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NOTICE OF INTENT TO AMEND RULES
THE GEORGIA BOARD FOR PHYSICIAN WORKFORCE
RULE CHAPTER 195-18 *INTERNAL MEDICINE RESIDENCY*
CAPITATION

TO ALL INTERESTED PERSONS AND PARTIES:

Notice is hereby given that pursuant to the authority set forth below, the Georgia Board for Physician Workforce (hereinafter “Board”) proposes amendments to: Georgia Board for Physician Workforce Rule Chapter 195-18 “Internal Medicine Residency Capitation (hereinafter “proposed amendments”).

This notice, together with an exact copy of the rule including the proposed amendments and a synopsis of the proposed amendments, is being forwarded to all persons who have requested, in writing, that they be placed on an interested parties list. A copy of this notice, an exact copy of the rule including the proposed amendments, and a synopsis of the proposed amendments may be reviewed during normal business hours of 8:00 a.m. to 5:00 p.m. Monday through Friday, except official State holidays, at the Georgia Board for Physician Workforce, 2 Peachtree Street NW, 36th Floor, Atlanta, Georgia, 30303. These documents will also be available for review on the Georgia Board for Physician Workforce’s web page at www.gbpw.georgia.gov.

SYNOPSIS OF PROPOSED AMENDMENTS

Purpose of Amendments: The purpose of the rule is to create a chapter for the Internal Medicine Residency Capitation Program.

Main Feature: The main feature of these amendments is to establish definitions and provision of capitation funding for internal medicine residency capitation program funding.

NOTICE OF PUBLIC HEARING

The proposed rule amendments will be considered for adoption by the Georgia Board for Physician Workforce at its meeting scheduled to begin at **9:00 a.m. on April 13, 2017 at Mercer University School of Medicine, 1550 College Street, Macon, Georgia, 31207** to provide the public an opportunity to comment upon and provide input into the proposed amendments. At the public hearing, anyone may present data, make a statement, comment or offer a viewpoint or argument whether orally or in writing. Lengthy statements or statements of a considerable technical or economic nature, as well as previously recorded messages, must be submitted for the official record. Oral statements should be concise and will be limited to five

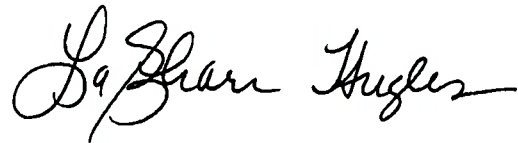
minutes per person. Additional comments should be presented in writing. Written comments are welcome. To ensure their consideration, written comments must be received prior to March 27, 2017. Written comments should be addressed to Executive Director of the Georgia Board for Physician Workforce 2 Peachtree Street NW, Atlanta, Georgia 30303. FAX: 404-656-2596. You may email your comments to yspeight@dch.ga.gov.

According to the Department of Law, State of Georgia, the Georgia Board for Physician Workforce has the authority to adopt the proposed rule amendments pursuant to authority contained in O.C.G.A § 49-10.

For further information, contact the Board office at 404-232-7972. This notice is given in compliance to with O.C.G.A § 50-13-4

Posted:

This 31st day of January 2017



LaSharn Hughes M.B.A
Executive Director
Georgia Board for Physician Workforce

Rule 195-18-.01. General Definitions

- (1) "Internal Medicine Residency Program" is a three year training program after graduation from medical school designed to provide the experience required to train an internal medicine physician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in Internal Medicine.
- (2) "Accreditation Council for Graduate Medical Education" is the body established to accredit residency programs.
- (3) "Essentials of Accredited Residencies in Graduate Medical Education," a document published by the American Medical Association in its annual Graduate Medical Education Directory, details the institutional and program requirements for each of the medical specialties and subspecialties.
- (4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the Residency Review Committee of the Accreditation Council for Graduate Medical Education requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of internal medicine resident training.
- (5) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of internal medicine physicians.
- (6) "Resident" means an individual at any level in an ACGME-accredited Graduate Medical Education Program, including subspecialty programs.
- (7) "Capitation" means Board funding of designated Internal Medicine Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.
- (8) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-18-.01

Authority: O.C.G.A. Sec. 49-10.

Rule 195-18-.02. Internal Medicine Residency Capitation Funding

- (1) For the annual provision of capitation funds to designated Internal Medicine Residency Programs, the Board requires the following conditions be met:
 - (a) Notification of the total number of residents to be trained during an academic year;
 - (b) Maintenance of approval of the Program by the Accreditation Council for Graduate Medical Education;
 - (c) Compliance with all Board guidelines, rules, and regulations;

- (d) Submission of all reports including, but not limited to, a graduate practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the GBPW's Report Guidelines:
1. Practice Location of Graduates. The medical school and/or Internal Medicine Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.
 - (i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., State Medical Education Board, National Health Services Corp.), or other activity of those residents completing their medical education and training at the medical school or Internal Medicine Residency Program.
 - (ii) Medical Schools/Internal Medicine Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of five years post-graduation.
 - (e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for internal medicine physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.
- (2) Payment Process. Based on the Resident Monthly Updates submitted by the Internal Medicine Residency Program, the Board shall authorize disbursement of internal medicine residency capitation funding in quarterly installments.
- (a) The Program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.
 - (b) Capitation payment shall not be made for any one resident in excess of thirty-six months.
 - (c) Payment will not be made for any resident on an unpaid leave of absence.
 - (d) Payment for a resident who must extend his/her training over a period in excess of three (3) years will be authorized by the Board pending availability of funds.
- (3) State Audit. The Medical School and/or Internal Medicine Residency Program shall be subject to an audit of the financial records relating to the Internal Medicine Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Medical School and/or Internal Medicine Residency Program shall:
- (a) Maintain for three (3) years after receipt of Internal Medicine Residency Capitation Funding, all directly pertinent books, documents, papers, and records involving related transactions;

- (b) To account for the State funds received through the Internal Medicine Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.
 - (c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;
 - (d) Be subject to reduction in payment of Internal Medicine Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and
 - (e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.
- (4) Retention of Graduates. The practice location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Medical School and/or Internal Medicine Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-18-.02
Authority: O.C.G.A. Sec. 49-10.