

For Immediate Release

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DCH Releases Cumulative Medicaid Redetermination Data for Unwinding-to-Date

ATLANTA (December 6, 2024) – Georgia has concluded the federally mandated process to initiate eligibility redeterminations for all 2.51 million Medicaid and PeachCare for Kids® members.¹ The Medicaid redetermination process is the result of the Consolidated Appropriations Act of 2023, which required all states to resume annual Medicaid eligibility checks after a three-year pause during the height of the COVID-19 pandemic and the associated Public Health Emergency (PHE).

States were required to initiate their first batch of redeterminations by April 2023 and initiate the last batch of redeterminations by May 2024, reporting on their progress monthly to the Centers for Medicare & Medicaid Services (CMS).² To further transparency in its reporting, Georgia created a monthly [dashboard](#) of required CMS data and additional relevant data submitted in report comments.³

Medicaid and CHIP Enrollment Trends

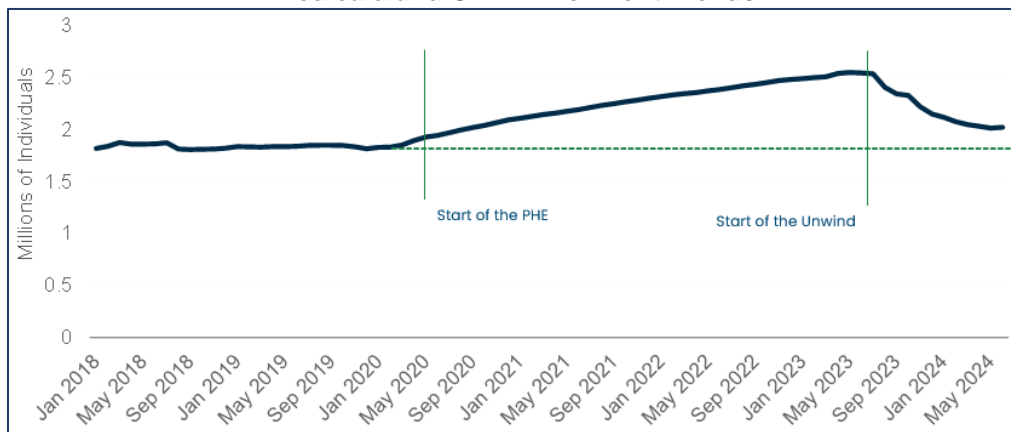


Figure 1

During the PHE, Georgia experienced a 35% growth in beneficiaries (*figure 1*). Many states, including Georgia, expected to return to a pre-PHE volume in beneficiaries given the economic recovery that has occurred after the pandemic. In April 2020, Georgia's unemployment rate rose to a high of 12.4%. In May 2024, Georgia's unemployment rate was 3.2%, indicating a strong labor market with more Georgians eligible for employer health insurance plans and subsidies to purchase private coverage on the Georgia Access individual marketplace.⁴

From the beginning of the PHE (March 2020) through the end of the unwinding of continuous eligibility (April 2024), **Georgia's Medicaid and CHIP population maintained an overall growth rate of 10%**--even after the completion of

¹ This population does not include the nearly 250,000 Supplemental Security Income (SSI) beneficiaries who have their ongoing eligibility determined by the Social Security Administration and were not redetermined by the state. While the state administered benefits for approximately 2.8M individuals at the beginning of the unwind (inclusive of SSI), it was only responsible for 2.51M redeterminations.

² CMS has given states additional flexibility regarding the timeline to complete outstanding pending redeterminations.

³ Monthly data reported to CMS does not include some redetermination actions conducted outside of the CMS reporting periods. Cumulative data shared in this press release and on the dashboard shows a complete picture of Georgia's unwind outcomes.

⁴ Unemployment data is sourced from the Bureau of Labor Statistics: [Georgia Economy at a Glance \(bls.gov\)](https://www.bls.gov).

redeterminations. This maintained growth in the population served by Medicaid and CHIP healthcare coverage is on-par with the average of non-expansion states (11%)⁵. While this growth is lower than the national average rate (15%), the national average includes states that expanded Medicaid since 2020 and states that have paused disenrollments or have otherwise extended their timelines for completing all redeterminations. Georgia also had 349,411 (14% of all redeterminations) former Georgia Medicaid/CHIP members who were determined eligible for a Qualified Health Plan on the federally facilitated marketplace. Because Georgia did not expand Medicaid, individuals with incomes between 100-138% FPL (709,982 enrollees in Georgia) qualify for subsidies to purchase \$0 premium plans on the Georgia Access individual marketplace that they would otherwise not have access to if Georgia had fully expanded Medicaid.

