

Georgia's Readiness for the Public Health Emergency (PHE) Unwinding and Recommendations

Final Report

ALVAREZ & MARSAL



Outline

I. Project Background

II. Executive Summary

- Overview
- General Observations
- Recommendations

III. Background and Context

IV. Assessment

- Communications
- Policy and Procedures
- Staffing
- Technology and Automation

V. Recommendations

- Technology, Automation, and Policy
- Reduce New Application, Reapplication, and Renewal Workloads
- Transfer or Alleviate Workload

VI. Implementation and Timeline

- PHE Continuous Eligibility Unwinding Timeline
- Recommendations Implementation

VII. Outstanding Risks and Threats to Success

Project Background

The Office of Health Strategy and Coordination and the Governor’s Office of Planning and Budget engaged Alvarez & Marsal (A&M) to assess the State of Georgia’s readiness for the Public Health Emergency (PHE) Medicaid Unwinding. The A&M team was engaged to:

- Review and compare Georgia’s current plan for unwinding to guidance from CMS as well as guidance and insights from other key non-governmental partners aligned with CMS;
- Identify potential resource constraints observed through the review, other risks to implementation (effectiveness), including individual agency risks and risks due to cross department / agency dependencies without centralized oversight (coordination)
- Analyze current and proposed key performance indicators compared to recommended guidance (accountability)
- Develop recommendations for OPB/OHSC consideration to support the State’s successful unwinding while maximizing CMS funding during the phase down period of eFMAP

In partnership with OHSC, the Department of Community Health (DCH), the Department of Human Services (DHS), and the Office of State Administrative Hearings (OSAH), A&M evaluated the State’s current unwinding plans, highlighted risks and barriers to the State’s success, and identified potential remedies to identified risks and barriers.

Overall, OHSC and A&M found that the State has been working hard to prepare for the unwinding period across the areas of policies and procedures, staffing, communications, and technology and automation. At the same time, A&M identified potential opportunities to implement new policies and efficiencies to reduce identified risks to success. Details of this assessment and recommendations are provided in the following report.



Outline

I. Cover Letter

II. Executive Summary

- Overview
- General Observations
- Recommendations

III. Background and Context

IV. Assessment

- Communications
- Policy and Procedures
- Staffing
- Technology and Automation

V. Recommendations

- Technology, Automation, and Policy
- Reduce New Application, Reapplication, and Renewal Workloads
- Transfer or Alleviate Workload

VI. Implementation and Timeline

- PHE Continuous Eligibility Unwinding Timeline
- Recommendations Implementation

VII. Outstanding Risks and Threats to Success

Overview of the Unwinding and eFMAP

The Consolidated Appropriations Act of 2023 (CAA, 2023):

- Ends continuous Medicaid coverage requirement related to the PHE on March 31, 2023;
- Requires every state to begin the Medicaid redetermination process by no later than April 2023 and complete redeterminations within 14 months (all renewals must be initiated by March 31, 2024); and
- Sets a timeline for the gradual phase down of the Families First Coronavirus Response Act (FFCRA) temporary 6.2% enhanced Federal Medicaid Assistance Percentage (eFMAP) for providing continuous coverage for individuals on Medicaid on or after March 18, 2020.

Period	Enhanced FMAP %
Through March 31, 2023	6.2 percentage points
April 1, 2023 to June 30, 2023	5 percentage points
July 1, 2023 to September 30, 2023	2.5 percentage points
October 1, 2023 to December 31, 2023	1.5 percentage points
January 1, 2024 onward	0 percentage points

To receive the full eFMAP amount, states must meet specific requirements including but not limited to:

- Develop an unwinding plan that demonstrates how states will handle eligibility determinations and renewals to reduce errors;
- Develop risk-based strategy when prioritizing eligibility determinations and enrollment tasks. Georgia has chosen a state-specific plan rather than prioritizing specific client populations, prioritizing renewals that have been pending pre-PHE, or a hybrid approach;
- Maximize ex parte renewals (automated renewals that do not require member action) for all classes of assistance;
- Submit required planning documents and data reports to CMS for approval;
- Comply with amended FMAP requirements in the FFCRA; and
- Follow other federal requirements set by CMS.

Georgia's Objectives for PHE Unwinding

1. Ensure compliance with Federal requirements to receive enhanced funding through the end of the Unwinding period

- \$505.9M in FY23 budget due to increased FMAP for Medicaid and PeachCare members
- \$150M in FY24 budget (accounting for phased down FMAP increase)

2. Ensure timely unenrollment of ineligible members and facilitate continuity of coverage via the individual insurance marketplace and Georgia Pathways

- It is estimated that up to 20% of current Medicaid population (500,000+) could be found ineligible

3. Maintain continuous coverage for eligible members

- Reduce number of people who lose coverage due to procedural reasons (e.g., bad addresses)
- Reduce workload from people who reapply
- Integrate other significant state efforts happening concurrently (Pathways and State-Based Exchange)

4. Reduce errors, prevent inappropriate denials, and reduce processing times

- Avoid monetary penalties from CMS / FNS
- Avoid negative impact on the public's opinion

Project Overview and Charge

Summary of Readiness Assessment Goals

To evaluate the **coordination** of involved agencies

To determine the **effectiveness** of the inter- and intra-agency plans

To clarify roles and responsibilities of each agency to ensure **accountability**

To **identify opportunities and potential risks** for successful implementation of Georgia's unwinding plan

A&M's Role

A&M provided an evaluation across the following areas:

Communications

Policy and Procedure Changes

Staffing

Technology and Automation

- Review and compare Georgia's current plan for unwinding to guidance from CMS as well as guidance and insights from other key non-governmental partners aligned with CMS;
- Identify potential resource constraints observed through the review, other risks to implementation (effectiveness), including individual agency risks and risks due to cross department / agency dependencies without centralized oversight (coordination)
- Analyze current and proposed key performance indicators compared to recommended guidance (accountability)
- Develop recommendations for OPB/OHSC consideration to support the State's successful unwinding while maximizing CMS funding during the phase down period

