

REIMBURSEMENT POLICY STATEMENT GEORGIA MEDICAID

Original Issue Date	Next Annual Review	Effective Date
06/07/2017	06/07/2018	02/01/2018-10/31/2022
Policy Name		Policy Number
Nursing Facility Services		0321
Policy Type		
Medical	Administrative	Pharmacy
		REIMBURSEMENT

Contents of Policy

<u>REIMBURSEMENT POLICY STATEMENT</u>	1
<u>TABLE OF CONTENTS</u>	1
<u>A. SUBJECT</u>	2
<u>B. BACKGROUND</u>	2
<u>C.</u>	

Ar

Arc

Arc