Governor's Office of
PLANNING AND BUDGET
THE STATE OF GEORGIA

OFFICE OF HEALTH STRATEGY AND COORDINATION

April 10, 2023

Governor Kemp,

In my role as Director of the Office of Health Strategy and Coordination (OHSC), I am pleased to submit this assessment of the State of Georgia's readiness for the Public Health Emergency (PHE) Medicaid Continuous Coverage Requirement Unwinding. This assessment was developed by Alvarez & Marsal (A&M) Public Sector Services LLC, which was engaged by OHSC 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 consideration to support the State's successful unwinding while maximizing CMS funding during the phase down period

The Consolidated Appropriations Act of 2023 (CAA) ended the continuous Medicaid coverage requirement related to the PHE on March 31, 2023. This uncoupling requires every state in the country to begin the Medicaid Redeterminations process by no later than April 2023 and complete determinations within 14 months. It also sets a timeline for the gradual phase down of the Families First Coronavirus Response Act's (FFCRA) temporary 6.2% enhanced Federal Medicaid Assistance Percentage (eFMAP).

OHSC has been working closely with the Georgia Department of Community Health (DCH) and the Georgia Department of Human Services (DHS) to ensure preparedness for this massive undertaking. Importantly, the State must meet specific requirements during the unwinding period, which are detailed in the report. Ensuring compliance with CMS and other federal requirements will aid in meeting the State's objectives for unwinding, which include:

- Ensuring compliance to receive enhanced funding through the end of the unwinding period;
- Ensuring the timely unenrollment of ineligible members and facilitating continuity of coverage through the individual marketplace and Georgia Pathways;
- Maintaining continuous coverage for eligible members; and
- Reducing errors, preventing inappropriate denials, and reducing processing times for redeterminations and renewals.

Overall, OHSC and A&M found that the State has been working hard to prepare for the unwinding period across the areas of policy 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. They are:

- Technology, Automation, and Policy
    - Expand *ex parte* renewals from only income-based populations to all populations, including non-MAGI populations.
    - 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 a total of 142,000 new applications annually with spikes of up to 35,000 monthly during the individual market's 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 in order to contact members who have not opted into text communications.

Details of this assessment and recommendations are provided in the attached report. If you have any questions, please do not hesitate to reach out to me.

Sincerely,

Grant Thomas
Director
Georgia Office of Health Strategy and Coordination

Georgia Governor's Office of Planning and Budget Medicaid Unwinding Plan Assessment

Final Report

April 10, 2023

Prepared by Alvarez & Marsal Public Sector Services, LLC

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Overview of Project

The Consolidated Appropriations Act of 2023 (CAA, 2023) ended continuous Medicaid coverage related to the PHE on March 31, 2023. The CAA of 2023 requires every state to begin the Medicaid Redeterminations process by no later than April 2023 and complete the redeterminations within 14 months (all renewals must be initiated by March 31, 2024).

Additionally, the CAA, 2023 also set 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. Specifically, the CAA, 2023 includes the following gradual phase down:

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

Figure 1

The Georgia Department of Community Health (DCH) administers Georgia's Medicaid program, and the Georgia Department of Human Services (DHS) is responsible for assessing individuals for Medicaid coverage and making Medicaid eligibility determination decisions. DHS operates Georgia Gateway, which is the state's integrated eligibility system used for all state-based assistance programs, including Medicaid. The Office of State Administrative Hearings (OSAH) oversees the appeals process for individuals who wish to contest their Medicaid eligibility decision denials.

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

- Developing an unwinding plan that demonstrates how states will handle eligibility determinations and renewals to reduce errors;
- Developing a risk-based strategy when prioritizing eligibility determination 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);
- Maximizing *ex parte* renewals (renewals based on information within relevant databases without needing member action) for all classes of assistance;
- Submitting regular required reporting to CMS regarding baseline and monthly unwinding data;
- Complying with amended FMAP requirements in the FFCRA; and
- Following other federal requirements set by CMS.

Alvarez & Marsal Public Sector Services, LLC (A&M) was engaged by the Governor's Office of Planning and Budget (OPB)'s Office of Health Strategy and Coordination (OHSC) to assess Georgia's readiness with respect to 1) the state's defined plan and 2) published CMS guidance on the unwinding of continuous Medicaid coverage. A&M assessed the coordination, effectiveness, and accountability of DCH, DHS, and OSAH with respect to implementing the current plan, highlighting any potential risks and barriers to the State's successful implementation of the current plan, as well as opportunities to potentially address identified risks and/or barriers.

Recommendations Overview

A&M worked closely with DCH, DHS, OSAH, and OHSC to identify key levers that, if implemented, would have a material impact on the likelihood of the State's unwinding success. They are:

- Technology, Automation, and Policy
  - Expand *ex parte* renewals from only income-based populations to all populations, including non-MAGI populations.
  - 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 open exchange 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.

Background and Purpose

National Context

Pre-Public Health Emergency (Pre-March 2020)

As of January 2020, 47 states were processing automated renewals (including Georgia) and 41 states were accepting telephone renewals (not including Georgia).[1] The majority of states that reported data on processing automated renewals for MAGI-based groups were doing so at a rate above 50%.

During the Public Health Emergency (March 2020 – March 2023)

The FFCRA made temporary changes to states' administration of many social safety net programs, including Medicaid and CHIP. The FFCRA provided an eFMAP for states that followed specific conditions, including: do not conduct terminations unless the beneficiary is deceased, voluntarily terminates, or moves to another state; maintain eligibility standards and methodologies from January 1, 2020; do not implement premium increases; and adhere to special COVID-19 provisions.

