

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

June 4, 2013

Dr. Jerry Dubberly, Chief
Georgia Department of Community Health/
2 Peachtree Street, NW
Atlanta, Georgia 30303-3159

RE: Title XIX State Plan Amendment, GA 13-004

Dear Dr. Dubberly:

We have reviewed the proposed State Plan Amendment, GA 13-004, which was submitted to the Atlanta Regional Office on March 14, 2013. This amendment implements the Affordable Care Act Section 1202 requirement that Medicaid pay physicians practicing in family medicine, general internal medicine, pediatric medicine, and related subspecialists at Medicare levels for the procedure codes specified in the Act for Calendar Years 2013 and 2014.

Based on the information provided, the Medicaid State Plan Amendment GA 13-004 was approved on June 4, 2013. The effective date of this amendment is January 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

As we are working in partnership to implement this important provision, we would greatly appreciate if you can inform us when your state begins to pay the increased rates to your providers. Additionally, to the extent you have information regarding the number of providers receiving the enhanced payments; we would appreciate that information as well.

If you have any additional questions or need further assistance, please contact Amr Ali at (404) 562-7338 or Amr.Ali@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze".

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

RECEIVED

JUN 05 2013

**Chief's Office
Medicaid Division**

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Physician Services – Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

- Medicare Physician Fee Schedule rate
- State regional maximum administration fee set by the Vaccines for Children program
- Rate using the CY 2009 conversion factor

Documentation of Vaccine Administration Rates in Effect 7/1/09

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

- The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: _____.
- A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: _____.

Alternative methodology to calculate the vaccine administration rate in effect 7/1/09: Vaccine administration codes 90460, 90465 and 90471 were not in effect on 07/01/2009. Two rates were used for vaccine administration services according to the following current procedural terminology codes and diagnosis codes:

1. Single Antigen Vaccine Rate of \$8.00 for the following combination: 90633/V053, 90634/V053, 90647/V0381, 90648/V0381, 90649/V0489, 90650/V0481, 90655/V0481, 90656/0481, 90657/V0481, 90658/V0481, 90660/V0481, 90670/V0382, 90680/V0489, 90681/V0489, 90713/V040, 90716/V054, 90732/V0382, 90734/V0389, 90744/V053, 90746/V053, 90747/V053.
2. Multiple Antigen Vaccine Rate of \$10.00 for the following combination: 90636/V053, 90698/V068, 90700/V061, 90707/V064, 90714/V065, 90715/V061, 90723/V068, 90748/V068.

The vaccine rate in effect for 07/01/2009 was calculated using the codes and rates specified above times their respective claims volume which encompasses 07/01/2009 and is \$8.60.

TN: 13-004
Supersedes
TN: NEW

Approval Date:

6-4-13

Effective Date: January 1, 2013

Note: This section contains a description of the state's methodology and specifies the affected billing codes. Effective January 1, 2013, Georgia Medicaid EPSDT providers can bill the vaccine administration codes 90460, 90471, 90472, 90473 and 90474 (for members up to age 19 years) and, 90471-90474 (for members aged 19-20 years) for vaccines administered. Each of these codes pays \$10.00. Effective January 1, 2013, for providers under the Patient Protection and Affordable Care Act, the vaccine administration codes will pay the following amounts for providers using VFC vaccines for members 18 years of age and younger: 90460, 90471 and 90473-the VFC Regional rate. The rate for code 90472 and 90474 will be the Medicare fee schedule rate. Effective January 1, 2013, for providers under the Patient Protection and Affordable Care Act, the vaccine administration code for providers using their private stock for members 19-20 years of age will reimburse codes 90471-90474 at the Medicare fee schedule rate.

Effective Date of Payment

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at:
<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/56/Default.aspx>.

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Physician Services 42 CFR 447.405 Amount of Minimum Payment

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: The Mean value is derived from the CMS Deloitte Primary Care Excel Enhanced payment tool provided to states in January 2013, but later updated in March 2013 per CMS guidance. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

Method of Payment

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.
- The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made: monthly quarterly semi-annually annually

Primary Care Services Affected by this Payment Methodology

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes): 99288, 99315, 99316, 99339, 99340, 99358, 99359, 99360, 99363, 99364, 99366-99368, 99374, 99375, 99377-99380, 99386, 99387, 99396, 99397, 99401-99408, 99409, 99411, 99412, 99420, 99429, 99441-99444, 99455, 99456, 99467, 99485-99489, 99495, 99496, 99499.

(Primary Care Services Affected by this Payment Methodology – continued)

The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

99224, 99225, and 99226 --all added 01/01/2011; 99239 --added 11/01/2010; and 99406 and 99407 -- both added 10/01/2010

Effective Date of Payment

E&M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at: <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/56/Default.aspx>.

