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, 40<sup>th</sup> 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 <a href="mailto:Amr.Ali@CMS.HHS.GOV">Amr.Ali@CMS.HHS.GOV</a>

Sincerely,

Shantrina Roberts

Iria Roberts

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

**Enclosures** 

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	17-008	GEORGIA	
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE AND MEDICAID SERVICES			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2017		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN  AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	X AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate Transmittal for each	h amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 C.F.R. § 447.205	FFY 2017 \$3,980,211		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	FFY 2018 \$16,060,571  9. PAGE NUMBER OF THE SUPERS.	EDETA DE ANT CECTUAN	
6. FAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):		
Attachment 4.19-B Page 4.008	in the state of th		
v	Attachment 4.19-B Page 4.008		
10. SUBJECT OF AMENDMENT:	TO A STORAGE TO STORE ST	244	
To implement physician rate increases for select Evaluation and Manager	ment (E&M) billing codes per Georgia HE	344.	
ACCOMPNION OF PRIMERY (OF TAXABLE)			
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IEIED.	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	U OTTIER, AS SEEC.	IFIED.	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
Blake T. July	Department of Community Health		
13. TYPED NAME: BLAKE FULENWIDER	Division of Medicaid		
14. TITLE: CHIEF, DIVISION OF MEDICAID	2 Peachtree Street, NW, 36th Floor		
14. TITLE: CHIEF, DIVISION OF MEDICALD	Atlanta, Georgia 30303-3159		
15. DATE SUBMITTED: 9-27-2017			
FOR REGIONAL OI 17. DATE RECEIVED: 09/28/17	18. DATE APPROVED:	i anno interior de la companio de l	
17. DATE RECEIVED. 49/20/17	12-04-17	grafia de la compansión d Compansión de la compansión	
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/17	20. SIGNATURE OF REGIONAL OFF	ICIAL:	
	22 TITLE: A sting A side Paris		
21. TYPED NAME: Shantrina Roberts	22. TITLE: Acting Associate Region Division of Medicaid & Children's	s Health Operations	
23. REMARKS: Approved with the following changes to blocks			
Block # 8 changed to read: Attachment 4.19-B pages 4.007 and	d 4.000; Browint page 66h		
block # o changed to read. Attachment 4.13-b pages 4.007 and	1 4.006, Freprint page 000		
Plack # 0 changed to read Attachment 4.10 Places 4.007	d 4 00% Propriet mage 66h		
Block # 9 changed to read: Attachment 4.19-B pages 4.007 an	u 4,000, Freprint page 600	ing Arter (1900) in the Control of t	

### **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.

TN: 17-0008

Supersedes TN: 16-001

Approval Date: 12-04-17 Effective Date: July 1, 2017

# 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:

 $\frac{https://www.mmis.georgia.gov/portal/PubAccess.Provider\%20Information/Fee\%20Schedules/tabld/56/Default.aspx}{bId/56/Default.aspx}\;.$ 

TN: 17-0008

Supersedes TN: 16-001

Approval Date: 12-04-17 Effective Date: July 1, 2017

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HCFA-PM-94-8

(MB)

July 2017

State/Territory:

<u>Georgia</u>

#### **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)		d beneficiary access to immunizations is assured through the g methodology:		

Enrolling all Health Departments, Rural and Community Health

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.

TN No. 17-0008 Supersedes TN No. 94-039

Centers.