Nationally, Medicaid enrollment grew by more than 20 million beneficiaries during the PHE to 92.3 million people.[2]

Most of the growth in enrollee populations occurred among adults (Figure 2). Many of these individuals were deemed eligible due to a change in family composition (e.g., the addition of a child), disability, or pregnancy status. According to an Issue Brief from the Assistant Secretary for Planning and Evaluation in the Office of Health Policy in the U.S. Department of Health and Human Services, "Research indicates that Medicaid enrollment growth during the pandemic was primarily driven by increased retention of existing enrollees rather than new applications."[3]

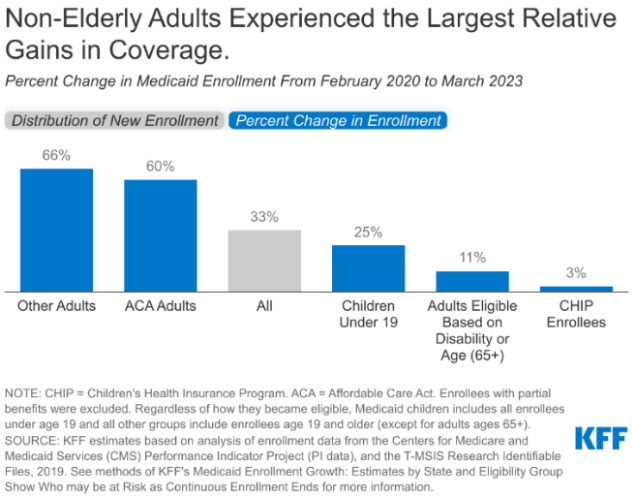

Figure 2

Projecting Forward: PHE Unwinding

Studies project different rates of Medicaid coverage loss after the Public Health Emergency ends. One study predicts coverage loss of 5 to 14 million individuals while another predicts coverage loss of 12.9 to 15.8 million individuals.[4]

Children and young adults are predicted to be disproportionately impacted by administrative "churn" (the loss of and reapplication for coverage due to procedural closure from inability to reach beneficiary, not a loss of eligibility).[5] Children make up nearly one in five individuals predicted to be determined ineligible for Medicaid yet make up over half of those who will retain eligibility but become disenrolled due to procedural closures or errors.

CMS has identified several key risks to unwinding (Figure 3):

[1] http://files.kff.org/attachment/Table-10-Medicaid-and-CHIP-Eligibility-as-of-Jan-2020.pdf
[2] https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html
[3] https://aspe.hhs.gov/sites/default/files/documents/a892859839a80f8c3b9a1df1fcb79844/aspe-end-mcaid-continuous-coverage.pdf
[4] https://aspe.hhs.gov/sites/default/files/documents/a892859839a80f8c3b9a1df1fcb79844/aspe-end-mcaid-continuous-coverage.pdf
[5] *Id.*

Key Risks of Medicaid Unwinding

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 3

CMS is working with state Medicaid agencies, individual marketplaces, and stakeholders to ensure eligible individuals remain covered and states can effectively process redeterminations. States have acknowledged challenges in retaining, recruiting, and training eligibility and call center staff. States with a significant amount of vacancies and lower *ex parte* rates (more manual renewals) will find it challenging to provide prompt assistance to enrollees who have questions or need assistance.[6]

Georgia State Context

Pre-Public Health Emergency (Pre- March 2020)

As of January 2019, fewer than 25% of all applications for Modified Adjusted Gross Income (MAGI) classes of assistance were processed *ex parte*[7] or automatically in real time.[8] In January 2020, this number briefly rose above 25% for the few months prior to the pandemic.[9] At this time, the state checked databases for changes in circumstance. If data could not be confirmed *ex parte*, the state issued a pre-populated renewal form online or by mail if a member requested one. As of January 2020, the state did not implement a Reasonable Compatibility Standard to support the *ex parte* process. Additionally, Georgia did not implement 12 months of continuous Medicaid eligibility for Medicaid nor CHIP.

During the Public Health Emergency (March 2020 – March 2023)

According to state data, Georgia experienced a 40% increase in Medicaid enrollment from February 2020 to March 2023. This is slightly above the national average of 33% (Figure 4).[10] Georgia's Medicaid enrollment increased from 1.85 million to more than 2.5 million.[11]

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[6] https://ccf.georgetown.edu/2023/03/08/cms-releases-anticipated-2023-state-level-timelines-for-initiating-unwinding-related-renewals/

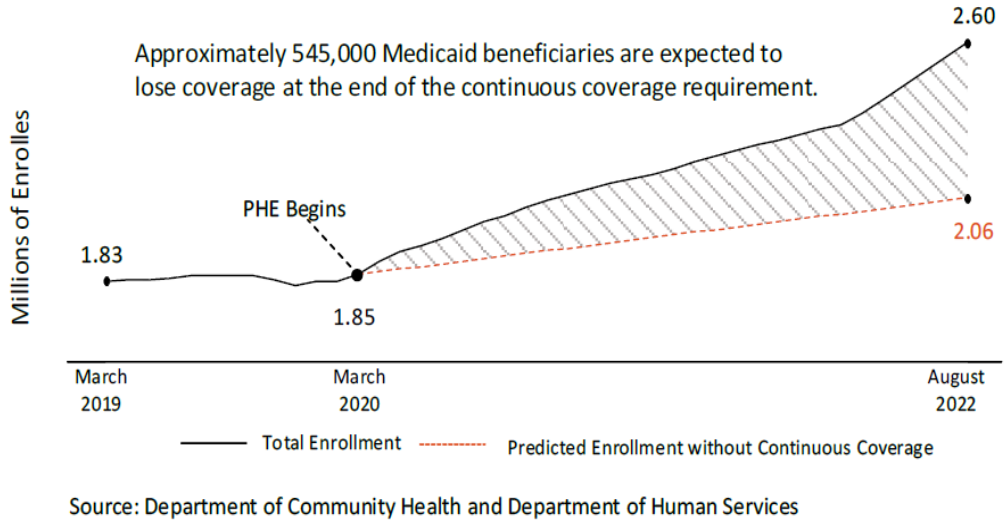
[7] https://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-as-of-Jan-2019-Table-13

[8] https://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-as-of-Jan-2019-Table-10

[9] http://files.kff.org/attachment/Table-10-Medicaid-and-CHIP-Eligibility-as-of-Jan-2020.pdf

[10] https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-growth-estimates-by-state-and-eligibility-group-show-who-may-be-at-risk-as-continuous-enrollment-ends/

[11] The unduplicated number of Medicaid members is 2,534,524, 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

Figure 4

Unlike many other states, Georgia did not conduct any redeterminations during the PHE, which means that Georgia did not collect current eligibility information for any of its members during the PHE (Figure 5).

In 2022, Georgia dedicated more than $1 billion in American Rescue Plan Act (ARPA) funding to provide cash assistance of up to $350 for active enrollees in Medicaid, PeachCare for Kids, SNAP, and/or TANF as of July 31, 2022. Members were required to update their contact information as a condition of receiving a one-time payment of $350. As a result of this process, 84,000 pieces mail were returned due to bad addresses.

