GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Budget Update and AFY2027 and FY2028 Requests

August 27, 2026

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Our Purpose

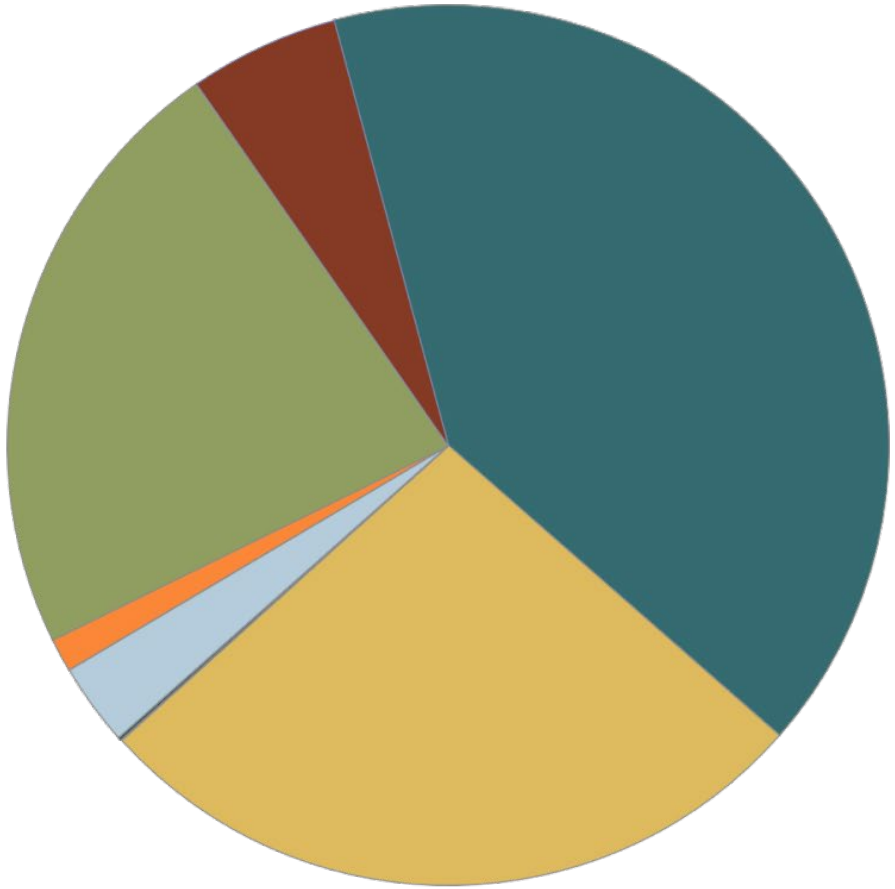
Shaping the future of *A Healthy Georgia* by improving access and ensuring quality to strengthen the communities we serve.

