



Georgia Department
of Human Services



GEORGIA DEPARTMENT *of*
COMMUNITY HEALTH

Plan for Medicaid Redetermination

April 2023



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Stay Covered.

Overview

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Background

- In response to the COVID-19 pandemic, the U.S. Congress passed the Families First Coronavirus Response Act (FFCRA) in March 2020. FFCRA gave states a temporary 6.2% Federal Medical Assistance Percentage (FMAP) increase to ensure continuous coverage throughout the COVID-19 Public Health Emergency (PHE) for individuals who qualified for Medicaid on or after March 18, 2020.
- Under the FFCRA, Georgia Medicaid members have been eligible for continuous coverage during the federal public health emergency (PHE).
- In December 2022, the federal government passed a federal spending bill that separates the end of FFCRA continuous enrollment conditions from the end of the PHE, which permitted states to resume Medicaid eligibility checks on April 1, 2023.

Federal Guidance

- Guidance has evolved at [Medicaid.gov](https://www.Medicaid.gov) for how states should conduct Medicaid redeterminations, address workforce and technology challenges, notify individuals that their coverage may end, and offer opportunities to supply more information or appeal a decision.
- Redetermination is the process that states, including Georgia, must follow to make sure current Medicaid members are still eligible for coverage. It involves collecting and verifying information, including income and contact details, as well as other requested information or documents related to determining eligibility based on a member's case.
- If a Medicaid member is still eligible, their coverage will be renewed. Individuals who are no longer eligible for Medicaid may qualify for other coverage options.
- States have a 14-month window to conduct all redeterminations.

Georgia Redetermination

- Georgia's 14-month redetermination window began April 1, 2023.
- The Georgia Department of Human Services (DHS) and Georgia Department of Community Health (DCH) will jointly reevaluate **roughly 2.7 million** individuals for Medicaid eligibility.
- Georgia must complete all Medicaid redeterminations, pending eligibility actions, disenrollments, and appeals by May 31, 2024.

Plan for Medicaid Redetermination

Per current CMS guidance, states must select one of the following four risk-based approaches for Medicaid redeterminations:

- Option 1: Population-Based Approach – Prioritizes cohorts of beneficiaries most likely to have become eligible.
- Option 2: Time or Age-Based Approach – Prioritizes based on length of time the action has been pending.
- Option 3: Hybrid Approach – Combines the population- and time-based approaches.
- Option 4: State-Developed Approach – Ensures pending actions are handled appropriately to prevent improper terminations, mitigate churn, and provide smooth transitions to healthcare.gov.

Plan for Medicaid Redetermination

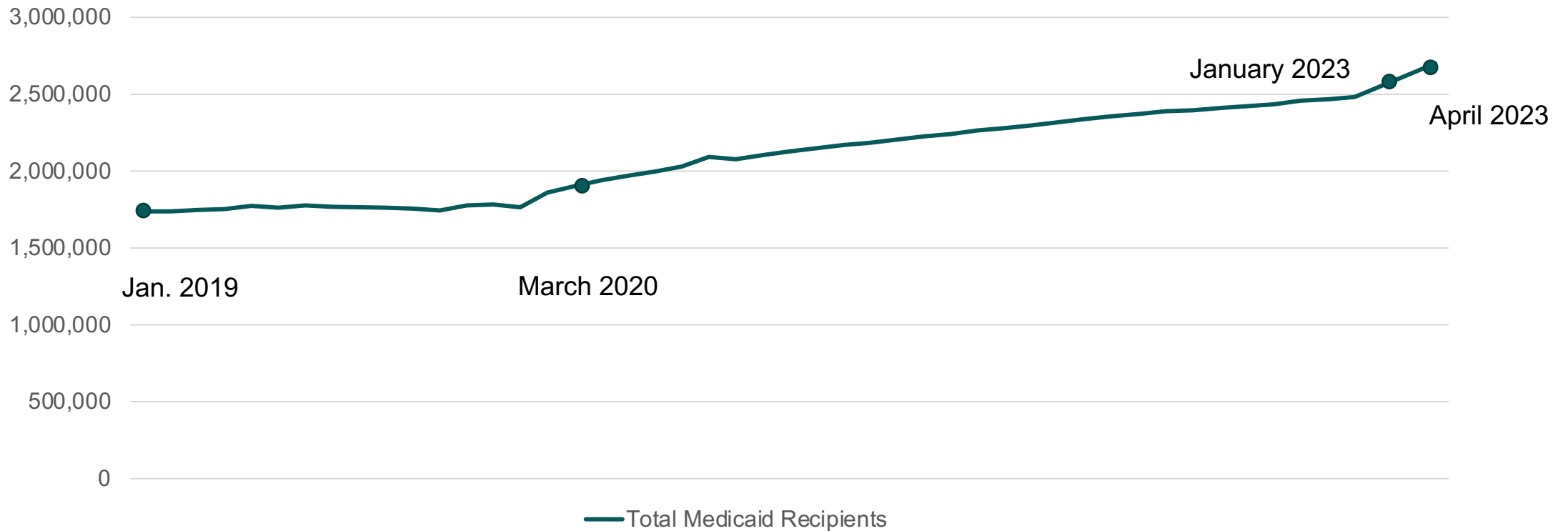
Georgia has selected Option #4: State-Developed Approach.