As the redetermination process begins, staffing for processing applications and renewals remains a significant risk. DHS has 250 fewer field eligibility staff than they had in February 2020. The DHS call center had a 70% "courtesy disconnect" rate in February 2023, which meant that people were told to call back later because the call center had such high call volume.

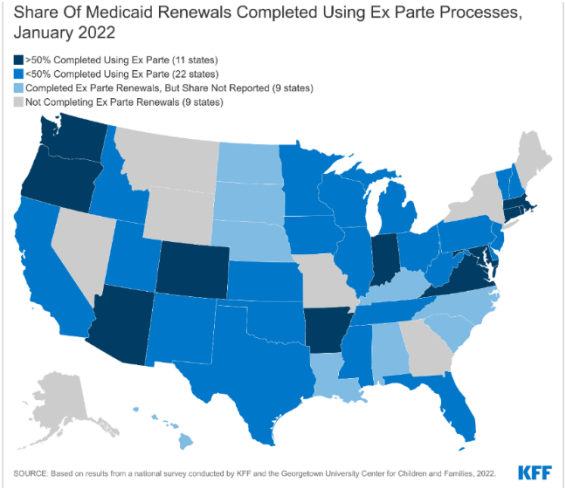


Figure 5

The Public Health Emergency Unwinding Period (April 2023 – June 2024)

Georgia has the following **four objectives** during the unwinding:

1. **Ensure compliance with Federal requirements to receive enhanced funding through the end of the Unwinding period**
    a. $505.9M in FY23 budget due to increased FMAP for Medicaid and PeachCare members
    b. $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 marketplace and Georgia Pathways**
    a. It is estimated that up to 20% of the current Medicaid population (500,000+) could be found ineligible
3. **Maintain continuous coverage for eligible members**
    a. Reduce number of people who lose coverage due to procedural reasons (e.g., bad addresses)
    b. Reduce workload from people who reapply

c. Integrate other significant state efforts happening concurrently (Pathways and the State-Based Exchange)

4. **Reduce errors, prevent inappropriate denials, and reduce processing times**
    a. Avoid monetary penalties from CMS / FNS
    b. Avoid negative impact on the public's opinion

Georgia Pathways, which will allow individuals with income up to 100% of the federal poverty level (FPL) an opportunity to engage in eligible work, school, or volunteer activities to obtain Medicaid coverage, will go-live on July 1, 2023. Georgia anticipates that up to 200,000 individuals who are no longer eligible for Medicaid may be eligible for Pathways. This effort will aid in maintaining coverage for individuals determined ineligible for Medicaid.

In addition, Georgia is planning a transition to a State-Based Exchange (SBE) on November 1, 2023. Both Pathways and the SBE require significant policy and system changes individually.

The state will distribute renewals across 12 months beginning in April 2023 (Figure 6). The 2.6 million redeterminations are distributed 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 assistance 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 (e.g., pregnant women, vulnerable disability classes); and
- Level workload for eligibility staff over the redetermination period and in subsequent years.

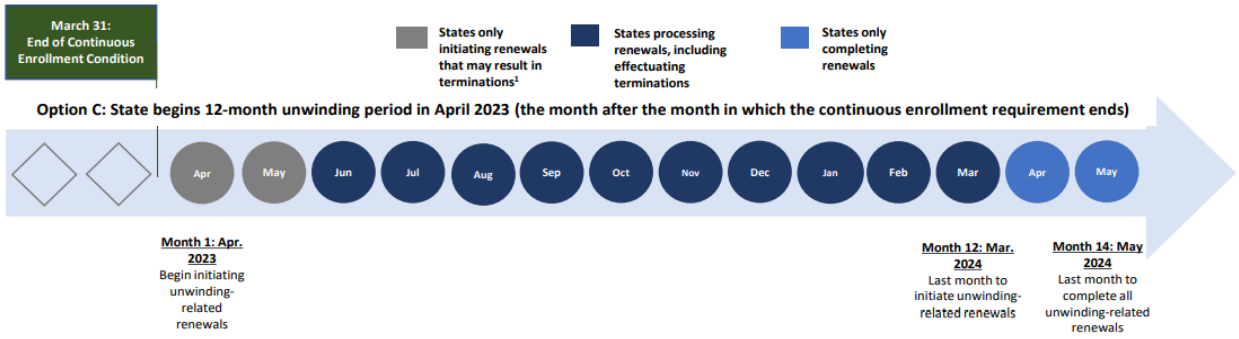


Figure 6

Project Overview and Scope

A&M was engaged by OHSC to assess the State's plan and initiatives related to the PHE unwinding and Medicaid redeterminations within DHS, DCH, and OSAH. Based on A&M's understanding of the State's objectives with respect to the assessment, A&M's work focused on an evaluation of the following areas:

- Communications
- Policy / Procedure changes
- Staffing
- Technology / Automation

In conducting the assessment, A&M compared Georgia's current plan to guidance from CMS. The assessment was conducted via document review and on-site interviews with relevant staff from within DHS, DCH and OSAH.

Through the assessment, A&M:

- Compared the objectives of Georgia's plan to the available aforementioned guidance.
- Identified potential resource constraints observed through the review, other risks to implementation (effectiveness), including individual agency risks and risks to the unwinding plan due to cross department / agency dependencies without centralized oversight (coordination).
- Analyzed current and proposed key performance indicators compared to recommended guidance (accountability).
- Developed recommendations for consideration to support the State's achievement of its intended initiative outcomes with respect to the current plan focused on near- and long-term activities.

Georgia will begin redeterminations on April 1, 2023. First renewal notices will be mailed on April 17, 2023, and first terminations will occur 45 days later. The State will follow a 12-month timeline to initiate nearly 2.6 million redeterminations in a compliant manner and will complete all redeterminations within 14 months.

Project Approach and Process

A&M proposed the below timeline for the project (Figure 7):

Figure 7

Over the course of the assessment, A&M reviewed numerous policies, reports, memorandums, data sets, and conducted more than 40 interviews and working sessions with key agency leaders. These meetings were divided over the three phases of the assessment to focus on clarifying data and procedures from the desk review, analyzing existing gaps and risks for unwinding, and agreeing upon and finalizing recommendations. As the assessment continued, A&M worked collaboratively with agency leaders to respond to CMS requirements and begin implementing recommendations in support of the unwinding.

