



For Immediate Release

Contact: Fiona Roberts
DCH Press Secretary
fiona.roberts@dch.ga.gov

DCH Releases Medicaid Redetermination Data for March 2024 and Unwinding-to-Date

ATLANTA (April 29, 2024) – In Georgia's 11th month of the federally mandated Medicaid redetermination process, the state continues using implemented improvements to minimize the number of procedural terminations and maximize the number of ex parte renewals. A breakdown of the data is as follows:

- In February 2024, Georgia initiated eligibility checks for 104,793 Georgians with Medicaid or PeachCare for Kids® with renewals due at the end of March.
- At the close of the month, 45,457 (43%) of these Georgians were renewed for Medicaid or PeachCare for Kids® coverage, while 42,779 (41%) were found ineligible (for example, due to changed circumstances or lack of response to state requests for information).
- 16,557 (16%) individuals with March renewals remain pending and will retain coverage while their eligibility is determined.

Ex Parte Renewals: In February and March, the State was able to automatically renew 28,008 (27%) individuals through the Centers for Medicare and Medicaid Services (CMS)-approved 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. Additionally, over 115,000 individuals with March renewal deadlines were successfully renewed in prior months, which brings the total number of ex parte renewals for March renewals to over 143,000.

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 notices to over 76,700 members in February. These individuals had until the end of March to provide the State with updated information to retain their coverage. As of the end of March, more than 39,800 completed forms were returned to the State.

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 reminders via phone calls.
- Care Management Organizations (CMOs) partnering with the State to conduct additional member outreach.
- 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: 7,198 individuals (7% of all individuals with March renewal deadlines and 17% of all terminations) were determined ineligible for Medicaid or PeachCare for Kids based on their response to the State's request for additional data and were terminated from coverage. 35,581 individuals were procedurally terminated. This accounts for 34% of all individuals with March renewal deadlines and 83% of all terminations. Additionally, the State has data that over 8,400 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. This additional data decreases the rate of procedural terminations to 64% of total terminations and 26% of all redeterminations due in March.

Guidance for Members: 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 on the federal platform.

At the start of the pandemic, Georgia's unemployment rate rose to a high of 12.4% in April 2020. In February 2024, Georgia's unemployment rate was 3.1%, indicating a strong labor market with more Georgians eligible for employer health insurance plans. Between May – December 2023, 276,000 former Georgia Medicaid/CHIP members have enrolled in marketplace plans.¹

Unwinding To Date: Since the beginning of the Medicaid redetermination process in April 2023, the State has renewed coverage for nearly 1,286,000 individuals.

- **CMS-Reported Cases at End-of-Month:** Georgia reported to CMS over 611,000 Georgians that have had their Medicaid or PeachCare for Kids® coverage renewed.
- **Actions on Pending Cases:** In April 2024, Georgia provided an additional updated report to CMS. These additional reports account for actions taken by the state within the 90 days following the end of the reporting period for each month. Cumulatively, updated reports showed increased renewals for all months from May through December. Of the 265,525 renewals that remained pending at the end of the May through December renewal periods, the State processed over 198,300 (75%) of these renewals within three months following the end of the original renewal month. Of the individuals that were pending at the end of their renewal months:
 - Over 127,400 individuals (48%) were renewed for coverage;
 - Over 62,400 individuals (24%) were found ineligible and were programmatically closed;
 - Over 8,400 individuals (3%) were procedurally closed; and
 - Approximately 67,200 individuals (25%) remained pending after three months.
- **Actions not otherwise Reported to CMS:** CMS reports do not include an additional 547,500 individuals who have retained coverage through other actions:
 - **Additional Early Ex Parte Renewals:** Nearly 481,200 individuals due in the May through February renewals periods that were renewed via the ex parte process prior to their renewal windows.
 - **Reconsiderations after Procedural Closure:** Over 21,800 individuals who submitted their renewal within the 90-day reconsideration window and were subsequently renewed with retroactive coverage.
 - **Additional Actions on Pending Cases:** Nearly 44,500 individuals who were renewed after the end of their renewal periods but have not yet been captured in a report submitted to CMS.

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.

¹ [HealthCare.gov Marketplace Medicaid Unwinding Report](#). Individuals are Marketplace consumers who submitted a HealthCare.gov application after March 2023 and can be linked to an enrollment record that shows Medicaid or CHIP enrollment between March 2023 and the latest reporting month.

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 (1-877-423-4746) or 711 for the hearing impaired

###