General Observations: Assessment

Workstream	Observations	Initial Challenges & Opportunities
Communications	<ul style="list-style-type: none"> Jackson Spalding created and is implementing a robust communications plan for DHS DHS plans on sending supplemental notices to additional available addresses, as well as texts 	<ul style="list-style-type: none"> Need to fully develop process to reconcile returned mail with addresses from other databases or from Care Management Organizations (CMOs) Need to coordinate communications plans across DCH and DHS to minimize confusion and overlap
Staffing	<ul style="list-style-type: none"> DHS is implementing aggressive hiring plan and creating a new state-wide renewals team allowing for increased telework opportunities OSAH is hiring additional administrative staff and has judges available on standby 	<ul style="list-style-type: none"> DHS has 250+ fewer staff in February 2023 than pre-pandemic DHS call center had a 70% disconnect rate in January 2023 (pre-unwinding) Eligibility workers typically take months to train and have high turnover rates
Policy & Procedures	<ul style="list-style-type: none"> DCH has received 7 unwinding waivers DHS is aiming to process Medicaid and SNAP / TANF renewals at the same time to increase efficiency and reduce duplicitous workloads. 	<ul style="list-style-type: none"> DCH policies should be clarified to all partners, including DHS and Gateway vendor Agencies must also prepare for and integrate Gateway eligibility to: <ul style="list-style-type: none"> Pathways go-live date July 1, 2023 State-Based Exchange go-live date November 1, 2023
Technology & Automation	<ul style="list-style-type: none"> Georgia has conducted limited automated renewals in the past but is expanding its efforts <ul style="list-style-type: none"> MAGI automation to launch April 28, 2023 DHS has developed robotic processing technology (bots) that are able to complete specific tasks with zero errors and more quickly than human staff Increased automation for appeals 	<ul style="list-style-type: none"> Expand <i>ex parte</i> policy and systems changes to meet CMS guidelines Bots operate as individual workers and must be assigned tasks and deployed daily—any changes in Gateway can impact bot efficiency and efficacy Change Requests for Gateway can take anywhere from several weeks to several months, limiting flexibility for DCH and DHS to respond in real time to unwinding data

Recommendations

A&M recommended strategies across three areas of focus: technology, automation, and policy; reduce new application, reapplication, and renewal workloads; and transfer or alleviate workload. These recommendations were made with input from the Department of Community Health, the Department of Human Services, the Office of State Administrative Hearings, and the Office of Planning & Budget-Office of Health Strategy and Coordination.

- **Technology, Automation, and Policy**
 - **Expand ex parte renewals** from only income-based populations to all populations inclusive of the elderly and disabled
 - **Clarify the existing ex parte policy** (zero income up to the Federal Poverty Limit) for eligibility workers
 - **Establish a Reasonable Compatibility Standard** of up to 10% variance between stated income and income data to reduce churn and rework
- **Reduce New Application, Reapplication, and Renewal Workloads**
 - **Become a temporary determination state and accept Medicaid determinations from the individual marketplace** to avoid 142,000 new applications from the individual marketplace annually with spikes of up to 35,000 monthly during the open enrollment period
 - **Expand use of data from other programs** to determine Medicaid eligibility for children (Express Lane Eligibility)
 - **Continue facilitated enrollment** for children and adults by using SNAP and TANF eligibility decisions after the unwinding period to avoid a spike in workload
- **Transfer or Alleviate Workload**
 - **Direct Care Management Organizations (CMOs) to conduct outreach** to beneficiaries regarding upcoming renewals, risk of procedural closures (through non-legal notices), and transitions to other modes of healthcare coverage
 - **Implement the Federal Communications Commission (FCC) ruling on state SMS communications** to contact members who have not opted into text communications



Outline

I. Cover Letter

II. Executive Summary

- Overview
- General Observations
- Recommendations

III. Background and Context

IV. Assessment

- Communications
- Policy and Procedures
- Staffing
- Technology and Automation

V. Recommendations

- Technology, Automation, and Policy
- Reduce New Application, Reapplication, and Renewal Workloads
- Transfer or Alleviate Workload

VI. Implementation and Timeline

- PHE Continuous Eligibility Unwinding Timeline
- Recommendations Implementation

VII. Outstanding Risks and Threats to Success

National Context

All states face an uphill battle with Medicaid unwinding due to significantly larger Medicaid populations and key risks as identified by CMS.

- National Medicaid enrollment grew by over 20 million beneficiaries during the PHE to 92.3 million people. Most of the growth in enrollee populations occurred among adults (Figure 1).
 - Many were deemed eligible due to a change in family composition (e.g., the addition of a child), disability, or pregnancy status.

- CMS has identified key risks to Medicaid unwinding, below:

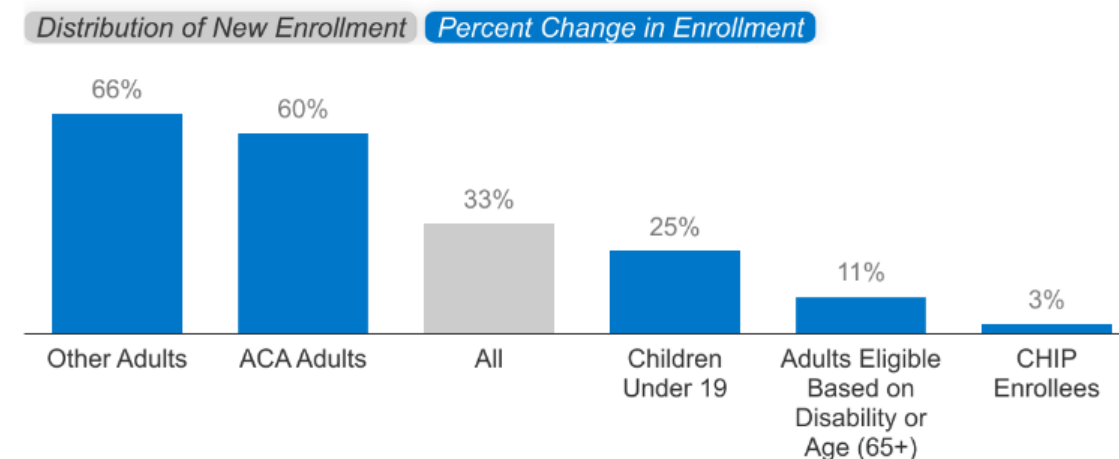
Risk	Description
Procedural/Administrative Barriers	Procedural or administrative processes create challenges for eligible individuals to maintain coverage
Inability to Reach Enrollees	State is unable to contact individuals to obtain information needed for the renewal process
Consumer Confusion	Consumer confusion about the steps and critical deadlines to retain coverage
Workforce Challenges	Insufficient and over-burdened workforce to resolve pending eligibility and enrollment actions and complete routine work
Timely Management Oversight	Lack of timely information to conduct appropriate oversight and course correct as issues arise
Transfers to Marketplace	Gaps in coverage for individuals who are no longer eligible for Medicaid or PeachCare
Fair Hearings Volume	Inability to process fair hearings timely due to a high volume of requests

Source: Centers for Medicare and Medicaid Services

Figure 1

Non-Elderly Adults Experienced the Largest Relative Gains in Coverage.

