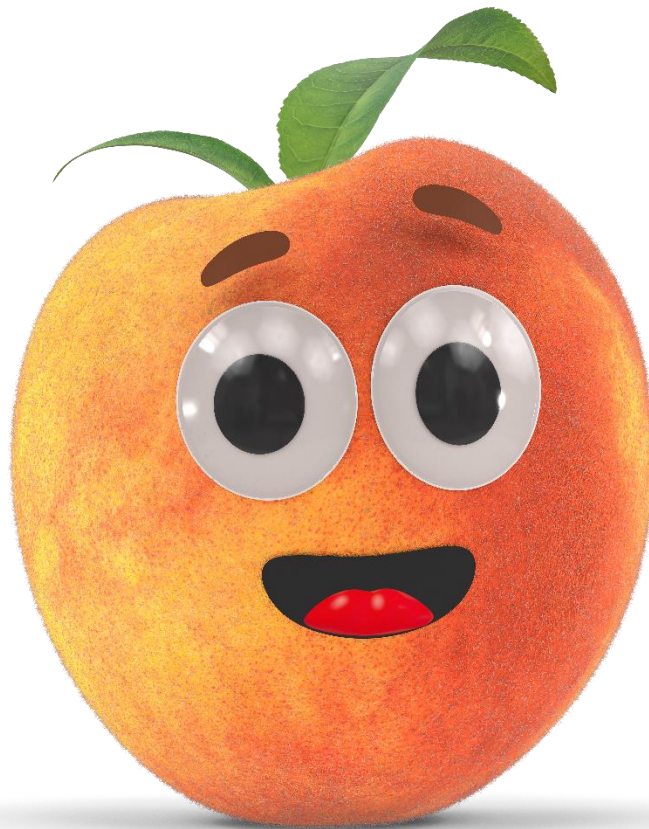




# Georgia Medicaid Redetermination Communications Toolkit



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# A Message to Partners and Stakeholders

Community partners, stakeholders, and advocates play an important role in supporting Medicaid and PeachCare for Kids® members in Georgia. The purpose of this toolkit is to provide resources, including messaging and various digital and printable documents, to partner organizations as the state prepares to return to the pre-pandemic Medicaid redetermination process.

In response to the COVID-19 pandemic, the U.S. Congress passed the Families First Coronavirus Response Act (FFCRA) in March 2020. Under the FFCRA, Georgia Medicaid members have been eligible for pandemic-era protections during the federal public health emergency (PHE).

Due to recent changes at the federal level, Georgia is required to redetermine eligibility for approximately 2.7 million Medicaid and PeachCare for Kids® members over the next 14 months, beginning on April 1, 2023. Every Georgia Medicaid member must respond to requests for required information in a timely manner.

The Georgia Department of Human Services (DHS) and the Georgia Department of Community Health (DCH) launched “Stay Informed. Stay Covered.” — a multi-phase public service campaign. This multichannel public service message is designed to reach Georgians where they are, primarily in English and Spanish, through social media, advertising, grassroots efforts, and [staycovered.ga.gov](https://staycovered.ga.gov), an easy-to-navigate microsite. Resources are also available in Burmese, Korean, Nepali, Portuguese, and Vietnamese.

The first phase of the initiative focused on acquiring accurate, updated contact information and increasing the preference for e-communications for Medicaid members in advance of redetermination. Since redetermination has begun, Phase 2 will focus on educating members on the ins and outs of the redetermination process for unwinding continuous Medicaid coverage.

This toolkit will be updated as new guidance, information, and resources become available. Please use these resources when communicating with Medicaid and PeachCare for Kids® members in person and online. [View the full DHS plan](#) for unwinding continuous Medicaid coverage.

**To download resources included in this toolkit, visit [staycovered.ga.gov](https://staycovered.ga.gov) or [dhs.georgia.gov/medicaid-unwinding](https://dhs.georgia.gov/medicaid-unwinding) for additional information.**

Thank you for your support.

# Communication Tools & Templates

The following outreach and marketing resources are available for partners to use to encourage Georgia Medicaid and PeachCare for Kids® members to update their contact information, choose e-communications, and learn more about the redetermination process. Additional resources will be included as they become available.

Downloadable resources are available at: [staycovered.ga.gov](https://staycovered.ga.gov).

To request permission to co-brand any “Stay Informed. Stay Covered.” materials, please email [staycovered@dhs.ga.gov](mailto:staycovered@dhs.ga.gov) with the piece(s) of collateral you would like to use. Co-brand requests should also include a high-resolution version of your organization’s logo.

## Medicaid Member Messaging

Encourage your Medicaid members and partner networks to read and share messages and resources from the Georgia Department of Human Services (DHS) about the redetermination process.

### Sample In-Person Messages

The below messages can be used for talking points when speaking to Medicaid members or can be printed and displayed in offices, waiting rooms, etc.

#### Medicaid Coverage

- *It is so important that families are ready to respond to requests for required information in a timely manner so they can avoid a gap in coverage.*
  - *If the state finds that a member is still eligible for Medicaid/PeachCare for Kids®, the member’s coverage will be renewed.*
  - *If you have aged out of PeachCare for Kids® or are no longer eligible for Medicaid, DHS will refer you to the Federally Facilitated Marketplace for alternative coverage options.*

#### Notifications and Support

- *Visit [staycovered.ga.gov](https://staycovered.ga.gov) and make sure your information is up to date in [Georgia Gateway](#), including your phone number, email, mailing address, job or income, and number of people in your household.*
- *Go ‘paperless’ and select the email communication option for the fastest alerts about coverage.*

- You can also visit your local Division of Family & Children Services office for support. To find the location and business hours for your local office, visit: [dfcs.georgia.gov/locations](https://dfcs.georgia.gov/locations).
- If you need help reading or communicating, call 1-877-GA-DHS-GO (1-877-423-4746). Services, including interpreters, are free. If you are deaf, hard of hearing, deaf-blind, or have difficulty speaking, you can call the number above by dialing 711 (Georgia Relay).

### Redetermination Process

- Be on the lookout for an official letter and/or email from the Georgia Department of Human Services (DHS) letting you know that your redetermination process has begun. This notification will arrive about 45 days before your redetermination deadline.
- Once your Medicaid redetermination window has begun, you'll need to follow the instructions listed in the notification letter or email you received. It's important to submit your documents as soon as you can to help avoid a gap in your coverage.
- To protect your privacy, anyone who helps you with your Medicaid or PeachCare for Kids® coverage must be approved as an "Authorized Representative" for your case. This process can be completed at [Georgia Gateway](#).
- If you are no longer eligible for Medicaid, you will be connected to other healthcare program options on the Federally Facilitated Marketplace.
- If you were denied coverage for any other reason other than "failing to submit" paperwork on time, and feel that an error was made, you can appeal the decision by asking for a Fair Hearing within 30 days from the denial date.

**IMPORTANT NOTE:** Please encourage members to use the online option for updating their contact information.

## Sample Newsletter/Website/Email Content

Use this content when communicating with Medicaid and PeachCare for Kids® members digitally.

Headline: *Update Your Medicaid Contact Information and Check Your Redetermination Deadline*

Subhead: *Medicaid redetermination has started. Individual dates are available in Gateway.*

Body:

*Redetermination has begun. Based on changes in federal law, this is the process that the State of Georgia must complete over the next 14 months to make sure current Medicaid and PeachCare for Kids® members are still eligible for coverage.*

*During redetermination, the State of Georgia will collect and verify member information, including contact and income details as well as other requested information and documents that will be used to determine your eligibility.*

*Not everyone will go through this process at the same time. In fact, it will take about 14 months to reach everyone.*

*Visit [gateway.ga.gov](https://gateway.ga.gov) to view your redetermination date and to update your contact information today so you can stay informed about the status of your coverage.*

*Need help? Visit your local Division of Family & Children Services office for support. To find the location and business hours for your local office, visit: [dfcs.georgia.gov/locations](https://dfcs.georgia.gov/locations).*

*If you need help reading this information or communicating with us, call 1-877-GA-DHS-GO (1-877-423-4746). Our services, including interpreters, are free. If you are deaf, hard of hearing, deaf-blind or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).*

## Logos

Use the following logos in context with the “Stay Informed. Stay Covered.” campaign to help circulate information about Medicaid redetermination and emphasize the importance of updating contact information.

### Logo Usage Guidelines

Consistent, proper use of the “Stay Informed. Stay Covered” logo will help maintain brand integrity and communicate a cohesive message to Medicaid members. The logo should be used appropriately and in strict accordance with the usage specifications outlined below. Deviation from these guidelines is not allowed.

