

Georgia's Medicaid unwinding: Impacts on rural children & families

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**GEORGIANS FOR A
HEALTHY FUTURE**

Agenda



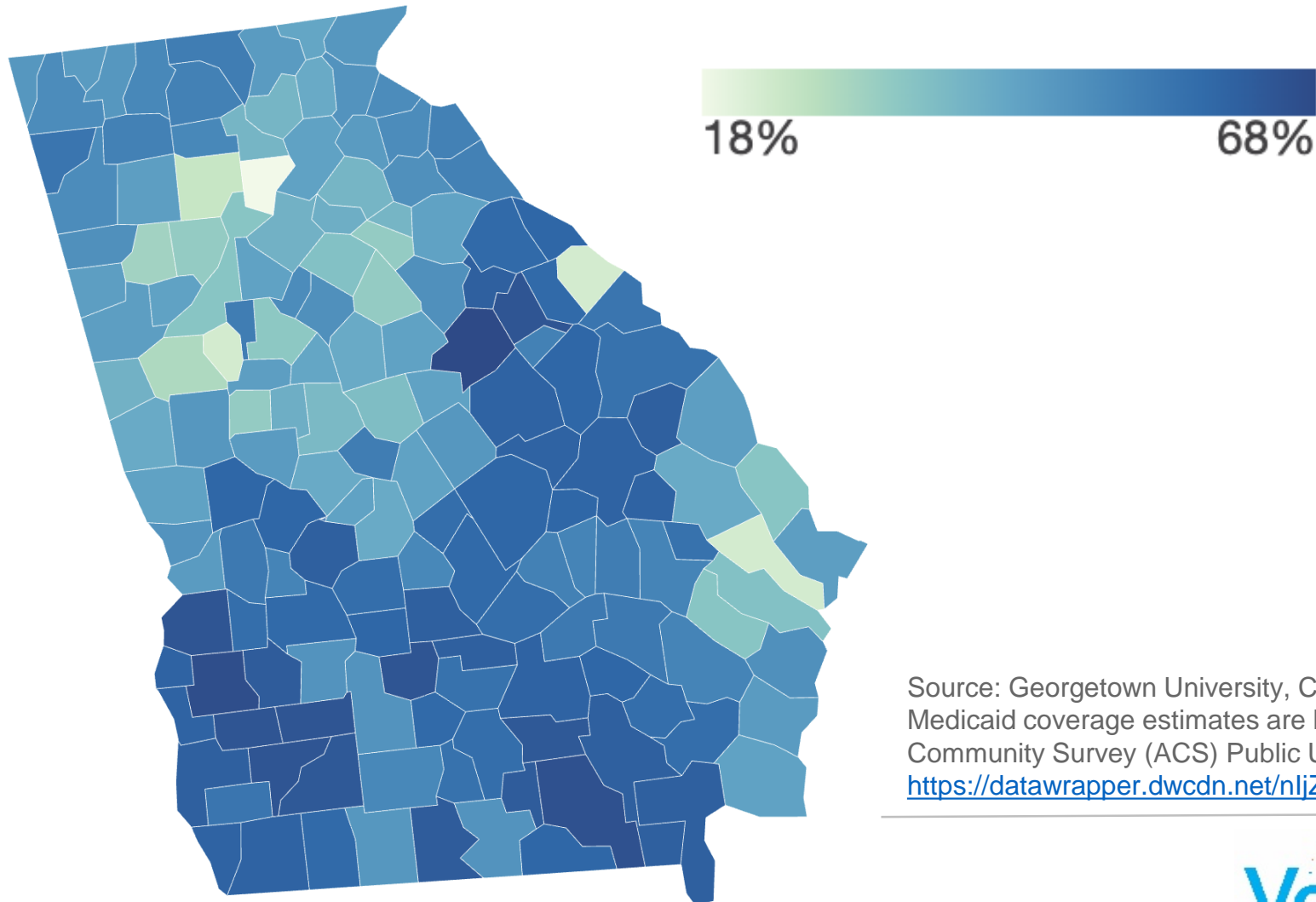
- Medicaid in rural Georgia
- What is the Medicaid unwinding?
- Georgia's unwinding activities
- How is it going?
- Lessons learned
- Recommendations