Percent Change in Medicaid Enrollment From February 2020 to March 2023



NOTE: CHIP = Children's Health Insurance Program. ACA = Affordable Care Act. Enrollees with partial benefits were excluded. Regardless of how they became eligible, Medicaid children includes all enrollees under age 19 and all other groups include enrollees age 19 and older (except for adults ages 65+). SOURCE: KFF estimates based on analysis of enrollment data from the Centers for Medicare and Medicaid Services (CMS) Performance Indicator Project (PI data), and the T-MSIS Research Identifiable Files, 2019. See methods of KFF's Medicaid Enrollment Growth: Estimates by State and Eligibility Group Show Who may be at Risk as Continuous Enrollment Ends for more information.

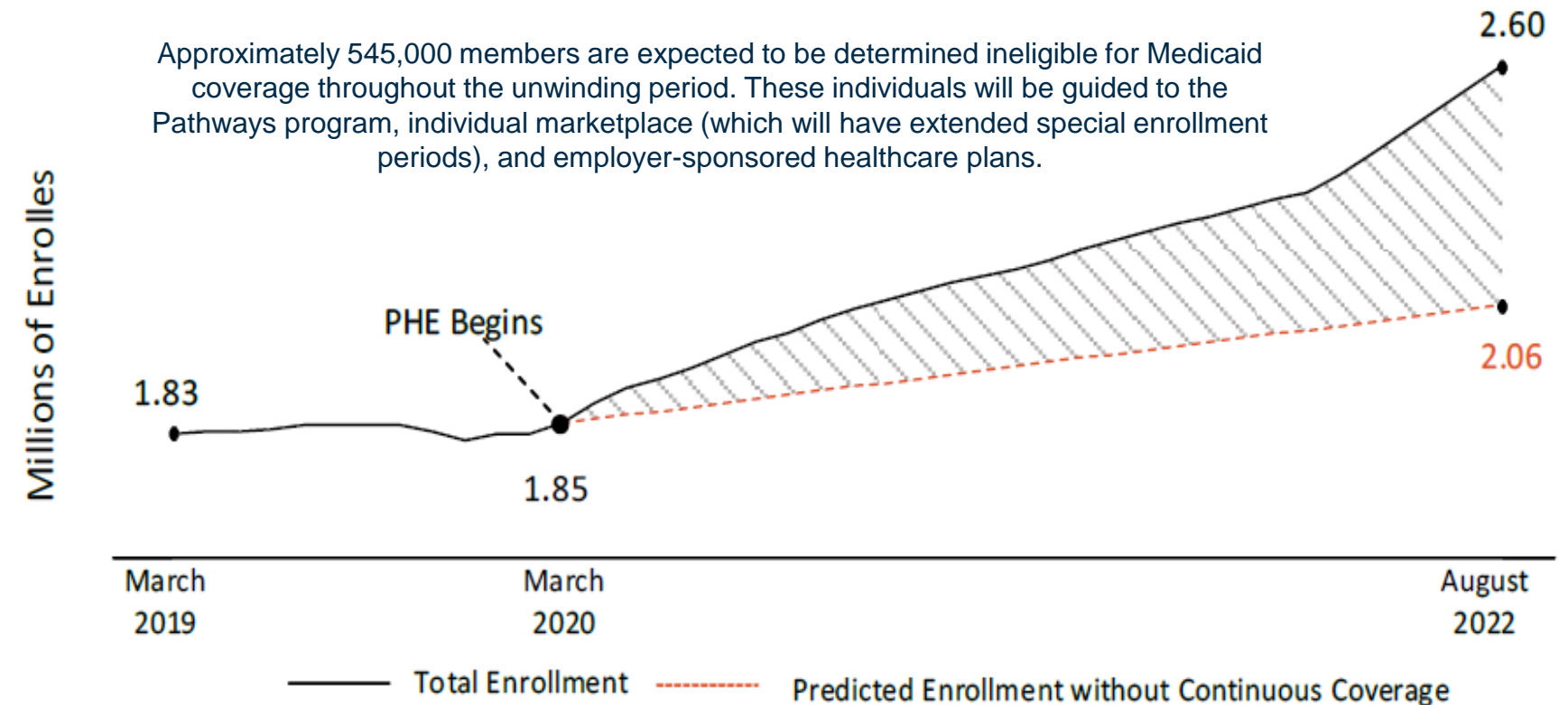
KFF

Georgia Context: Enrollment

Georgia has a relatively high number of Medicaid beneficiaries compared to other states.

- **Pre-PHE:** Georgia had approximately 1.85 million Medicaid beneficiaries as of March 2020. Enrollment in the year pre-PHE remained fairly flat.
- **During PHE:** Georgia's number of Medicaid beneficiaries grew from 1.85 million to over 2.5 million.*
- **Beginning April 2023:** The state must process renewals for all 2.6 million beneficiaries in 14 months, **in addition** to normal workload of new applications and other benefit programs.

*The unduplicated number of Medicaid members is 2,523,424, but some members have multiple types of assistance. Georgia will have to complete redeterminations for every type of assistance members currently receive, which is a total of 2,601,802 renewals.



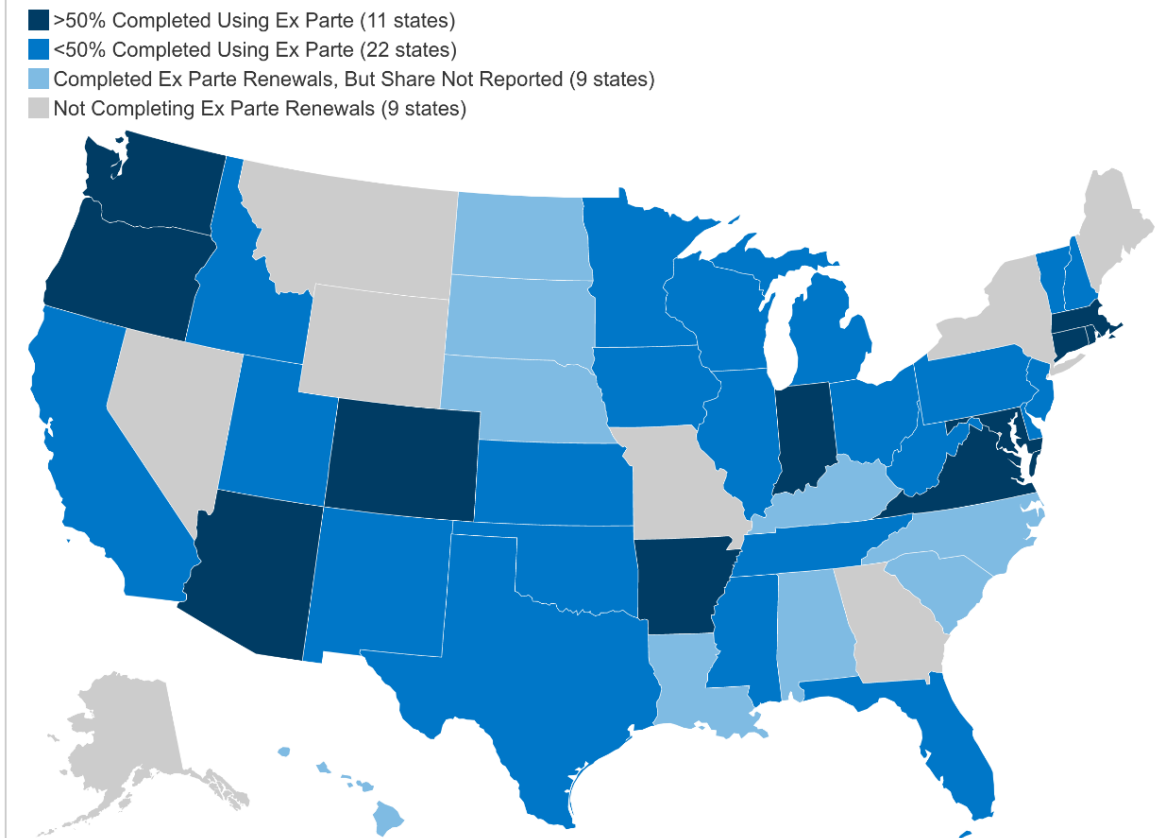
Source: Department of Community Health and Department of Human Services

