

The House Committee on Health offers the following substitute to HB 1276:

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 Human Services 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; to  
7 provide for the department to request information from certain federal agencies; to provide  
8 for the review of data; to provide for the removal of ineligible recipients; to provide for  
9 eligibility redeterminations; to provide for retroactive eligibility; to provide for annual  
10 reports; to provide for supplemental data to such reports; to provide for related matters; to  
11 provide for the Department of Community Health to submit a state plan amendment or  
12 waiver request; to provide for an effective date; to repeal conflicting laws; and for other  
13 purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

H. B. 1276 (SUB)

- 1 -

## SECTION 1.

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

"ARTICLE 10

18  
19 49-4-200.

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

23 (1) Income;

24 (2) Residency;

25 (3) Identity;

26 (4) Household composition; and

27 (5) Citizenship or immigration status.

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

33 49-4-201.

34 The Department of Community Health and the department shall coordinate the issuing of  
35 requests to applicable state agencies and federal agencies for information relating to  
36 Medicaid eligibility data, including, but not 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 or the department considers  
48 appropriate in order to strengthen program integrity, reduce costs, and reduce fraud,  
49 waste, and abuse in the Medicaid program.

50 49-4-202.

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

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

57 (c) The department shall be authorized to contract with an independent third party for  
58 database searches that may contain information that may indicate a change in  
59 circumstances affecting Medicaid recipient eligibility.

60 49-4-203.

61 (a) No later than January 1, 2027, and on a monthly basis thereafter, the Department of  
62 Corrections shall submit information concerning Medicaid recipients, including regarding  
63 incarceration, to the department.

64 (b) No later than January 1, 2027, and on a quarterly basis thereafter, the Department of  
65 Labor and the Department of Revenue shall submit information concerning Medicaid  
66 recipients, including changes to employment or wages, to the department.

67 (c) No later than January 1, 2027, and on an annual basis thereafter, the Department of  
68 Revenue shall submit information concerning Medicaid recipients, including adjusted gross  
69 income and family composition, to the department.

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

74 49-4-204.

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

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

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

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

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

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

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

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

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

104 49-4-205.

105 (a) Except as required by federal law, the department shall conduct eligibility  
106 redeterminations at least once every 12 months for all nonelderly adult Medicaid recipients  
107 whose eligibility is determined using Modified Adjustment Gross Income standards  
108 pursuant to 42 C.F.R. Section 435.603.

109 (b) The department shall conduct eligibility redeterminations at least once every 12 months  
110 for all Medicaid recipients not provided for in subsection (a) of this Code section and shall  
111 take any actions provided for in Code Section 49-4-206 as necessary.

112 49-4-206.

113 (a) Except as provided for in subsections (b) and (c) of this Code section, Medicaid  
114 recipients who are determined by the department to be ineligible shall be subject to  
115 disenrollment and removal in accordance with federal notice requirements.

116 (b) The department shall immediately remove from Medicaid enrollment any individual  
117 confirmed to be deceased.

118 (c) The department shall immediately suspend from active Medicaid enrollment any  
119 individual confirmed as a fleeing felon or confirmed as incarcerated in accordance with  
120 federal requirements.

121 49-4-207.

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

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

130 49-4-208.

131 No later than January 31, 2027, and annually thereafter, the Department of Community  
132 Health shall submit a report regarding the implementation and effect of this article to the  
133 Governor, the President of the Senate, the Speaker of the House of Representatives, the  
134 chairpersons of the House Committee on Appropriations and the Senate Appropriations  
135 Committee, and the chairpersons of the House Committee on Public and Community  
136 Health and the Senate Health and Human Services Committee. Such report shall include

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

143 **SECTION 2.**

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

147 **SECTION 3.**

148 This Act shall become effective January 1, 2027.

149 **SECTION 4.**

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