The logo shown below (horizontal) is the preferred primary logo format. Use the horizontal version whenever possible. Use the vertical version when space is plentiful and/or the layout requires a center-aligned logo.

To maintain maximum legibility and exposure, it is important that an area of clearance from other elements be established on all sides of the logo. This area is equal to the height of the type (both lines).

For proper legibility, the logo should never be used at a size smaller than .75 inches or 54 pixels wide. Use the DHS logo at any size smaller than this and the logo will not be legible. [Download logos here.](#)

### Preferred Primary Logos



## Download English Logos

**Color Horizontal**



**Color Vertical**



**White Horizontal**



**White Vertical**



## Download Spanish Logos

**Color Horizontal**



**Color Vertical**



**White Horizontal**



**White Vertical**



## **When to Use Each File Type**

We have included several different file types for each version of the logo so that they can be used in a variety of different mediums. [Download logos here.](#)

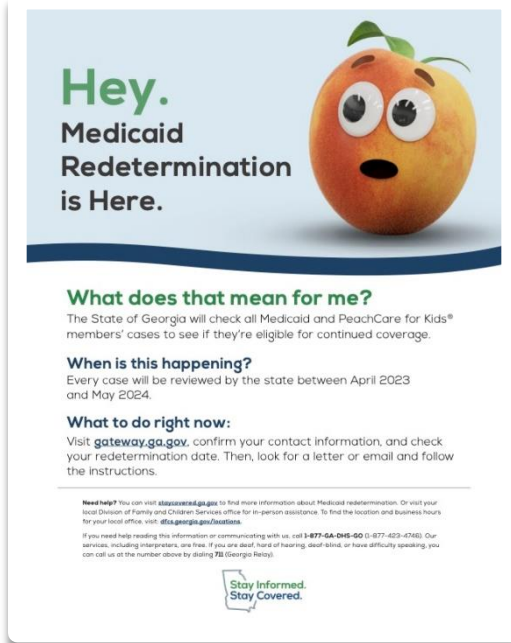
- JPG: used for web and print; white background
- PNG: used for web and print; transparent background
- SVG: vector file for web publishing



# Flyer

This one-page flyer provides information about the redetermination process and action items that members should take. Please click the images below to download.

## English Flyer (Front)



**Hey. Medicaid Redetermination is Here.**

**What does that mean for me?**  
The State of Georgia will check all Medicaid and PeachCare for Kids® members' cases to see if they're eligible for continued coverage.

**When is this happening?**  
Every case will be reviewed by the state between April 2023 and May 2024.

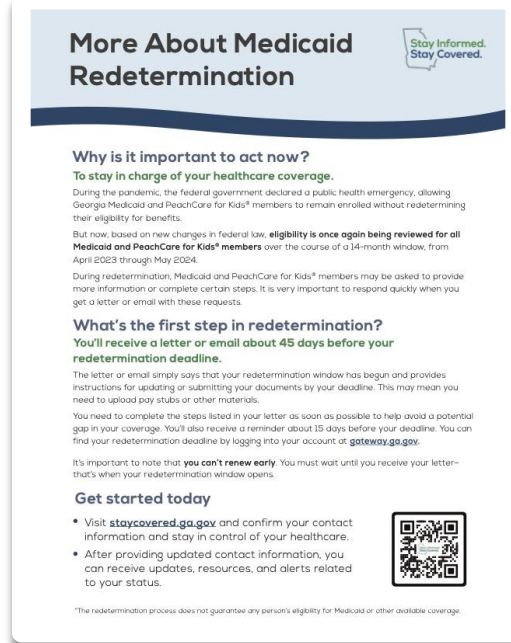
**What to do right now:**  
Visit [gateway.ga.gov](http://gateway.ga.gov), confirm your contact information, and check your redetermination date. Then, look for a letter or email and follow the instructions.

**Need help?** You can visit [stayscovered.ga.gov](http://stayscovered.ga.gov) to find more information about Medicaid redetermination. Or visit your local Division of Family and Children Services office for in-person assistance. To find the location and business hours for your local office, visit [dfs.ga.gov/locations](http://dfs.ga.gov/locations).

If you need help reading this information or communicating with us, call 1-877-GA-DHS-00 (1-877-423-4746). Our services, including interpreters, are free. If you are deaf, hard of hearing, deaf-blind, or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).

**Stay Informed. Stay Covered.**

## English Flyer (Back)



**More About Medicaid Redetermination**

**Why is it important to act now?**  
**To stay in charge of your healthcare coverage.**  
During the pandemic, the federal government declared a public health emergency, allowing Georgia Medicaid and PeachCare for Kids® members to remain enrolled without redetermining their eligibility for benefits.  
But now, based on new changes in federal law, **eligibility is once again being reviewed for all Medicaid and PeachCare for Kids® members** over the course of a 14-month window, from April 2023 through May 2024.  
During redetermination, Medicaid and PeachCare for Kids® members may be asked to provide more information or complete certain steps. It is very important to respond quickly when you get a letter or email with these requests.

**What's the first step in redetermination?**  
**You'll receive a letter or email about 45 days before your redetermination deadline.**  
The letter or email simply says that your redetermination window has begun and provides instructions for updating or submitting your documents by your deadline. This may mean you need to upload pay stubs or other materials.  
You need to complete the steps listed in your letter as soon as possible to help avoid a potential gap in your coverage. You'll also receive a reminder about 15 days before your deadline. You can find your redetermination deadline by logging into your account at [gateway.ga.gov](http://gateway.ga.gov).

It's important to note that **you can't renew early**. You must wait until you receive your letter—that's when your redetermination window opens.

**Get started today**

- Visit [stayscovered.ga.gov](http://stayscovered.ga.gov) and confirm your contact information and stay in control of your healthcare.
- After providing updated contact information, you can receive updates, resources, and alerts related to your status.

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

## Spanish Flyer (Front)



**Hola. La redeterminación de Medicaid llegará pronto.**

**¿Qué significa eso para mí?**  
Debes actualizar tu información de contacto para mantenerte informado sobre el estatus Medicaid de tu familia.

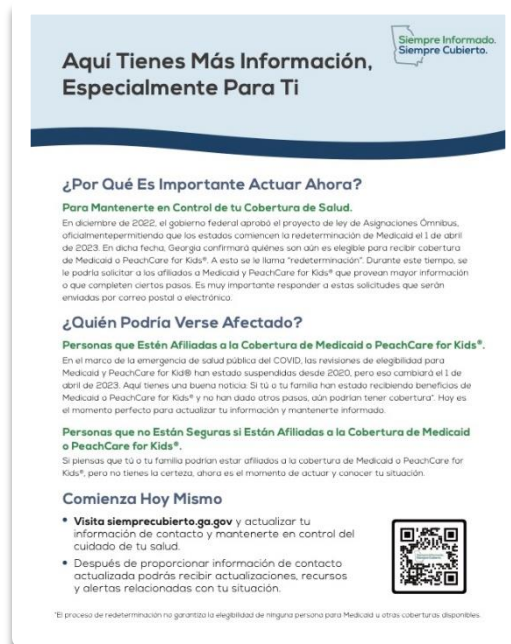
**Lo que Debes Hacer Ahora Mismo:**  
Visita [siemprecubierto.ga.gov](http://siemprecubierto.ga.gov) antes del 1 de abril de 2023!

**¿Necesitas ayuda?** Estamos para servirte. Puedes programar una visita de asistencia en persona en tu oficina local de la División de Servicios para la Familia y Niños. Para encontrar la ubicación y horario de atención de tu oficina local visita: [dfs.ga.gov/locations](http://dfs.ga.gov/locations).

Si necesitas ayuda para leer esta información o para comunicarte con nosotros, llama al 1-877-GA-DHS-00 (1-877-423-4746). Nuestros servicios, incluido traductores, son gratuitos. Si eres una persona no oyente, tienes problemas de audición, eres sordo-ciego o si tienes dificultades para hablar, puedes llamarnos al número de arriba marcando el 711 (Georgia Relay).

**Siempre Informado. Siempre Cubierto.**

## Spanish Flyer (Back)



**Aquí Tienes Más Información, Especialmente Para Ti**

**¿Por Qué Es Importante Actuar Ahora?**  
**Para Mantenerte en Control de tu Cobertura de Salud.**  
En diciembre de 2022, el gobierno federal aprobó el proyecto de ley de Asignaciones Ómnibus, oficialmente permitiendo que los estados comencen la redeterminación de Medicaid el 1 de abril de 2023. En dicha fecha, Georgia confirmará qué personas son aún elegibles para recibir cobertura de Medicaid o PeachCare for Kids®. A esto se le llama "redeterminación". Durante este tiempo, se le podrá solicitar a los afiliados a Medicaid y PeachCare for Kids® que provean mayor información o que completen ciertos pasos. Es muy importante responder a estas solicitudes que serán enviadas por correo postal o electrónico.