Georgia Context: *Ex Parte* Renewals

Prior to and during the pandemic, Georgia saw comparatively low rates of automation for MAGI and non-MAGI beneficiaries.

- **Pre-PHE:** Georgia completed fewer than 25% of its renewals as automated, no touch (*ex parte*) renewals.
- **During PHE:** Georgia completed no automated renewals (see figure to the right).
 - The only renewals conducted were due to self-reported data. The state conducted no automated data checks.
 - In 2022, Governor Kemp dedicated more than \$1 billion to provide cash assistance of up to \$350 for active enrollees of Medicaid, PeachCare for Kids, SNAP, and/or TANF as of July 31, 2022. This program prompted members to update their contact information. Through this program, DHS received updated addresses and 84,000 pieces of returned mail from bad addresses.
- **Beginning April 2023:** DHS must complete all renewals in 14 months, **in addition** to normal workload of new applications and work needed to process applications and renewals for other benefit programs.

Share Of Medicaid Renewals Completed Using Ex Parte Processes, January 2022

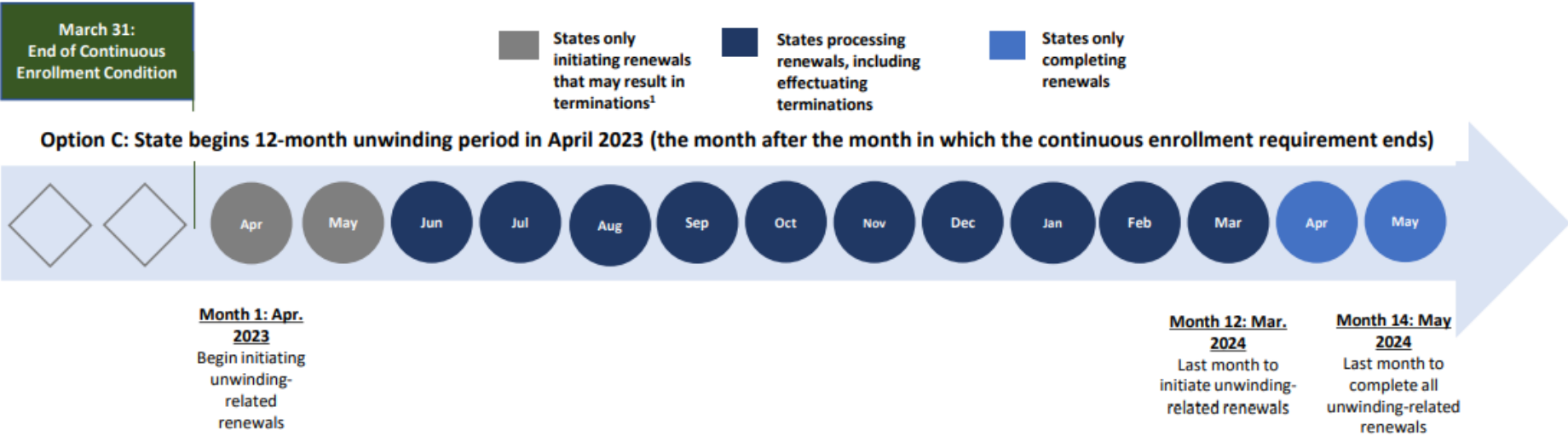


SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University Center for Children and Families, 2022.

KFF

Timeline and Distribution

Georgia will begin all renewals in April 2023 and must complete them on or before May 31, 2024.



The 2.6 million redeterminations are distributed throughout the 12-month period to:

- Maximize ex parte renewals;
- Align Medicaid renewals with SNAP / TANF renewals for individuals in multiple programs;
- Facilitate continuous coverage for Pathways-eligible individuals by pushing certain categories of renewals to September or later;
- Ensure at or under 12% monthly denial rate to meet CMS guidelines;
- Ensure individuals in specific classes of assistance remain eligible for the longest period possible such as pregnant women and other vulnerable disability classes; and
- Level workload for eligibility staff over the redetermination period and subsequent years.

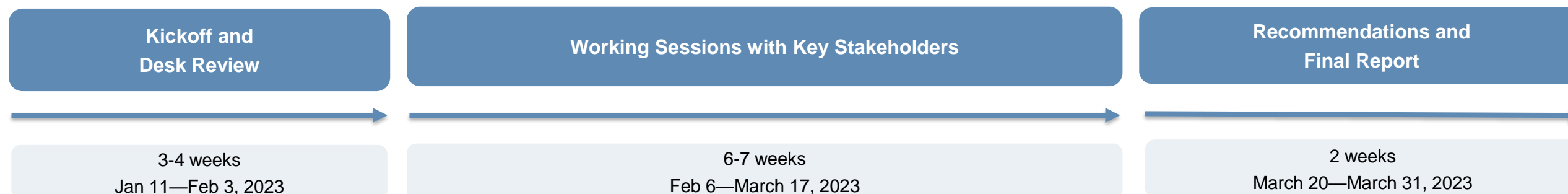
Project Approach and Process

The Office of Health Strategy and Coordination and the Governor's Office of Planning and Budget engaged Alvarez & Marsal to conduct this assessment and provide recommendations for the unwinding period. The A&M team used the below approach and timeline to conduct reviews of key materials, including those submitted to the Centers for Medicare and Medicaid Services (CMS); hold working sessions with key stakeholders at the Department of Community Health (DCH), Department of Human Services (DHS), and the Office of State Administrative Hearings (OSAH); and hold subsequent meetings with vendors and agency leadership to identify and vet recommendations for a successful unwinding.