Assessment

Communications

Strengths

DHS partnered with Jackson Spalding, a communications and public relations firm, to create a communications toolkit, media spend strategy, and microsite with information on the unwinding period. This phased plan is reliant on paid and organic markets, such as stakeholder and partner channels.

Phase I, which ran from July to December 2022, focused on direct outreach campaigns and general awareness. The primary purpose was to encourage Medicaid beneficiaries to update their contact information. Jackson Spalding created a microsite (staycovered.ga.gov) to share information; developed key messages with DHS staff; created TV, social media, and radio campaign assets; created a general SMS text strategy for beneficiaries who had opted in to receive texts; developed a social messaging calendar and content; and developed and implemented a paid media plan.

Phase I saw 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.

Phase II – A runs January to April 2023. This phase drives urgency for members to update their contact information and choose e-communications. Phase II – B will begin in April 2023 and will focus on educating Medicaid and PeachCare for Kids members on the redeterminations and appeals processes.

Outside of the Jackson Spalding media plan, DHS and DCH have worked closely with community partners and CMOs to share information that will allow for them to provide assistance to patients and members of their community groups (e.g., churches and religious organizations, libraries, clubs, businesses, child care centers). DHS has partnered with public libraries to place Gateway kiosks in libraries to increase opportunities for people to update information in Gateway online. The state has also focused on ensuring that residential facilities that provide services for Aged, Blind, or Disabled (ABD) beneficiaries, such as nursing homes, have up-to-date information to assist residents with their renewals. Additionally, providers and community partners can assist beneficiaries through their portals as well.

Additionally, there is a new DHS P.O. Box specifically designated for return mail processing, which is currently being stood up as a QR code-based centralized operation with Xerox to support as the vendor. This will allow for returned mail to be processed and for case notes to be reconciled with address information.

Weaknesses and Opportunities

The aforementioned cash assistance program had two main benefits: it encouraged beneficiaries to update their contact information in order to receive their cash payment by mail, and it gave the state crucial data regarding which beneficiaries were unable to be reached. The state received over 84,000 pieces of returned mail from the initiative operated through DHS. While the state is now able to discern that the address information for these members is not accurate, there is no defined process from the agencies on how to handle returned mail. At the time of this report, a plan is currently being developed.

Additionally, there is no fully developed process to reconcile this information with addresses from Care Management Organizations (CMOs). Currently, there is an effort to create a process for CMOs to send updated address information to GAMMIS, and GAMMIS would then batch this information over to Gateway as an additional address field. Testing for this functionality is still in progress.

There are opportunities for more direct engagement with other agencies and public services in the partner toolkit. For example, even though DHS is providing information on redeterminations to at least some schools, general messaging for PK-12 settings to use regarding CHIP or Medicaid enrollment in the partner toolkit would allow all schools to become part of the communications plan. DCH's partnership with the CMOs can also be more fully developed and formalized to ensure consistency across all CMOs. Investments in publicly accessible technology (e.g., tablets in waiting rooms) are delayed, but will be operational by the beginning of the summer.

Policy and Procedures

Strengths

DCH submitted and received approval for seven waivers from CMS (Figure 8) for use across all agencies involved in the renewal and redetermination process. Section 1902€(14)(a) of the Social Security Act allows for waivers "as are necessary to ensure that states establish income and eligibility determination systems that protect beneficiaries."

Waiver	Impact
Enroll and/or Renew Individuals Based on Supplemental Nutritional Assistance Program (SNAP) Eligibility (Targeted SNAP Strategy)	These waivers allow for DHS to use recent SNAP/TANF eligibility decisions to automate the renewal for more than 1,000,000 Medicaid members who also receive SNAP and / or TANF.
Enroll and/or Renew Individuals Based on Temporary Assistance for Needy Families (TANF) Eligibility (Targeted TANF Strategy)	

Ex Parte Renewal for Individuals with No Income and No Data Returned (Beneficiaries with No Income Renewal)	This waiver adds to Georgia's existing policy to *ex parte* individuals who have income data that shows they fall under the FPL. The state can complete *ex parte* renewals based on verified attestation of zero income from March 2019 or later, with no information returned from data sources.
Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe (Streamlined Asset Verification)	The state can assume resources have not changed when the AVS does not return any information or does not return information within 14 days. The state can complete *ex parte* renewals of enrollees without requesting further verification of assets.
Partnering with Managed Care Plans to Update Beneficiary Contact Information (CMO Beneficiary Contact Updates)	If there are operational or systems constraints, the state does not have to send a notice to the address given by CMOs to verify the address. It can be treated as reliable and updated in the system.
Use of the National Change of Address Database (NCOA) and United States Postal Service (USPS) Returned Mail to Update Beneficiary Contact Information (NCOA and/or USPS Contact Updates)	If there are operational or systems constraints, the state does not have to send a notice to the address given by the NCOA/USPS to verify the address. It can be treated as reliable and updated in the system.
Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests (Fair Hearing Timeframe Extension)	In being given a more flexible timeframe on fair hearings, the state must provide benefits pending the outcome and forgo recoupment of such benefits if the ineligibility decision is upheld. This waiver is a safety net if OSAH capacity is stretched.

Figure 8

These waivers allow for flexibility regarding data sources to determine eligibility for individuals, relieving staff of manually pulling duplicative data and manually processing renewal applications. DCH has drafted memos reflecting these waivers and DHS has promulgated them to eligibility staff and incorporated them into their training manuals.

CMS has also approved Georgia's Mitigation Plan to support unwinding compliance, which includes:

- Waiving the asset test for non-MAGI beneficiaries
- Renewing applications without requesting income information for people who only had social security disability payments or only stable income sources at the time of application or most recent renewal
- Extending call center hours

Challenges and Opportunities

DCH policy memos traditionally focus solely on the waivers being implemented instead of incorporating broader, pre-existing policies to support eligibility staff's holistic understanding of policies. This is especially important given that eligibility staff have not conducted Medicaid or CHIP renewals since the start of the PHE. Since the success of the unwinding process relies upon effective inter-agency, intra-agency, and vendor communication, agencies should take every opportunity to re-iterate and clarify policies for the unwinding period (many of which are then executed in the Gateway system by DHS).