**¿Quién Podría Verse Afectado?**  
**Personas que Estén Afiliadas a la Cobertura de Medicaid o PeachCare for Kids®.**  
En el marco de la emergencia de salud pública del COVID, las revisiones de elegibilidad para Medicaid y PeachCare for Kids® han estado suspendidas desde 2020, pero eso cambiará el 1 de abril de 2023. Aquí tienes una buena noticia: Si tú o tu familia han estado recibiendo beneficios de Medicaid o PeachCare for Kids® y no han dado otros pasos, aún podrían tener cobertura\*. Hoy es el momento perfecto para actualizar tu información y mantenerte informado.

**Personas que no Están Seguras si Están Afiliadas a la Cobertura de Medicaid o PeachCare for Kids®.**  
Si piensas que tú o tu familia podrían estar afiliados a la cobertura de Medicaid o PeachCare for Kids®, pero no tienes la certeza, ahora es el momento de actuar y conocer tu situación.

**Comienza Hoy Mismo**

- Visita [siemprecubierto.ga.gov](http://siemprecubierto.ga.gov) y actualizar tu información de contacto y mantenerte en control del cuidado de tu salud.
- Después de proporcionar información de contacto actualizada podrás recibir actualizaciones, recursos y alertas relacionadas con tu situación.

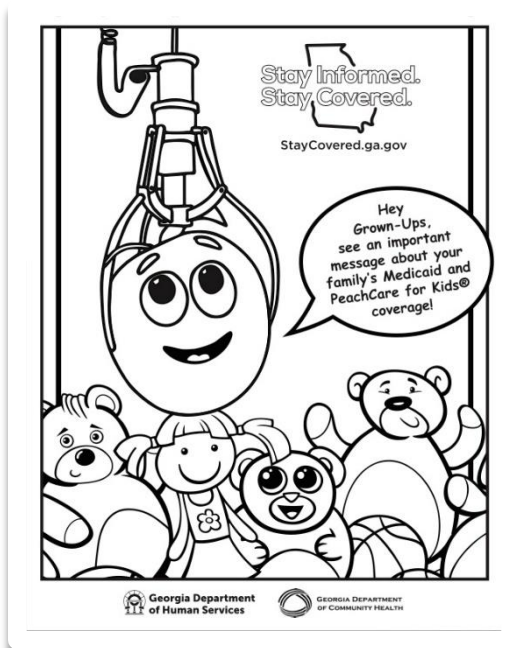
\*El proceso de redeterminación no garantiza la elegibilidad de ninguna persona para Medicaid u otras coberturas disponibles.

# Coloring Sheet

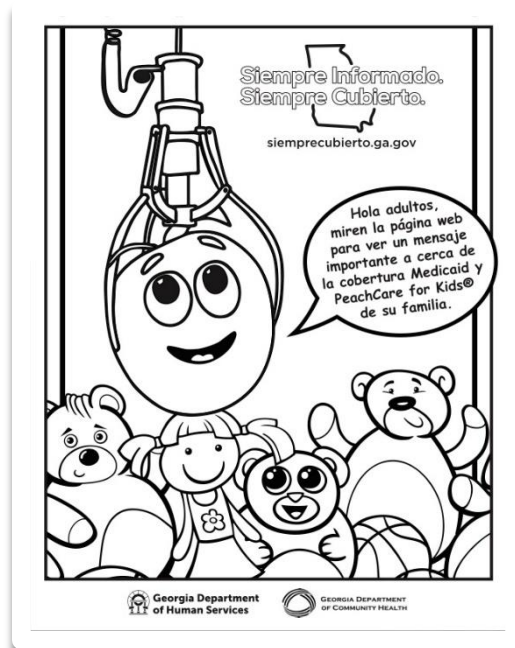
This coloring can be used at schools, offices, events, etc. where children will be present. Please click the images below to download.

This coloring sheet is also available in: Burmese, Korean, Nepali, Portuguese, and Vietnamese. Click here to download the coloring sheet in these additional languages.

## English Coloring Sheet



## Spanish Coloring Sheet



# Infographics

These infographics are a visually appealing way to provide helpful information to members. Please click the images below to download. To download these infographics in other languages, click [here](#).

## Medicaid Redetermination Timeline – English

### Your Medicaid Redetermination Timeline

The State of Georgia will check to see if you're still eligible for coverage. Take charge by marking dates and following these steps.

**WHAT TO DO TODAY:**  
**Confirm your contact info at [gateway.ga.gov](http://gateway.ga.gov) and get your redetermination date.**

**TIMELINE:**

- 45 Days Before Your Redetermination Deadline:**  
 Receive redetermination letter or email.  
 Keep track of dates and requests.
- 15 Days Before Your Redetermination Deadline:**  
 You will receive a reminder that your coverage eligibility decision is coming soon.  
 Prepare and submit any requested documents ASAP.
- Your Redetermination Deadline:**  
 Paperwork due.  
 If eligible, this is your renewal date. If not, this is your expiration date.
- 30 Days After Your Redetermination Deadline:**  
 If you have been denied coverage and believe there is an error, you can request a fair hearing within 30 days of your denial notice.

Questions? Visit [staycovered.ga.gov](http://staycovered.ga.gov) for more information.

For your privacy and security, only release your contact information to the official DHS Gateway site or a DHS office, or through the official DHS phone system at 877-562-0100 or 877-453-6763. Services provided through the DHS Gateway must meet the hearing, appeal, and fair hearing standards. You can call us on the number above to file a TC.

## Medicaid Redetermination Timeline – Spanish

### Cronograma de tu Redeterminación de Medicaid

El Estado de Georgia verificará que aún seas elegible para cobertura. Mantente en control tomando nota de fechas y siguiendo estos pasos.

**QUÉ HACER HOY MISMO:**  
**Confirma tu información de contacto en [gateway.ga.gov](http://gateway.ga.gov) y obtén tu fecha de redeterminación.**

**CRONOGRAMA:**

- 45 Días Antes de tu Fecha Límite de Redeterminación:**  
 Recibe tu carta o email de redeterminación.  
 Haz seguimiento de fechas y solicitudes.
- 15 Días Antes de tu Fecha Límite de Redeterminación:**  
 Recibirás un recordatorio de que la decisión sobre tu elegibilidad para cobertura llegará pronto.  
 Prepara y envía cualquier documento solicitado lo antes posible.
- Tu Fecha Límite de Redeterminación:**  
 Vencimiento del trámite.  
 Si resultados elegible, esto es tu fecha de renovación. Si no, esto es tu fecha de expiración.
- 30 Días Después de tu Fecha Límite de Redeterminación:**  
 Si se te ha negado la cobertura y crees que existe un error, puedes solicitar una audiencia imparcial dentro de los 30 días posteriores al aviso de rechazo.

¿Preguntas? Visita [siemprecubierto.ga.gov](http://siemprecubierto.ga.gov) para mayor información.

Para tu privacidad y seguridad, solo debes proporcionar tu información de contacto al sitio oficial de DHS Gateway en una página de DHS o a través del sistema de llamadas telefónicas oficial de DHS al 877-562-0100 o al 877-453-6763. Los servicios ofrecidos a través de DHS Gateway deben cumplir con los estándares de audiencia, apelación y procedimientos de revisión. Puedes llamar al número de arriba mencionado al TC.

### Your Medicaid Redetermination Timeline

The State of Georgia will check to see if you're still eligible for coverage. Take charge by marking dates and following these steps.

**WHAT TO DO TODAY:**  
**Confirm your contact info at [gateway.ga.gov](http://gateway.ga.gov) and get your redetermination date.**

**TIMELINE:**

| 45 Days Before Your Redetermination Deadline:                                 | 15 Days Before Your Redetermination Deadline:   | Your Redetermination Deadline:  | 30 Days After Your Redetermination Deadline:   |
|---|---|---|--|
|   |   |   |  |
| Receive redetermination letter or email.<br>Keep track of dates and requests. | You will receive a reminder that your coverage eligibility decision is coming soon.<br>Prepare and submit any requested documents ASAP. | Paperwork due.<br>If eligible, this is your renewal date. If not, this is your expiration date. | If you have been denied coverage and believe there is an error, you can request a fair hearing within 30 days of your denial notice. |

Questions? Visit [staycovered.ga.gov](http://staycovered.ga.gov) for more information.