Medicaid in Georgia



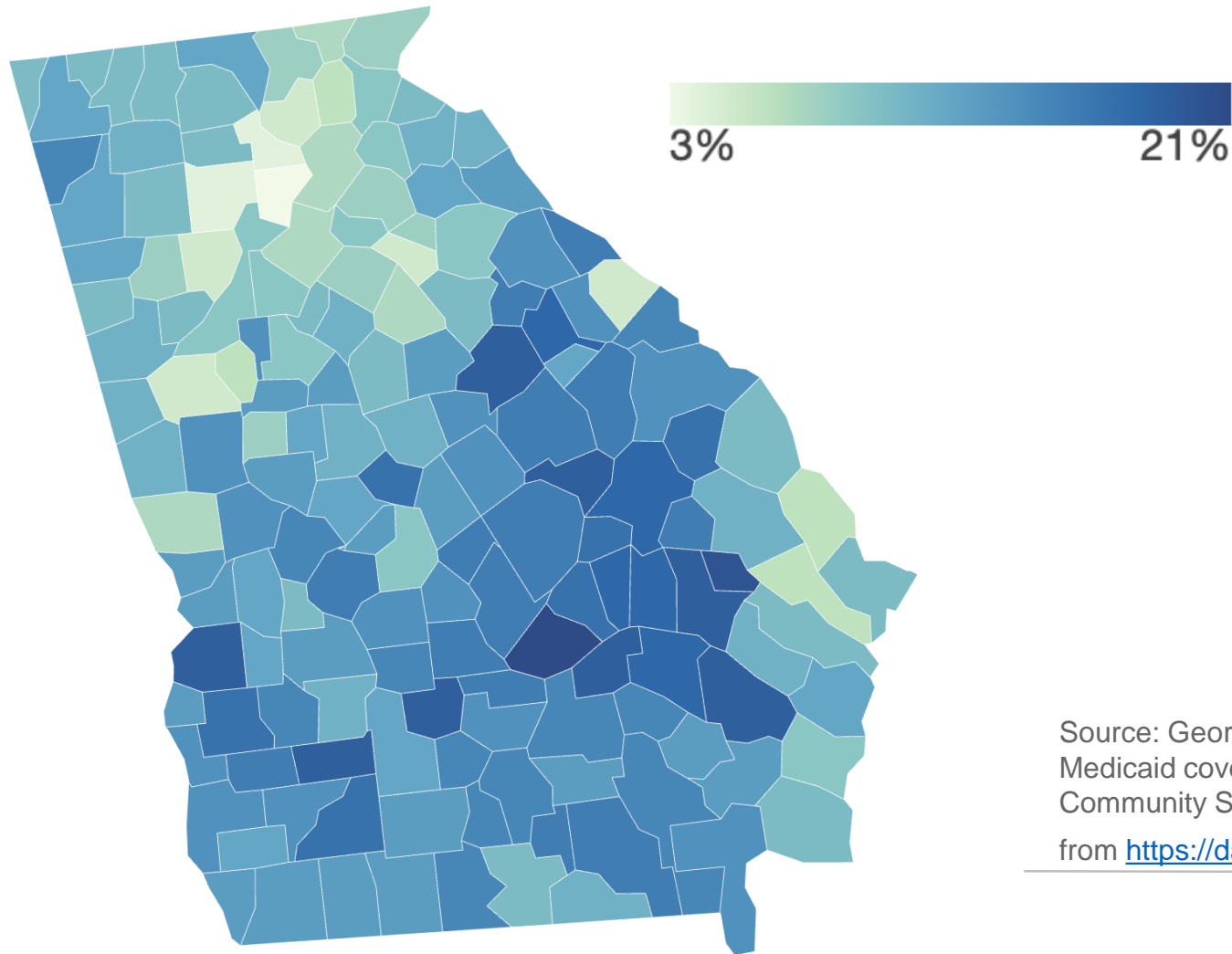
- Federal-state partnership that provides health coverage to some low-income individuals
- Covers almost 1 in 4 Georgians (~2.5 million people)
 - Most Medicaid members are children (69% prior to the unwinding)
 - Rural Georgians are more likely to be covered by Medicaid

Medicaid coverage in rural Georgia: children (2020-2021)



