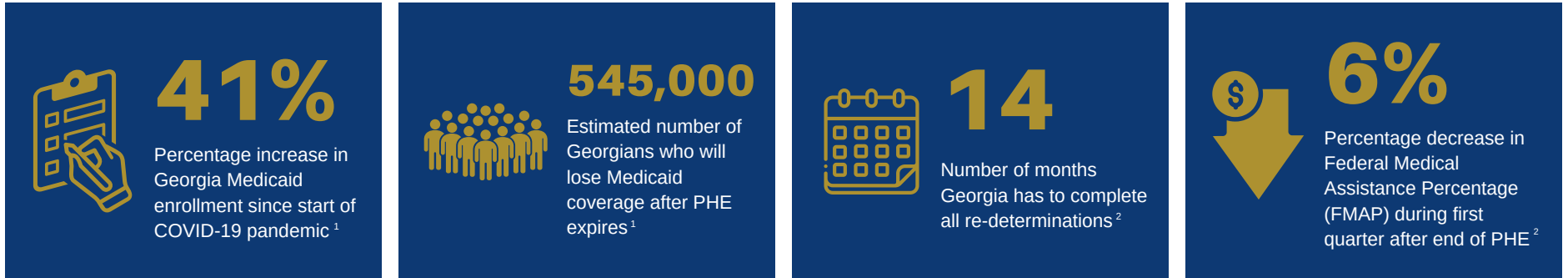


Keeping Georgians Covered: Tools for Minimizing the Harm of the Medicaid Unwinding

Since the start of the pandemic-era Medicaid continuous coverage requirement, Medicaid enrollment has grown substantially, and over two million Georgians have had uninterrupted access to affordable health care coverage. Once the COVID-related public health emergency (PHE) expires in 2023 and the continuous coverage requirement ends, hundreds of thousands of Georgians risk losing coverage. **Because they make up 69% of Medicaid beneficiaries in Georgia, children will be disproportionately impacted by losses in coverage.** Georgia, like all states, will be facing a massive volume of redeterminations that need to be completed within a 14-month period, which increases the risk that eligible individuals will be erroneously determined ineligible or lose coverage for avoidable procedural reasons (for example, the renewal form is sent to the wrong address). Additional action is needed to avoid unnecessary losses in health care coverage for those who remain eligible and to ensure a smooth transition to other forms of coverage for those who lose eligibility.



Sources: 1. [September 2022 State Audit Report](#); 2. [Centers for Medicare and Medicaid Services](#)

Thousands of Georgians are at risk of losing Medicaid coverage once the COVID-related public health emergency ends

The number of Medicaid beneficiaries in Georgia will significantly decline after the PHE expires. The [federal government estimates](#) that about 45% of those who lose Medicaid coverage will lose it for procedural reasons—in other words, they lose coverage even though they are still eligible. Though many end up regaining coverage, people who experience this churn often have a [harmful gap in access to health care](#) and, among other outcomes, are more likely to delay care, refill prescriptions less often and have more emergency departments visits.

Black and Latinx children are most likely to be impacted

Children overall, who represent about 69 percent of all Medicaid and PeachCare enrollment in Georgia, are [at risk for unnecessary losses in coverage](#). Black and Latinx children, in particular, are overrepresented in Georgia's Medicaid programs due to [inequitable access to economic security](#), brought by a history of racist policies like residential segregation and regressive tax policies. Prior to the pandemic, about 47 percent of Black children and 42 percent of Hispanic children were enrolled in Medicaid and PeachCare compared with about 20 percent of white children.¹

1. Based on GBPI analysis of: State Health Access Data Assistance Center (n.d.) 2019 Health Insurance Coverage Type by Race/Ethnicity. [Data set]. Retrieved May 5, 2022, from <http://statehealthcompare.shadac.org>

Opportunities exist to minimize unnecessary coverage loss and ensure a smooth transition

As documented in the [state auditor's report](#), the Department of Community Health (DCH) and Department of Human Services (DHS) have taken a proactive approach to communicating with beneficiaries and planning for the end of the PHE. However, there are gaps in the planning that urgently need to be addressed. For example, how does the current Medicaid unwinding plan center the needs and experiences of those who will be most disproportionately impacted? And, what meaningful actions will be taken to help those no longer eligible for Medicaid transition to other forms of coverage?

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Listed in the table below are potential state agency and legislative options that may help further mitigate the harm of the Medicaid unwinding.

	Ensuring Eligible Beneficiaries Stay Covered	Improving Transitions to Other Forms of Coverage	Promoting Transparency
<i>Potential state agency options (DCH and DHS)</i>	<ul style="list-style-type: none"> • Increase the rate of ex-parte renewals, the process where an enrollee’s coverage is automatically renewed based on information in the enrollee’s case or in electronic data sources without action required by enrollee. • Leverage unused federal Children’s Health Insurance Program (CHIP) administrative funds to support outreach efforts and create a coverage ambassador program (for example, DHCS Coverage Ambassadors). 	<ul style="list-style-type: none"> • Partner with trusted messengers within disproportionately impacted populations (i.e., Black- and Latinx-led community-based organizations) to educate and assist those transitioning to other forms of coverage. • Provide clear information on termination notices about how to enroll in marketplace coverage and where to go for help. 	<ul style="list-style-type: none"> • Publicly report and post key metrics over the course of the disenrollment period, including call center statistics and the share of disenrollments due to procedural reasons.
<i>Potential legislative options</i>	<ul style="list-style-type: none"> • Increase AFY23 and FY24 budget for DHS to support staffing, technology, and non-English language translation needs related to redeterminations. • Increase AFY23 and FY24 budget for DCH to support person-centered outreach needs. • Authorize DCH to offer at least 12-month continuous eligibility for all children (and consider multi-year continuous eligibility for 0-3 year-olds), covered by Medicaid and PeachCare. • Authorize DCH to eliminate premiums or raise the premium income threshold for PeachCare. 	<ul style="list-style-type: none"> • Expand continuity of care laws to ensure people who lose Medicaid eligibility but are in the middle of treatment or have other significant healthcare needs can maintain access to their treating provider. 	