Medicaid Redeterminations Outcomes

A breakdown of the data is as follows:

- From April 2023 to March 2024, Georgia initiated eligibility checks for 2,510,066 Georgians with Medicaid or PeachCare for Kids®.
- 1,835,459 (73%) of these Georgians were renewed for Medicaid or PeachCare for Kids® coverage. 1,669,369 (67%) of these individuals maintained continuous coverage⁶.
- 838,374 (33%) individuals were found ineligible due to changed circumstances or lack of response to state requests for information to verify eligibility.
 - 166,090 (7%) individuals reapplied and successfully regained Medicaid or PeachCare for Kids after experiencing a gap in coverage.
 - 349,411 (14%) former Georgia Medicaid/CHIP members were determined eligible for a Qualified Health Plan on the federally facilitated marketplace.⁷
 - 4,975 (<1%) individuals self-reported obtaining private or employer-sponsored health insurance.
 - 8,372 (<1%) individuals were reported to have moved out of state or were deceased.
 - 310,026 (12%) individuals did not report their potential form of ongoing coverage, though this number does include individuals receiving employer sponsored insurance (ESI) that did not report this to the State.
- 2,323 (<1%) individuals with renewals due during the unwind remain pending and will retain coverage while their eligibility is determined. These individuals remain pending due to the complexity of their redeterminations or the need for additional outreach prior to further action.

⁵ [Filtered State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data](#), March 2020 and April 2024 Updated Reports

⁶ Individuals who submitted renewal forms within the 90-day reconsideration window and were determined eligible maintained continuous coverage and are included in this figure.

⁷ This data is obtained through [Healthcare.gov's Marketplace Medicaid Unwinding Report](#) as an estimate of on-going coverage outcomes. Data includes Marketplace consumers who: 1) submitted a HealthCare.gov application on or after the start of each state's first reporting month; and 2) who can be linked to an enrollment record that shows Medicaid or CHIP enrollment between March 2023 and the latest reporting month.

Cumulative Redeterminations Outcomes

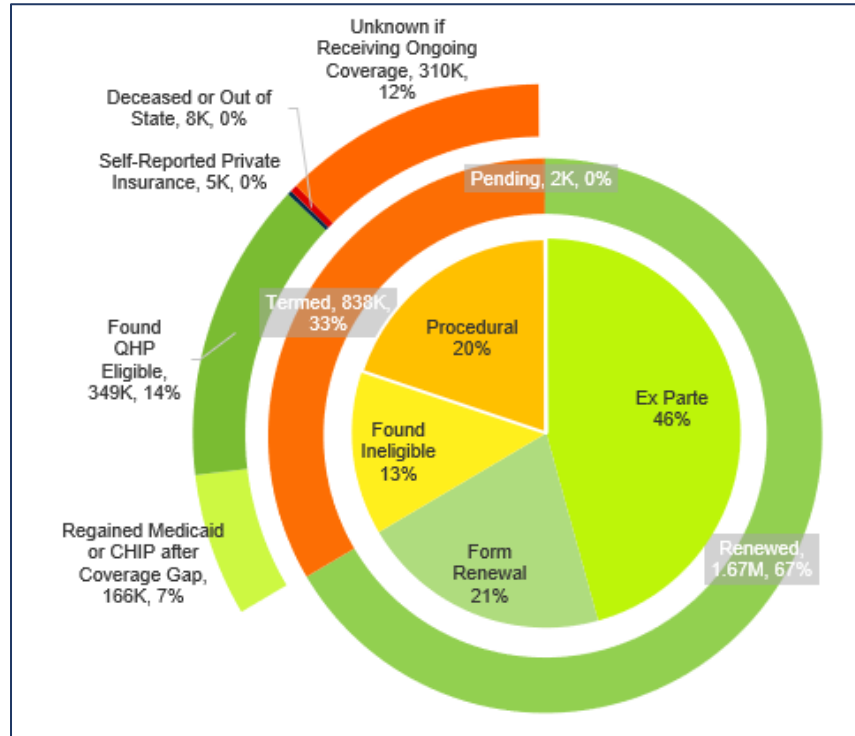


Figure 2

Georgia's **cumulative renewal rate (67% of total due)** is higher than the national average rate (62%) and is the 20th highest in the nation. The share of ex parte renewals out of the total renewed and retained (69% of renewed) is also higher than the national rate (60%) and ranks 21st highest overall.⁸