Georgia's Approach

- The state-developed approach ensures pending actions are handled appropriately to prevent improper terminations, mitigate churn, and provide smooth transitions to healthcare.gov.

Plan for Medicaid Redetermination

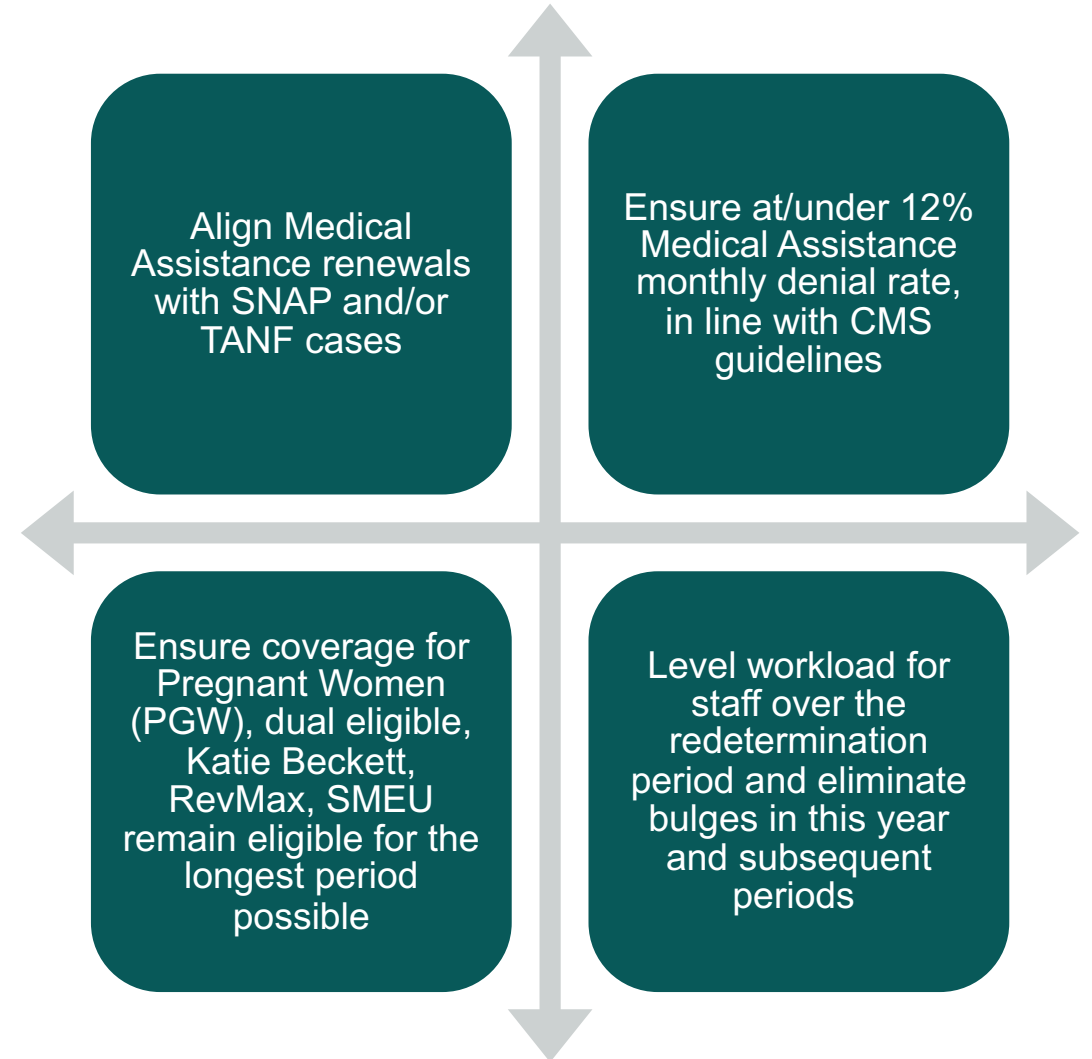
The below chart indicates total Medicaid members in Georgia from January 2019 to April 2023. Total Medicaid members have steadily increased since the beginning of the federal PHE in March 2020.