The implementation of these updated policies and procedures will be critical to Georgia's success in the unwinding process.

Technology and Automation

Strengths

The Department of Human Services has an internal team that creates and oversees "bots" or computer programs that replace a repetitive task that a human would otherwise have to perform and at a faster rate than humans. DHS bots automate certain eligibility worker tasks, such as checking databases for updated information. Bots can process cases quickly and efficiently and conduct *ex parte* renewals when allowable. Specifically, bots:

- Act on all Medical Assistance (MA) renewals submitted through the Customer Portal (Gateway) by inserting changes reported by the customer and checking all interfaces
    - *Sends case to eligibility worker to review and authorize*
- Act on all Supplemental Security Income (SSI) Nursing renewals by checking all interfaces, generating an automatic case note of actions, and authorizing the case
- Create manual notices for Medicaid
- Create case notes for Medicaid
- Act on all MA-only applications submitted through the Customer Portal (Gateway) by inserting information reported by the customer and checking all interfaces
    - *Sends case to case worker to review and authorize*
- Act on all MA changes submitted through the Customer Portal (Gateway) to insert any customer-reported changes, check interfaces based on reported changes, generate an automatic case note, and identify red flags for case worker review
- Act on *ex parte* applications submitted to check all required interfaces, generate an automatic case note, and identify flags for case worker review
    - *This bot will temporarily approve non-MAGI ex parte renewals.*

DHS and OSAH also worked together to increase automatization of appeals. Now, batch files will be sent daily from DHS to OSAH with all necessary information included. This will allow for integration into the court systems electronic case management platform (eCourt) instead of the prior sharing process, which depended on the manual entry of information.

Georgia is currently implementing an update to Gateway, which will incorporate *ex parte* policy changes to the eligibility system. On April 28, 2023, Gateway will be able to apply *ex parte* policy to all MAGI cases, allowing for automated renewals for MAGI cases up to the income limit for each class of assistance.

Challenges and Opportunities

Bots perform 1:1 tasks that eligibility workers do, but do so in an evolving system environment. Even minor system changes have the potential to require significant reconfigurations of how bots operate in their environment. Because bots need to be assigned tasks and deployed daily, team capacity spent resolving issues for one or several bot functions can impact other workstreams. Additionally, any changes in the Gateway system can possibly affect bot functionality in ways that cannot always be predicted.

Change Requests (CRs) to Gateway are created by state employees who sit on the Change Board in order to resolve system defects or create new capabilities within the system (e.g., fix logic that routes renewals down an incorrect path, resolve issues in accessing data, implement code to access a new interface). CRs have a lead time of anywhere from a few weeks for minor changes to several months for more extensive changes. According to agency leadership, CRs are at or near the limit the system can withstand until the beginning of summer.

The Gateway system must also be configured to ensure a smooth transition for eligible individuals into the Georgia Pathways program, which goes live on July 1, 2023, and to make and receive referrals for the planned State-Based Exchange, which will go live on November 1, 2023, pending CMS approval.

Staffing

Strengths

DHS has engaged in an aggressive recruiting and hiring strategy. In the AFY23 budget, DHS secured funding for 118 additional positions, and 300 new positions for DHS were included in the final FY24 budget. At the time of this report, DHS has hired over 200 new eligibility workers who are in training or slated to begin training prior to April 1, 2023. Prior to this surge in hiring, the call center was staffed with 170 state staff members and 50 temporary staff members. Additionally, DHS is creating a specialized Medicaid renewal team through reassignment and recruitment. The use of telework and field offices for in-person office days allows DHS to expand the pool of eligible applicants across the state.

Georgia has also implemented workload reduction strategies to mitigate staffing challenges for eligibility staff including:

- 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
- Using a 24/7 Interactive Voice Response (IVR) system solely for eligibility services that provides automated responses for certain types of calls
- Transferring call volume to Care Management Organizations to handle contact information updates for MAGI members

The Office of State Administrative Hearings (OSAH), which will be conducting hearings for adverse action appeals, has a plan to tap into additional staffing resources as needed based on prior rates of Medicaid averse actions that go to appeal (0.5% in prior years). Due to some organizations encouraging members to appeal, OSAH has identified the needed resources in the event that there is a higher proportion of hearings.

Challenges and Opportunities

Georgetown University Health Policy Institute's Center for Children and Families identifies call center statistics as being "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.[12]

Membership in Georgia's eligibility programs like SNAP and Medicaid all increased significantly from pre-pandemic levels, and the DHS eligibility and call center teams remain overwhelmed by new applications and renewals for other Georgia programs, without currently processing any Medicaid renewals. Currently, the DHS Call Center abandon rate (a "courtesy disconnect" when no staff are available) is 70%. In order to get to a 15% rate, DHS estimates that they would need to hire an addition 280+ staff. On top of the Medicaid renewals that will need to be handled during the unwinding period, DHS staff process an average of 90,000 SNAP cases per month.

This additional workload volume due to the PHE and the Medicaid redeterminations that will now be added to that volume exacerbates the challenges related to recruiting, hiring, training, and retention for eligibility staff—this is challenging for all states, including Georgia. Eligibility positions are entry level; training is complex and takes several weeks, if not months; and overtime work can be required by DHS depending on work volume.

A team of Georgia Tech industrial engineers are currently analyzing IVR efficiency and making recommendations with a final report due in May. Any coding changes to the IVR system based on those recommendations could take additional months to implement.

[12] https://ccf.georgetown.edu/2022/04/20/call-center-statistics-the-canary-in-the-coalmine-when-the-medicaid-continuous-coverage-protection-is-lifted/

Opportunities and Recommendations

The team at A&M identified several opportunities across multiple workstreams that coalesced around three key areas: technology, automation, and policy; reduce new application, reapplication, and renewal workloads; and transfer or alleviate workload.

Technology, Automation, and Policy

Recommendation: Expand ex parte renewals to include all Medicaid classes of assistance

Implementing this recommendation is required by CMS guidance, which requires all renewals to have an *ex parte* attempt prior to entering the manual renewal process. Compliance reduces the risk of reductions in eFMAP and other financial consequences for not adhering to CMS requirements.