Ex Parte Renewals

Cumulatively, the State was able to automatically renew 1,146,924 (46% of all individuals and 69% of individuals who were renewed and retained) individuals through the CMS-approved ex parte process of using all available eligibility data, including data from the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).

The state made several improvements to its ex parte process over the course of the unwind, including increasing data available from SNAP and TANF programs. These efforts led to a 55% increase in the percentage of ex parte renewals as a portion of all redeterminations from June 2023 (the first full month of redeterminations) to April 2024 (the final month of redeterminations initiated). As the state has now fully resumed normal operations, trends in ex parte towards the tail end of the unwind are generally more reflective of expected rates moving forward.

⁸ National rates and data for other states is sourced from the [KFF's Medicaid Enrollment and Unwinding Tracker](#).

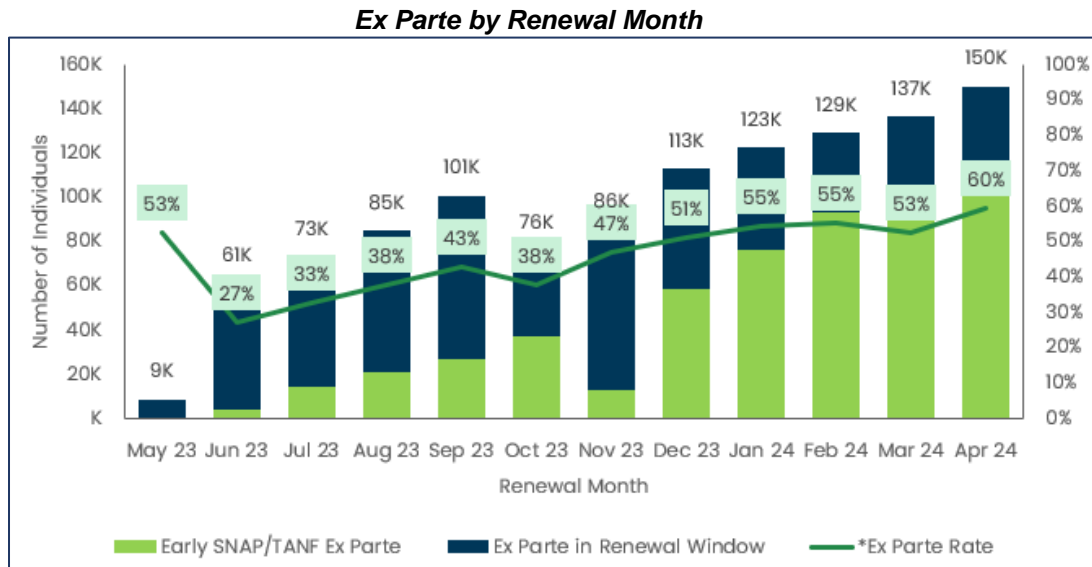


Figure 3

Pre-Populated Form Renewals

Georgia sent redetermination notices to over 1.36 million members from April 2023 through March 2024. These individuals had until the end of their assigned renewal month to provide the State with updated information to retain their coverage. Individuals who were sent renewal notices also received SMS text messages reminders and telephonic outreach. Cumulatively, 522,445 (21%) individuals were successfully renewed through pre-populated forms after required information was submitted to the State.

Terminations of Coverage

838,374 (33%) individuals were determined ineligible for Medicaid or PeachCare for Kids or failed to respond to the State's request for additional data and were subsequently not renewed for coverage due to lack of necessary information. However, 166,090 (7% of all individuals and 20% of terminations) of these individuals reapplied (after the 90-day reconsideration window) and successfully regained Medicaid or PeachCare for Kids after experiencing a gap in coverage (figure 4).

