HOW TO USE THIS DECK

Stay Informed.
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- **Remove this slide before presenting.**
- This deck is intended to provide Georgia's Department of Human Services and Department of Community Health officials a general public-facing presentation on Medicaid redetermination with content that can be included or removed depending on the relevance to the audience.

The presentation includes the following 10 minutes of **core material** that should be shared at every speaking opportunity:

- What is "redetermination," and when is it happening?
- How to prepare for eligibility review
- How to make sure the Department of Human Services and Department of Community Health can contact members
- Let's recap what we've talked about
- Contact information

This presentation also includes **auxiliary information (additional slides start on page 8)** that can be added to the core presentation as needed.

- What it's like to go through the redetermination process?
- Setting up an Authorized Representative to help a member
- What happens if a member misses the deadline?
- How to appeal a coverage decision
- Common member situations

When not in use, **the auxiliary slides should be hidden, but can be unhidden if they are helpful during a Q&A.**

Georgia Department of Human Services

GEORGIA DEPARTMENT *of* COMMUNITY HEALTH

MEDICAID REDETERMINATION WHAT YOU NEED TO KNOW

2023

OVERVIEW

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- Presenter Introduction
- What is “Redetermination” and When is it Happening?
- How to Prepare for Eligibility Review
- How to Make Sure that DHS and DCH can Contact Members
- Let’s Recap What We’ve Talked About

MEDICAID REDETERMINATION

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- As of April 2023, Georgia has returned to an annual system to check eligibility for Medicaid and PeachCare for Kids® members.
- Not everyone will go through this process at the same time.
- In fact, to reach everyone, the whole process will take about 14 months (until May 2024).
- If the state finds that you are still eligible for Medicaid/ PeachCare for Kids®, your coverage will be renewed.
- If a member has aged out of PeachCare for Kids® or is no longer eligible for Medicaid, DHS will refer members to alternative coverage options.

HOW TO PREPARE FOR ELIGIBILITY REVIEW

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- One of the most important things members can do during the redetermination process is to find your paperwork deadline at **gateway.ga.gov**.
- Members can also make sure they check or change their contact information and continue to keep it up-to-date so the state can reach them about their coverage.
- And remember, DHS is reviewing members in batches over 14 months.
- So, a member's date for redetermination may be anytime **until May 2024.**

MAKE SURE DHS & DCH CAN CONTACT MEMBERS

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- The Georgia Department of Human Services and Georgia Department of Community Health will communicate with Medicaid and PeachCare for Kids® members based on how they asked to receive information in Gateway.
- Members can choose to get U.S. mail, email, or both email and U.S. mail.

Members can update contact information three ways:

1. **Online**

2. **In-person**

3. **By phone**

WHAT TO DO IF YOU ARE LATE RETURNING YOUR PAPERWORK

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- Members can submit eligibility paperwork up to **90 days** after their termination date.
    - If you are still eligible, your coverage will be reinstated back to when it expired.
- If you receive a notice that you are no longer eligible for coverage, you still have 30 days to appeal the denial.
    - You can choose to keep your Medicaid coverage while you wait for your appeal decision.

LET'S RECAP

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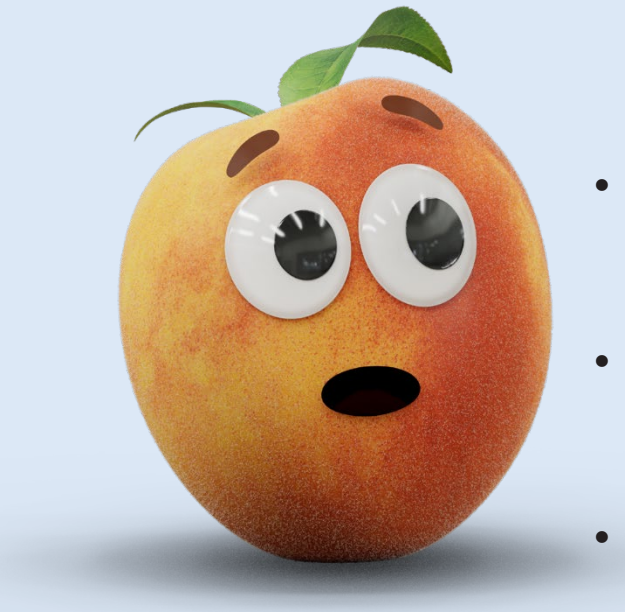

- The federal government requires Georgia, along with every other state, to check who is eligible to receive Medicaid or PeachCare for Kids® coverage.
- Not everyone will go through this process at the same time – redetermination will last until May 2024.
- It's important that members know their redetermination date and keep their contact information up-to-date on the Gateway portal.
- Members can submit their paperwork up to 90 days late, and if they are found eligible, their coverage will be reinstated back to their redetermination date.
- To learn more, visit **staycovered.ga.gov** or **siemprecubierto.ga.gov.**