Addendum to SPA: Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Method of Payment

The Department's intent is to make a payment at the higher rate for each Evaluation and Management and vaccine administration code using an adjusted fee schedule. However, the Department will make at least quarterly supplemental payments in lieu of the Medicaid Management Information System (MMIS) being configured to reflect the adjusted fee schedule. The state will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

Physician Services – Vaccine Administration

For procedure 90460 the Department used the state regional maximum administration fee set by the Vaccines for Children program.

For procedures 90471, 90472, 90473, and 90474 the Department used the CY 2009 conversion factor (from the CMS Deloitte Primary Care Excel Enhanced payment tool).



David A. Cook, Commissioner

Nathan Deal, Governor

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

March 15, 2013

Ms. Jackie Glaze
Associate Regional Administrator
Division of Medicaid and State Operations
Region IV, Centers for Medicare and Medicaid Services
Atlanta Federal Center
61 Forsyth Street, SW - Suite 4T20
Atlanta, Georgia 30303-8909

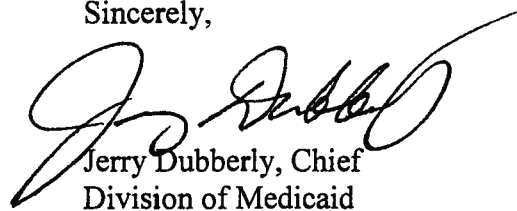
RE: State Plan Amendment 13-004

Dear Ms. Glaze:

The attached State Plan Amendment (SPA) from Georgia affects the Reimbursement Section of the Attachment 4.19-B, and includes the required preprints for Attachment 4.19-B as they relate to the Enhanced Primary Care Service Payment.

Thank you for your consideration in this matter. If you need further assistance, please feel free to contact Ms. Erica A. Dimes, Program Director, Medical Policy Unit (404) 657-7180, or via her e-mail at edimes@dch.ga.gov or Lynnette Rhodes at 404-656-7513 or via her email at lrhodes@dch.ga.gov and email tbrisco@dch.ga.gov on all correspondence.

Sincerely,



Jerry Dubberly, Chief
Division of Medicaid

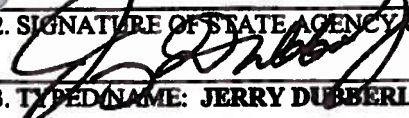
JD/ar


Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-004	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: JANUARY 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
<input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.405, 447.410, 447.415	7. FEDERAL BUDGET IMPACT: FFY 2013 \$ 133,840,243 FFY 2014 \$179,390,539	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-B: Page 4.007, 4.008, 3.1 and 3.2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B	
10. SUBJECT OF AMENDMENT: ENHANCED PRIMARY CARE SERVICE PAYMENT		

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159
13. TYPED NAME: JERRY DUBBERLY	
14. TITLE: CHIEF, DIVISION OF MEDICAID	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 03/14/13	18. DATE APPROVED: 06/04/13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/13	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS: Approved with the following changes to item 7a, 7b, 8 and 9 as authorized by State Agency e-mails dated 05/31/13: Block # 7a Changed to read: FFY13 \$54,652,986 and 7b FFY14 \$84,603,040; Block # 8 changed to read: Attachment 4.19-B pages 3.1, 3.2, 4.007, 4.008 and 3.2 Addendum. Block # 9 Changed to read: Attachment 4.19-B pages 3.1(new), 3.2(new), 4.007 (new), 4.008 (new) and 3.2 Addendum (new).	

STATE PLAN MATERIAL SHEET

TO: Scott Frederking

FROM: John Upchurch
UNIT: Reimbursement Services
PHONE: 404 657 0229
DATE: March 12, 2013
SPA TN: 13-004

Subject of the Amendment:

13-004 ACA Required Primary Care and Vaccine Administration Rate Increase

Proposed Effective Date: January 1, 2013

FEDERAL BUDGET IMPACT

Budget Staff: [Signature]

Date: 3/12/13

FFY: 2013 \$ 133,840,243

FFY: 2014 \$ 179,390,539

STATE BUDGET IMPACT

Budget Staff: [Signature]

Date: 3/12/13

FFY: 2013 \$ 0

FFY: 2014 \$ 0

Federal Regulation Citation(s) or Reference(s):

42 CFR 447.405, 447.410, and 447.415

Reviewed and Approved:

[Signature]
Coordinator or Manager

3/13/13
Date

[Signature]
Division or Office Director

3/13/13
Date

Contents: (check only those applicable)

- ^{CMS} Cover Letter to HCFA
- Proposed Plan Pages
- Newspaper Tear Sheet
Of Public Notice

- NA Backup Material
- Other: _____

FOR STATE PLAN OFFICE USE