Approach

1. Define and agree on project protocols
2. Desk review of CMS-required plans, agency information and protocols, and other relevant data
3. Stakeholder working sessions
4. Document identified risks and opportunities

Project Plan





Outline

- I. Cover Letter
- II. Executive Summary
 - Overview
 - General Observations
 - Recommendations
- III. Background and Context
- IV. Assessment
 - Communications
 - Policy and Procedures
 - Staffing
 - Technology and Automation
- V. Recommendations
 - Technology, Automation, and Policy
 - Reduce New Application, Reapplication, and Renewal Workloads
 - Transfer or Alleviate Workload
- VI. Implementation and Timeline
 - PHE Continuous Eligibility Unwinding Timeline
 - Recommendations Implementation
- VII. Outstanding Risks and Threats to Success

Communications

General communications for raising awareness and educating beneficiaries on the unwinding period are strong, but agencies can do more to refine communications for hard-to-reach populations.

Strengths

- **Jackson Spalding partnership with DHS:** Created and launched a communications toolkit, media spend strategy, and microsite with key information regarding the unwinding period
 - **Phase I:** Awareness campaign
 - Over 82 million total impressions across TV, newspaper, radio, billboards, digital screens, cash jackets, streaming audio, streaming video, YouTube, Twitter, Facebook, Instagram, and Google Ad Words
 - 120% increase in beneficiaries with email as their primary method of contact
 - **Phase II:** Education and updated contact information campaign
 - Focus on driving e-communications
- **Partnerships:** Agencies have worked closely with community partners and providers (including CMOs) to raise awareness about unwinding and how they can help
- **Returned Mail:** Cash assistance initiative prompted contact information updates and gave the state crucial data through returned mail
 - DHS has designated a new P.O. Box to address only returned mail through a centralized QR code-based process

Challenges and Opportunities

- **Need to fully develop process to reconcile returned mail with addresses from other databases and Care Management Organizations (CMOs)**
- **There are more opportunities for direct engagement with other agencies and public services**
 - For example, messaging designed for PK-12 settings regarding CHIP and Medicaid enrollment to allow all schools to easily become part of the communications plan
 - CMOs can be fully leveraged to conduct additional outreach to relieve pressure on the DHS Call Center
- **Investments in publicly accessible technology (e.g., tablets in waiting rooms) are delayed but will be operational by summer**

Policies and Procedures

Georgia has taken full advantage of CMS waivers but needs to carefully manage the implementation process.

Strengths

- CMS **approved Georgia's Mitigation Plan** to support unwinding compliance, including waiving the asset test for non-MAGI beneficiaries, renewing without requesting income information for people who had only social security disability payments or only stable income sources at application or most recent renewal, and extending call center hours
- DCH submitted and received **approval for seven waivers from CMS for unwinding** use:

Waiver	Impact
Targeted SNAP Strategy	Allows for DHS to use recent eligibility decisions to automate renewals for more than 1,000,000 Medicaid members
Targeted TANF Strategy	
Automated Renewals for Beneficiaries with No Income	Allows for automated renewals based on verified attestation of zero income (March 2019 or later), with no information in data sources
Streamlined Asset Verification System (AVS)	Allows for automated renewals if no change in resources and no information is returned from AVS
CMO Beneficiary Contact Updates	DHS can treat addresses in these systems as reliable and updated, reducing workload.
NCOA and/or USPS Contact Updates	
Fair Hearing Timeframe Extension	Waiver provides compliance safety net

Challenges and Opportunities

- Clarity of policy and procedure changes in DCH policy memos is critical because **eligibility staff have not conducted Medicaid renewals since March 2020**
- Pre-PHE, Georgia conducted less than 25% of its Medicaid renewals ex parte—the new policies intend to significantly increase the ex parte rate, so implementation of the updated policies and procedures will be critical
- **Changes in policies and procedures require changes in Gateway**, Georgia's eligibility system, which can take several months for the State's Gateway vendor to complete (see Technology and Automation)

Technology and Automation

DHS has leveraged creative methods to automate tasks and reduce staff workload. Georgia is a leading state in bot functionality.

Strengths	Challenges and Opportunities
<ul style="list-style-type: none"> • DHS “bots” (computer programs) automate tasks, reducing staff workload and increasing capacity to process renewals faster and with flexibility depending on workload needs, while eliminating human errors • Fair hearings data sharing: DHS and OSAH worked together to increase automatization of appeals <ul style="list-style-type: none"> • Batch files will be sent daily from DHS to OSAH • Allows for increased integration into the court systems electronic case management platform (eCourt) • Prior to this, manual data entry was required • Gateway update to implement <i>ex parte</i> policies and procedures for all MAGI cases is set for April 28, 2023, allowing for automated renewals up to the income limit for each class of assistance 	<ul style="list-style-type: none"> • Gateway lacks automation capability for non-MAGI classes of assistance • Bots complete tasks in an evolving system environment <ul style="list-style-type: none"> • A lack of coordination between DCH, DHS, and the Gateway team (Deloitte) can result in unexpected systems changes that require significant upgrades to the bots, leading to downtime in their ability to complete critical tasks in the system that reduce human workload. • Long lead time for technological updates by the Gateway vendor: Change Requests for Gateway have a lead time of anywhere from a few weeks for minor changes to several months for more extensive changes • Capacity for Gateway System Changes: Change Requests are at or near the limit that the system can withstand until the beginning of summer <ul style="list-style-type: none"> • Increased volume of Change Requests increase the risk of defects in the system • No automated process to reconcile addresses or attempted contacts from CMOs • Need to ensure smooth transitions for Georgia Pathways (go-live July 1, 2023) and the State-Based Exchange (November 1, 2023, pending CMS approval)

Staffing

Staffing for the call center and field staff remain a challenge, but DHS has implemented creative recruiting and hiring solutions and workload reduction strategies to mitigate eligibility staffing issues