Additionally, enacting this recommendation reduces the potential for human error when conducting renewals, as data checks are automated at the front end of the process, and reduces the workload on eligibility workers.

Georgia is relying on bots to complete *ex parte* renewals for non-MAGI classes of assistance and is waiving asset verification as part of its approved mitigation plan with CMS until the newly procured Asset Verification System (AVS) can be integrated into the Gateway eligibility system.

The CR implementation is estimated for mid-July. By deploying the operation of bots to complete *ex parte* renewals for non-MAGI members and waiving asset verification, Georgia is compliant with CMS requirements and will also reduce workload for its eligibility staff. However, this is a temporary solution until the CR to integrate the AVS with Gateway is completed.

Recommendation: Clarify the existing ex parte policy for eligibility workers

A&M's investigation into Georgia's *ex parte* policy as part of its assessment led to this recommendation. There was significant confusion at varying levels of the agencies of what the *ex parte* policy was for redeterminations. DCH promulgated policy memos related to the end of the PHE that were specific to the waivers Georgia was granted by CMS to assist in the unwinding process. As such, no one memo fully explained the *ex parte* policy for all renewals—only specific subgroups of renewals.

A&M recommended and supported DCH issuing a clarifying memo to create a clear understanding for eligibility decision-making and Gateway systems changes. DCH finalized an updated memo on March 16, 2023, clarifying that *ex parte* renewals must be attempted for all classes of assistance. If there is information available in the individual's account or data sources that are checked through Gateway, then Gateway will automatically determine the individual eligible, with no further action required on the part of the worker or the individual.

DHS is currently in the process of review and approval to issue an update to its staff. DHS expects promulgation by Friday, March 31, 2023.

Recommendation: Establish a Reasonable Compatibility Standard of up to 10% variance between stated income and income data to reduce churn and rework

Unlike the majority of other states (33), Georgia does not have a Reasonable Compatibility Standard. A Reasonable Compatibility Standard allows states to accept a determined level of variance between an applicant's attested income and the information obtained from the electronic verification process, even if marginally above the FPL. Income data can vary for a variety of reasons, including hourly work schedules and the date of the income reporting.

Currently, if information from a data source shows income above the class of assistance limit (even by just one cent), the renewal would be denied even if the attested income on file meets the income requirement. This leads to unnecessary churn and rework because individuals will either appeal the eligibility decision or lose coverage and re-apply for benefits if they meet the income requirement.

A&M recommends setting a Reasonable Compatibility Standard to reduce churn and rework and align with CMS recommendations and best practices. This recommendation is currently scheduled for implementation in mid-August 2023.

Reduce New Application, Reapplication, and Renewal Workloads

Recommendation: Become a temporary determination state

The state received over 142,000 applications as referrals from the Federally Facilitated Marketplace (FFM) in calendar year 2022. These applications accounted for more than 15% of all Medicaid applications in Georgia and significantly peaked during the open enrollment period for the individual marketplace. Georgia is planning on moving to a state-based exchange (SBE) on November 1, 2023, pending CMS approval. Regardless of whether Georgia continues utilizing Healthcare.Gov for enrollment in the individual marketplace or moves to an SBE on November 1, 2023, A&M recommends that Georgia makes the transition from an assessment state to a determination state. Becoming a determination state will allow Georgia to accept Medicaid determinations from the private individual insurance marketplace (either Healthcare.gov or the SBE if the SBE can provide this functionality[13]).

Recommendation: Expand use of data from other programs to determine Medicaid eligibility for children (Express Lane Eligibility)

Georgia currently accepts eligibility determinations from SNAP and TANF (Express Lane Eligibility or ELE) to determine Medicaid eligibility for children. A&M recommends that Georgia expand the use of ELE to include eligibility determinations for children from Refugee Cash Assistance (RCA), Childcare and Parent Services (CAPS), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The Governor and General Assembly already included a directive for DCH to pursue the expansion of ELE via a State Plan Amendment (SPA) in the Amended Fiscal Year 2023 budget, so A&M recommended that the agencies seize the opportunity and create a timeline for implementation based on the potential impact to the unwinding of continuous eligibility.

DHS data shows that nearly 140,000 eligible children are enrolled in RCA, CAPS, and WIC. Of those, more than 20,000 children are not currently enrolled in Medicaid. Expanding ELE would automate the nearly 119,000 redeterminations for children currently enrolled in Medicaid, and potentially provide Medicaid for an additional 20,000 children by using the eligibility determinations that have already been made in other programs.

Expanding ELE would reduce churn, rework, and would significantly decrease the workload for eligibility workers. This recommendation is currently scheduled for implementation in mid-August 2023.

Recommendation: Continue facilitated enrollment for children and adults by using SNAP and TANF eligibility decisions after the unwinding period ends to avoid a spike in workload

More than 1,000,000 of Georgia's Medicaid members also receive SNAP and/or TANF benefits. Facilitated enrollment allows states to transfer income data from SNAP and TANF to determine Medicaid eligibility despite differences in household composition and income-counting rules. Georgia currently has a waiver allowing facilitated enrollment by using SNAP and TANF programs during the PHE unwinding period. A&M recommends that Georgia develop and submit a State Plan Amendment (SPA) allowing it to continue facilitated enrollment for children and adults post-unwinding. Systems logic would need to be extended indefinitely prior to the expiration of the waiver at the end of June 2024.

Implementation of this recommendation would ensure that Georgia does not have a sharp increase in workload when the PHE unwinding waiver expires by continuing to automate eligibility decisions as much as possible. DCH will develop a SPA and submit for approval to CMS in January 2024, to ensure no lapses in facilitated enrollment once the unwinding period ends.

[13] Georgia is currently in conversation with its vendors for the SBE and Gateway to determine the feasibility of adopting determination functionality by November 1, 2023.

Transfer or Alleviate Workload

Recommendation: Direct Care Management Organizations (CMOs) to conduct outreach to beneficiaries regarding upcoming renewals, risk of procedural closures, and transitions to other modes of healthcare coverage

Previously, DCH has encouraged but had not directed Care Management Organizations (CMOs) to conduct outreach to Medicaid recipients who are members of their health plans. A&M recommends that DCH take a more central, directive role in leading CMO outreach to members during the unwinding period to increase outreach across multiple avenues, resulting in a higher potential for contact, and shifting workload from the DHS call center to CMO call centers.