*March 2020 and prior application data was as of COB 4/20/2020 and beginning with April 2020, all monthly application data is as of cob on the last day of the reporting month.

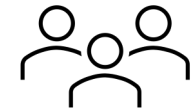
Plan for Medicaid Redetermination

The Georgia Department of Human Services (DHS) unwinding approach staggers Medicaid redeterminations for continuous coverage over multiple months, until all redeterminations conclude, targeting four metrics.



Relevant Considerations

DHS is focused on four key areas to prepare for additional demands related to the redetermination period.



Improving Technology

- Improving technology and implementing system enhancements

Creating Efficiencies

- Reducing workload burdens, including leveraging robotic processing automation (RPA)

Expanding Resources

- Increasing staff numbers to meet increased demand related to redetermination

Increasing Touchpoints

- DHS opened 158 offices across in the fall of 2022 to allow more face-to-face interactions with enrollees ahead of redetermination.

*The redetermination process does not guarantee any person's eligibility for Medicaid or other available coverage.

Preparing for Medicaid Redetermination

In Spring 2022, Georgia took steps to strategically prepare for Medicaid redetermination amid evolving federal guidance and timelines.

Spring 2022

- Launched “Go Paperless” initiative to encourage Medicaid members to opt into email notifications & update Gateway account: <https://gateway.ga.gov/access/>.
- Planned outreach to Medicaid members, including press releases, text messages, robocalls, social media posts, etc.
- Engaged a marketing firm to conduct an aggressive, statewide ad campaign.
- Retained Change & Innovation Agency to review current constraints and leverage technology improvements for more efficient workflow & user-friendliness.

Preparing for Medicaid Redetermination

Georgia continued preparations through Summer and into Fall.

Summer 2022 – Fall 2022

- Facilitated training sessions to prepare staff on processing Medicaid redeterminations, notification, and appeals.
- Hosted job fairs and hiring new staff for Medicaid redeterminations.
- Worked with the Office of State Administrative Hearings concerning appeals volume.
- Developed a statewide public information campaign that includes social and traditional media, TV, radio, outdoor, and digital advertising, community events and partnerships, and more.
- Engaged with two consulting firms to amplify the current PR and marketing work in leveraging community partnerships.

Preparing for Medicaid Redetermination

Moving through Winter, Georgia advanced preparations for Medicaid redetermination, which began April 1, 2023. The goal is to minimize the number of current Medicaid members who take no action and have Medicaid benefits terminated with no alternate healthcare insurance coverage in place.

Winter 2022 – Spring 2023

- Encouraged Medicaid members to update their contact information.
- Informed current Medicaid members about what to expect and how to submit the necessary documentation for redetermination of their Medicaid benefits after a multi-year hiatus of this process.
- “Armed the messengers,” i.e., the other audiences who have access to or communicate with current Medicaid beneficiaries and can help share important information.

*Plans are subject to change based on federal guidance and state strategies.

Medicaid Redetermination

As the redetermination window began, Georgia rolled out a new round of advertising with new messaging to encourage Medicaid members to stay informed and take charge of their healthcare coverage.

Spring 2023 – Summer 2024

- Hosted regular partner briefings to answer questions and provide messages & instructional materials to be relayed to members with whom partners work.
- Encouraged Medicaid members to update their contact information
- Informed current Medicaid members about what to expect and how to submit the necessary documentation for redetermination of their Medicaid benefits after a multi-year hiatus of this process.

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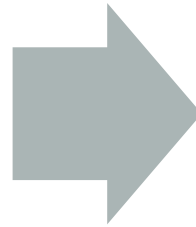
Communications Strategy

Communications related to unwinding continuous Medicaid coverage will occur in two phases.