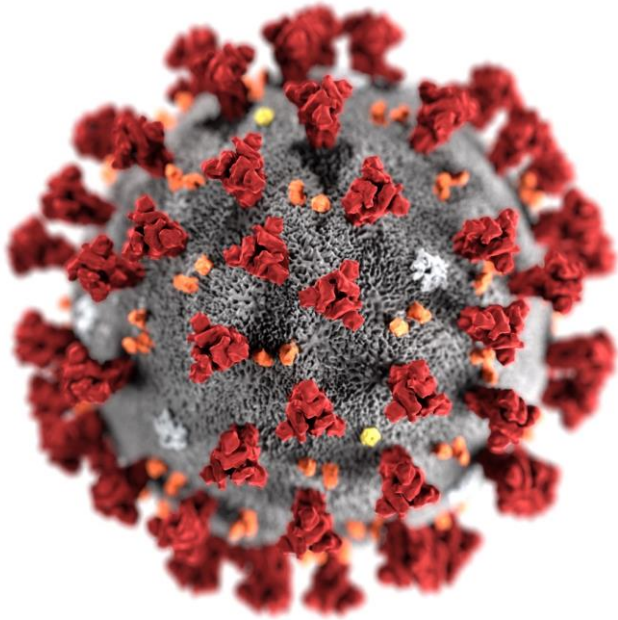
Source: Georgetown University, Center on Children & Families. County-level Medicaid coverage estimates are based on an analysis of 2020-2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS), retrieved from <https://datarapper.dwcdn.net/nljZz/4/>.

Medicaid coverage in rural Georgia: adults (2020-2021)



Source: Georgetown University, Center on Children & Families. County-level Medicaid coverage estimates are based on an analysis of 2020-2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS), retrieved from <https://datawrapper.dwcdn.net/F5A9V/2/>.

What is the Medicaid unwinding and why is it happening?



- Families First Coronavirus Response Act (FFCRA) in March 2020:
 - Provided federal fiscal relief by sending extra Medicaid funding to states. In exchange, states could not remove anyone from Medicaid
- Few expected the pandemic to last 3+ years
- Consolidated Appropriations Act—Dec. 2022
 - Lifted the continuous coverage protection effective March 31, 2023
 - Extends and phases down enhanced federal Medicaid funding thru the end of 2023

How does the Medicaid unwinding work?



- States have 12-14 months to complete the unwinding/redetermination process.
 - Georgia began on April 1st, 2023
 - Expected to be completed ~May 31, 2024
- Renewals & terminations happen each month (not at the end of the unwinding).

What are DCH & DFCS already doing?

Section 1902(e)(14)(A) Waivers
SNAP Renewal Strategy
TANF Renewal Strategy
Beneficiaries with No Income Renewal
Beneficiaries with Low Income Renewal
Streamlined Asset Verification
CMO Beneficiary Contact Updates
National Change of Address and/or USPS Contact Updates
Fair Hearing Timeframe Extension
Extended Timeframe to Return Information from 30 to 45 days*

As of July 26th, providers can see members' redetermination date and help them update their contact information.

* This strategy is not a waiver but supports members in renewing their coverage.

What are DCH & DFCS already doing?

Member education, outreach, & assistance



- StayCoveredGA.gov → **Gateway.ga.gov**
 - Paid media/advertising
 - Partner & provider toolkit + flier
 - Non-legal notices
- CMO outreach + coordination with providers
- Trusted Voices program—messengers who are trusted by Medicaid members
- Library kiosks