FY2026 Review

Georgia Department of Community Health

FY2026 Total Expenses by Program

State Funds: $4,451,933,865
Total Funds: $25,072,090,176

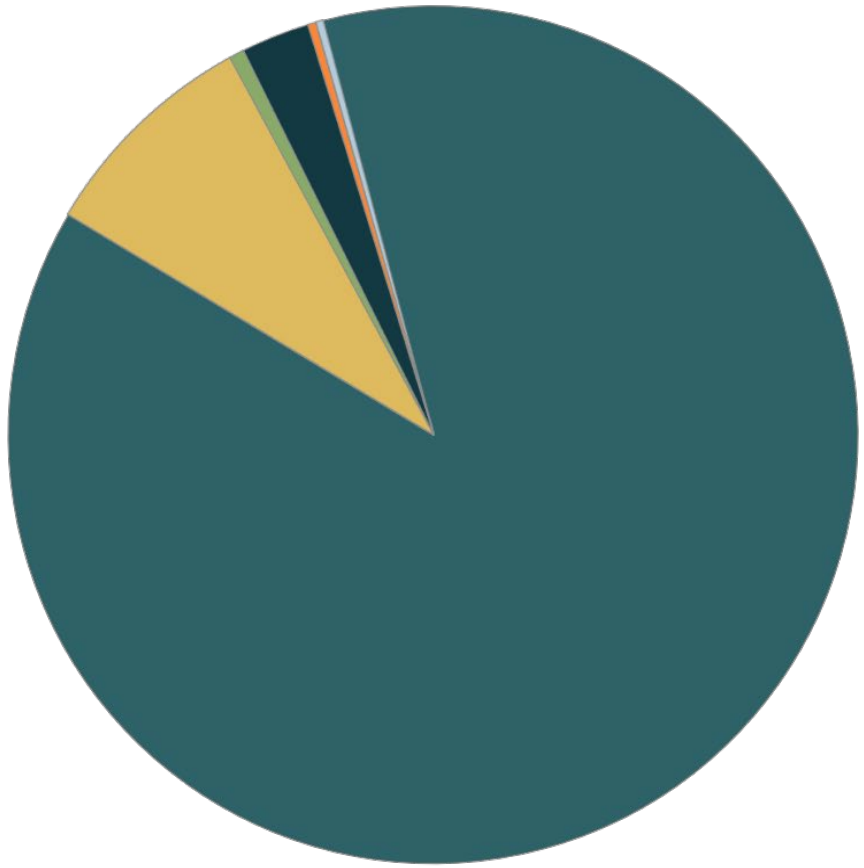


Program	Total Funds	Percent
Aged, Blind, andisabled	$10,170,022,253	40.56%
Low-Income Mdicaid	$6,726,048,426	26.83%
State Health Benfit Plan	$5,663,040,173	22.59%
Indigent Care Trt Fund	$1,373,985,267	5.48%
Departmental Adistration	$759,018,089	3.03%
PeachCar	$308,560,948	1.23%
Healthcare Facility egulation	$39,606,752	0.16%
Health Care Access and mprovement	$29,819,160	0.12%
Board of Dentistry an Pharmacy	$1,989,113	0.01%

**Excludes Prior Year Funds*
**Total May Differ Due To Rounding*

FY2026 Departmental Administration Total Expenses

State Funds: $94,879,203
Total Funds: $759,018,088



Obj. Class	Expense	Percent
Contracts	$666,041,615	87.75%
Personal Services	$64,588,681	8.51%
Computer Charges	$19,603,291	2.58%
Telecommunications	$4,446,154	0.59%
Regular Operating Expenses	$2,262,434	0.30%
Real Estate Rentals	$2,075,914	0.27%

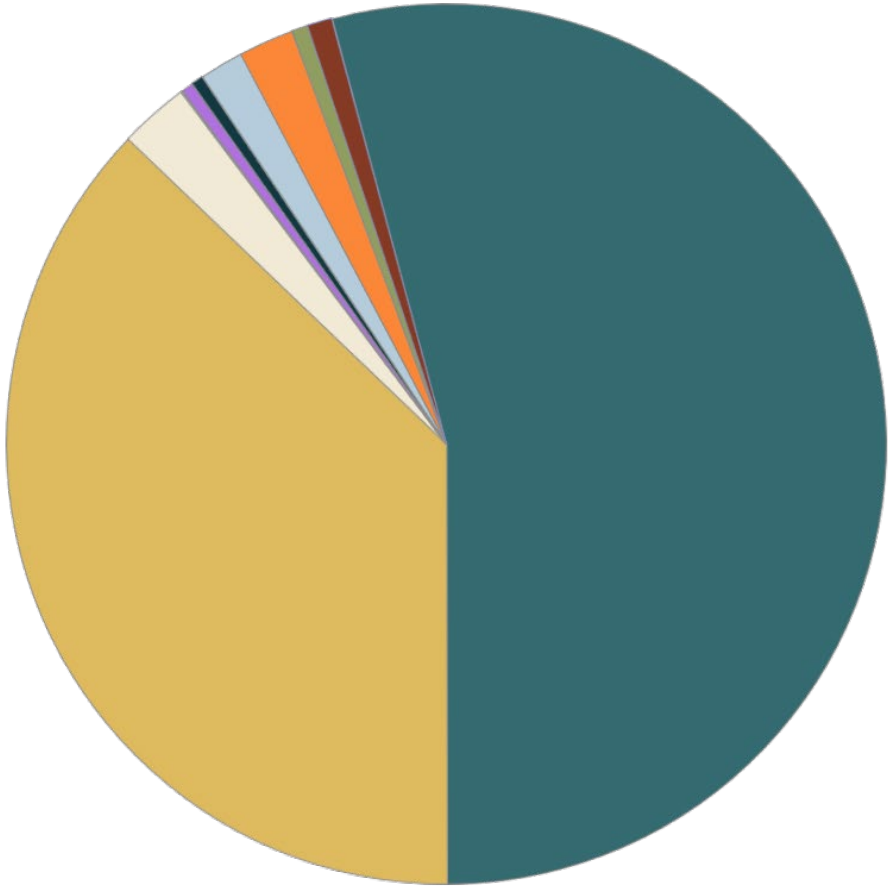
**Excludes Prior Year Funds*
**Total May Differ Due To Rounding*

