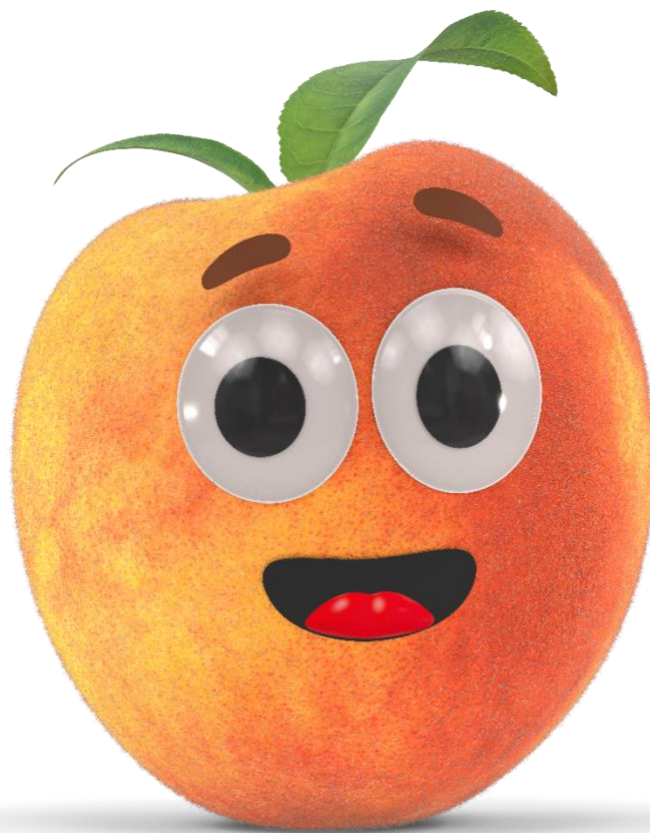




Georgia Medicaid Redetermination

Provider Frequently Asked Questions



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Below are frequently asked questions (FAQs) and answers providers and clinical and administrative staff may have regarding Medicaid redetermination in Georgia. For more information on Medicaid Redetermination, including a special section for “Providers & Partners,” visit [StayCovered.ga.gov](https://www.staycovered.ga.gov).

What is Medicaid or PeachCare for Kids® redetermination?

“Redetermination” is the federally mandated process used to make sure current Medicaid and PeachCare for Kids® recipients 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 individual cases.

When will redeterminations begin for Medicaid and PeachCare for Kids® members in Georgia?

Medicaid redeterminations began on April 1, 2023. This process will take approximately 14 months to complete. A member’s date for redetermination may be anytime between April 2023 and May 2024.

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

Are all enrolled Medicaid and PeachCare for Kids® members required to participate in the redetermination process?

Due to the federal requirement, the state will review all members’ eligibility. Some members’ eligibility will be renewed without them having to take any actions, as their income or other eligibility criteria can be verified through the state’s access to information on various databases. However, other members may be asked to provide proof of eligibility through submitting pay stubs or other paperwork. In those cases, a member must respond to requests for additional documentation by the date requested or their coverage will be denied due to a “failure to submit.” Members still have a chance to submit documents up to 90 days after their redetermination deadline to reopen their case and potentially regain their coverage.

How can providers support the redetermination process?

Providers can help patients with Medicaid/PeachCare for Kids® coverage by telling them that redeterminations have begun and emphasizing the importance of logging into Gateway to check their redetermination date and to be sure their contact information is up to date. Members may do this at gateway.ga.gov, by calling 1-877-423-4746, or visiting a local DFCS office. Hours and locations for all DFCS offices are posted at dfcs.ga.gov/locations. Providers also are encouraged to download handouts to distribute in their offices, and share videos in their lobby, or distribute other resources found at staycovered.ga.gov.

What is the process and timeline for Medicaid and PeachCare for Kids® redeterminations?

Notices and/or emails will be sent to members approximately 45 days before their coverage is scheduled to end. The notice will explain that the member's redetermination process has begun, and that (s)he may have to submit documents, such as pay stubs or other materials, to complete the process. Members may complete their renewals online, by phone, or in person.

Online renewals may be completed by logging onto gateway.ga.gov. Members may also complete renewals on the phone by calling 1-877-423-4746 or in-person by visiting their local DFCS office. The hours and locations for all DFCS offices are available at dfcs.ga.gov/locations.

Sample Timeline for a Member with a May Redetermination Date:



Can I complete the redetermination process for my patient(s)?