For your privacy and security, only release your contact information to the official DHS Gateway site or a DHS office, or through the official DHS phone system at 877-562-0100 or 877-453-6763. Services provided through the DHS Gateway must meet the hearing, appeal, and fair hearing standards. You can call us on the number above to file a TC.

### Cronograma de tu Redeterminación de Medicaid

El Estado de Georgia verificará que aún seas elegible para cobertura. Mantente en control tomando nota de fechas y siguiendo estos pasos.

**QUÉ HACER HOY MISMO:**  
**Confirma tu información de contacto en [gateway.ga.gov](http://gateway.ga.gov) y obtén tu fecha de redeterminación.**

**CRONOGRAMA:**

| 45 Días Antes de tu Fecha Límite de Redeterminación:                                    | 15 Días Antes de tu Fecha Límite de Redeterminación:  | Tu Fecha Límite de Redeterminación:  | 30 Días Después de tu Fecha Límite de Redeterminación:   |
|---|---|--|--|
|   |   |  |  |
| Recibe tu carta o email de redeterminación.<br>Haz seguimiento de fechas y solicitudes. | Recibirás un recordatorio de que la decisión sobre tu elegibilidad para cobertura llegará pronto.<br>Prepara y envía cualquier documento solicitado lo antes posible. | Vencimiento del trámite.<br>Si resultados elegible, esta es tu fecha de renovación. Si no, esta es tu fecha de expiración. | Si se te ha negado la cobertura y crees que existe un error, puedes solicitar una audiencia imparcial dentro de los 30 días posteriores al aviso de rechazo. |


¿Preguntas? Visita [siemprecubierto.ga.gov](http://siemprecubierto.ga.gov) para mayor información.

Para tu privacidad y seguridad, solo debes proporcionar tu información de contacto al sitio oficial de DHS Gateway en una página de DHS o a través del sistema de llamadas telefónicas oficial de DHS al 877-562-0100 o al 877-453-6763. Los servicios ofrecidos a través de DHS Gateway deben cumplir con los estándares de audiencia, apelación y procedimientos de revisión. Puedes llamar al número de arriba mencionado al TC.

## Five Steps to Appeal Your Medicaid Decision – English

### Five Steps to Appeal Your Medicaid Decision

If you think your denial decision was an error, here's how to appeal:

- 
**1 Find your denial reason in your letter**  
 You may only need to submit additional paperwork to be reinstated.
- 
**2 Request a fair hearing within 30 days of denial notice**  
 Your denial letter includes instructions on how to request a fair hearing.
- 
**3 Get a fair hearing date**  
 You'll receive a notice by mail from the Office of State Administrative Hearings (OSAH) with your fair hearing date, time, and location. Visit [osah.ga.gov](http://osah.ga.gov) for more information.
- 
**4 Collect your evidence**  
 Bring supporting documents and evidence, like receipts and bills, to the hearing. Learn more about what to bring in this [OSAH video](#).
- 
**5 Wait for the judge's decision**  
 Your judge won't make a decision at your hearing, but you will be notified by letter or email. If you win your appeal, your coverage will be backdated so there is no lapse. If your appeal is denied, you'll be directed to the federal marketplace for affordable healthcare options.

Watch the [OSAH video](#) for more information.

For your privacy and security, only update your contact information on the official OSAH Gateway site, in a DEDS office, or through the official OSAH phone system at 1-877-245-2452 (1-877-462-4643). Services, including interpretation, are free. If you are deaf/hard of hearing, email [osah@osah.ga.gov](mailto:osah@osah.ga.gov) or have difficulty speaking, you can call us at the number above by using TTY.

## Five Steps to Appeal Your Medicaid Decision – Spanish

### Cinco Pasos para Apelar la Decisión de Medicaid

Si crees que la decisión de negarte la cobertura se debe a un error, así es como puedes apelar:






- 
**1 Busca en tu carta la razón del rechazo**  
 Puede que solo necesites enviar documentación adicional para ser reintegrado.
- 
**2 Solicita una audiencia imparcial dentro de los 30 días posteriores a tu aviso de rechazo**  
 Tu carta de rechazo incluye instrucciones para solicitar una audiencia imparcial.
- 
**3 Obtén una fecha para tu audiencia imparcial**  
 Recibirás una notificación por correo de la Oficina de Audiencias Administrativas del Estado (OSAH) con la fecha, hora y lugar de tu audiencia imparcial. Visita [osah.ga.gov](http://osah.ga.gov) para mayor información.
- 
**4 Recopila tu evidencia**  
 Lleva documentos de apoyo y evidencia, como recibos y facturas, a la audiencia. Aprende más acerca de qué llevar contigo en este [vídeo OSAH](#).
- 
**5 Espera la decisión del juez**  
 Tu juez no tomará una decisión durante tu audiencia, pero se te notificará por correo o email. Si ganas tu apelación, tu cobertura será reactivada de manera retroactiva, de tal manera que no sufras interrupciones. Si tu apelación es rechazada, se te derivará al mercado federal para opciones de seguro de salud asequibles.

Mira el [vídeo OSAH](#) para mayor información.

For your privacy and security, only update your contact information on the official OSAH Gateway site, in a DEDS office, or through the official OSAH phone system at 1-877-245-2452 (1-877-462-4643). Services, including interpretation, are free. If you are deaf/hard of hearing, email [osah@osah.ga.gov](mailto:osah@osah.ga.gov) or have difficulty speaking, you can call us at the number above by using TTY.

### Five Steps to Appeal Your Medicaid Decision

If you think your denial decision was an error, here's how to appeal:






|  |  |  |  |  |
|--|--|--|--|--|
| <b>1</b><br><br><b>Find your denial reason in your letter</b><br>You may only need to submit additional paperwork to be reinstated. | <b>2</b><br><br><b>Request a fair hearing within 30 days of denial notice</b><br>Your denial letter includes instructions on how to request a fair hearing. | <b>3</b><br><br><b>Get a fair hearing date</b><br>You'll receive a notice by mail from the Office of State Administrative Hearings (OSAH) with your fair hearing date, time, and location. Visit <a href="http://osah.ga.gov">osah.ga.gov</a> for more information. | <b>4</b><br><br><b>Collect your evidence</b><br>Bring supporting documents and evidence, like receipts and bills, to the hearing. Learn more about what to bring in this <a href="#">OSAH video</a> . | <b>5</b><br><br><b>Wait for the judge's decision</b><br>Your judge won't make a decision at your hearing, but you will be notified by letter or email. If you win your appeal, your coverage will be backdated so there is no lapse. If your appeal is denied, you'll be directed to the federal marketplace for affordable healthcare options. |
|--|--|--|--|--|

Watch the [OSAH video](#) for more information.

For your privacy and security, only update your contact information on the official OSAH Gateway site, in a DEDS office, or through the official OSAH phone system at 1-877-245-2452 (1-877-462-4643). Services, including interpretation, are free. If you are deaf/hard of hearing, email [osah@osah.ga.gov](mailto:osah@osah.ga.gov) or have difficulty speaking, you can call us at the number above by using TTY.

### Cinco Pasos para Apelar la Decisión de Medicaid

Si crees que la decisión de negarte la cobertura se debe a un error, así es como puedes apelar:

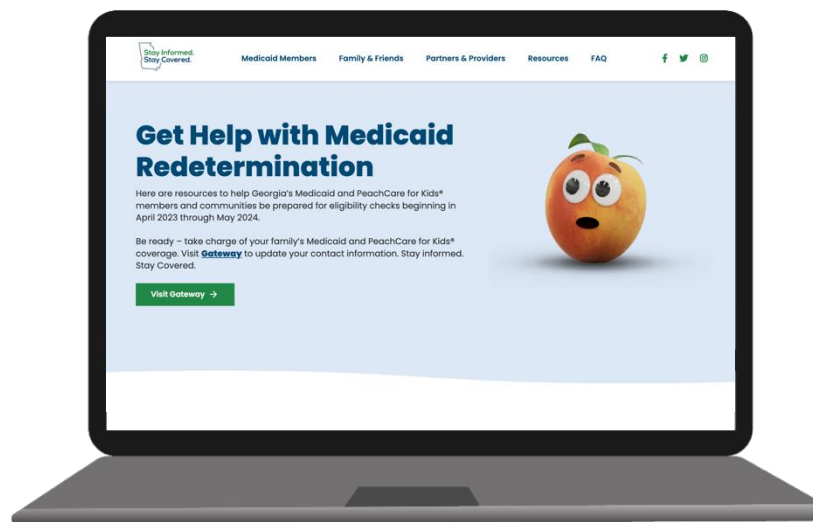
|  |   |  |  |   |
|--|---|--|--|---|
| <b>1</b><br><br><b>Busca en tu carta la razón del rechazo</b><br>Puede que solo necesites enviar documentación adicional para ser reintegrado. | <b>2</b><br><br><b>Solicita una audiencia imparcial dentro de los 30 días posteriores a tu aviso de rechazo</b><br>Tu carta de rechazo incluye instrucciones para solicitar una audiencia imparcial. | <b>3</b><br><br><b>Obtén una fecha para tu audiencia imparcial</b><br>Recibirás una notificación por correo de la Oficina de Audiencias Administrativas del Estado (OSAH) con la fecha, hora y lugar de tu audiencia imparcial. Visita <a href="http://osah.ga.gov">osah.ga.gov</a> para mayor información. | <b>4</b><br><br><b>Recopila tu evidencia</b><br>Lleva documentos de apoyo y evidencia, como recibos y facturas, a la audiencia. Aprende más acerca de qué llevar contigo en este <a href="#">vídeo OSAH</a> . | <b>5</b><br><br><b>Espera la decisión del juez</b><br>Tu juez no tomará una decisión durante tu audiencia, pero se te notificará por correo o email. Si ganas tu apelación, tu cobertura será reactivada de manera retroactiva, de tal manera que no sufras interrupciones. Si tu apelación es rechazada, se te derivará al mercado federal para opciones de seguro de salud asequibles. |
|--|---|--|--|---|

Mira el [vídeo OSAH](#) para mayor información.

For your privacy and security, only update your contact information on the official OSAH Gateway site, in a DEDS office, or through the official OSAH phone system at 1-877-245-2452 (1-877-462-4643). Services, including interpretation, are free. If you are deaf/hard of hearing, email [osah@osah.ga.gov](mailto:osah@osah.ga.gov) or have difficulty speaking, you can call us at the number above by using TTY.

## Microsite

The “[Stay Informed. Stay Covered.](#)” microsite is an informational site to educate members, loved ones, partners, and providers about Medicaid redetermination and to provide clear instructions and actions that members can take to participate fully in the redetermination process. Additionally, the microsite seeks to encourage current Medicaid and PeachCare for Kids® members to update their contact information at [gateway.ga.gov](#), choose e-communications, and check Gateway for their redetermination date. Direct Medicaid members to the microsite, which is the primary source of Medicaid redetermination information. We are asking partners, advocates, providers, and friends to help spread the word so members stay informed and covered.



## QR Codes

These QR codes can be added to various collateral given to Medicaid members. When scanned with a smart phone, the QR codes will direct users to [staycovered.ga.gov](#) for more information and instructions on navigating Gateway and the redetermination process.

### English QR Code



### Spanish QR Code



## Videos

Share these streaming videos on social media, embed them on your website, or play them in your waiting room. There are English and Spanish versions of each video.

### [Download Fullscreen Videos](#)

#### Download: English



#### Download: Spanish



### [Download Social Media Videos](#)

#### Download: English





#### Download: Spanish



## Social Media Posts

Below are sample social media posts created specifically for partner organizations to use on their own social media accounts. To post:

1. [Download social media images](#) and choose the one that corresponds with your post.
2. Copy and paste the text into the corresponding platform (Facebook, Instagram, Twitter).
3. Upload the saved image to your draft post.
4. Tag Georgia Department of Human Services and Georgia Department of Community Health.
  - a. Facebook: [Georgia Department of Human Services](#); [Georgia Department of Community Health](#)
  - b. Instagram: [Georgia DHS \(@ga\\_dhs\)](#)
  - c. Twitter: [Georgia DHS \(@GADHS\)](#); [Georgia DCH \(@GADCH\)](#)
  - d. LinkedIn: [Georgia Department of Human Services](#); [Georgia Department of Community Health](#)

| Text for Post  | Image for Post   |
|--|--|
| <p>Your Medicaid or PeachCare for Kids® coverage may change. Update your contact information as soon as possible to stay in charge of your coverage. Visit <a href="http://staycovered.ga.gov">staycovered.ga.gov</a> to learn more.</p> |  |
| <p>Your Medicaid or PeachCare for Kids® eligibility will be checked. Make sure you're ready by updating your contact information before redetermination begins. Stay Informed. Stay Covered.</p>   |  |

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**Text for Post**

**Image for Post**

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If you're one of the nearly 2.7 million Georgians who have Medicaid and PeachCare for Kids®, be sure to update your contact information to stay in charge of your healthcare coverage. Visit [staycovered.ga.gov](http://staycovered.ga.gov) for more info.



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Georgia's Medicaid redetermination is starting! Visit [staycovered.ga.gov](http://staycovered.ga.gov) now to learn more about the process and your redetermination date.



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Medicaid member information is protected. That's why anyone who needs to help a member must be approved as an "Authorized Representative" on their case. Visit [staycovered.ga.gov](http://staycovered.ga.gov) to learn more.



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Health Alert: Medicaid redetermination has started. Stay informed and keep your contact information updated on Georgia Gateway. Learn how at [staycovered.ga.gov](http://staycovered.ga.gov).



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Hey there! Yes, you! Is your Medicaid or PeachCare for Kids® contact information correct? It only takes a few minutes to check. Redetermination has begun – stay informed about your family's Medicaid or PeachCare for Kids® coverage. Learn more: [staycovered.ga.gov](http://staycovered.ga.gov)

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# Frequently Asked Questions

Below are frequently asked questions (FAQs) covering several topics in both English and Spanish. These FAQs can also be found at [staycovered.ga.gov](https://staycovered.ga.gov) and [siemprecubierto.ga.gov](https://siemprecubierto.ga.gov).

## Medicaid, PeachCare for Kids®, and Redetermination

### What is Medicaid redetermination?

Redetermination is the process that Georgia is reinstating to make sure current Medicaid and PeachCare for Kids® 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 your case.

The State of Georgia has 14 months from April 1, 2023, to May 2024 to review all Medicaid and PeachCare for Kids® members' cases to redetermine who is still eligible to receive coverage.

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

### Is my Medicaid coverage ending?

Based on changes in federal law, coverage may change for Medicaid and PeachCare for Kids® members. You must update your contact information now to stay informed about your Medicaid status. Before the COVID pandemic, Medicaid member eligibility had to be redetermined each year. During the pandemic, the federal government declared a public health emergency. This emergency and changes in federal law allowed all Medicaid members to remain enrolled without redetermining their eligibility for benefits. Based on recent changes in federal law, Medicaid redetermination began in April 2023, regardless of when the public health emergency ends. Eligibility is once again being redetermined for all Medicaid members over the course of a 14-month window, ending in May 2024.

### My children have health insurance through PeachCare for Kids®. Does this redetermination process affect their coverage?

Yes. Anyone covered by Medicaid, including PeachCare for Kids®, will be redetermined for eligibility between April 1, 2023, and May 31, 2024.

### What is Medicaid?

Medicaid is a program that provides health care services to individuals who meet the requirements for income, resources, and citizenship. Coverage categories include

those for low-income families with children under age 19 and adults who are age 65 or over, blind, or disabled.

### **Who is eligible for Medicaid?**

Basic requirements to determine eligibility under any Aged Blind Disabled (ABD) Medicaid program include:

- Aged (65 or older), blind, or disabled
- Application for other benefits
- Citizenship/Qualified Alien status
- Valid Social Security number
- Residency
- Assignment of medical benefits to the Division of Medical Assistance (DMA)

Basic requirements to determine eligibility under a Family Medicaid program include:

- Age
- Application for other benefits
- Citizenship/Qualified Alien status
- Cooperation with Child Support Service (CSS)
- Valid Social Security number
- Residency
- Assignment of medical benefits to Division of Medical Assistance (DMA)
- Living with a Specified Relative (For Low Income Medicaid [LIM] and Newborn only).
- Cooperation with the Office of Child Support Services is a requirement of receiving certain types of Medicaid.

Visit the [Georgia Department of Human Services website](#) for more information. To find out if you meet the requirements, create an account at [gateway.ga.gov](#).

## **The Redetermination Process**

### **When will Medicaid redetermination begin?**

As of April 1, 2023, Georgia is checking to see who is still eligible to receive coverage. It is important that you confirm your contact information on [gateway.ga.gov](#) as soon as possible so you can receive updates and communications about your coverage.