Of the remaining 674,557 individuals who are no longer members of the Medicaid program, 252,508 individuals (10% of all individuals and 30% of terminations) were determined ineligible (due to income, age, or other changes in circumstance) and were terminated from coverage. 419,776 individuals were terminated for procedural reasons, which included individuals who voluntarily withdrew from coverage, are deceased, have moved out of state, or otherwise failed to respond to the State's request for additional information. This accounts for 17% of all individuals with redeterminations due and 50% of all terminations.

Additionally, the State has data that at least 171,828 individuals who were procedurally terminated due to a lack of response likely would no longer have been eligible for Medicaid. Data accessed through the ex parte process shows likely ineligibility due to several factors, including: increased income, changes in household composition, aging out of coverage, and moving out of state. This additional data decreases the rate of procedural terminations to 30% of total terminations and 10% of all individuals due.

The share of terminations that were procedural (59% of terminations) is lower than the US average share (69%), and is **the 11th lowest share nationally**.⁹ This comparatively low rate of procedural terminations reflects the impact of the State's outreach campaign and partnerships across healthcare, education, and community-based organizations.

Transitions to Other Coverage

Most individuals that are no longer receiving Medicaid or PeachCare for Kids benefits have known routes to alternate coverage options (figure 4).

⁹ National rates and data for other states is sourced from the [KFF's Medicaid Enrollment and Unwinding Tracker](#).

Transitions to Other Coverage for Ineligible Individuals

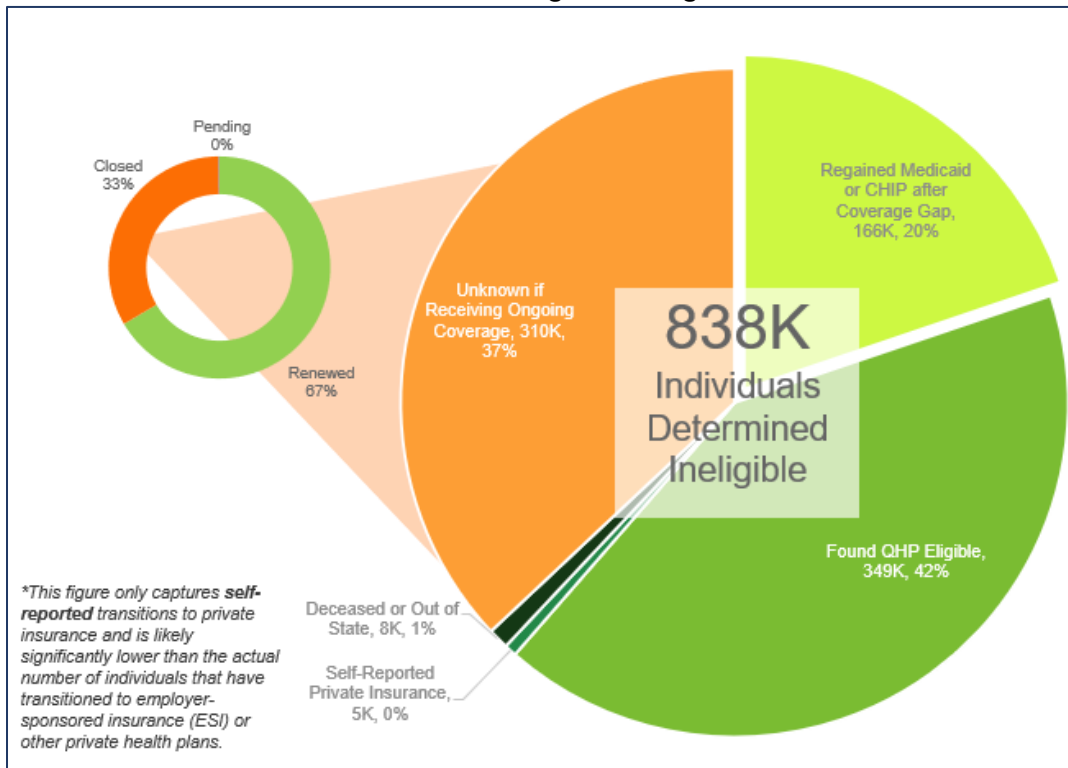


Figure 4

Between May 2023 – April 2024, 349,411 (14%) former Georgia Medicaid/CHIP members were determined eligible for a Qualified Health Plan (QHP) on the federally facilitated marketplace with 89% of these individuals being eligible for Advance Premium Tax Credits. Additionally, 8,372 (<1%) individuals were reported as deceased or have moved out of state. 4,975 (<1%) individuals self-reported a transition to employer-sponsored private insurance, but this is likely far lower than the actual population of individuals that now have employer-sponsored private insurance. Finally, 310,026 (12%) individuals do not have a known form of ongoing coverage, though this number does include individuals receiving employer sponsored insurance (ESI) that did not report this to the State.

