

House Bill 1273

By: Representative Wilson of the 80th

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to public
2 assistance, so as to establish the Medicaid Continuity of Coverage Program; to provide for
3 the transition of continuous enrollment Medicaid beneficiaries into traditional Medicaid; to
4 provide for prescreening of beneficiaries who are no longer eligible for Medicaid for
5 additional services; to partner the Department of Community Health with managed care plans
6 to assist beneficiaries in the Medicaid renewal process and in enrollment in qualified health
7 plans; to provide for a method of updating Medicaid beneficiaries' contact information; to
8 provide for the ability of managed care plans to conduct outreach and assist individuals who
9 have lost Medicaid coverage for procedural reasons or who need assistance transitioning to
10 Health Insurance Marketplace coverage; to provide for definitions; to provide for related
11 matters; to repeal conflicting laws; and for other purposes.

12 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

13 **SECTION 1.**

14 Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to public assistance,
15 is amended by adding a new article to read as follows:

H. B. 1273

16

"ARTICLE 1017 49-4-200.18 As used in this article, the term:19 (1) 'Beneficiary' means a recipient of Medicaid.20 (2) 'Beneficiary contact information' means the mailing addresses, email addresses, and
21 telephone numbers of a beneficiary.22 (3) 'Continuous enrollment' means the federal requirement contained in Section 6008 of
23 the Families First Coronavirus Response Act (P.L. 116-127) that states must not disenroll
24 any Medicaid recipient during the current public health emergency, regardless of changes
25 in circumstances that would otherwise result in a recipient's disenrollment.26 (4) 'Department' means the Department of Community Health.27 (5) 'Managed care plan' means a major medical, hospitalization, or dental plan that
28 provides for the financing and delivery of healthcare services to persons enrolled in such
29 plan through:30 (A) Arrangements with selected providers to furnish healthcare services;31 (B) Explicit standards for the selection of participating providers; and32 (C) Cost savings for persons enrolled in the plan to use the participating providers and
33 procedures provided for by the plan; provided, however, that the term 'managed care
34 plan' does not apply to Chapter 9 of Title 34, relating to workers' compensation.35 (6) 'Medicaid' means the program of medical assistance conducted pursuant to Article
36 7 of this chapter, the 'Georgia Medical Assistance Act of 1977.'37 (7) 'Prescreening' means the process of examining or reviewing current Medicaid
38 beneficiaries for eligibility for other government assistance or healthcare insurance
39 coverage programs.

40 (8) 'Public health emergency' means the declaration by the United States Department of
41 Health and Human Services that the COVID-19 pandemic continues to be a national
42 health crisis and the provision of increased public health protections.

43 (9) 'Qualified health plan' means an insurance plan that meets the requirements of the
44 federal Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).

45 49-4-201.

46 (a) The department shall establish the Medicaid Continuity of Coverage Program.

47 (b) The program shall become effective on the first day following the expiration of the
48 public health emergency and shall extend for the greater of 12 months or the maximum
49 allowable time period provided for under the guidelines established and set forth by the
50 Centers for Medicare and Medicaid Services.

51 (c) The purpose of the program shall be to help beneficiaries transition smoothly from
52 continuous enrollment into traditional Medicaid enrollment or, if no longer eligible, into
53 other government assistance or healthcare insurance coverage programs.

54 49-4-202.

55 (a) The department shall use all known and reasonably available means to contact
56 beneficiaries during the enrollment renewal process, including but not limited to mail,
57 emails, telephone calls, and text messages.

58 (b) The department shall establish and implement procedures for the purpose of
59 prescreening beneficiaries before they are disenrolled from Medicaid. The department
60 shall automatically enroll beneficiaries who meet the criteria for other government
61 assistance or programs.

62 49-4-203.

63 (a) The department shall request and review updated beneficiary contact information from
64 managed care plans regularly. This information shall be treated as reliable and used for the
65 purpose of updating and maintaining current beneficiary files.

66 (b) When updated address information is received for a beneficiary from a managed care
67 plan, the department shall mail written notice to the address on file for such beneficiary,
68 requesting that the beneficiary verify the accuracy of the new contact information within
69 a reasonable time period. If a beneficiary does not respond to verify the accuracy of the
70 new contact information, the department shall update the beneficiary's file with the new
71 contact information received from the managed care plan.

72 49-4-204.

73 (a) The department may administer the program through the managed care organizations
74 under contract with the department to provide Medicaid services and benefits.

75 (b) The department shall establish and implement procedures to share department files
76 with managed care plans, on a monthly basis, for beneficiaries for whom the state is
77 initiating the renewal process. The managed care plans shall create outreach programs and
78 provide assistance with the renewal process to the beneficiaries.

79 (c) The managed care plans shall use all known and reasonably available means to contact
80 the beneficiaries, including but not limited to mail, emails, telephone calls, and text
81 messages.

82 (d) The mission of the managed care plans' outreach programs shall include, but not be
83 limited to, encouraging beneficiaries to complete and return their renewal forms and
84 additional documentation. Those beneficiaries who are at risk of losing coverage shall take
85 priority in the outreach programs.

86 49-4-205.

87 The department shall establish and implement procedures to share beneficiary information
88 with managed care plans, on a monthly basis, for beneficiaries for whom the state is
89 initiating the disenrollment process. The managed care plans shall create outreach
90 programs and provide assistance to beneficiaries who have been disenrolled from Medicaid
91 for procedural reasons, including but not limited to failure to timely return renewal forms.

92 49-4-206.

93 The department shall encourage managed care plans that also offer qualified health plans
94 to provide information on these plans to their enrollees who are found ineligible for
95 Medicaid renewal and to assist in the transfer of former beneficiaries to coverage under
96 qualified health plans where appropriate.

97 49-4-207.

98 The department shall undertake efforts to disseminate information about the program to the
99 public.

100 49-4-208.

101 The department shall promulgate rules and regulations necessary to effectuate the
102 provisions of this article.

103 49-4-209.

104 In no event shall the design or operation of the program reduce eligibility or benefits for
105 Medicaid beneficiaries, jeopardize federal financing for Medicaid, diminish Medicaid's
106 long-term sustainability, or otherwise negatively impact Medicaid in any way.

107 49-4-210.

108 The department shall submit any Medicaid state plan amendments necessary to establish
109 and implement the program in a manner consistent with this article to the United States
110 Department of Health and Human Services."

111 **SECTION 2.**

112 All laws and parts of laws in conflict with this Act are repealed.