FY2027 Current Budget

Georgia Department of Community Health

FY2027 Budget by Program

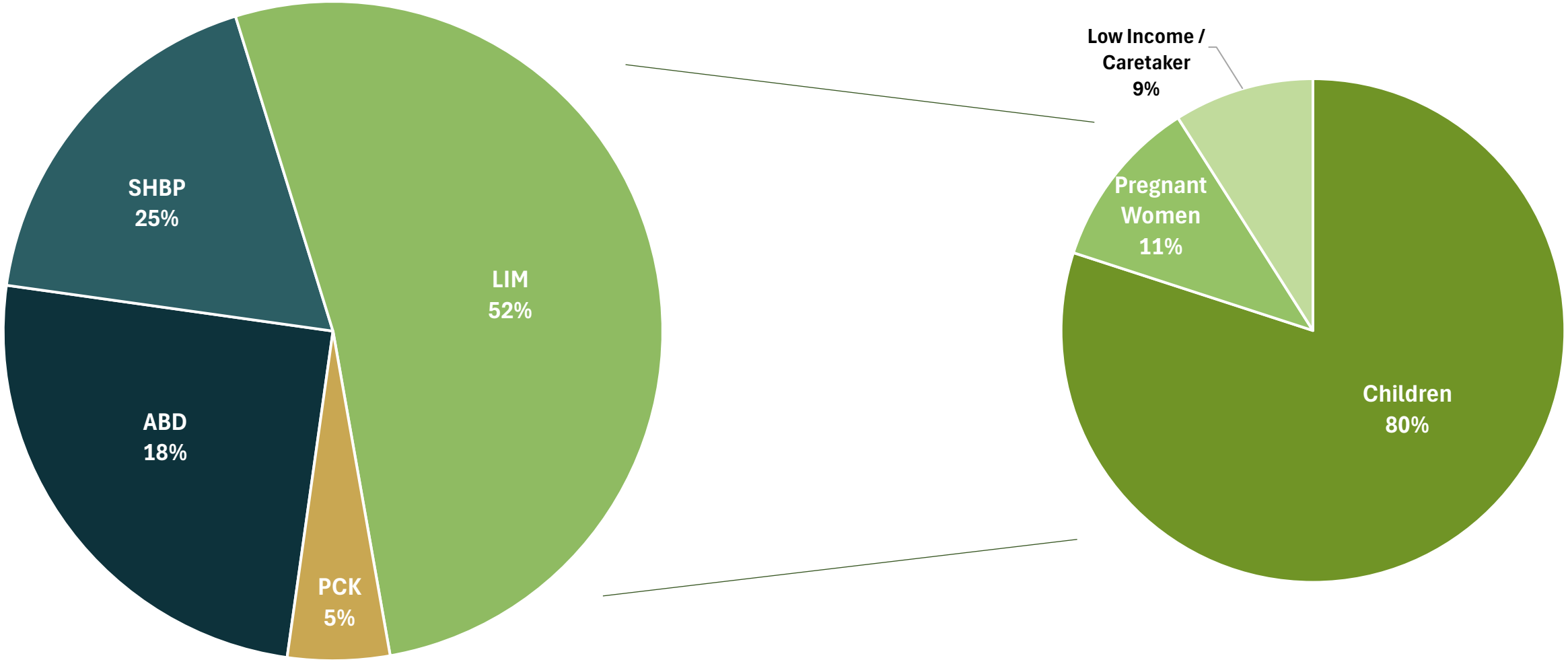
State Funds Budget: $5,843,880,911
Total Funds Budget: $25,681,033,621