Many other states use managed care organizations (MCOs; equivalent to CMOs in Georgia) as a primary point of contact for beneficiaries during the redetermination process because MCOs have a financial incentive to make sure their members have updated contact information and often have more recent contact information than eligibility systems. This recommendation would also meet CMS's requirement that states must make a good faith effort to contact an individual before terminating enrollment—states are not allowed to disenroll individuals based solely on returned mail.

A&M has worked with DCH to create a schedule for data-sharing; templates for CMOs to use for SMS outreach, non-legal notices, and other modes of communication; and a plan for continuing communications with members during the course of the unwinding period. The CMO outreach plan will be finalized on or before May 1, 2023, which will be before the first group of MAGI redeterminations begin.

Recommendation: Implement the Federal Communications Commission (FCC) ruling on State SMS communications to contact members who have not opted into text communications

On January 23, 2023, the FCC created a carve-out ruling for the Telephone Protection Consumer Act (TPCA) to allow states and state-directed partners to send SMS communications to Medicaid and CHIP members regardless of prior explicit consent, inferring consent on the basis of membership. Prior guidance has allowed for states and federal agencies to send individual SMS communications or make phone calls, but this new ruling allows for partners and states to use auto-dialers and automatic SMS services to conduct mass outreach for those at risk of procedural closure.

DHS has started to implement this recommendation sending draft texts sent for language translation. This will allow the agency to better meet the CMS guidance of a "good faith" attempt at two or more modalities of contact prior to closing a case. This will also shift the burden from eligibility workers who would previously conduct outreach.

CMOs will also have the ability and directive to text members who are unresponsive regarding their health plan using their contact information. Directing members to their own call centers for general questions and Gateway guidance will alleviate call volume at the DHS call center.

Continuing Risks for Implementation

While Georgia's implementation of A&M's recommendations will help contribute to Georgia's success during the unwinding process, there remain several outstanding risks that will need to be closely monitored to ensure Georgia is able to efficiently process the nearly 2.6 million redeterminations by June 30, 2024.

Inter-Agency Collaboration

Due to the unprecedented nature of the PHE, Georgia, like other states, had to adapt to rapidly changing circumstances and a changing federal regulatory framework. Clear and consistent communication between DCH and DHS regarding CMS requirements and guidance, staffing challenges, data challenges, priority setting, vendor relationships, and IT systems changes is critical. As the unwinding process is just one part of each agency's portfolio, albeit a very significant part, there is ample opportunity for misalignment, however slight, between the agencies that could negatively impact Georgia's success.

DCH, DHS, and OSAH must also partner together to ensure that Georgia is meeting CMS requirements during the appeals process when individuals request reconsiderations of Medicaid denials. Although DCH is the state Medicaid agency and has the responsibility of representing Georgia's Medicaid-related actions to CMS, DHS and OSAH are the subject matter experts for their respective responsibilities. Because Georgia did not conduct any redeterminations during the PHE, all the agencies are preparing for volumes of redeterminations and appeals that they have never experienced before with limited flexibility to respond quickly to challenges that might arise.

The agencies continue to meet regularly and often (particularly DCH and DHS) to minimize this risk, but 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.

Technology and Lead Times for Implementation

Implementing Georgia's expanded *ex parte* policies requires technological changes to Gateway. A significant number of smaller changes are also required to ensure system readiness is currently being implemented, in addition to the normal maintenance and oversight of Gateway that may require additional changes to the system.

As noted above, changes to Gateway can diminish or eliminate the effectiveness of bots without proper planning and / or adjustments to the bots to operate within Gateway's changes. A lack of coordination between DCH, DHS, and the Gateway vendor (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.

Gateway is immensely complex and requires a separate vendor to operate and update Georgia's eligibility specifications across all Georgia programs, which includes Medicaid. Significant changes to Medicaid eligibility policies can require CRs which can take anywhere from several weeks to several months.

Georgia currently has a timeline for proposed changes through the fall, which severely limits Georgia's flexibility to request changes that might be needed to course correct during the unwinding process. Further, an increased volume of Change Requests increases the risk of defects in the Gateway system.

Competing Priorities

Georgia Pathways, Georgia's new program to allow a limited Medicaid expansion authorized through a Section 1115 waiver, is slated to launch July 1, 2023. The launch of this program will alleviate potential gaps in coverage for individuals who formerly qualified on a MAGI basis, such as low-income mothers who gave birth early on in the pandemic. However, the timeline of this launch has impacted redistribution logic leading up to the pandemic as Georgia does not have current income information for its members (Georgia did not process any redeterminations during the PHE like other states did). The decision to delay the processing of all MAGI renewals (including those who would not qualify for Pathways, like children) has in effect shrunk Georgia's timeline for unwinding from 12 months to 11, as most MAGI renewals are being held until May.

Additionally, the launch of Pathways requires a systems-wide code freeze from May 21, 2023 to July 8, 2023 to prepare for and ensure a successful systems launch. This code freeze delays the implementation of new technological changes to support increased automation and an ability to respond quickly to real-time data during the unwinding process. Pathways implementation also creates a new class of assistance. Potentially eligible individuals must opt-in to the program, which is in turn will push as many as 200,000 individuals out of automated processes and into manual processes.

Later in the year, pending CMS approval, Georgia is planning to launch a SBE. This will not significantly impact redistribution or eligibility workload like Pathways, but becoming a temporary determination state will require systems coordination across DCH, DCH, and the SBE technology vendor.

Vendor Management

DCH and DHS work with numerous vendors to ensure systems and processes are as effective and efficient as possible. Vendor management is significantly impacted by the strengths and weaknesses found in the area of inter-agency collaboration as each agency must interact or will be impacted by the other agency's vendor actions. For Gateway, for example, DCH owns the contract with the vendor, but DHS works closely with the vendor as the subject matter expert and state owner of the Gateway system. There are, and will likely continue to be, communications issues over data (sources and validity) and systems priorities.

Timeline and Implementation

PHE Unwinding Timeline

Georgia has until June 30, 2024 to complete approximately 2.6 million Medicaid redeterminations. The largest hurdle identified during A&M's discovery process is staff capacity to complete redeterminations in a timely manner (as determined by CMS). The below timeline details key dates during the unwinding period (Figure 9).