Background on Redetermination Efforts

Outreach and Awareness

Since September 2022, DCH, DHS, other state agencies, and community partners worked to educate and mobilize Medicaid and PeachCare for Kids® members through a statewide public information campaign. The “Stay Informed. Stay Covered.” campaign included 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 still be found on the State’s official microsite for the campaign staycovered.ga.gov.

Georgia also engaged in targeted data-sharing with care management organizations (CMOs), hospitals, and other providers to support outreach to those at risk of procedural closure. Specifically, Georgia partnered with CMOs to reach out to individuals who have not responded to requests for updated information during their renewal months. Additional efforts include but are not limited to:

- Community events and tours in rural areas of the state
- Provider newsletters and engagement events
- Lunch and learn events

- Social media ads and radio ads
- In-person community roundtable events
- In-person renewal events in partnership with DHS/DFCS and DCH
- Including renewal information on pharmacy prescription bags
- Op-ed about the redetermination process
- Development and distribution of field material
- Direct outbound calls and text messages to members
- Distribution of redetermination materials to school systems
- Distribution of postcards to individuals who have not logged into the online eligibility system for 365+ days

Georgia was also closely engaged with community partners to help ensure information about redeterminations made its way to parents and caregivers of children with Medicaid and PeachCare for Kids®. In addition to the broader publicity activities of the “Stay Covered” campaign, the State attempted to reach families more directly through a partnership with the Georgia Department of Education (DOE), sending messages to all local school districts as well as to school social workers, school nurses, and DOE wraparound coordinators. Principals and other school officials were included in invitations to community partner briefings, as were other organizations that work with member families.

In total, the State participated in more than 100 events across Georgia to raise awareness among families and new or expecting mothers about redetermination as well. Community partners included: the Georgia School Superintendents Association, the Georgia Chapter of the American Academy of Pediatrics, Voices for Georgia’s Children, Healthy Mothers Healthy Babies Coalition of Georgia, Georgia Association of Educational Leaders, Georgia School Boards Association, Georgia Professional Association of Georgia Educators, and more. Additional email outreach was also conducted in partnership with these groups.

To improve renewal processes for members, Georgia utilized several federal waivers available to maximize ex parte renewals during the unwinding.¹⁰ The use of federal flexibilities and additional investments of funding and human resources positively impacted key processes and the processing of renewals.

At the outset of the unwinding, the State supported hiring efforts of eligibility workers en masse. From January 2023-March 2024, the Georgia Department of Human Services (DHS) brought on 1,371 new eligibility workers and offered caseworkers overtime pay to process determinations and conduct outreach to current members. Additionally, Governor Kemp designated \$54 million from remaining ARPA funds to support Medicaid renewal efforts, including additional contracted staffing, process and eligibility system improvements, and financial support for state eligibility workers.¹¹

DCH and DHS encourage Medicaid and PeachCare for Kids® members to visit gateway.ga.gov to find their next redetermination date, update their contact information, and 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 (1-877-423-4746) or 711 for the hearing impaired

Medicaid coverage continues while renewals are processed, even if processing continues beyond the renewal date. 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. 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.

Members whose income exceeds state eligibility thresholds and who do not have employer-sponsored healthcare may be eligible for the new [Pathways to Coverage™](#) program or they can explore [Georgia Access](#), a new state-based exchange that allows Georgians to apply for and enroll in individual marketplace plans.

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¹⁰ [COVID-19 PHE Unwinding Section 1902\(e\)\(14\)\(A\) Waiver Approvals | Medicaid](#). Georgia’s specific flexibilities are listed in the full 1902(e)(14)(A) waiver dataset at <https://www.medicaid.gov/resources-for-states/downloads/covid19-phe-unwinding-full-table-waiver-chart.xlsx>.

¹¹ [Georgia’s Department of Community Health and Department of Human Services Announce \\$54 Million in New Funding to Support Medicaid Renewal Efforts](#)