Phase 1:

Update Contact Information

- Phase 1 leveraged the time before redetermination deadlines begin. The primary goal was to capture updated contact information for members to ensure timely notification for redetermination.



Phase 2:

Redetermination

- Phase 2 began on April 1, 2023 when Georgia began Medicaid redetermination. Efforts will focus on education and guidance so qualified members can avoid coverage gaps.

Phase 1: Update Contact Information

In Phase 1, DHS focused on increasing the number of emails and updated, accurate contact information for its Medicaid members in advance of redetermination.

Key Message

Stay in charge of your Medicaid coverage. Please update your contact information to receive updates, resources and assistance.

Phase 1: Update Contact Information Communication Strategy

In Phase 1, DHS leveraged various communications channels to reach Medicaid members in Georgia via spokesperson George A. Peach.

Digital Marketing

Found the fastest, most frictionless methods to capture contact info via a mobile-first strategy.

- Launched Website
- Developed 'always-on' organic social media

Paid Traditional Media

Used traditional, paid media channels to reinforce urgency and capture contact information.

- Activated billboards, television, radio, newspaper ads and cash jackets

Paid Digital Media

Leveraged digital channels to strategically target members with campaign messages.

- Advertised on Facebook/Instagram, Twitter, YouTube, Google AdWords, Google Display Network

Communications

Engaged partners to help disseminate campaign messages to members.

- Developed toolkit to reach healthcare providers, advocacy groups



Phase 2: Redetermination

- To fairly and smoothly process such a large population, DHS has taken a specific approach to align renewals, level, and extend periods of eligibility for the longest periods possible while keeping level caseloads that are manageable for staff DHS.
- DHS will determine batches of members and notify them by U.S. mail or email with instructions on what they need to do to redetermine their Medicaid eligibility.
- This batching approach will be carried out over the 14-month period, starting within several weeks of redetermination beginning, until all Medicaid members have been notified of their individual next steps.
- As of April 17, 2023, Medicaid members can see their assigned redetermination date in their Gateway account, which is the date their Medicaid coverage will either renew or expire, depending on eligibility.

Phase 2: Redetermination Communication Strategy

Marketing and communications efforts in Phase 2 focus on education and awareness, leveraging many of the same distribution channels as Phase 1.

Digital Marketing

“Close the loop” from initial contact with automated SMS repeat reminders

- Update website with new resources
- Refresh 'always-on' organic social media

Paid Media

Leverage “redetermination is here” thematic creative refresh via high-exposure channels to boost awareness

- Advertise on billboards, radio, streaming video/audio, MARTA, Google Search, etc.

Communications

Disseminate instructional multi-lingual materials through local events to answer common questions and explain the process

- Reach members via press releases, infographics, how-to videos, events

Messengers

Engage partners to help disseminate messages & instructional materials to members

- Curate materials for healthcare providers and advocacy groups
- Host regular partner briefings

Authorized Representatives

- Anyone assisting a Medicaid member with their Medicaid benefits needs to become an authorized representative, including providers, hospitals, family members, or friends.
- **For members:** To add an authorized representative to your case, click “Report My Changes” or “Renew” in Gateway and “Add an Authorized Representative” to allow another individual family member, friend, advocate, or provider to provide continuous assistance with Medicaid benefits. This process only needs to be completed once.
- **For third parties:** To receive official approval to legally assist a Medicaid member, you must have your loved one add you as an authorized representative in their Gateway account. Then, create your own Gateway separate account and answer “Yes” to the question, “Are You an Authorized Representative?” to link your two Gateway accounts together. This action allows you to provide continuous assistance to a Medicaid member, including taking part in benefit reviews and receiving reports and notifications.

Redetermination Timeline

2023

- April 1, 2023: Georgia re-launched eligibility verifications for all 2.7 million Medicaid and PeachCare for Kids® members.
 - Georgia's 14-month window within which to assess Medicaid eligibility began.
- April 17, 2023: Member's individual redetermination dates became available in Gateway.

2024

- March 15, 2024: The last batch of Medicaid redeterminations begins.
- May 31, 2024: All Medicaid redeterminations, pending eligibility actions, disenrollments, and appeals must be completed for those under continuous coverage provisions.*

* See [Appendix B1, re: CMS SHO Letter, Option C](#)



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