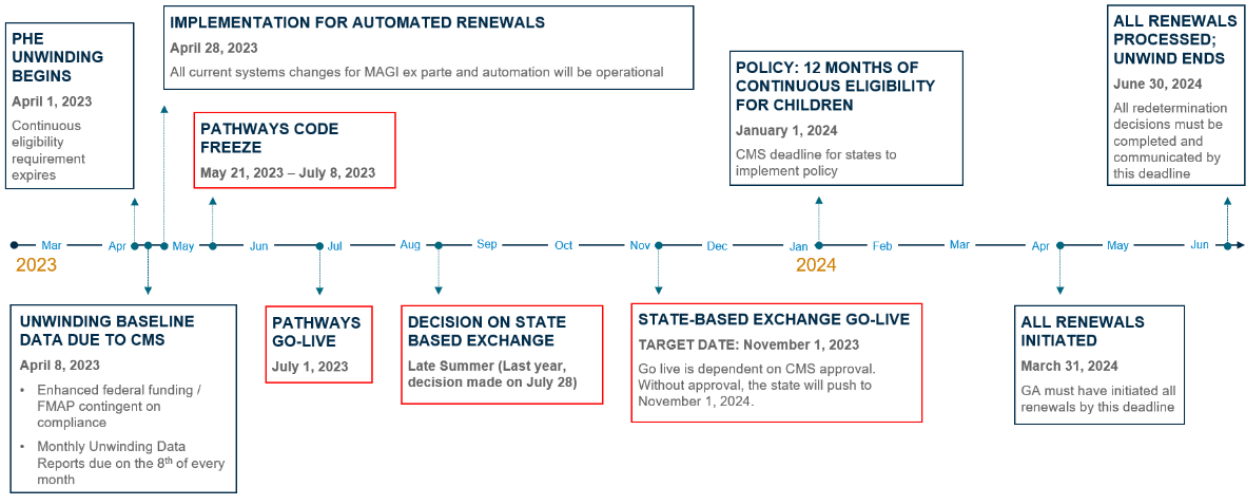


Figure 9

Deadlines During the Public Health Emergency (PHE) Unwinding

CMS requires states to meet monthly reporting deadlines to retain the full FMAP increase available through December 31, 2023. These are due on the 8th of every month, with the first on April 8th, 2023. The below figure details reporting deadlines to CMS (Figure 10).

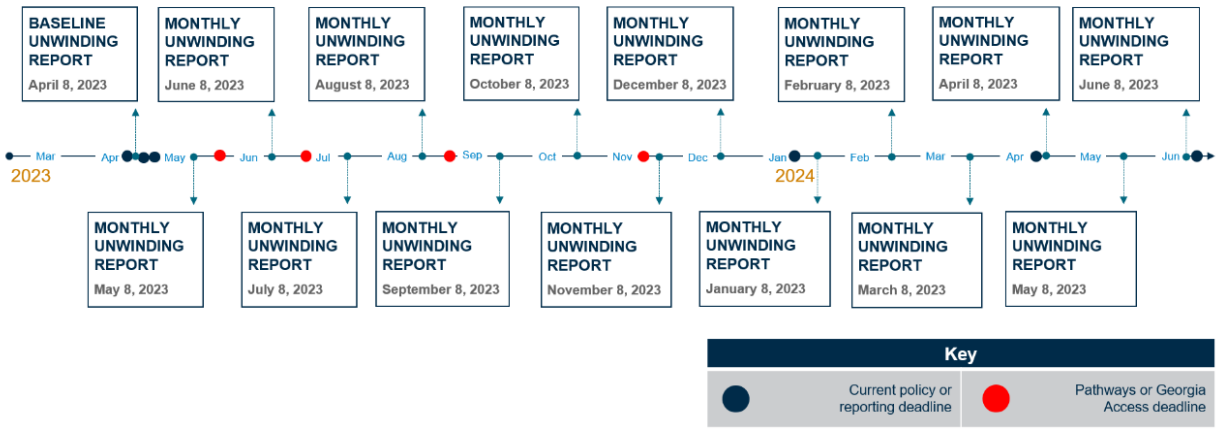


Figure 10

Implementation of Recommendations Timeline

Below is the suggested timeline to implement recommendations given other priorities (Figure 11).

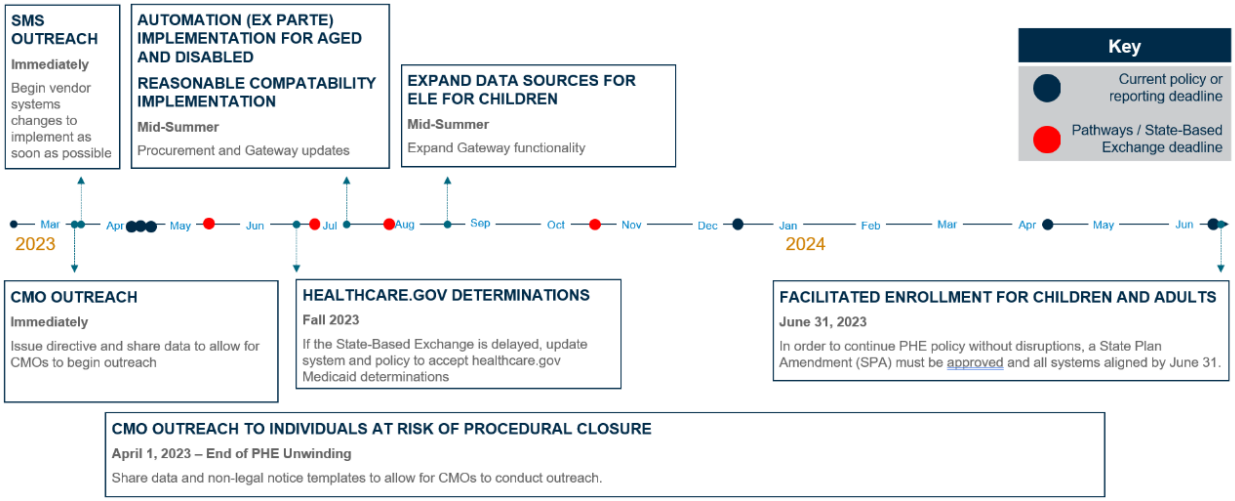


Figure 11