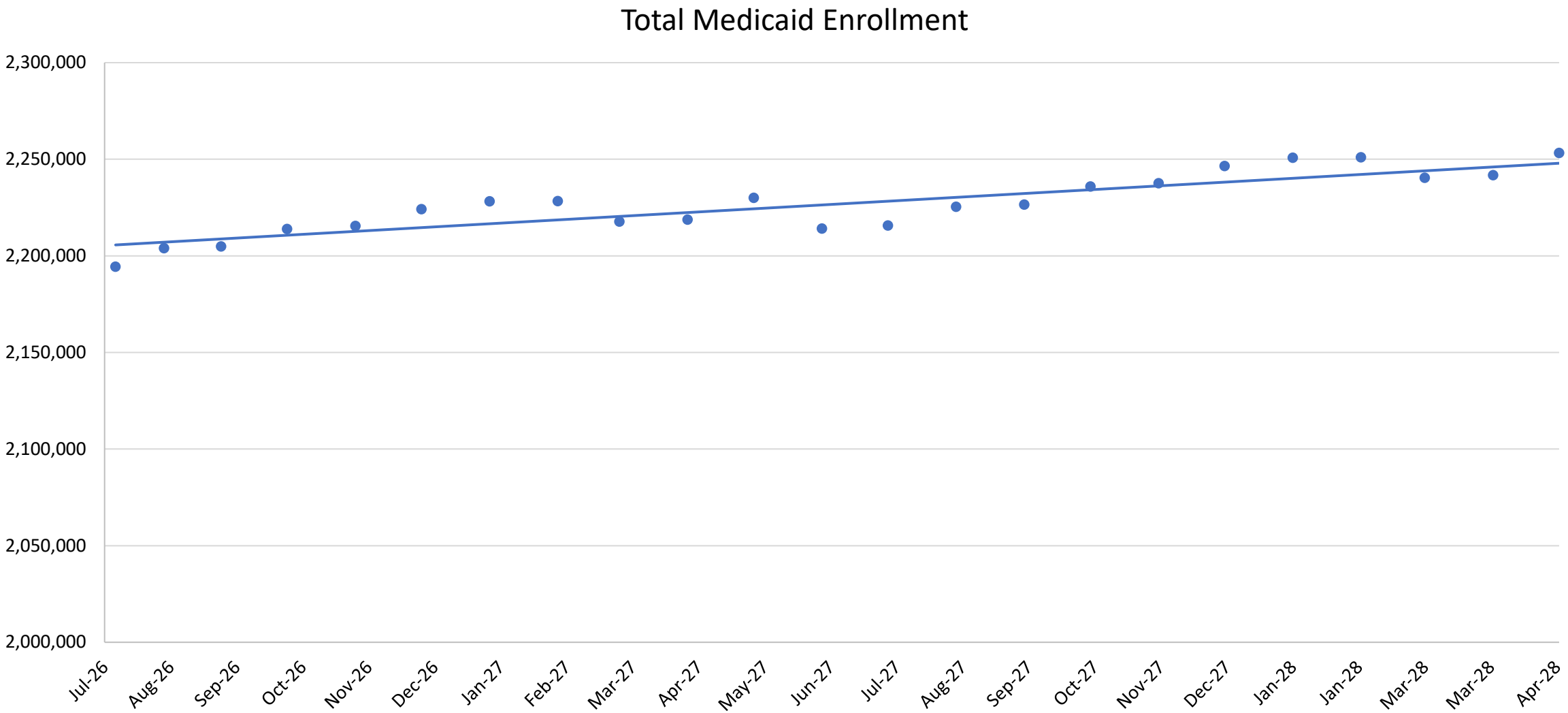
Program	State Funds	Total Funds
Aged, Blind and Disabled	$3,163,897,800	$9,781,068,939
Low-Income Medicaid	$2,173,319,473	$8,533,825,451
Attached Agencies	$149,631,858	$157,804,817
PeachCare	$118,882,150	$490,167,654
Departmental Administration and Program Support	$95,032,738	$483,603,237
Indigent Care Trust Fund	$52,882,042	$1,010,856,696
State Health Benefit Plan	$35,750,117	$5,156,943,929
Healthcare Facility Regulation	$26,144,118	$38,249,695
Health Care Access and Improvement	$25,618,624	$25,791,212
Pharmacy and Dental Boards	$2,721,991	$2,721,991

