or before May 23, 2024.

Oral comments received:

- None.

Written comments received:

- Caylee Noggle, President and CEO, Georgia Hospital Association

The following summary of comments was received:

2. The commenter was in full support of the proposed change, emphasizing the

DPP program's crucial role in strengthening essential hospital services and advancing Georgia's healthcare workforce, and commending the Department for its continual efforts to enhance the programs.

DCH Response: The Department thanks the commenter for her written comments and support.

I respectfully ask for the Board's favorable consideration of this item for final adoption and will pause for questions.

Mr. Lipton respectfully asked for the Board's favorable consideration of final adoption.

Tommy Hopkins MADE a MOTION to approve the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Rate Increase Public Notice. Roger Folsom SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Rate Increase Public Notice is attached hereto and made an official part of these minutes as Attachment #9).

Kim Morris, Director of Reimbursement presented to the Board for initial adoption the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Speech-Language Pathology, Audiology, Physical Therapy and Occupational Therapy Public Notice.

	State Funds	Federal Funds	Total Funds
SFY 2025	\$4,855,862	\$9,426,086	\$14,281,948

Ms. Morris also stated that the Department will not adjust the price of any CPT codes not priced by Medicare or reduce the reimbursement rates in those instances wherein the application of the 2023 Medicare rate would result in a reimbursement rate reduction.

An opportunity for public comment will be held on June 18, 2024 at 10:00 a.m. via Zoom. Written comments will be due on or before June 25, 2024.

Ms. Morris respectfully asked for the Board's favorable consideration of initial adoption.

David Crews MADE a MOTION to approve the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Speech-Language Pathology, Audiology, Physical Therapy and Occupational Therapy Public Notice. Cynthia Rucker

SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Speech-Language Pathology, Audiology, Physical Therapy and Occupational Therapy Public Notice is attached hereto and made an official part of these minutes as Attachment #10).

Lynnette Rhodes, Chief Health Policy Officer presented to the Board for initial adoption the Medical Assistance Plans, Qualified Residential Treatment Program (QRTP) Rate Development Public Notice.

Pending approval by the Centers for Medicare and Medicaid Services (CMS), and the Department of Community Health (DCH) Board, the Qualified Residential Treatment Program (QRTP) will be a new designation of placement created by the Family First Prevention Services Act (FFPSA) effective July 1, 2024.

A QRTP is a program that has a trauma-informed treatment model, is designed to address needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances, and meets other requirements outlined in the Act. Title IV-E funding is available if the child's placement is more than two weeks and in a congregate care setting. Criteria for a QRTP include the following:

- Licensed and accredited
- Must use a trauma-informed treatment model
- Facilitate and document family involvement and outreach
- Provide at least six months post-discharge, family-based aftercare
- Have registered or licensed nursing staff and other licensed clinical staff (on-site consistent with the treatment model and available 24/7)

This is a joint initiative between DCH and the Department of Human Services (DHS), Division of Family and Children Services (DFCS). The fiscal impact for both agencies is as follows:

QRTP Rate and Budget Estimate					
Bill Code Description	Agency Impact	Per Diem Rate	State Funds	Federal Funds	Total Funds
Per Diem Rate – Room and Board	DFCS	\$141.36	\$3,954,437	\$1,205,203	\$5,159,640
Per Diem Rate – Service Cost	DCH	\$472.21	\$5,859,695	\$11,375,970	\$17,235,665

An opportunity for public comment will be held on June 18, 2024 at 11:30 a.m. via Zoom. Written comments will be due on or before June 25, 2024.

Ms. Rhodes respectfully asked for the Board's favorable consideration of initial adoption.

Tommy Hopkins MADE a MOTION to approve the Medical Assistance Plans, Qualified Residential Treatment Program (QRTP) Rate Development Public Notice. Roger Folsom SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Qualified Residential Treatment Program (QRTP) Rate Development Public Notice is attached hereto and made an official part of these minutes as Attachment #11).

Peter D'Alba, Director, Pharmacy Services presented to the Board for initial adoption the Medical Assistance Plans, Pharmacy Professional Dispensing Fee Increase Public Notice.

This proposal would increase the professional dispensing fee to \$11.50 for independent pharmacies with a prescription claim volume of ≤65,000 per year, coverage effective July 1, 2024.

The fiscal impact for State Fiscal Year 2025 is as follows:

	State Funds	Federal Funds	Total Funds
SFY 2025	\$315,064	\$611,664	\$926,729

An opportunity for public comment will be held on June 20, 2024 at 11:00 a.m. via Zoom. Written comments will be due on or before June 27, 2024.

Mr. D'Alba respectfully asked for the Board's favorable consideration of initial adoption.

Shane Mobley MADE a MOTION to approve the Medical Assistance Plans, Pharmacy Professional Dispensing Fee Increase Public Notice. David Crews SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Pharmacy Professional Dispensing Fee Increase Public Notice is attached hereto and made an official part of these minutes as Attachment #12).