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ADDITIONAL SLIDES ON MEDICAID REDETERMINATION

REDETERMINATION PROCESS

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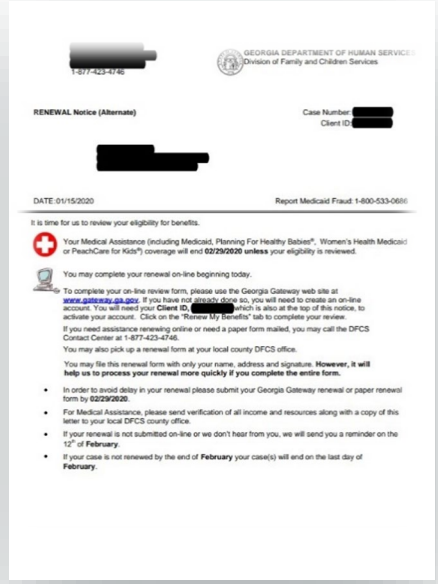
What is it like to go through the redetermination process?

- All members have been assigned their redetermination date in Gateway.
- Members cannot begin redetermination until their "window" - about 45 days before their redetermination date.
- Members will get notice when their redetermination window begins via a letter or email or both methods.
  - The letter will explain that a member's redetermination window has begun, and that they may have to submit documents like pay stubs or other materials to complete their renewal.
- If DHS has not heard or received documentation from a member after a month, the member will get a reminder letter and/or an email.



[redacted]
1-877-423-4746

GEORGIA DEPARTMENT OF HUMAN SERVICES
Division of Family and Children Services

RENEWAL Notice (Alternate)

Case Number: [redacted]
Client ID: [redacted]

[redacted]

DATE:01/15/2020

Report Medicaid Fraud: 1-800-533-0611

It is time for us to review your eligibility for benefits.

Your Medical Assistance (including Medicaid, Planning For Healthy Babies®, Women's Health Medicaid or PeachCare for Kids®) coverage will end **02/29/2020 unless** your eligibility is reviewed.

You may complete your renewal on-line beginning today.

To complete your on-line review form, please use the Georgia Gateway web site at www.gateway.ga.gov. If you have not already done so, you will need to create an on-line account. You will need your **Client ID,** [redacted] which is also at the top of this notice, to activate your account. Click on the "Renew My Benefits" tab to complete your review.

If you need assistance renewing online or need a paper form mailed, you may call the DFCS Contact Center at 1-877-423-4746.

You may also pick up a renewal form at your local county DFCS office.

You may file this renewal form with only your name, address and signature. **However, it will help us to process your renewal more quickly if you complete the entire form.**

- In order to avoid delay in your renewal please submit your Georgia Gateway renewal or paper renewal form by **02/29/2020.**
- For Medical Assistance, please send verification of all income and resources along with a copy of this letter to your local DFCS county office.
- If your renewal is not submitted on-line or we don't hear from you, we will send you a reminder on the 12th of **February.**
- If your case is not renewed by the end of **February** your case(s) will end on the last day of **February.**

AUTHORIZED REPRESENTATIVE

Setting up an Authorized Representative to help a member

- Because we keep member information private, anyone who helps a Medicaid member like a trusted family member or provider must be approved as an “Authorized Representative” for their case.
- If a member has an Authorized Representative, then we know that this individual has the member’s permission to receive information about their case or to make decisions on their behalf.
- If someone has a power of attorney for a member, that person still needs to go through the separate process of being added as an Authorized Representative.

AUTHORIZED REPRESENTATIVE

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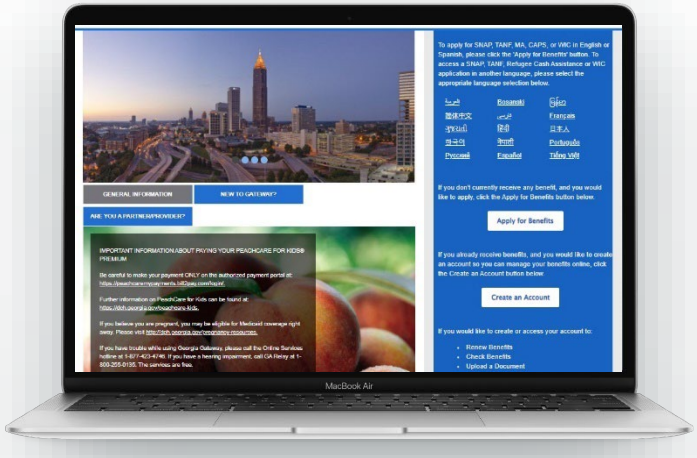
If you are a member, you can add an Authorized Representative to your case by:



1. Go online to Gateway
2. Click on “Report My Changes” or “Renew”
3. Click on “Add an Authorized Representative.”
4. Add information about your Authorized Representative.
5. After adding an Authorized Representative to a case, have the Representative create their own separate Gateway account.
   - Within the “create an account” screen, your representative must check “Yes” to the question, “Are you an Authorized Representative?”
   - The Authorized Representative’s account in Gateway should now be linked to the member’s Gateway account. This process only needs to be completed once.