Strengths

- DHS has led an **aggressive recruiting and hiring strategy**:
 - Hired more than 200 new staff to date
 - Created specialized state-wide Medicaid renewal team through reassignment and recruitment
- Georgia approved funding for **new eligibility positions**:
 - FY23: 118 additional positions
 - FY24: 300 additional positions
- **State-wide positions** expand the pool of eligible applicants across the state, since workers can telework most days and work at their nearest DHS field office for in-person days
- Implementation of **workload reduction strategies** for DHS staff
 - Maximizing *ex parte* renewals for all classes of assistance
 - Developing a Google AI chatbot that can make changes in Gateway once a user is authenticated
 - Interactive Voice Response (IVR) system solely for eligibility services that provides automated responses for certain types of calls (team of Georgia Tech industrial engineers analyzing efficiency and making recommendations in a report due in May)
 - Transferring call volume to Care Management Organizations (CMOs) to handle contact updates for MAGI members

Challenges and Opportunities

- DHS Call Center in January 2023: call abandonment rate (a “courtesy disconnect” when no staff are available) was 70%, which was **without any Medicaid renewals**¹
- Call Center workloads may exacerbate issues with staff retention, as staff quickly can become burned out when extended wait times remain unresolvable
- IVR analysis will not be completed until May, and coding changes to the system can be complex and take months to implement
- Recruiting, hiring, training, and retention for eligibility staff remain challenging for all states, including Georgia
 - Positions are entry level and potential applicants generally have other job options at this pay level
 - Training is complex and takes several weeks, if not months
 - Overtime work can be required by DHS depending on work volume

¹Georgetown University Health Policy Institute’s Center for Children and Families identifies call center statistics “the canary in the coal mine” regarding workloads that may exacerbate issues with staff retention, as staff quickly can become burned out when extended wait times remain unresolvable ([link](#)).



Outline

- I. Cover Letter
- II. Executive Summary
 - Overview
 - General Observations
 - Recommendations
- III. Background and Context
- IV. Assessment
 - Communications
 - Policy and Procedures
 - Staffing
 - Technology and Automation

- V. Recommendations
 - Technology, Automation, and Policy
 - Reduce New Application, Reapplication, and Renewal Workloads
 - Transfer or Alleviate Workload
- VI. Implementation and Timeline
 - PHE Continuous Eligibility Unwinding Timeline
 - Recommendations Implementation
- VII. Outstanding Risks and Threats to Success
 - Barriers to Rapid Systems Changes

Technology, Automation, and Policy

Recommendations below align policies to increase rates of automation, thereby reducing workload required to manually process renewals.

Recommendations	Implementation	Lead Agencies	Benefits	Challenges
Expand automated renewal process for income-based populations only (children and families) to all populations including classes requiring asset verification (elderly and disabled)	Currently scheduled for July 14, 2023	<ul style="list-style-type: none"> DHS to procure new interface and submit Change Request in Gateway Gateway vendor to implement CR 	<ul style="list-style-type: none"> Meets CMS requirement and reduces potential of funding loss Reduces human error Reduces renewal workload 	<ul style="list-style-type: none"> Competing systems priorities Freeze on system changes before Pathways implementation (5/21-7/8) Anticipated timeframe for asset verification integration is mid-July 2023
Clarify policy supporting automated renewals (from zero income up to FPL) through policy memorandum	By March 31, 2023	<ul style="list-style-type: none"> DCH issued policy memo on March 16, 2023 DHS to promulgate 	<ul style="list-style-type: none"> Creates clear understanding for eligibility decision-making to resolve inter-agency confusion due to memos 	<ul style="list-style-type: none"> None
Establish a Reasonable Compatibility Standard allowing a 10% variance between attested income and income found in automated data checks	Currently scheduled for mid-August	<ul style="list-style-type: none"> DCH to lead policy process and systems changes needed 	<ul style="list-style-type: none"> Reduces beneficiary churn (rework) Aligns with best practices: 33 states have reasonable compatibility standard; 27 states have a reasonable compatibility standard of 10% 	<ul style="list-style-type: none"> Competing systems priorities Freeze on system changes before Pathways implementation (5/21-7/8) Vendor's timeframe for implementing systems changes varies from several weeks to 6 months

Reduce New Application, Reapplication, and Renewal Workloads

Recommendations below expand existing policies or create new policies to reduce renewals prior to their trigger (before *ex parte* is attempted).

Recommendations	Implementation	Agencies	Benefits	Challenges
Become a temporary determination state and accept the Medicaid determination from the open exchange (either Healthcare.gov or the SBE)	Fall 2023	<ul style="list-style-type: none"> Office of Insurance and Safety Fire Commissioner (OCI) to lead with vendor DCH and DHS to work with Gateway vendor on Gateway changes 	<ul style="list-style-type: none"> Shifts application workload from state eligibility workers, allowing focus on renewals Avoids 142,000 new applications from the individual marketplace annually with spikes of up to 35,000 monthly during the open enrollment period 	<ul style="list-style-type: none"> SBE launch date and unknown feasibility for rapid integration SBE implementation for November 1, 2023 currently pending CMS approval
Expand use of eligibility decisions for children from other programs (Express Lane Eligibility for children; directive in the AFY23 budget)	Currently scheduled for mid-August 2023	<ul style="list-style-type: none"> DCH to develop SPA and receive approval from CMS DHS to develop CR Gateway vendor must implement CR 	<ul style="list-style-type: none"> Reduces new application and renewal workload Reduces human error 	<ul style="list-style-type: none"> Competing priorities Need to determine how to implement data sharing from other programs to Gateway
Continue Facilitated Enrollment for adults and children	SPA must be in effect by April 2024 (DCH to submit prior to January 2024 for CMS approval)	<ul style="list-style-type: none"> DCH to develop SPA and receive approval from CMS 	<ul style="list-style-type: none"> Maintains automated renewals after the unwinding period Avoids spike in renewal workload after the unwinding period 	<ul style="list-style-type: none"> Competing priorities

Transfer or Alleviate Workload

Recommendations shift workload from eligibility staff to partners or other methods of outreach, directing members to the online portal.