### **Is everyone losing Medicaid all at once?**

No. First, many Georgians will still be found eligible for coverage. Secondly, Georgia began checking eligibility for all Medicaid and PeachCare for Kids® members in April 2023, but members are being redetermined in batches over a 14-month period from April 1, 2023, to May 31, 2024.

### **What is the first step of the redetermination process?**

You'll receive a letter in the mail or email about 45 days before your redetermination deadline. The letter says that your redetermination window has begun and provides instructions for updating or submitting your documents by your deadline. This may mean you need to upload pay stubs or other materials. Complete the steps listed in your letter as soon as possible to help avoid a gap in your coverage. You'll also receive a reminder about 15 days before your deadline.

### **Can I complete my redetermination early – before my official redetermination deadline?**

No, you can't renew early. You must wait until you receive your letter or email, only then does your redetermination window open.

### **When is the deadline for providing the requested information?**

Your individual redetermination process may occur anytime during the 14-month redetermination period, from April 1, 2023, to May 31, 2024. You will receive a letter or email about 45 days before your redetermination deadline saying that your redetermination window has begun and providing instructions for updating or submitting your documents by your deadline. This may mean you need to upload pay stubs or other materials.

### **What are the different ways I can submit my requested documents?**

You have a few options. You can upload the documents, or pictures or scans of the documents, directly through [gateway.ga.gov](https://gateway.ga.gov). You can also mail, fax, or bring hard copies of your paperwork to your local Division of Family & Children Services office.

### **What happens if I am no longer eligible for Medicaid?**

If you are no longer eligible for Medicaid, you will be referred to the Federally Facilitated Marketplace for alternative coverage options. It is very important for you to update your contact information at [gateway.ga.gov](https://gateway.ga.gov) so you can receive this information. However, if you feel the denial decision was an error, you can appeal the decision by requesting a Fair Hearing within 30 days from the date of denial and potentially get your coverage retroactively reinstated.

### **What happens if I miss the deadline?**

If your coverage renewal is denied, you will receive a letter notifying you of the decision and explaining the reason why. If that reason is that you “failed to submit” your documents, you can still submit your documents within 90 days after your redetermination deadline to reopen your case for consideration. Once you send them in, if you are found still eligible, your coverage will be made active back to the date of your original determination – so that you can get coverage for the medical expenses you had in the meantime.

## Authorized Representatives

### What is an authorized representative?

An authorized representative is someone who is legally allowed to assist a Medicaid or PeachCare for Kids® member continuously throughout the redetermination process. Providers, hospitals, family members, and friends who need to provide assistance to a member must become an authorized representative. To do this, members should go to Gateway to “Report My Changes” and select “Add an Authorized Representative.”

### I need assistance from a loved one or provider to manage my Medicaid benefits for/with me. How do I ensure that they can help?

In order to receive continuous assistance from a third party, that individual must become an authorized representative. To add an authorized representative to your case, go to Gateway to “Report My Changes” and select “Add an Authorized Representative.” After adding your authorized representative to your case, have them create their own separate Gateway account. Within the “create an account” screen, they must check “Yes” to the question, “Are you an Authorized Representative?” This effectively links their Gateway account to your Gateway account. They can now assist you with any action.

## Appeals & Fair Hearings

### What is a fair hearing and how does it work?

Members can request a Fair Hearing within 30 days from the date of denial if they feel that the denial decision was an error. The Fair Hearing process goes through the Office of State Administrative Hearings (OSAH), an independent entity that helps resolve disputes between the public and state agencies. Visit their website at [osah.ga.gov](http://osah.ga.gov) for more information.

After you request a Fair Hearing with OSAH, you’ll receive a letter in the mail with the scheduled time and location of their Fair Hearing. Once there, you’ll have the

opportunity to present your opening statement and evidence, like receipts and bills, to help support your argument. Once a decision is made, you will be notified of the decision. For a more in-depth look at the Fair Hearing process, check out this [video](#).

### **Can I keep my Medicaid/PeachCare for Kids® coverage while I go through the appeals process and wait for my Fair Hearing decision?**

Yes, if you request a Fair Hearing within 14 days of your denial decision, you can choose whether or not to continue getting coverage while you wait for a final decision.

If you choose to pause coverage while you wait for a decision, and the judge decides the State was incorrect—and that you are still eligible for benefits—your coverage will be made active back to the date of original determination. So, you can get coverage for the medical expenses you had in the meantime.

If you choose to continue coverage while you wait for a decision, and the judge decides the State's decision to deny your Medicaid or PeachCare for Kids® coverage was correct—and that you are no longer eligible for Medicaid or PeachCare for Kids® benefits—your benefits will re-denied and you must pay back the Department of Human Services (DHS) for overpaid benefits during that time.

### **What happens if I win my appeal?**

If the judge decides that the State's decision to deny your Medicaid or PeachCare for Kids® coverage was a mistake, your coverage will be made active back to the date of original redetermination. This means that you can get coverage for the medical expenses you had in the meantime.

### **What happens if I lose my appeal?**

If the judge decides that the State's decision to deny your Medicaid or PeachCare for Kids® coverage was correct and that you are no longer eligible for Medicaid or PeachCare for Kids® benefits, your benefits will remain terminated.

## Gateway Website

### What if I cannot log in to my online account?

Follow the instructions at the top of this page in the section called “HELP! I am having trouble signing in or creating an account.” If you are still having trouble with your online account, we can help you in-person at one of our offices or by phone. Visit [dfcs.georgia.gov/locations](https://dfcs.georgia.gov/locations) to find the location and business hours for your local office. If you need help reading this information or communicating with us, call [1-877-GA-DHS-GO \(1-877-423-4746\)](tel:1-877-GA-DHS-GO). Our services, including interpreters, are free. If you are deaf, hard of hearing, deaf-blind, or have difficulty speaking, you can call us at the number above by dialing [711](tel:711) (Georgia Relay).

### I am locked out of Georgia Gateway. Who do I contact?

If you entered the wrong username or password too many times, the system may temporarily lock you out. From the [login page](#) at [gateway.ga.gov](https://gateway.ga.gov), select “Forgot User ID” or “Forgot Password” to receive a one-time PIN delivered to your mobile phone or email to recover your username or password. Alternatively, you can answer security questions to recover your username or password. If you need additional support, you can visit your local Division of Family & Children Services office. To find the location and business hours for your local office, visit: [dfcs.georgia.gov/locations](https://dfcs.georgia.gov/locations).

If you need help reading this information or communicating with us, ask us or call [1-877-GA-DHS-GO \(1-877-423-4746\)](tel:1-877-GA-DHS-GO). Our services, including interpreters, are free. If you are deaf, hard of hearing, deaf-blind, or have difficulty speaking, you can call us at the number above by dialing [711](tel:711) (Georgia Relay).

### The Georgia Gateway site is not working for me. What should I do?

If you have issues accessing [gateway.ga.gov](https://gateway.ga.gov), check your internet connection first. If your internet is working correctly and you still cannot access [gateway.ga.gov](https://gateway.ga.gov), it may be because the site is down for scheduled maintenance. Please visit the site again later.

If you need additional support, you can visit your local Division of Family & Children Services office. To find the location and business hours for your local office, visit: [dfcs.georgia.gov/locations](https://dfcs.georgia.gov/locations). If you need help reading this information or communicating with us, ask us or call [1-877-GA-DHS-GO \(1-877-423-4746\)](tel:1-877-GA-DHS-GO). Our services, including interpreters, are free. If you are deaf, hard of hearing, deaf-blind, or have difficulty speaking, you can call us at the number above by dialing [711](tel:711) (Georgia Relay).

### How do I know if I have entered my information correctly?

When you have successfully updated your information/documents at [gateway.ga.gov](http://gateway.ga.gov), you will receive a confirmation “T number” (tracking number) in your customer Georgia Gateway account. Remember to write it down for later use. If needed, you can retrieve your “T number” from the “[Manage My Account](#)” page of the Georgia Gateway.

**I filled out a paper application for Medicaid and have never used the website. Should I still create an account?**

Yes, right away! Creating an account at [gateway.ga.gov](http://gateway.ga.gov) is the easiest and fastest way for Medicaid representatives to contact you about your coverage. Make sure you have completed all required fields. This may include information about your current residence, income, job, household size, etc.

**How do I add an authorized representative to assist with my case in Gateway?**

Go to Gateway to “Report My Changes” or “Renew” and select “Add an Authorized Representative.” After adding your authorized representative to your case, have them create their own separate Gateway account. Within the “create an account” screen, they must check “Yes” to the question, “Are you an Authorized Representative?” This effectively links their Gateway account to your Gateway account. They can now assist you with any action.

