

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: GA-25-0012**

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 S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

June 17, 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-25-0012

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-25-0012, which was submitted to CMS on September 26, 2025. This plan amendment increases the reimbursement rate for the newborn screening process from \$80.40 to \$88.33, allowing for the addition of Krabbe disease to the screening panel. This rate increase reflects the inclusion of an additional disorder approved by the Georgia Newborn Screening (NBS) Advisory Committee.

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 August 15, 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](mailto: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 1 2</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  
**August 15, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR Part 440.130**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 25 \$ 37,105  
b. FFY 26 \$ 298,460

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-A, Page 14a**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-A, Page 14a**

9. SUBJECT OF AMENDMENT  
**Increase the reimbursement rate for Newborn Screening Services from \$80.40 to \$88.33.**

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:

11. TYPED NAME OF APPROVING OFFICIAL  
[REDACTED]

12. TYPED NAME  
Perri Nena Smith

13. TITLE  
Medical Assistance Plans Attorney

14. DATE SUBMITTED  
9/26/2025

15. RETURN TO  
Stuart Portman  
Executive Director, Division of Medical Assistance Plans  
Georgia Department of Community Health  
2 Martin Luther King Jr. Drive, 19th Floor  
Atlanta, Georgia 30334  
Email: stuart.portman@dch.ga.gov

**FOR CMS USE ONLY**

16. DATE RECEIVED 9 / 26 / 2025	17. DATE APPROVED June 17, 2026
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 8 / 15 / 2025	19. SIGNATURE OF APPROVING OFFICIAL [REDACTED]
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group

22. REMARKS

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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

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.

Effective for services provided on and after August 15, 2025, the reimbursement amount for newborn screening services will increase from \$80.40 to \$88.33 to include Krabbe disease in the newborn screening program administered by the Georgia Department of Public Health.

L. 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.: 25-0012

Supersedes

TN No.: 25-0006

Approval Date June 17, 2026

Effective Date: August 15, 2025