

House Bill 1276

By: Representatives Newton of the 127<sup>th</sup>, Efstration of the 104<sup>th</sup>, Hawkins of the 27<sup>th</sup>, Cooper of the 45<sup>th</sup>, and Taylor of the 173<sup>rd</sup>

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 provide for the Department of Community Health to regularly and  
 3 systematically review information from certain sources to determine and verify eligibility of  
 4 Medicaid recipients; to prohibit self-attestation of certain eligibility factors; to provide for  
 5 consent to disclosure of certain information; to provide for Medicaid program integrity  
 6 measures; to provide for certain state agencies to submit information to the Department of  
 7 Community Health; to provide for the Department of Community Health to request  
 8 information from certain federal agencies; to provide for the review of data; to provide for  
 9 the removal of ineligible recipients; to provide for eligibility redeterminations; to provide for  
 10 retroactive eligibility; to provide for annual reports; to provide for supplemental data to such  
 11 reports; to provide for related matters; to provide for a state plan amendment or waiver  
 12 request; to provide for an effective date; to repeal conflicting laws; and for other purposes.

13 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

14 **SECTION 1.**

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

H. B. 1276

17 "ARTICLE 10

18 49-4-200.

19 (a) Except as required under federal law, the Department of Community Health shall not  
20 accept self-attestation of any of the following in the administration of the Medicaid  
21 program pursuant to Article 7 of this chapter without verification prior to enrollment:

22 (1) Income;

23 (2) Residency;

24 (3) Identity;

25 (4) Household composition; and

26 (5) Citizenship or immigration status.

27 (b) Except as required under federal law, a condition of eligibility for assistance shall be  
28 that a Medicaid recipient consent to the disclosure of information about such individual's  
29 income, residency, identity, household composition, and citizenship or immigration status.  
30 Such consent shall be effective to authorize any state or federal agency to release such  
31 information requested by the Department of Community Health as provided for in this  
32 article.

33 49-4-201.

34 The Department of Community Health shall issue requests to applicable state agencies and  
35 federal agencies for information relating to Medicaid eligibility data, including, but not  
36 limited to:

37 (1) Medicaid recipient identity verification;

38 (2) Medicaid recipient death verification;

39 (3) Employment and wages;

40 (4) Lottery winnings;

41 (5) Residency verification, including residency relating to concurrent enrollment in  
42 Medicaid programs in other states;  
43 (6) Household composition;  
44 (7) Medicaid recipient incarceration status;  
45 (8) Third-party liability verification;  
46 (9) Asset verification; and  
47 (10) Any other data the Department of Community Health considers appropriate in order  
48 to strengthen program integrity, reduce costs, and reduce fraud, waste, and abuse in the  
49 Medicaid program.

50 49-4-202.

51 (a) The Department of Community Health shall enter into any data-sharing agreements or  
52 memorandums of understanding with any state or federal agencies necessary to effectuate  
53 the provisions of this article.

54 (b) The Department of Community Health shall develop a form, identify information, and  
55 establish a schedule for the Department of Labor, Department of Revenue, and Department  
56 of Corrections to submit information to the Department of Community Health as provided  
57 for in Code Section 49-4-203.

58 (c) The Department of Community Health is authorized to contract with an independent  
59 third party for database searches that may contain information that may indicate a change  
60 in circumstances affecting Medicaid recipient eligibility.

61 49-4-203.

62 (a) No later than August 31, 2026, and on a monthly basis thereafter, the Department of  
63 Corrections shall submit information concerning Medicaid recipients, including regarding  
64 incarceration, to the Department of Community Health.

65 (b) No later than October 31, 2026, and on a quarterly basis thereafter, the Department of  
66 Labor and the Department of Revenue shall submit information concerning Medicaid  
67 recipients, including changes to employment or wages, to the Department of Community  
68 Health.

69 (c) No later than January 31, 2027, and on an annual basis thereafter, the Department of  
70 Revenue shall submit information concerning Medicaid recipients, including adjusted gross  
71 income and family composition, to the Department of Community Health.

72 (d) The Department of Community Health shall promptly review the information received  
73 pursuant to subsections (a), (b), and (c) of this Code section for indications of changes in  
74 circumstances affecting Medicaid recipient eligibility and shall take any actions provided  
75 for in Code Section 49-4-206 as necessary.

76 49-4-204.