## Other-Language Resources

**¿Qué sucede si no hablo inglés?**

Puedes encontrar recursos en español [aquí](#). Adicionalmente, puedes visitar [gateway.ga.gov](http://gateway.ga.gov) y hacer clic en una de las opciones de idioma. También puedes llamar al [1-877-GA-DHS-GO \(1-877-423-4746\)](tel:1-877-GA-DHS-GO). Nuestros servicios, incluido traductores, son gratuitos.

# Ayuda y Preguntas Frecuentes

## Medicaid, PeachCare for Kids® y Redeterminación

### ¿Qué es la redeterminación de Medicaid?

Redeterminación es el proceso que Georgia está reinstaurando para asegurarse de que los afiliados actuales de Medicaid y PeachCare for Kids® aún sean elegibles para cobertura. Conlleva la recolección y verificación de información, incluyendo ingresos y detalles de contacto, así como otra información solicitada o documentos relacionados con la determinación de la elegibilidad basado en tu caso.

El Estado de Georgia dispone de 14 meses desde el 1 de abril de 2023 a mayo de 2024 para revisar los casos de todos los afiliados de Medicaid y PeachCare for Kids® y redeterminar quiénes son aún elegibles para recibir cobertura.

Nota: El proceso de redeterminación no garantiza la elegibilidad de ninguna persona para Medicaid u otras coberturas disponibles.

### ¿Mi cobertura Medicaid está terminando?

Basado en cambios a la ley federal, la cobertura de los afiliados a Medicaid y PeachCare for Kids® podría cambiar. Debes actualizar tu información de contacto ahora para mantenerte informado acerca de tu situación Medicaid. Antes de la pandemia del COVID, la elegibilidad de los afiliados de Medicaid debía ser redeterminada cada año. Durante la pandemia, el gobierno federal declaró una emergencia de salud pública. Esta emergencia y cambios en la ley federal permitieron a todos los afiliados de Medicaid permanecer inscritos sin redeterminar su elegibilidad para recibir beneficios. Con base en nuevos cambios a la ley federal, la redeterminación de Medicaid comenzó en abril de 2023, sin importar cuándo termine la emergencia de salud pública. La elegibilidad una vez más está siendo redeterminada para todos los afiliados de Medicaid durante un plazo de 14 meses, terminando en mayo de 2024.

### Mis hijos tienen seguro de salud a través de PeachCare for Kids®. ¿Afecta su cobertura este proceso de redeterminación?

Sí. Toda persona cubierta por Medicaid, incluyendo PeachCare for Kids®, deberá ser redeterminada para elegibilidad entre el 1 de abril de 2023 y el 31 de mayo de 2024.

### ¿Qué es Medicaid?



Medicaid es un programa que provee servicios de salud a individuos que cumplen con los requisitos de ingresos, recursos y ciudadanía. Las categorías de cobertura incluyen a aquellas familias de bajos ingresos con hijos menores de 19 años y adultos que tengan 65 años o más, sean no videntes o discapacitados.

### ¿Quién es elegible para Medicaid?

Los requisitos básicos para determinar la elegibilidad bajo cualquier programa Edad Ceguera Discapacidad (ABD, por sus siglas en inglés) de Medicaid, incluyen:

- Edad (65 años o más), no vidente o discapacitado
- Solicitud de otros beneficios
- Ciudadanía / Estatus Extranjero que Califique
- Número de seguro social válido
- Domicilio
- Asignación de beneficios médicos a la División de Asistencia Médica (DMA, por sus siglas en inglés)

Los requisitos básicos para determinar la elegibilidad bajo un programa Medicaid Familiar, incluyen:

- Edad
- Solicitud de otros beneficios
- Ciudadanía / Estatus Extranjero que Califique
- Cooperación con el Servicio de Ayuda a Niños (CSS, por sus siglas en inglés)
- Número de seguro social válido
- Domicilio
- Asignación de beneficios médicos a la División de Asistencia Médica (DMA, por sus siglas en inglés)
- Vivir con un Pariente Específico (solo para Medicaid de Bajos Ingresos (LIM) y Recién Nacidos)
- La cooperación con la Oficina de Servicios de Ayuda a Niños es un requisito para recibir ciertos tipos de Medicaid

Visita el [sitio web del Departamento de Servicios Humanos de Georgia](#) para más información. Para averiguar si cumples con los requisitos, crea una cuenta en [gateway.ga.gov](http://gateway.ga.gov).

## El Proceso de Redeterminación

### ¿Cuándo comenzará la redeterminación de Medicaid?

Al 1 de abril de 2023, Georgia ya está verificando quiénes son aún elegibles para recibir cobertura. Es importante que actualices tu información de contacto

en [gateway.ga.gov](https://gateway.ga.gov) lo antes posible para que puedas recibir actualizaciones y comunicaciones acerca de tu cobertura.

### **¿Todos perderán su Medicaid al mismo tiempo?**

No. En primer lugar, muchos habitantes de Georgia aún serán considerados elegibles para recibir cobertura. Y segundo, Georgia comenzó a verificar la elegibilidad de todos los afiliados de Medicaid y PeachCare for Kids® en abril de 2023, pero los afiliados están siendo redeterminados por grupos durante un período de 14 meses desde el 1 de abril de 2023 hasta el 31 de mayo de 2024.

### **¿Cuál es el primer paso del proceso de redeterminación?**

Recibirás una carta por correo o email unos 45 días antes de tu fecha límite de redeterminación. La carta dirá que tu período de redeterminación ha comenzado y proveerá instrucciones para actualizar o enviar tu documentación antes de la fecha límite. Esto podría significar que tengas que subir comprobantes de sueldo u otros materiales. Completa los pasos indicados en tu carta lo antes posible para evitar una interrupción en tu cobertura. También recibirás un recordatorio unos 15 días antes de tu fecha límite.

### **¿Puedo completar mi redeterminación anticipadamente – antes de mi fecha límite oficial de redeterminación?**

No, no puedes renovar anticipadamente. Debes esperar a recibir tu carta o email. Recién en ese momento se abre tu período de redeterminación.

### **¿Cuál es la fecha límite para proveer la información solicitada?**

Tu proceso individual de redeterminación podría ocurrir en cualquier momento durante el período de redeterminación de 14 meses, desde el 1 de abril de 2023 al 31 de mayo de 2024. Recibirás una carta o email unos 45 días antes de tu fecha límite de redeterminación diciendo que tu período de redeterminación ha comenzado y entregándote instrucciones para actualizar o enviar tu documentación antes de la fecha límite. Esto podría significar que tengas que subir comprobantes de sueldo u otros materiales.

### **¿De qué maneras puedo enviar mis documentos solicitados?**

Tienes varias opciones. Puedes subir los documentos – o fotos o escaneados de los documentos – directamente en [gateway.ga.gov](https://gateway.ga.gov). También puedes enviarlos por correo, por fax, o llevar copias impresas de tu documentación a tu oficina local de la División de Servicios para la Familia y Niños.

### **¿Qué sucede si ya no soy elegible para Medicaid?**

Si ya no eres elegible para Medicaid serás conectado con otras opciones de seguro de salud. Es muy importante que actualices tu información de contacto en [gateway.ga.gov](http://gateway.ga.gov) para que puedas recibir esta información. Sin embargo, si crees que la decisión de rechazarte se debe a un error, puedes apelar la decisión solicitando una Audiencia Imparcial dentro de los 30 días posteriores a la fecha del rechazo y potencialmente recuperar tu cobertura de forma retroactiva.

### **¿Qué sucede si se me pasa la fecha límite?**

Si la renovación de tu cobertura fue rechazada, recibirás una carta notificándote de la decisión y explicándote la razón. Si la razón es que “no enviaste” tus documentos, aún puedes enviar tus documentos dentro de los 90 días posteriores a tu fecha límite de redeterminación para reabrir tu caso y que sea considerado. Cuando los hayas enviado, si resultas aún elegible, tu cobertura será reactivada retroactivamente a la fecha original de tu redeterminación – de manera que puedas recibir cobertura por los gastos médicos en los que hubieras incurrido en el entretanto.

## **Representantes Autorizados**

### **¿Qué es un representante autorizado?**

Un representante autorizado es alguien que está legalmente habilitado para asistir a un afiliado de Medicaid o PeachCare for Kids® de manera continua durante el proceso de redeterminación. Proveedores, hospitales, parientes y amigos que requieran proveer asistencia a un afiliado deberán convertirse en representantes autorizados. Para esto, los afiliados deben visitar Gateway para “Reportar Mis Cambios” y seleccionar “Añadir un Representante Autorizado.”