AUTHORIZED REPRESENTATIVE

Setting up an Authorized Representative to assist a Medicaid or PeachCare for Kids® member

If you are a loved one or provider wanting to assist a Medicaid or PeachCare for Kids® member, you must register to become their Authorized Representative.

1. Have the member you are helping go to Gateway to "Report My Changes" or "Renew."
2. The member should select, "Add an Authorized Representative" and add your contact information.
3. After the member adds you as an Authorized Representative to their case, you must create your own separate Gateway account.
4. Go to Gateway and click on "create an account."
5. Check "Yes" to the question, "Are you an Authorized Representative?"
   - Within the "create an account" screen, your representative must check "Yes" to the question, "Are you an Authorized Representative?"
   - The Authorized Representative's account in Gateway should now be linked to the member's Gateway account. This process only needs to be completed once.

WHAT TO DO ABOUT COVERAGE DENIALS

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- 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, there's good news. You can still submit your documents within 90 days of your redetermination date.
    - If you have been denied for any other reason, you have the option to appeal that decision.
        - If the judge rules that you are eligible for Medicaid, your coverage will be reinstated from when it expired, so you can get coverage for the medical expenses you while you appealed.

COVERAGE DECISIONS

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How to appeal a coverage decision

- Members whose coverage is denied for any reason other than missing the deadline to submit documentation can ask for a fair hearing to appeal the decision — or to request another review of their case.

- To request a fair hearing, members should fill out and submit the "Fair Hearing Request" form at the end of their denial letter and send it back to their local Division of Family & Children Services office.

- **If a member wants to keep getting coverage while they wait for their fair hearing decision, they need to check the "I want to continue receiving benefits" box on the form and send in the form within 14 days of denial. Otherwise, a member has 30 days to appeal.**

COVERAGE DECISIONS

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How to appeal a coverage decision

The **Office of State Administrative Hearings**, called **OSAH**, handles reviews of cases.

— When a member's hearing has been scheduled, they will receive a notice in the mail with the time and location of their hearing.

At their hearing, the member will be able to share why they think they are still eligible for Medicaid/PeachCare for Kids®.

— Members can help their case by showing documents like receipts and bills that help explain their income status.

If a member's hearing reinstates their benefits, their coverage will be made active back to the date of their original determination – so a Member can get coverage for the medical expenses that they had in the meantime.

COMMON MEMBER SITUATIONS

Delores

- Delores is 74 years old, has a disability, and has Medicaid benefits.
- Delores adds her son Daniel as her Authorized Representative so he can assist her.
- To do this, Daniel creates an account in Gateway.
- Once Daniel logs in, he is able to link his Gateway account to hers.
- Delores and Daniel check Gateway and find that her redetermination date is May 31, 2024.
- In early April, Delores receives her redetermination letter.
- She and her son learn she is still eligible for Medicaid and her benefits will renew for another year.
- Delores does not need to do anything else. Her redetermination process is complete.

COMMON MEMBER SITUATIONS

Marcus

- Marcus is 20 years old and receives PeachCare for Kids® benefits.
- Marcus recently moved to a new apartment, so he goes online to Gateway to update his address.
- In early February 2024, Marcus receives an official email telling him he has aged out of his PeachCare for Kids® coverage and that his coverage will expire on March 31, 2024.
- He has time between February and when his coverage will end in March to review alternative health insurance coverage options and select a new plan, so he won't have a gap in coverage.
- Marcus looks at the offerings and applies for Pathways to Coverage™, a similar healthcare plan to the one he had with PeachCare for Kids®.

COMMON MEMBER SITUATIONS

Alicia

- Alicia is 34 years old and has two school-aged children.
- Alicia first applied for benefits in 2020, when she lost her job for several months due to the pandemic.
- She checks Gateway and finds that her redetermination date is April 30, 2024.
- In early March, Alicia receives a redetermination email, as well as a letter. The letter explains she must provide proof-of-income documents so she can complete her family's redetermination.
- About a month later, Alicia receives an email and letter informing her that she and her children are still eligible for Medicaid and PeachCare for Kids® and their coverage has been renewed for one year.
- Alicia's redetermination process is complete.

Pandemic Enrollment in Medicaid

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More than

500,000

new members in Georgia

Enrolled in Medicaid/PeachCare for Kids® during the COVID-19 pandemic.

FOR ADDITIONAL ASSISTANCE

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1. Visit **staycovered.ga.gov** or **siemprecubierto.ga.gov**.
2. Contact **a local DFCS office**. Find your local office at dfcs.georgia.gov/locations.
3. Call **877-423-4746**. Don't forget you can choose to self-serve over the phone.

CONTACT INFORMATION

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customerservicedhs@dhs.ga.gov

or

dch.communications@dch.ga.gov

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THANK YOU.

Georgia Department of Human Services

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