Recommendations	Implementation	Agencies	Benefits	Challenges
State directed Care Management Organization (CMO) outreach to members	Immediate	<ul style="list-style-type: none"> DCH to develop outreach plan for CMOs 	<ul style="list-style-type: none"> Meets CMS requirement of making best efforts to contact members before procedural closures Shifts member call volume to CMO call centers, reducing workload for Georgia staff Minimizes coverage loss for people who continue to be eligible, while disenrolling those who are no longer eligible 	<ul style="list-style-type: none"> CMO readiness: getting call centers staffed, operationalizing mail outreach, etc. Timely state engagement
Implement the FCC's recent ruling on text messaging (SMS) to all members , not just those who opt in	Immediate, dependent on vendor's system	<ul style="list-style-type: none"> DHS to develop SMS plan for vendor and coordinate with DCH's outreach plan for CMOs 	<ul style="list-style-type: none"> Allows states to reach out to individuals, even if individuals have not consented to texts Prompts individuals to update contact information and submit renewal application online, reducing eligibility staff workload Meets CMS requirement of making best efforts to contact members before procedural closures 	<ul style="list-style-type: none"> Vendor system not currently designed to take advantage of new SMS rule Need to send in multiple languages



Outline

- I. Cover Letter
- II. Executive Summary
 - Overview
 - General Observations
 - Recommendations
- III. Background and Context
- IV. Assessment
 - Communications
 - Policy and Procedures
 - Staffing
 - Technology and Automation

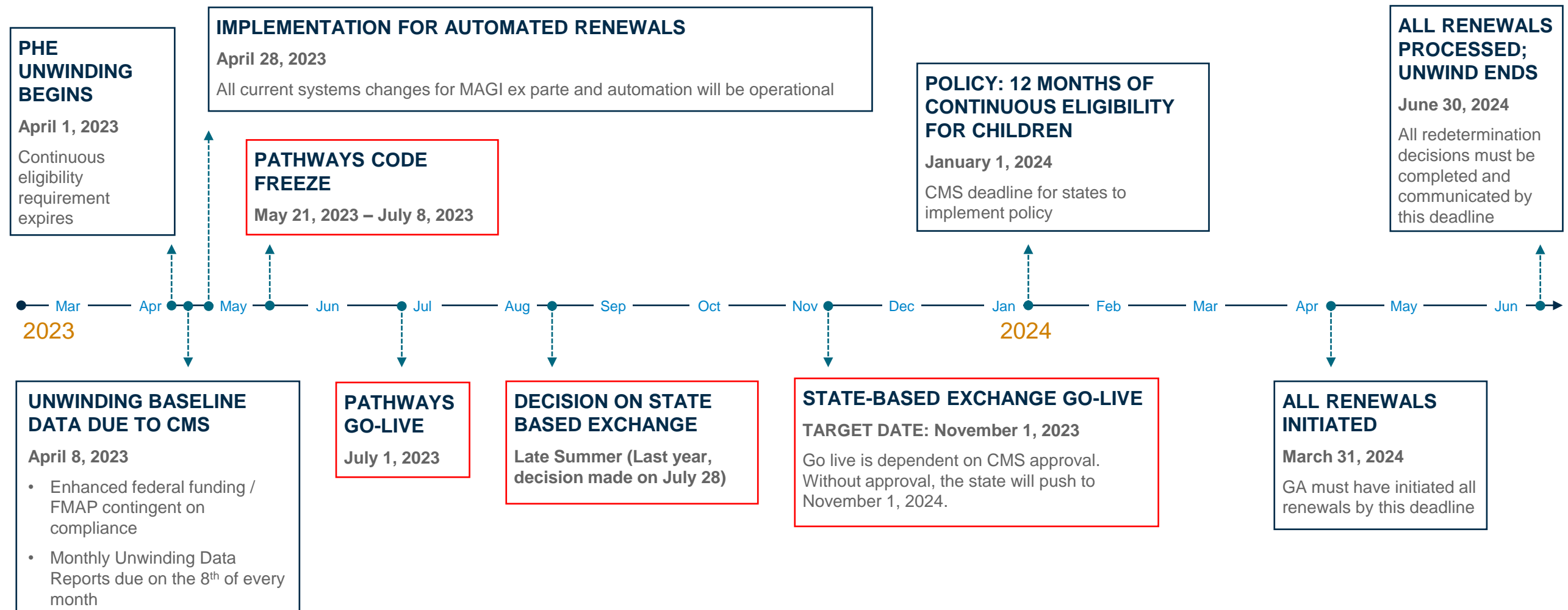
- V. Recommendations
 - Technology, Automation, and Policy
 - Reduce New Application, Reapplication, and Renewal Workloads
 - Transfer or Alleviate Workload

- VI. Implementation and Timeline
 - PHE Continuous Eligibility Unwinding Timeline
 - Recommendations Implementation

- VII. Outstanding Risks and Threats to Success
 - Barriers to Rapid Systems Changes

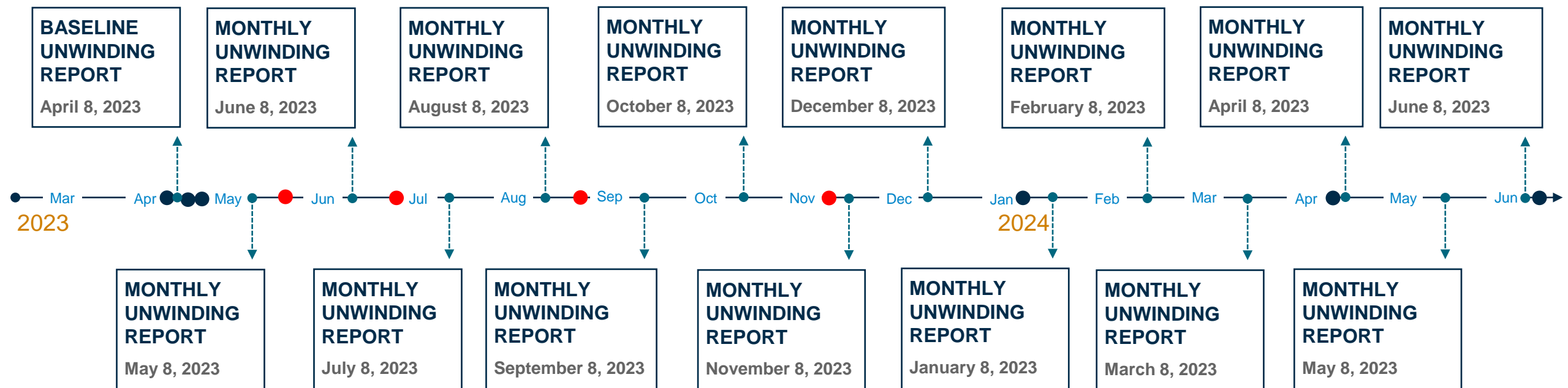
Public Health Emergency (PHE) Unwinding Timeline

This serves as a general timeline regarding important deadlines for unwinding and other state priorities that overlap with the unwinding period.



Reporting and Compliance Timeline

The timeline below shows the monthly unwinding report deadlines and other significant reporting deadline for the PHE unwinding period.



