

PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

PHYSICIAN RATE INCREASE FOR PRIMARY CARE

Pending Centers for Medicare and Medicaid Services (CMS) approval, and subject to payment at fee for service rates, the Department is proposing to increase certain physician services for designated providers and services to 100% of the Calendar Year 2014 Medicare physician fee schedule. The rate increase is effective for dates of service on or after July 1, 2016.

These changes are estimated to increase Medicaid and PeachCare physician expenditures for SFY 2017 as follows:

<u>Program</u>	<u>Total</u>	<u>Federal</u>	<u>State</u>
Aged, Blind and Disabled Medicaid	\$29,379,646	\$19,994,263	\$9,385,383
Low Income Medicaid	\$53,585,580	\$36,467,566	\$17,118,014
PeachCare	\$1,537,049	\$1,537,049	\$0
Total	\$84,502,275	\$57,998,878	\$26,503,397

Eligible primary care providers are physicians who qualified under the ACA PCP increase which was in effect for January 1, 2013 through December 31, 2014. Specifically, for those physicians who attested to a specialty designation of family medicine, general internal medicine and/or pediatric medicine, or an associated subspecialty. Physician Extenders, such as physician assistants, nurse practitioner and nurse midwives are also eligible for the rate increase as long as they previously attested and practice under the supervision of an eligible physician with professional responsibility for the care provided. In addition, physicians and physician extenders who are new to Medicaid as of January 1, 2015, are eligible to attest to a specialty designation, as described above, in order to receive this payment increase.

The service codes eligible for the payment increase are billed under the Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management Codes are presented on the following page.

This public notice is available for review at each county Division of Family and Children Services office. An opportunity for public comment will be held on **April 19, 2016** at 2:30 p.m., at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **April 26, 2016**, to the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303. Comments from written and public testimony will be provided to the Board of Community Health prior to the **May 12, 2016**, Board meeting. The Board will vote on the

proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 14th DAY OF APRIL, 2016

Clyde L. Reese III, Esq., Commissioner

Primary Care Practitioner Rate Increase for FY 2017 (Effective July 1, 2016)*

CODE	Description of Service	Current Medicaid	100% of CY14 Medicare	Change
90460	Vaccine admin, 1-18 years w/ counseling	\$10.00	\$21.93	119%
90471	Vaccine Admin	\$10.00	\$23.54	135%
90472	Vaccine Admin, each Add component	\$10.00	\$11.98	20%
99202	Office/outpatient visit, New Patient	\$54.57	\$71.33	31%
99203	Sick Visit, New Patient	\$76.53	\$103.80	36%
99204	Sick Visit, New Patient	\$110.51	\$160.29	45%
99205	Sick Visit, New Patient	\$137.12	\$200.13	46%
99212	Office/outpatient visit, Established Patient	\$29.67	\$41.63	40%
99213	Office Visit, Established Patient	\$63.14	\$70.15	11%
99214	Office/outpatient visit, Established Patient	\$62.71	\$103.72	65%
99215	Office/outpatient visit, Established Patient	\$93.46	\$139.20	49%
99217	Observation care discharge	\$57.41	\$70.82	23%
99218	Observation care	\$60.29	\$97.53	62%
99221	Initial hospital care	\$60.29	\$99.85	66%
99222	Initial hospital care	\$99.20	\$135.59	37%
99231	Subsequent hospital care	\$30.80	\$38.59	25%
99232	Subsequent hospital care	\$48.02	\$70.85	48%
99233	Subsequent hospital care	\$67.47	\$102.06	51%
99238	Hospital discharge day	\$57.11	\$70.82	24%
99239	Hospital discharge day	\$79.92	\$104.69	31%
99244	Office Consultation	\$139.12	\$180.26	30%
99381**	Initial Preventive Visit, New Patient, Infant	\$67.38	\$106.68	58%
99460	Initial Newborn, E/M per day, hospital	\$64.89	\$93.25	44%
99462	Subsequent Newborn, E/M per day, hospital	\$34.66	\$41.48	20%
99468	Neonatal Critical Care, Initial	\$683.12	\$919.17	35%
99469	Neonatal Critical Care, Subsequent	\$341.09	\$390.13	14%
99477	Initial Neonate, E/M per day, hospital	\$247.49	\$342.26	38%
99391**	Preventive Visit, Established Patient, Infant	\$86.47	\$96.08	11%
99392**	Preventive Visit, Established Patient, Age 1-4	\$92.46	\$102.74	11%
99393**	Preventive Visit, Established Patient, Age 5-11	\$92.17	\$102.41	11%
99394**	Preventive Visit, Established Patient, Age 12-17	\$101.03	\$112.25	11%
99395**	Preventive Visit, Established Patient, Age 18-39	\$103.24	\$114.71	11%

***Eligible Physician Extenders are reimbursed 90% of the new physician rate.**

****For Well-Child Visit Codes 99391- 99395, Eligible Physician Extenders are reimbursed 100% of the new physician rate.**