



Georgia Department



**GEORGIA DEPARTMENT** of COMMUNITY HEALTH

#### **Plan for Medicaid** Redetermination

February 2023

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## Background

- The U.S. Congress passed the Families First Coronavirus Response Act (FFCRA) in March 2020 in response to the COVID-19 pandemic.
- 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 <u>Medicaid.gov</u> 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.





- 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





• 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.





 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.



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 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.





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### **Relevant Considerations**

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



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

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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 & userfriendliness.



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.





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.





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### 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.

#### **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

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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.

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





### 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.

#### **Digital Marketing**

"Close the loop" from initial contact with automated repeat reminders

- Update website
- Refresh 'always-• on' organic social media

#### **Paid Media**

Leverage "almost too late" thematic creative refresh via high exposure channels to boost awareness

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

#### Communications

Disseminate instructional 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 and instructional materials to members

Curate materials for healthcare providers and advocacy groups

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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.

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## **Redetermination Timeline**

#### 2023

- April 1, 2023: Georgia will re-launch eligibility verifications for all 2.7 million Medicaid and PeachCare for Kids<sup>®</sup> 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.\*



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