Peter D'Alba, Director, Pharmacy Services presented to the Board for initial adoption

the Medical Assistance Plans, State Plan Amendment (SPA): Hospital Inpatient Payment for Long-Acting Injectable (LAI) Antipsychotic Drugs Public Notice.

This proposal would allow for an add-on payment to psychiatric inpatient claims for certain long-acting injectable (LAI) antipsychotic drugs, effective with dates of service beginning July 1, 2024. Hospitals will be separately reimbursed at the Practitioner Fee Schedule rate (unit price multiplied by the units billed) for certain LAI antipsychotic drugs listed in the public notice which are administered in the hospital inpatient setting for a mental health disorder.

The fiscal impact for State Fiscal Year 2025 is as follows:

	State Funds	Federal Funds	Total Funds
SFY 2025	\$2,709,288	\$5,259,792	\$7,969,080

An opportunity for public comment will be held on June 21, 2024 at 10:30 a.m. via Zoom. Written comments will be due on or before June 28, 2024.

Mr. D'Alba respectfully asked for the Board's favorable consideration of initial adoption.

Shane Mobley MADE a MOTION to approve the Medical Assistance Plans, State Plan Amendment (SPA): Hospital Inpatient Payment for Long-Acting Injectable (LAI) Antipsychotic Drugs Public Notice. Roger Folsom SECONDED THE MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment (SPA): Hospital Inpatient Payment for Long-Acting Injectable (LAI) Antipsychotic Drugs Public Notice is attached hereto and made an official part of these minutes as Attachment #13).

Jesse Cox, Legal Services Officer presented to the Board a Certificate of Need (CON) informational update.

- HB 1339 directs DCH to review and update the State Health Benefit Plan (SHBP) at least every 5 years beginning January 1, 2025.
 - DCH will also:
 - Consider the relevance of the numerical need methodologies and review the overall requirements associated with developing services under CON;
 - Identify and address health issues, re-evaluate and recommend goals, objectives, and system changes to achieve official state health policies for every population across the state; and,
 - Solicit active participation from various stakeholders (healthcare providers, consumers, advocates, representatives of state agencies, elected officials, etc.) for input about the future direction of delivering

healthcare services in Georgia and how DCH can partner in this effort through compatible health planning initiatives.

- The goal is to be responsive to the changing healthcare needs of Georgians.
- The Department must also work with the Office of Legislative Counsel to review the CON code section and make recommendations to streamline the statutory process for CON and letter of determination requests.
- The bill creates the Comprehensive Health Coverage Commission to advise improving access to healthcare for low-income and uninsured populations.
- HB 1339 adds additional exemptions to CON requirements, including psychiatric and substance use disorder inpatient beds, perinatal services in rural counties, birthing centers, and acute care hospitals in rural counties.
- A CON will no longer be required for capital expenditures or new diagnostic imaging equipment for existing services.
- The bill also modifies the CON process in several ways, including reduced timelines and removal of the Commissioner-level review of CON contested decisions.
- Finally, the Rural Hospital Tax Credit cap is raised to \$100 million per year, and the sunset of that program is extended to December 31, 2029.

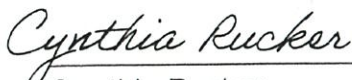
New Business/Closing Comments

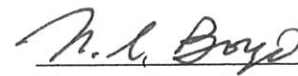
Chairman Boyd provided notice that a Special Call Board meeting will take place in late June.

Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:21 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 13th DAY OF June, 2024.


Cynthia Rucker
Secretary


Norman Boyd
Chairman

Official Attachments:

#1 Agenda

#2 List of Attendees

#3 Medical Assistance Plans, State Plan Amendment (SPA): Adult Dental Public

Notice

- #4 Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Select Primary Care and Obstetrics and Gynecology (OBGYN) Codes Public Notice
- #5 Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Select Optometric Codes Public Notice
- #6 Medical Assistance Plans, Advancing Innovation to Delivery Equity (AIDE) Revised Eligibility Public Notice
- #7 Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Revised Eligibility Public Notice
- #8 Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Public Hospitals Rate Increase Public Notice
- #9 Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Rate Increase Public Notice
- #10 Medical Assistance Plans, State Plan Amendment (SPA): Increase Reimbursement Rates for Speech-Language Pathology, Audiology, Physical Therapy and Occupational Therapy Public Notice
- #11 Medical Assistance Plans, Qualified Residential Treatment Program (QRTP) Rate Development Public Notice
- #12 Medical Assistance Plans, Pharmacy Professional Dispensing Fee Increase Public Notice
- #13 Medical Assistance Plans, State Plan Amendment (SPA): Hospital Inpatient Payment for Long-Acting Injectable (LAI) Antipsychotic Drugs Public Notice