Plan for Medicaid Redetermination

February 2023

Stay Informed. Stay Covered.
Overview

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Background

- FFCRA gave states a temporary 6.2% Federal Medical Assistance Percentage (FMAP) increase if states ensured continuous coverage for individuals on Medicaid on or after March 18, 2020, with a step down per quarter during calendar year 2023.
- In December 2022, Congress passed a federal spending bill that separates the end of the FFCRA continuous enrollment condition from the end of the COVID-19 public health emergency (COVID-19 PHE), and ends that condition on March 31, 2023, thus enabling states to terminate Medicaid enrollment of individuals who no longer meet Medicaid eligibility requirements on or after April 1, 2023.
Federal Guidance

• Guidance has evolved at Medicaid.gov for how states should conduct Medicaid redeterminations, address workforce and technology challenges, notify individuals that their coverage may end, and offer opportunities for supplying more information or appealing a decision.

• Currently, states will have a 14-month window from April 1, 2023 to conduct redeterminations. In Georgia, the Department of Community Health and Department of Human Services 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.
PHE Unwinding

• Due to changes in federal law throughout the COVID-19 pandemic, Medicaid members received continuous coverage, even if their eligibility status changed.* Once redetermination begins, the federal government will reinstate the requirement for all states to check Medicaid eligibility for all current members.

• 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.

* Exceptions were for individuals who moved out of state or voluntarily terminated enrollment.
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 January 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.
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.

- Align Medical Assistance renewals with SNAP and/or TANF cases
- Ensure at/under 12% Medical Assistance monthly denial rate, in line with CMS guidelines
- Ensure coverage for Pregnant Women (PGW), dual eligible, Katie Beckett, RevMax, SMEU remain eligible for the longest period possible
- Level workload for staff over the redetermination period and eliminate bulges in this year and subsequent periods
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 the state this fall 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 & 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 information campaign.
- 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 plans to advance preparations for Medicaid redetermination, beginning 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

• Encouraging Medicaid members to update their contact information.
• Informing 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.
• “Arming 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.*
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 will begin on April 1, 2023 when Georgia begins 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 info 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 spokescharacter George A. Peach.

<table>
<thead>
<tr>
<th>Digital Marketing</th>
<th>Paid Traditional Media</th>
<th>Paid Digital Media</th>
<th>Communications</th>
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<tbody>
<tr>
<td>Found the fastest, most frictionless</td>
<td>Used traditional, paid media channels to reinforce urgency and capture contact information</td>
<td>Leveraged digital channels to strategically target members with campaign messages</td>
<td>Engaged partners to help disseminate campaign messages to members</td>
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<tr>
<td>methods to capture contact info via a</td>
<td>• Activated billboards, television, radio, newspaper ads and cash jackets</td>
<td>• Advertised on Facebook/Instagram, Twitter, YouTube, Google AdWords, Google Display</td>
<td>• Developed toolkit to reach healthcare providers, advocacy groups</td>
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<td>mobile-first strategy</td>
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<td>Network</td>
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<td>• Launched Website</td>
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<td>• Developed 'always-on' organic social</td>
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<td>media</td>
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Phase 2: Redetermination

• Once redetermination begins, Georgia will have a 14-month window within which to assess Medicaid eligibility for all 2.7 million members.

• 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 for what they need to do to maintain coverage.

• 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 personalized next steps.

• Starting April 17, 2023, Medicaid members will be assigned a specific redetermination date that can be found in Gateway.

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Phase 2: Redetermination Communication Strategy

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

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<th>Paid Media</th>
<th>Communications</th>
<th>Messengers</th>
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<tbody>
<tr>
<td>“Close the loop” from initial contact with automated repeat reminders</td>
<td>Leverage “almost too late” thematic creative refresh via high exposure channels to boost awareness</td>
<td>Disseminate instructional materials through local events to answer common questions and explain the process</td>
<td>Engage partners to help disseminate messages and instructional materials to members</td>
</tr>
<tr>
<td>• Update website</td>
<td>• Advertise on billboards, radio, streaming video/audio, MARTA, Google AdWords, etc.</td>
<td>• Reach members via press releases, infographics, how-to videos, events</td>
<td>• Curate materials for healthcare providers and advocacy groups</td>
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Phase 2: Messaging
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, please fill and submit Form 5459 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 fill out and submit Form 5459. Your request will be processed and documented in the Gateway system, allowing you to provide continuous assistance to a Medicaid member, including taking part in benefit reviews and receiving reports and notifications.

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

2023

• April 1, 2023: Georgia will re-launch eligibility verifications for all 2.7 million Medicaid and PeachCare for Kids® members.
  • Georgia’s 14-month window within which to assess Medicaid eligibility begins.

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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