77 (a) On at least a monthly basis, the Department of Community Health shall request  
78 information concerning Medicaid recipients that may indicate a change in circumstances  
79 affecting the eligibility of such recipients from the following federal agencies:

80 (1) The federal Social Security Administration, including, but not limited to, earned  
81 income information, death registry information from the Master Death File, incarceration  
82 records, supplemental security income information, beneficiary records, earnings  
83 information, and pension information;

84 (2) The United States Department of Health and Human Services, including, but not  
85 limited to, income and employment information maintained in the National Directory of  
86 New Hires database and any child support enforcement data;

87 (3) The United States Postal Service, including, but not limited to, information to  
88 identify a change in residence;

89 (4) The United States Department of Housing and Urban Development, including, but  
90 not limited to, income and residency information; and

91 (5) The Federal Bureau of Investigation, including, but not limited to, information from  
92 the National Crime Information Center to identify fleeing felons.

93 (b) On at least an annual basis, the Department of Community Health shall request  
94 information from the Internal Revenue Service that may indicate a change in circumstances  
95 affecting the eligibility of Medicaid recipients, including, but not limited to, tax filing data,  
96 adjusted gross income, and family composition.

97 (c) The Department of Community Health shall promptly review the information received  
98 pursuant to subsections (a) and (b) of this Code section for indications of changes in  
99 circumstances affecting Medicaid recipient eligibility and shall take any actions provided  
100 for in Code Section 49-4-206 as necessary.

101 (d) The Department of Community Health shall fully implement the provisions of  
102 subsection (c) of this Code section as it pertains to information received pursuant to  
103 paragraph (1) of subsection (a) of this Code section no later than January 1, 2027, and shall  
104 fully implement the provisions of subsection (c) of this Code section as it pertains to  
105 information received pursuant to paragraph (3) of subsection (a) of this Code section no  
106 later than October 1, 2029.

107 49-4-205.

108 (a) Unless prohibited by federal law, the Department of Community Health shall conduct  
109 eligibility redeterminations at least once every six months for all nonelderly adult Medicaid  
110 recipients whose eligibility is determined using Modified Adjustment Gross Income  
111 standards pursuant to 42 C.F.R. Section 435.603.

112 (b) The Department of Community Health shall conduct eligibility redeterminations at  
113 least once every 12 months for all Medicaid recipients not provided for in subsection (a)  
114 of this Code section and shall take any actions provided for in Code Section 49-4-206 as  
115 necessary.

116 49-4-206.

117 (a) Except as provided for in subsections (b) and (c) of this Code section, Medicaid  
118 recipients who are determined by the Department of Community Health to be ineligible  
119 shall be subject to disenrollment and removal in accordance with federal notice  
120 requirements.

121 (b) The Department of Community Health shall immediately remove from Medicaid  
122 enrollment any individual confirmed to be deceased.

123 (c) The Department of Community Health shall immediately suspend from active  
124 Medicaid enrollment any individual confirmed as a fleeing felon or confirmed as  
125 incarcerated in accordance with federal requirements.

126 49-4-207.

127 (a) As used in this Code section, the term 'retroactive eligibility' means Medicaid coverage  
128 for services provided prior to the month in which an individual submits an application for  
129 Medicaid, as authorized by 42 U.S.C. Section 1396a(a)(34).

130 (b) Except as provided in federal law, the Department of Community Health shall limit  
131 retroactive eligibility for Medicaid benefits such that Medicaid coverage may be provided  
132 no more than two months prior to the month in which an individual submits a completed  
133 Medicaid application. Such limitation shall only apply to initial applications for Medicaid  
134 and shall not affect eligibility for continuous or ongoing coverage.

135 49-4-208.

136 No later than January 31, 2027, and annually thereafter, the Department of Community  
137 Health shall submit a report regarding the implementation and effect of this article to the  
138 Governor, the President of the Senate, the Speaker of the House of Representatives, the  
139 chairpersons of the House Committee on Appropriations and the Senate Appropriations  
140 Committee, and the chairpersons of the House Committee on Public and Community

141 Health and the Senate Health and Human Services Committee. Such report shall include  
142 any data on changes in eligibility determinations for Medicaid recipients, removals from  
143 enrollment, referrals to fraud investigation or prosecution, data-sharing agreements,  
144 third-party contracts, costs and expenses, improper payments and expenditures, moneys  
145 recovered, and revenue savings related to the implementation of this article. Such report  
146 shall be promptly updated when supplemental data is requested by the Governor, the  
147 President of the Senate, the Speaker of the House of Representatives, or such chairpersons."

148 **SECTION 2.**

149 If necessary to implement the provisions of this Act, the Department of Community Health  
150 shall submit a Medicaid state plan amendment or waiver request to the Centers for Medicare  
151 and Medicaid Services of the United States Department of Health and Human Services.

152 **SECTION 3.**

153 This Act shall become effective upon its approval by the Governor or upon its becoming law  
154 without such approval.

155 **SECTION 4.**

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