*State Funds

Georgia Beneficiaries of DCH Programs



Enrollment Trends



Amended FY2027
Budget Requests

Georgia Department
of Community Health

AFY2027 Projected Medicaid Request – State Funds

	Aged, Blind, and Disabled	w -Income Medic	PeachCare	Total
Total Preliminary Growth	**$75,991,732**	**$43,084,811**	**$9,108,634**	**$128,185,177**
Illustrated FMAP	*$0*	*$0*	*$0*	*$0*
Total Budget State Share Long Sheet)	*$3,298,416,919*	*$2,264,496,927*	*$132,039,488*	*$5,694,953,334*
[Plus] Non-Claims Expetures	*$487,259,978*	*-$43,573,680*	*-$4,022,277*	*$439,664,022*
[Less] Sister Agency Expditures	*$521,051,015*	*$4,518,964*	*$26,427*	*$525,596,405*
Nursing Home Increase	*$0*	*$0*	*$0*	*$0*
Clawback - Preliminary	*$0*	*$0*	*$0*	*$0*
Pharmacy	*$24,736,350*	*$0*	*$0*	*$24,736,350*
Total Requests	**$100,728,082**	**$43,084,811**	**$9,108,634**	**$152,921,527**

FY2028
Budget Requests

Georgia Department of Community Health

FY2028 Projected Medicaid Request – State Funds

	Aged, Blind, and Disabled	w -Income Medic	PeachCare	Total
Total Preliminary Growth	**$102,058,309**	**$206,791,496**	**$17,799,638**	**$326,649,443**
Illustrated FMAP	*-$61,398,714*	*-$20,114,604*	*-$1,153,571*	*-$82,666,889*
Total Budget State Share Long Sheet)	*$3,354,533,712*	*$2,410,367,514*	*$139,721,691*	*$5,904,622,917*
[Plus] Non-Claims Expetures	*$485,665,067*	*-$45,544,666*	*-$4,165,205*	*$435,955,197*
[Less] Sister Agency Expditures	*$535,961,524*	*$4,826,484*	*$28,270*	*$540,816,278*
Nursing Home Increase	*$21,531,866*	*$0*	*$0*	*$21,531,866*
Clawback - Preliminary	*$53,620,694*	*$0*	*$0*	*$53,620,694*
Pharmacy	*$24,527,300*	*$0*	*$0*	*$24,527,300*
Total Requests	**$140,339,455**	**$186,676,892**	**$16,646,067**	**$343,662,414**

Questions?

Parking Lot Slides

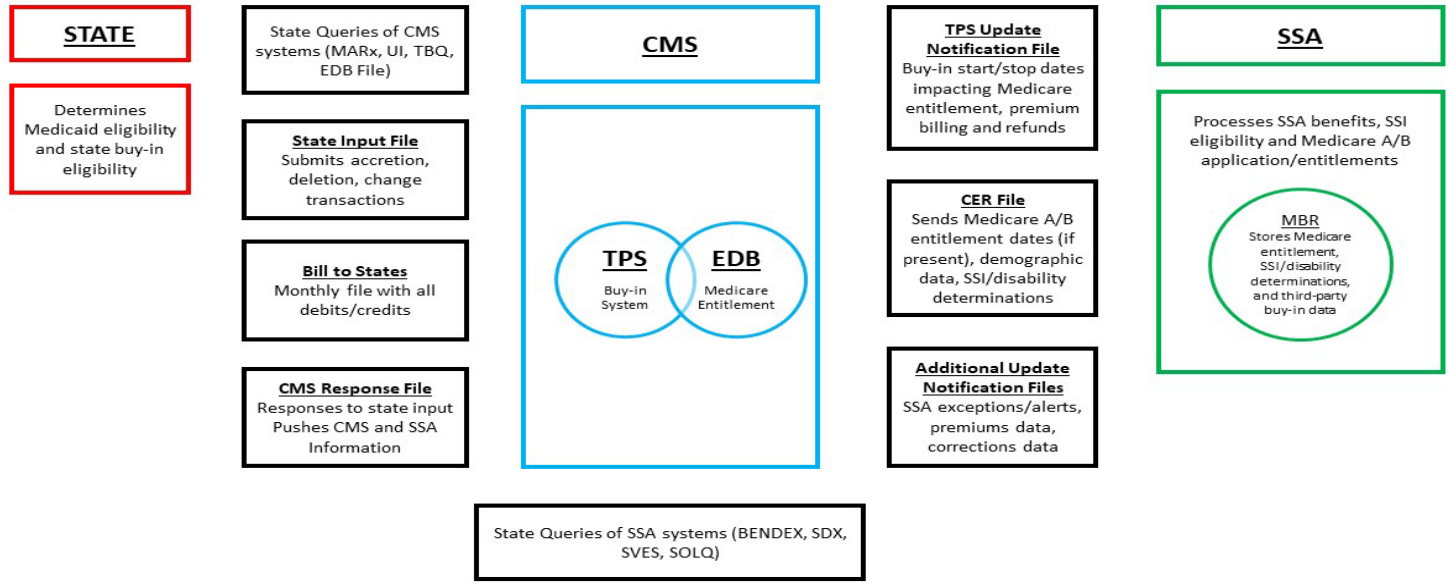
Federal Medical Assistance Percentage (FMAP)

