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State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-20-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

January 22, 2026

Stuart Portman
Executive Director
Medical Assistance Plans Division
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334

RE: TN GA-20-0004

Dear Director Portman:

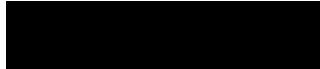
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Georgia state plan amendment (SPA) to Attachments 4.19-A GA-20-0004, which was submitted to CMS on June 30, 2020. This plan amendment increases the reimbursement rate for the newborn screening process from \$63.00 to \$80.40 per newborn admission.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Francis at 617-531-7575 or via email at James.Francis@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0004	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: April 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN		<input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447, 42 CFR Part 440.130		7. FEDERAL BUDGET IMPACT: FFY 2020: \$381,374 FFY 2021: \$746,664	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 14a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A, Page 14a	
10. SUBJECT OF AMENDMENT: Increase the reimbursement rate for Newborn Screening Services from \$63 to \$80.40.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Comments Attached	
12. SIGNATURE OF STATE AGENCY OFFICIAL: [REDACTED]		16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: LYNNETTE R. RHODES			
14. TITLE: EXECUTIVE DIRECTOR, MEDICAL ASSISTANCE PLANS			
15. DATE SUBMITTED: 6/30/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6 / 30 / 2020		18. DATE APPROVED: 01/22/2026	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4 / 1 / 2020		20. SIGNATURE OF REGIONAL OFFICIAL: [REDACTED]	
21. TYPED NAME: Rory Howe		22. TITLE: Director, Financial Management Group	
23. REMARKS:			

I. Hospital Crossover Claims

The maximum allowable payment to enrolled Georgia and non-Georgia hospitals for Medicare inpatient deductibles and coinsurance (crossover claims) will be the hospital-specific Medicaid per case rate. The maximum allowable payment to non-Georgia hospitals not enrolled in the Georgia Medicaid program for Medicare inpatient crossover claims will be the average hospital-specific inpatient per case rate for enrolled non- Georgia hospitals.

J. Payment in Full

I. Participating in-state providers must accept the amount paid in accordance with the Georgia Title XIX Inpatient Hospital Reimbursement Plan as payment in full for covered services.

K. Expanded Newborn screening Program

Effective for services provided on and after July 1, 2010, an additional payment of \$50 per newborn admission will be made to fund costs associated with the expansion of the newborn screening program administered by the Georgia Department of Public Health.

Effective for services provided on and after October 1, 2016, an additional payment of \$63 per newborn admission will be made to fund costs associated with the expansion of the newborn screening program administered by the Georgia Department of Public Health.

Effective for services provided on and after January 1, 2020, the reimbursement amount for newborn screening services will increase from \$63 to \$80.40 to fund costs associated with the expansion of the newborn screening program administered by the Georgia Department of Public Health.

Rural Hospital Newborn Delivery Program

Effective for deliveries occurring between July 1, 2016 and June 30, 2017, an additional payment of \$250 per newborn delivery will be made to hospitals in rural counties with populations less than 35,000.

Effective for deliveries occurring between July 1, 2017 and June 30, 2018, the additional payment per newborn delivery will increase by \$500, resulting in a total additional payment of \$750 per newborn delivery for hospitals in rural counties with populations less than 35,000.

Effective for deliveries occurring on and after July 1, 2018, the additional payment per newborn delivery will increase by \$250, resulting in a total additional payment of \$1,000 per newborn delivery for hospitals in rural counties with populations less than 35,000.