

For Immediate Release

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DCH Releases Medicaid Redetermination Data for August and Unwinding-to-Date

ATLANTA (September 19, 2023) – In the state's fourth month of Medicaid redetermination, Georgia officials continue to implement process improvements to help decrease the number of procedural terminations and increase the number of ex parte renewals. A breakdown of the data is as follows:

- In July, Georgia initiated eligibility checks for 190,016 Georgians with Medicaid or PeachCare for Kids® with renewals to be due at the end of August.
- At the close of the month, 66,278 (35%) of these Georgians were renewed for Medicaid or PeachCare for Kids® coverage, while 77,838 (41%) were found ineligible (for example, due to changed circumstances or lack of response to state requests for information).
- Approximately 45,900 (24%) individuals with August renewals remain pending and will retain coverage while their eligibility is determined.

Ex Parte Renewals: In July and August, the State was able to automatically renew 50,435 (27%) individuals through the ex parte process of using currently available eligibility data, including data from the Supplemental Nutrition Assistance program (SNAP) and the Temporary Assistance for Needy Families (TANF) program which was approved by the Centers for Medicare & Medicaid Services (CMS). Not included in the CMS report are the nearly 17,000 individuals with August renewal deadlines who were successfully renewed in prior months.

Guidance for Members: The ex parte process requires no action from members, and these members did not receive a renewal packet. Members who receive ex parte renewal will have their coverage renewed for another year. Members who are no longer eligible for SNAP or TANF or who cannot be renewed through the ex parte process will go through redetermination manually. Members who have been denied for SNAP or TANF benefits should not assume that they are no longer eligible for Medicaid/PeachCare for Kids® and should complete redetermination paperwork requests.

Pre-Populated Form Renewals: Georgia sent redetermination packets to more than 140,000 members in July. These individuals had until the end of August to provide the State with updated information to retain their coverage. As of August 31, more than 54,000 completed packets were returned to the State, consistent with the rate of responsiveness in July.

With the exception of members who are auto-renewed through the ex-parte process, the Georgia Department of Human Services (DHS) sends all Medicaid and PeachCare for Kids® members a renewal notice via mail and/or email based on an individual's preference about 45 days before their redetermination deadline. Individuals also receive a reminder notice 15 days before their redetermination deadline. In addition, Georgia is reaching out to individuals through other methods, including:

- SMS text messages at 30 and 10 days before their redetermination deadline and via phone calls.
- Care Management Organizations (CMOs) are partnering with the State to conduct additional member outreach.
- Finally, any individual who had their renewal packet returned to the State due to an invalid address is held as pending until additional outreach can be completed.

Guidance for Members: Members who are late in turning in their paperwork have up to 90 days to submit their materials to re-start the redetermination process and potentially retain their coverage. After 90 days, members who believe they are still eligible for coverage will have to re-apply for Medicaid.

Terminations of Coverage: 20,642 (11% of all individuals with August renewal deadlines and 27% of all terminations) were determined ineligible for Medicaid or CHIP based on their response to the State's request for

additional data and were terminated from coverage. 57,196 individuals were procedurally terminated. This accounts for 30% of all individuals with August renewal deadlines and 73% of all terminations.

Additionally, the State has data that over 5,500 of the individuals who were procedurally terminated likely would no longer have been eligible due to several factors, including: increased income,* changed household composition, aging out of coverage, and moving out of state.

Guidance for Members: If a member has the option for employer-sponsored healthcare coverage, they are no longer eligible for Medicaid coverage. Members whose income exceeds state eligibility thresholds and who do not have employer-sponsored healthcare can explore the new [Pathways to Coverage™](#) options available or visit the marketplace.

*At the start of the pandemic, Georgia's unemployment rate rose to a high of 12.4% in April 2020. In July 2023, Georgia's unemployment rate was 3.2%, indicating a strong labor market with more Georgians eligible for employer health insurance plans, and therefore ineligible for Medicaid.

Unwinding To Date: Since the beginning of the Medicaid redetermination process in April 2023, the State has reported more than 215,000 Georgians that have had their Medicaid or PeachCare for Kids® coverage renewed to CMS. However, these reports do not include the nearly 30,000 individuals renewed via ex parte prior to their renewal windows, the 45,600 individuals with pending cases approved after the end of a renewal month, and the 6,800 individuals who submitted their renewal in the 90-day reconsideration window and were subsequently renewed.

Background on Redetermination: The Medicaid redetermination process is the result of the Consolidated Appropriations Act of 2023 which requires all states to resume annual Medicaid eligibility checks after a three-year pause during the pandemic. States were required to begin these "redeterminations" at least by April 2023 and finish the process by May 2024, reporting on their progress monthly to the Centers for Medicare & Medicaid Services. To further transparency in its reporting, Georgia has created a monthly [dashboard](#) of required CMS data.

Medicaid coverage continues while renewals are processed, even if processing continues beyond the renewal date. Members can submit updated proof of eligibility up to 90 days after their termination date. If they are determined eligible, their coverage will be retroactively reinstated.

Members who feel they have been incorrectly denied coverage—due to incorrect information or for another reason—can appeal a denial up to 30 days after they receive their redetermination decision and elect to retain their coverage during the appeals process.

Since September 2022, DCH, DHS, other state agencies, and community partners have been working to educate and mobilize Medicaid and PeachCare for Kids® members through a statewide public information campaign. The "Stay Informed. Stay Covered." campaign includes TV and radio ads in English and Spanish, social media outreach, digital advertising, bus shelter signage, billboards, media outreach, regular partner briefings, informational videos, and community education resources in seven languages.

More information on Medicaid redetermination for members, their loved ones, and partners and providers can be found on the State's official microsite for the campaign [staycovered.ga.gov](#).

DCH and DHS encourage Medicaid and PeachCare for Kids® members to visit [gateway.ga.gov](#) to find their redetermination date as soon as possible and to respond to requests for information from official communications from the State in a timely manner. Members can make sure they can be reached with information about their Medicaid coverage by checking or updating their contact information through one of three ways:

1. Online at Georgia DHS' benefits website: [gateway.ga.gov](#)
2. In person at their local DFCS office: [dfcs.georgia.gov/locations](#)
3. By phone at 1-877-GA-DHS-GO or 711 for the hearing impaired