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State/Territory Name: GEORGIA

State Plan Amendment (SPA) #: GA-26-0004

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604

Financial Management Group

September 22, 2026

Stuart Portman
Executive Director
Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive, 19th Floor
Atlanta, Georgia 30334

RE: TN 26-0004

Dear Executive Director Portman,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Georgia State Plan Amendment (SPA) to Attachment 4.19-B GA-26-0004, which was submitted to CMS on June 30, 2026. This plan amendment updates the Independent Laboratory services.

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 June 12, 2026. 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 Ysabel Gavino via email at Maria.Gavino@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
230 South Dearborn
Chicago, Illinois 60604

Financial Management Group

September 22, 2026

Stuart Portman
Executive Director
Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive, 19th Floor
Atlanta, Georgia 30334

Re: Georgia State Plan Amendment (SPA) 26-0004

Dear Executive Director Portman:

We are issuing this letter as a companion to the Centers for Medicare & Medicaid Services' (CMS) approval of Georgia's State Plan Amendment (SPA) 26-0004. Georgia's SPA 26-0004 proposed to update the independent laboratory services payment methodology. During our review of GA 26-0004, we identified certain issues with Georgia's current state plan, which are the subject of this letter.

Orthodics and Prosthetics Services Payment Methodology

1. In Attachment 4.19-B, page 3g, section I., while this paragraph was not amended as part of this SPA submission, CMS reviewed previously approved langauge and has identified a same page issue with the language.
    a. The payment methodology for these services is not comprehensive in accordance with 42 CFR 430.10. The current payment methodology language states that "reimbursement amount for these items and services will not exceed rates established by the State Agency based upon the usual and customary charge for the items and services." CMS has determined that a payment methodology that pays based on usual and customary charges is not comprehensive and we request the state of Georgia to update this methodology to be more comprehensively described.
    b. The previously approved state plan page contains beneficiary co-payment language. Co-payment language is not authorized in 4.19-B plan pages, but rather in the state's 4.18-A and 4.18-C pages. Please remove the last two paragraphs in section I. from the 4.19-B pages.

We are requesting your response on or before December 18, 2026, which is within 90 days from the date of this companion letter.

If you have any questions, please contact Ysabel Gavino, Maria.Gavino@cms.hhs.gov, (667) 290-8856.

Sincerely,

Todd McMillion
Director, Division of Reimbursement Review

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0004

2. STATE: GA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
June 12, 2026

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(3)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 26 $ ~~(597,576)~~ $ 0
b. FFY 27 $ ~~(1,798,938)~~ $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Page 3g

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B Page 3g

9. SUBJECT OF AMENDMENT
The proposed amendment updates the independent laboratory services payment language.

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. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Perri Nena Smith

13. TITLE
Medical Assistance Plans Attorney

14. DATE SUBMITTED
6/30/26

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
June 30, 2026

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 12, 2026

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

The State of GA authorizes CMS to perform the following pen and ink change:

Update Block 6 to reflect a budget impact of $0 for both FFY 2026 and FFY 2027 - MYLG 9/1/2026

POLICY AND METHODS FOR ESTABLISING PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

H. INDEPENDENT LABORATORY AND XRAY SERVICES

Effective on and after June 12, 2026, services are reimbursed at 80% of the applicable Medicare Clinical Laboratory Fee Schedule (CLFS) (referred to as the Medicare Lab Cahaba (MCC) Fee Schedule), not to exceed the provider's actual charge for the authorized procedure.

Reimbursement for laboratory services performed by an independent laboratory will not exceed the upper limit of payment established by Medicare for the same clinical laboratory test.

I. ORTHODICS AND PROSTHETICS SERVICES

The maximum reimbursement amount for items and services will not exceed rates established by the State Agency based upon the usual and customary charge for the items and services.

Effective for dates of service July 1, 1994, and after, a $3.00 recipient co-payment is required on Orthotics and Prosthetics services.

Pregnant women, recipients under twenty-one years of age, nursing home residents, and hospice services are not required to pay a co -payment. Emergency services and family planning are also exempt from a co-payment.

J. PHYSICIAN SERVICES - Office Visit (Includes Physicians, Podiatrists, Optometrists and Psychologists)

Payments are made for specific authorized procedures on a statewide basis and are limited to the lower of:

a. The actual charge for the services; or
b. The statewide rate in effect on the date of ser vices.
c. If the recipient is referred in writing by the surgeon to an optometrist for post-cataract surgery follow-up care, the surgeon's fee will be reduced by an amount equal to the maximum allowable reimbursement for the post-cataract surgery follow-up care.