### **Necesito asistencia de un pariente o proveedor para que administre mis beneficios de Medicaid por mí/conmigo. ¿Cómo puedo asegurarme de que me puedan ayudar?**

Para recibir asistencia continua de un tercero, dicho individuo debe convertirse en representante autorizado. Para añadir un representante autorizado a tu caso, visita Gateway para “Reportar Mis Cambios” y selecciona “Añadir un Representante Autorizado.” Después de añadir al representante autorizado para tu caso, pídele que cree su propia cuenta Gateway. En la pantalla “crear una cuenta”, deberá responder “Sí” a la pregunta: “¿Es Usted un Representante Autorizado?” Esto enlaza efectivamente su cuenta Gateway con la tuya. Desde ese momento podrá asistirte con cualquier acción.

## Apelaciones y Audiencias Imparciales

### ¿Qué es una audiencia imparcial y cómo funciona?

Los afiliados pueden solicitar una Audiencia Imparcial dentro de los 30 días posteriores a la fecha de rechazo si es que creen que la decisión del rechazo se debe a un error. El proceso de Audiencia Imparcial pasa por la Oficina de Audiencias Administrativas del Estado (OSAH), una entidad independiente que ayuda a resolver disputas entre el público y las agencias del estado. Visita su sitio web en [osah.ga.gov](http://osah.ga.gov) para mayor información.

Después de que solicites una Audiencia Imparcial a OSAH, recibirás una carta en el correo con la hora programada y el lugar de tu Audiencia Imparcial. Una vez ahí tendrás la oportunidad de presentar tu caso y tu evidencia, como recibos y facturas, para ayudar a sustentar tu argumento. Cuando se haya tomado una decisión, se te notificará de la decisión. Para conocer más sobre el proceso de Audiencias Imparciales, mira este [video](#).

### ¿Puedo mantener mi cobertura Medicaid/PeachCare for Kids® mientras paso por el proceso de apelación y espero la decisión de mi Audiencia Imparcial?

Sí, si solicitas una Audiencia Imparcial dentro de los 14 días posteriores a tu decisión de rechazo, puedes elegir continuar o no recibiendo cobertura mientras esperas por una decisión final.

Si decides pausar la cobertura mientras esperas por la decisión y el juez decide que el Estado estaba equivocado—y que aún eres elegible para recibir beneficios—tu cobertura será reactivada de manera retroactiva a la fecha original de redeterminación, de manera que puedas recibir cobertura por los gastos médicos en los que hayas incurrido en el entretanto.

Si decides continuar la cobertura mientras esperas por la decisión y el juez decide que la decisión del Estado de rechazar tu cobertura Medicaid o PeachCare for Kids® fue la correcta—y que ya no eres elegible para recibir beneficios Medicaid o PeachCare for Kids®—tus beneficios serán denegados y deberás reembolsar al Departamento de Servicios Humanos (DHS) por beneficios pagados en exceso durante ese tiempo.

### ¿Qué pasa si gano mi apelación?

Si el juez decide que la decisión del Estado de rechazar tu cobertura Medicaid o PeachCare for Kids® fue un error, tu cobertura será reactivada de manera retroactiva a la fecha original de redeterminación. Esto significa que puedes obtener cobertura por los gastos médicos en los que hayas incurrido en el entretanto.

### ¿Qué pasa si pierdo mi apelación?

Si el juez decide que la decisión del Estado de rechazar tu cobertura Medicaid o PeachCare for Kids® fue correcta y que ya no eres elegible para recibir beneficios Medicaid o PeachCare for Kids®, tus beneficios se mantendrán cancelados.

## Sitio Web de Gateway

### ¿Qué sucede si no puedo ingresar a mi cuenta en línea?

Sigue las instrucciones al inicio de esta página en la sección llamada “¡AYUDA! Estoy teniendo problemas para ingresar o crear una cuenta.” Si continúas teniendo problemas con tu cuenta en línea, te podemos asistir en persona en una de nuestras oficinas o por teléfono. Visita [dfcs.georgia.gov/locations](https://dfcs.georgia.gov/locations) para encontrar la ubicación y horario de atención de tu oficina local. Si necesitas ayuda para leer esta información o para comunicarte con nosotros, llama al [1-877-GA-DHS-GO \(1-877-423-4746\)](tel:1-877-GA-DHS-GO). Nuestros servicios, incluido traductores, son gratuitos. Si eres una persona no oyente, tienes problemas de audición, eres sordo-ciego o si tienes dificultades para hablar, puedes llamarnos al número de arriba marcando el [711](tel:711) (Georgia Relay).

### Mi acceso a Georgia Gateway está bloqueado. ¿A quién debo contactar?

Si intentaste ingresar un nombre de usuario o contraseña equivocados muchas veces, puede que el sistema te bloquee temporalmente. En la página de ingreso en [gateway.ga.gov](https://gateway.ga.gov), selecciona “Olvidé mi ID de Usuario” u “Olvidé mi Contraseña” para recibir un PIN único en tu teléfono móvil o email para recuperar tu nombre de usuario o contraseña. Otra alternativa es responder preguntas de seguridad para recuperar tu nombre de usuario y contraseña. Si necesitas ayuda adicional, puedes visitar tu oficina local de la División de Servicios para la Familia y Niños. Para encontrar la ubicación y horario de atención de tu oficina local visita: [dfcs.georgia.gov/locations](https://dfcs.georgia.gov/locations). Si necesitas ayuda para leer esta información o para comunicarte con nosotros, llama al [1-877-GA-DHS-GO \(1-877-423-4746\)](tel:1-877-GA-DHS-GO). Nuestros servicios, incluido traductores, son gratuitos. Si eres una persona no oyente, tienes problemas de audición, eres sordo-ciego o si tienes dificultades para hablar, puedes llamarnos al número de arriba marcando el [711](tel:711) (Georgia Relay).

### El sitio de Georgia Gateway no me funciona. ¿Qué puedo hacer?

Si estás teniendo problemas para acceder [gateway.ga.gov](https://gateway.ga.gov), chequea primero tu conexión a internet. Si tu internet está funcionando correctamente y aún no puedes acceder a [gateway.ga.gov](https://gateway.ga.gov), podría deberse a que el sitio está en mantenimiento programado. Por favor visita el sitio otra vez más tarde.

Si necesitas ayuda adicional, puedes visitar tu oficina local de la División de Servicios para la Familia y Niños. Para encontrar la ubicación y horario de atención de tu oficina local visita: [dfcs.georgia.gov/locations](https://dfcs.georgia.gov/locations). Si necesitas ayuda para leer esta información o para comunicarte con nosotros, llama al [1-877-GA-DHS-GO \(1-877-423-4746\)](tel:1-877-GA-DHS-GO). Nuestros servicios, incluido traductores, son gratuitos. Si eres una persona no oyente, tienes problemas de audición, eres sordo-ciego o si tienes dificultades para hablar, puedes llamarnos al número de arriba marcando el [711](tel:711) (Georgia Relay).

### **¿Cómo sé si ingresé mi información correctamente?**

Al actualizar tu información/documentos satisfactoriamente en [gateway.ga.gov](https://gateway.ga.gov) recibirás un “número T” de confirmación (número de rastreo) en tu cuenta de cliente de Georgia Gateway. Recuerda anotarlo para su uso futuro. Si lo requieres, puedes recuperar tu “número T” en la página “[Administrar Mi Cuenta](#)” de Georgia Gateway.

### **Completé una solicitud de Medicaid impresa y nunca he usado el sitio web. ¿Igual debo crear una cuenta?**

Sí. ¡De inmediato! Crear una cuenta en [gateway.ga.gov](https://gateway.ga.gov) es la manera más fácil y rápida para que los representantes de Medicaid te contacten acerca de tu cobertura. Asegúrate de completar todos los campos requeridos. Esto podría incluir información acerca de tu domicilio actual, ingresos, empleo, número de personas en el hogar, etc.

### **¿Cómo añado un representante autorizado en Gateway para ayudarme con mi caso?**

Visita Gateway para “Reportar Mis Cambios” o “Renovar” y selecciona “Añadir un Representante Autorizado.” Después de añadir al representante autorizado para tu caso, pídele que cree su propia cuenta Gateway. En la pantalla “crear una cuenta”, deberá responder “Sí” a la pregunta: “¿Es Usted un Representante Autorizado?” Esto enlaza efectivamente su cuenta Gateway con la tuya. Desde ese momento podrá asistirte con cualquier acción.