

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

December 16, 2021

Lynette Rhodes, Esq.  
Executive Director, Medical Assistance Plans  
Department of Community Health  
2 Peachtree Street, NW, Suite 36-450  
Atlanta, Georgia 30303  
RE: SPA 21-0012

Dear Ms. Rhodes:

We have reviewed the proposed Georgia State Plan Amendment (SPA) 21-0012, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. This plan amendment will remove the provision which prohibits a physician from receiving supplemental payments through the Fee-for-Service Physician Upper Payment Limit (UPL) program and the enhanced primary care reimbursement rates simultaneously.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or [Moshe.Wolf@CMS.HHS.gov](mailto:Moshe.Wolf@CMS.HHS.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**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.

Effective with payments made after 10/1/2021, eligible primary care physicians who receive the Medicare enhanced rate are eligible to receive supplemental reimbursement via the Physician Upper Payment Limit (UPL) Program

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.

TN: 21-0012  
Supersedes  
TN: 21-0006

Approval Date: 12/16/2021 Effective Date: October 1, 2021