DHS call center: 1-877-GA-DHS-GO

Medicaid: Mon.-Fri., 6 am - 6:30 pm

DFCS county offices: dfcs.georgia.gov/locations

Appointments are required. **Very limited days/hours in many rural counties**

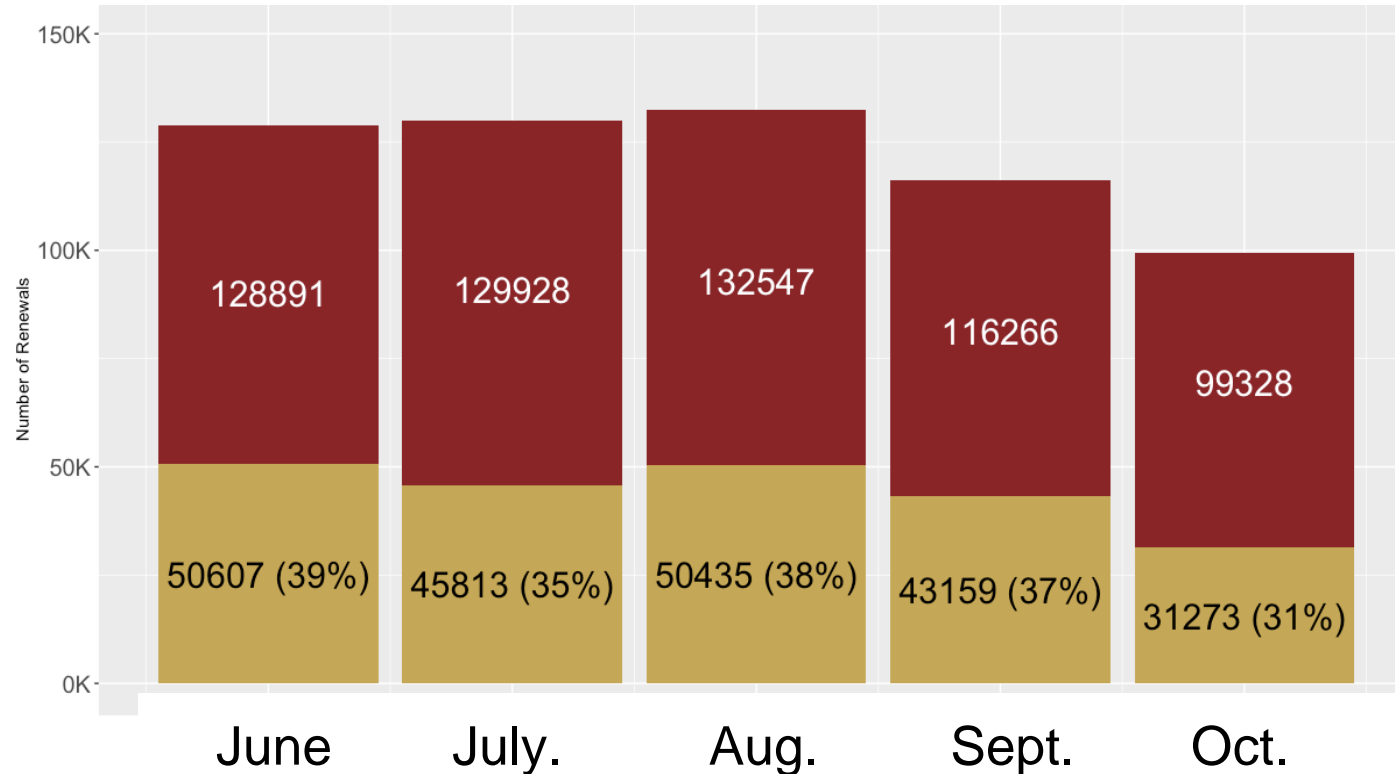
What we're aiming for (the gold standard)



- **High levels of automatic renewals (“ex parte”)**
- **Low levels of “procedural terminations”**