Key



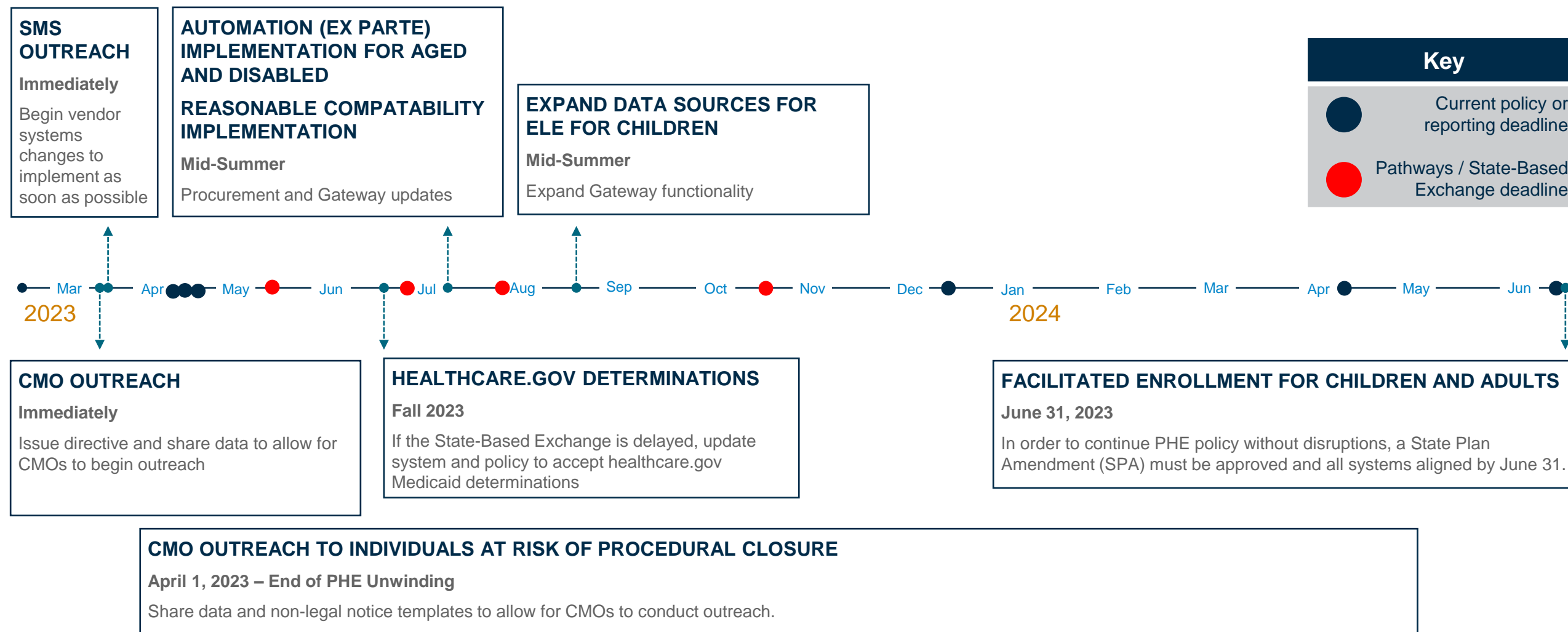
Current policy or
reporting deadline



Pathways / State-Based
Exchange deadline

Recommendations Implementation Timeline

After accounting for other significant deadlines, this timeline demonstrates our recommended timelines for implementing changes.





Outline

- I. Cover Letter
- II. Executive Summary
 - Overview
 - General Observations
 - Recommendations
- III. Background and Purpose
- IV. Assessment
 - Communications
 - Policy and Procedures
 - Staffing
 - Technology and Automation
- V. Recommendations
 - Technology, Automation, and Policy
 - Reduce New Application, Reapplication, and Renewal Workloads
 - Transfer or Alleviate Workload
- VI. Implementation and Timeline
 - PHE Continuous Eligibility Unwinding Timeline
 - Recommendations Implementation
- VII. Outstanding Risks and Threats to Success
 - Barriers to Rapid Systems Changes

Continuing Risks for Implementation

Georgia has done much to mitigate unwinding risks, but certain risks will remain throughout the unwinding process

- 1. Inter-Agency Collaboration:** Even though the agencies continue to meet regularly and often, the complexity of the unwinding process coupled with the various other priorities and programs that each agency is responsible for makes inter-agency collaboration an ongoing risk as clarity and consistency is required regarding items such as:
 - CMS requirements and guidance
 - Challenges related to staffing and data
 - Vendor relationships
 - IT systems changes
- 2. Technology and Lead Times for Implementation:**
 - Implementing expanded *ex parte* requires technological changes to Gateway, which can take anywhere from several weeks to several months for the Gateway vendor to complete
 - The current timeline for proposed changes through summer has been established, which limits Georgia's flexibility to request changes that might be needed to course correct during the unwinding process
- 3. Competing Priorities**
 - Georgia Pathways will go-live July 1, 2023, which impacts the renewal schedule for the unwinding period to ensure no gaps in coverage for individuals who are ineligible for Medicaid but may be eligible for Pathways (and requires a system-wide code freeze May 21, 2023 – July 8, 2023)
 - State-Based Exchange (SBE) go-live November 1, 2023, pending CMS approval
- 4. Vendor Management:** DCH and DHS work with numerous vendors to ensure systems and processes are as effective and efficient as possible, and it is critical that the agencies are fully aligned with roles and responsibilities for each vendor



Appendix I

I. Acronyms

Acronyms

- ABD: Aged, Blind, Disabled (non-MAGI population)
- AVS: Asset Verification System
- AU: Medicaid Assistance Units
- CAA: Consolidated Appropriations Act, 2023
- CHIP: Children's Health Insurance Program
- CMS: Centers for Medicare & Medicaid Services
- CMO: Care Management Organization
- COA: Class of Assistance
- DCH: Department of Community Health
- DHS: Department of Human Services
- DOAS: Department of Administrative Services (contracting agency)
- eFMAP: Enhanced Federal Medicaid Assistance Percentage
- ELE: Express Lane Eligibility
- FCC: Federal Communications Commission
- FFCRA: Families First Coronavirus Response Act, 2020
- FFM: Federally Facilitated Marketplace (Healthcare.gov)
- FM: Family Medicaid
- FMAP: Federal Medicaid Assistance Percentage
- IVR: Interactive Voice Response
- MAGI: Modified Adjusted Gross Income (income-based population)
- PCK: PeachCare for Kids
- PHE: Public Health Emergency
- OCI: Office of Insurance and Safety Fire Commissioner
- OHSC: Office of Health Strategy and Coordination
- OPB: Office of Planning & Budget
- OSAH: Office of State Administrative Hearings
- OSOP: Over Standard of Promptness
- RPA: Robotic Processing Automation (bots)
- SBE: State-Based Exchange
- SNAP: Supplemental Nutrition Assistance Program
- TANF: Temporary Assistance for Needy Families
- WSOP: Within Standard of Promptness