SYF & Quarter Index	*SFY Index*	*SFY Helper*	*FFY Quarter Index*	FMAP	CHIP FMAP
SFY2027Q1	*SFY2027*	*2027*	*Q1*	0.6640	0.7648
SFY2027Q2	*SFY2027*	*2027*	*Q2*	0.6663	0.7664
SFY2027Q3	*SFY2027*	*2027*	*Q3*	0.6663	0.7664
SFY2027Q4	*SFY2027*	*2027*	*Q4*	0.6663	0.7664
SFY2028Q1	*SFY2028*	*2028*	*Q1*	0.6663	0.7664
SFY2028Q2	*SFY2028*	*2028*	*Q2*	0.6693	0.7685
SFY2028Q3	*SFY2028*	*2028*	*Q3*	0.6693	0.7685
SFY2028Q4	*SFY2028*	*2028*	*Q4*	0.6693	0.7685

Blended FMAPs		
	FMAP	**IP**
SFY2026	0.6631	7642
SFY2027	0.6657	7660
SFY2028 (elim.)	0.6686	7680

State Medicare Buy-In (MedBuy)

- State buy-in of Medicare premiums operates through a data exchange process among states, the Centers for Medicare and Medicaid Services (CMS), and the Social Security Administration (SSA).



- States submit buy-in files to CMS' Third-Party System (TPS) to identify individuals eligible for both Medicaid and Medicare, with the state covering Part A and/or Part B premiums.
- TPS responds to state submissions with response files and a monthly billing file.
- Daily updates to the CMS Enrollment Database (EDB) record Medicaid recipients enrolled in/being enrolled in Medicare due to state buy-in, serving as the authoritative source for Medicare enrollment details.
- TPS and EDB exchange data daily with SSA systems, potentially triggering updates to beneficiary data in both systems.
- States can query SSA and CMS databases in various ways to support buy-in operations and Medicaid eligibility/enrollment processes.

Clawback Payments

- Under the Part D drug benefit program, costs are paid by beneficiary premiums, general tax revenues, and state payments to the federal government for beneficiaries who are eligible for both Medicare and Medicaid.
- Previously, prescription drug costs for these “dual eligibles” were shared between the federal government and states as part of Medicaid.
- CMS announced the parameters that will guide calendar year 2024 individual and state costs for the Medicare Part D drug benefit. CMS projects a 6.42% increase in per capita Part D expenditures. However, after accounting for prior-year revisions, the annual increase is 8.01%.
- In addition to significant Part D expenditure growth, states will see higher clawback costs in CY 2024 due to the December 31, 2023, termination of the temporary Federal Medical Assistance Percentage (FMAP) implemented in response to the COVID-19 public health emergency (PHE).

How State Payments are Calculated

States calculate monthly clawback payments by multiplying Part D dual-eligble enrollment by their per capita expenditure (PCE) multiplier. PCE multipliers are adjusted annually based on national growth in per capita Part D prescription drug spending and changes in a state's FMAP.