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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 17-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 4, 2017

Blake T. Fulenwider, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 17-0008

Dear Mr. Fulenwider:

We have reviewed the proposed Georgia State Plan Amendment 17-0008, which was submitted to the Atlanta Regional Office on September 28, 2017. This SPA will increase certain medical service codes to 100% of the Calendar Year 2014 Medicare fee schedule for attested primary care physicians and physician extenders. The effective date of this increase is on or after July 1, 2017.

Based on the information provided, the Medicaid State Plan Amendment 17-0008 was approved on December 4, 2017. The effective date of this amendment is July 1, 2017. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Amr Ali at (404) 840-1748 or Amr.Ali@CMS.HHS.GOV

Sincerely,

//s//

Shantrina Roberts
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-008	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 447.205		7. FEDERAL BUDGET IMPACT: FFY 2017 \$3,980,211 FFY 2018 \$16,060,571	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 4.008		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B Page 4.008	
10. SUBJECT OF AMENDMENT: To implement physician rate increases for select Evaluation and Management (E&M) billing codes per Georgia HB44.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: LINDA WIAN T		Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159	
14. TITLE: CHIEF, DIVISION OF MEDICAID			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/28/17		18. DATE APPROVED: 12/04/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/01/17		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Shantrina Roberts		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Approved with the following changes to block 8 and 9. Block# 8 changed to read: Attachment 4.19-B pages 4.007 and 4.008; Preprint page 66b Block# 9 changed to read: Attachment 4.19-B pages 4.007 and 4.008; Preprint page 66b			

Increased Primary Care Service Payment 42 CFR 447.00

Physician Services – Primary Care Payment

The state will continue to reimburse for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 CFR 447.00 remain in effect. The rates will be 100 percent of those in effect for these services and providers during CY 2014. A provider must meet one of the following requirements listed below to qualify for the enhanced payment.

- a. A provider must be Board certified with a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics that is recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA), and must actually practice their specialty.
- b. A non-board certified provider who practices in the field of family medicine, general internal medicine, or pediatrics or a subspecialty under one of the these specialties, is eligible if he/she can attest that 60 percent of their paid Medicaid procedures billed are for certain specified procedure codes for evaluation and management services and certain vaccines for children administration codes.
- c. Physician extenders (physician assistants, nurse practitioners and nurse midwives) are also eligible for increased payment for designated services as long as they practice under the supervision of an eligible physician with professional responsibility for the provision of care.

Physicians and physician extenders who are reimbursed through Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), public health departments, nursing homes or a facility's encounter (visit, or per diem rate) or who are not practicing in one of the designated primary care specialties are not eligible for increased rates. Primary care physicians who receive supplemental reimbursement via the Physician Upper Payment Limit (UPL) Program are excluded from the provider rate increase.

The state will also reimburse at the above mentioned CY 2014 rates for services provided by physicians and physician extenders with an obstetrical and/or gynecological specialty designation.

Method of Payment

The state has adjusted its fee schedule to make payment at the higher rate for each E&M code.

Primary Care Services Affected by this Payment Methodology

This payment applies to Evaluation and Management (E&M) billing codes 99202-99205, 99212-99215, 99217, 99218, 99221, 99222, 99231-99233, 99238, 99239, 99244, 99381, 99460, 99462, 99468, 99469, 99477, and 99391-99395.

Starting July 1, 2017, this payment will also apply to E&M billing codes 99201, 99211, 99219, 99220, 99223 – 99226, 99234 – 99236, 99241, 99242, 99243, 99245, 99251 – 99255, 99281 – 99285, 99291, 99292, 99304 – 99310, 99318, 99324 – 99328, 99334 – 99337, 99341 – 99345, 99347 – 99350, 99354 – 99357, 99382, 99383, 99384, 99385, 99406, 99407, 99412, 99461, 99463 – 99465, 99471, 99472, 99475, 99476, 99478, 99479, and 99480.

Physician Services – Vaccine Administration

The state reimburses vaccine administration furnished by physicians meeting the requirements of 42 CFR 447.00 (a) at the regional maximum administration fee set by the Vaccines for Children Program in 2014 for code 90460. Codes 90471 and 90472 are reimbursed at the Medicare fee schedule in effect for the CY 2014 under the Patient Protection and Affordable Care Act rate increase for Medicaid primary care and vaccine administration.

Starting July 1, 2017, codes 90473 and 90474 are reimbursed at the Medicare fee schedule in effect for CY 2014.

Method of Payment – Vaccine Administration

The state has adjusted its fee schedule to make payment at the higher rate for each vaccine administration code.

Primary Care Services Affected by this Payment Methodology

This payment applies to vaccine administration billing codes 90460, 90471 and 90472.

Effective Date of Payment

E&M Services and Vaccine Administration

This reimbursement methodology applies to services delivered on and after July 1, 2016, unless otherwise noted herein.

All rates are published at:

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/56/Default.aspx> .

Revision: HCFA-PM-94-8 (MB)
 July 2017
 State/Territory: Georgia

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2)
 (C)(ii) of
 the Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:

(ii) The State:

_____ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

_____ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

 X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.**

- The State pays \$10 for the administration of a vaccine.**

** Providers that qualify for the enhanced payments described at Attachment 4.19B, Pages 4.007 – 4.008 will be paid at the regional maximum established by the DHHS Secretary.

_____ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Enrolling all Health Departments, Rural and Community Health Centers.

Requiring providers enrolled in the HEALTH CHECK (EPSDT) program to enroll in the Vaccines for Children (VFC) program and provide immunizations to Medicaid recipients.

Providing a reasonable administration fee to all providers who provide immunizations to Medicaid recipients.