

Table of Contents

State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-25-0006

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

February 25, 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-25-0006

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-25-0006, which was submitted to CMS on June 25, 2025. This plan amendment updates the add-on payment for the Rural Hospital Newborn Delivery Program from \$1,000 to \$3,000 per newborn delivery for hospitals in rural counties having populations less than 35,000, and provides an enhanced payment to hospitals for newborn deliveries in rural counties having populations between 35,001 and 50,000 in the amount of \$1,500 per delivery.

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 July 1, 2025. 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
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 0 6</u>	2. STATE <u>GA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>July 1, 2025</u>
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5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.10</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>25</u> \$ <u>1,917,719</u> b. FFY <u>26</u> \$ <u>7,712,692</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-A Page 14a</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-A Page 14a</u>
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9. SUBJECT OF AMENDMENT
This amendment will increase funds for an additional \$2,000 add-on payment (for a total of \$3,000) for newborn deliveries in rural counties with a population of 35,000 or less. Additionally, this amendment will increase funds to provide a \$1,500 add-on payment for newborn deliveries in rural counties with a population between 35,001 and 50,000.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. TYPED NAME <u>Perri Nena Smith</u>	13. TITLE <u>Medical Assistance Plans Attorney</u>	14. DATE SUBMITTED <u>06/25/2025</u>	15. RETURN TO <u>Stuart Portman</u> Executive Director, Division of Medical Assistance Plans Georgia Department of Community Health 2 Martin Luther King Jr. Drive, 19th Floor Atlanta, Georgia 30334 Email: <u>stuart.portman@dch.ga.gov</u>
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FOR CMS USE ONLY

16. DATE RECEIVED <u>06/25/2025</u>	17. DATE APPROVED <u>February 25, 2026</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/2025</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Rory Howe</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Financial Management Group</u>

22. REMARKS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT SERVICES

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 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 Human Resources.

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.

Effective for deliveries occurring on or after July 1, 2025, the additional payment per newborn delivery will increase by \$2,000, resulting in a total additional payment of \$3,000 for newborn deliveries for hospitals in rural counties with populations less than 35,000.

Effective for deliveries occurring on or after July 1, 2025, a payment of \$1,500 per newborn delivery will be made to hospitals in rural counties with a population between 35,001 and 50,000.

TN No.: 25-0006

Supersedes

TN No.: 20-0004

Approval Date February 25, 2026

Effective Date: July 1, 2025