 - Procedural terminations happen because the state is missing information about a member
 - These can happen even when the child or adult is still eligible for Medicaid

Medicaid renewals by month during Georgia's Medicaid unwinding

Goal: Automatic renewals should be high percentage of all renewals.



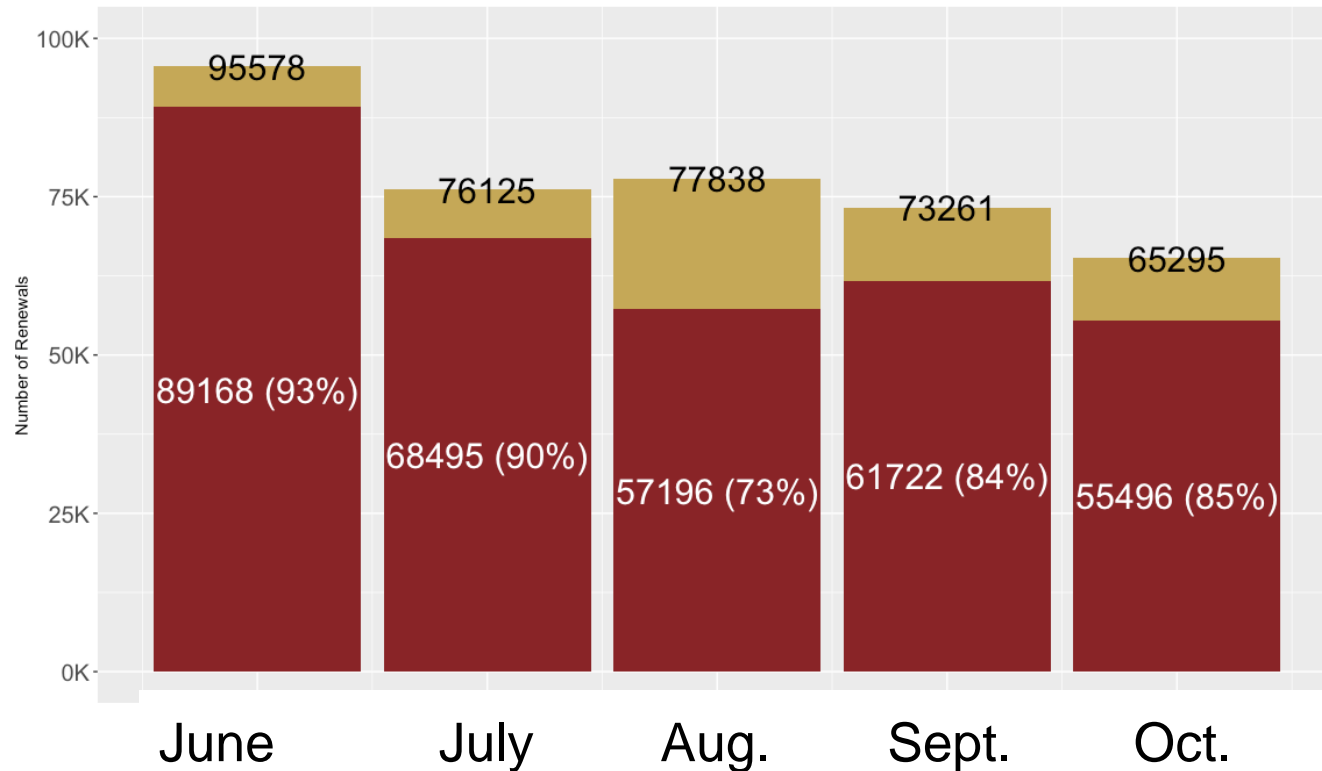
- Georgia's avg. automatic renewal rate: 33% of renewals
- Avg. among other southern states: 45%