Only authorized representatives designated by the member may assist with the redetermination process. An authorized representative is someone who is legally allowed to assist a Medicaid or PeachCare for Kids® member throughout the redetermination process. An authorized representative is different than a loved one having power of attorney. Providers, hospitals, family members, and friends who need to provide assistance to a member must become an Authorized Representative. To learn more about this process visit staycovered.ga.gov.

What steps should I take before rendering medically necessary covered services to a Medicaid or PeachCare for Kids® member?

Per Section 107.1 of the Part I, Policies and Procedures for Medicaid/PeachCare for Kids® Manual, all providers are required to verify eligibility. It is the responsibility of the provider to verify Medicaid/PeachCare for Kids® eligibility **on each date of service**. Providers must verify eligibility by contacting the Provider Contact Center at 770-325-9600 or 1-800-766-4456 or by conducting a member eligibility verification using the Medicaid Management Information System (MMIS) at mmis.georgia.gov. Please note that the Department of Community Health does not guarantee payment unless the patient is eligible on the date of service and federal financial participation is available. All other relevant policies must be adhered to.

What steps should I take if I have already received approval to provide medically necessary services through the prior authorization process?

Providers that have received prior approval to render services must verify eligibility on the date of service. Receipt of prior approval or prior authorization does not guarantee payment, nor does it guarantee that the member will be eligible on the date of service. It is the responsibility of the provider to verify Medicaid/PeachCare for Kids® eligibility **on each date of service**. Providers must verify eligibility by contacting the Provider Contact Center at 770-325-9600 or 1-800-766-4456 or by conducting a member eligibility verification utilizing the Medicaid Management Information System (MMIS) at mmis.georgia.gov. Receipt of prior approval or prior authorization does not guarantee payment.

Will I receive reimbursement if I render services to an individual who is no longer eligible for Medicaid or CHIP/PeachCare for Kids®?

If the member was **not eligible** on the **date the service was rendered**, the provider will not receive reimbursement. Per Section 107.1 of the Part I, Policies and Procedures for Medicaid/PeachCare for Kids® Manual, all providers are required to verify eligibility. It is the responsibility of the provider to verify Medicaid/PeachCare for Kids® eligibility **on each date of service**. Providers must verify eligibility by contacting the Provider Contact Center at 770-325-9600 or 1-800-766-4456 or by conducting a member eligibility verification utilizing the Medicaid Management Information System (MMIS) at mmis.georgia.gov. Please note, a provider may not seek reimbursement from the member or other interested party from claims submitted to DCH for which payments subsequently are denied, reduced, recouped, or refunded due to the provider's failure to comply with divisional policies and procedures.

Please note that this does not prohibit a provider from receiving reimbursement for covered services from liable third parties or other insurance plans.

If I provide medically necessary covered services to an individual who is no longer eligible for Medicaid or PeachCare for Kids®, can I bill the member for the outstanding balance owed?

Per Section 104 of the Part I, Policies and Procedures for Medicaid/PeachCare for Kids® Manual, if a provider accepts a patient as a Medicaid or PeachCare for Kids® member, the provider agrees to accept, as payment in full, the amount reimbursed by the Department of Community Health for all covered services under the Medicaid and PeachCare for Kids® program. A provider may **not** seek reimbursement from the patient or other interested party for claims submitted to DCH for which payments subsequently are denied, reduced, recouped, or refunded due to the provider's failure to comply with Divisional policies and procedures.

Per Section 107.1 of the Part I, Policies and Procedures for Medicaid/PeachCare for Kids® Manual, all providers are required to verify eligibility. It is the responsibility of the provider to verify Medicaid/PeachCare for Kids® eligibility **on each date of**

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Where can I find additional information about the redetermination process?

For more information, please visit staycovered.ga.gov or dhs.georgia.gov/medicaid-unwinding.

Are members still able to receive the one-time \$350 cash assistance if they update their contact information?

Yes. Members who were eligible for the one-time cash assistance payment of \$350 are still able to receive the benefit if they update their contact information and have not yet had a payment issuance. The Division of Family & Children Services is processing payments for those members who already have updated their contact information but have not received the payment.

When does the federal public health emergency (PHE) end?

The federal public health emergency (PHE) ended on May 11, 2023. Per the provisions of the Consolidated Appropriations Act of 2023, the end of the continuous enrollment requirements and the end of the PHE were separated.

Why are the continuous enrollment requirements ending?

Per the provisions of the Consolidated Appropriations Act of 2023, all state Medicaid agencies across the country are required to end the continuous enrollment requirements and begin Medicaid and PeachCare for Kids® redeterminations for all members by April 1, 2023.