- Renewals completed
- Automatic renewals (% of renewals completed)

*Data note: ~28% of renewals are pending at the end of each month.

Medicaid terminations by month during Georgia's Medicaid unwinding

Goal: Procedural terminations should a very low percentage of all terminations.

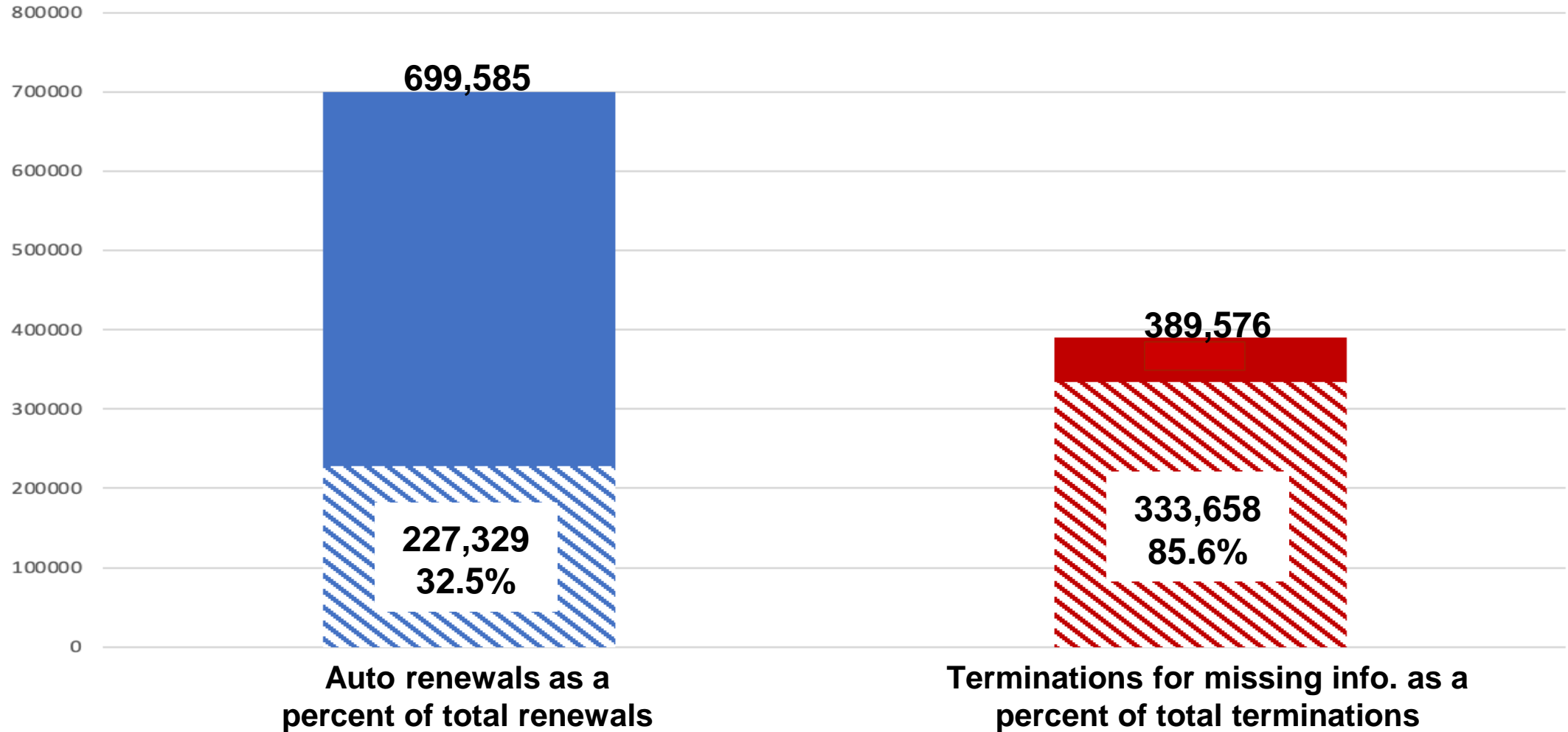


- Georgia's avg. procedural termination rate: ~85%
- Avg. among other southern states: 83%

- Number of Georgia children & adults whose coverage was terminated
- Number of Georgia children & adults whose coverage was terminated due to missing information (% of terminations)

*Data note: ~28% of renewals are pending at the end of each month.

Total terminations & auto renewals completed (as of Nov. 1, 2023)



Other data notes



- June is the only month in which data is available about children's renewals & terminations.
 - 7 out of 10 terminations in June were among **children**.
- ~28% of renewals are pending at the end of each month.
- If terminations continue at this rate, Georgia will see a BIG increase of uninsured children & adults. (Higher than estimated 545,000 by GA Dept. of Audits & Accounts.)

Who's most likely to become uninsured?



- Rural residents
- Children, especially if they:
 - Moved during the pandemic
 - Live between households (ex: part-time at mom's and part-time at grandma's)
 - If they have parents who don't speak English as a first language
- Adults who are:
 - Young adults who passed their 19th bday since March 2020 (ages 19-21)
 - Georgians who are no longer pregnant and are past their 12-mo. postpartum period
 - Parents whose income has changed

Other challenges

Express Lane Eligibility (ELE)

- It appears that families must “opt in” to ELE (using SNAP eligibility info. to assess Medicaid eligibility). ELE should be the default option.

Other challenges

Consumer information

- Conflicting notices to consumers:
 - Status of coverage
 - Giving varying deadlines for verification documents
- Help is difficult to find:
 - Call center often leads to voice mailboxes that are full. Families aren't called back.
 - County DFCS offices are understaffed, have limited hours
 - Some nonprofit orgs have assisters, but there's no list or search to help Medicaid members to find them

Data

- Data about renewals or coverage losses by age (kids vs. adults) is unavailable

Other challenges

- Terminations of pregnancy Medicaid prior to 12 months postpartum
- Terminations or denial of coverage for parents and children based on failure to provide verification information when the agency has the information needed to determine eligibility
- Randomly placing people in Transitional Medicaid who remain eligible for other eligibility categories
- For Aged, Blind, Disabled (ABD), verification of assets required where the agencies can obtain the information electronically
- Many erroneous SSI Medicaid termination notices going out to those who are ABD and would be eligible for Adult Medically Needy or those who still receive SSI

What are DCH & DFCS already doing?

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Strategies to reduce procedural terminations

Strategy	Workgroup Support	State Action
Auto-renewal for individuals with income at or below 100% FPL and no data returned*	✓	
Allow CMOs to assist enrollees with completing and submitting Medicaid renewal forms*	✓	✓
Designate pharmacies, community-based organizations, and/or other providers as qualified entities to make determinations of Presumptive Eligibility (PE) for individuals disenrolled for a procedural reason*	✓	
Designate the state agency as a qualified entity to make determinations of PE *	✓	

*Note: these strategies can be implemented under a 1902(e)(14)(a) waiver with expedited approval from CMS.

First steps to resolve challenges

Strategy	Workgroup Support	State Action
Update Express Lane Eligibility to be the default for families with children (allow for opt-out upon request)	✓	
Carry out in-depth audit of Gateway system to assess why it is failing at certain functions, decision-making, etc.	✓	

Contact Us for Questions

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