



**Georgia Section 1115 Demonstration Waiver Extension
Request**

April 28, 2025

Georgia Department of Community Health

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Section 1: Executive Summary

Under the Georgia Pathways to Coverage® Section 1115 Demonstration waiver, Georgia continues to improve the access, affordability, and quality of healthcare for Georgians as well as encourage self-sufficiency through promotion of employment and employment-related activities. Since the program's implementation on July 1, 2023, the State has made progress towards these goals. Georgia commits to continue this transformative initiative, with the goal of improving access to quality healthcare services for the State's low-income population. Georgia is requesting approval of an 1115 Demonstration extension of a minimum of five years, which will build on the progress of key waiver provisions established in the original waiver Demonstration, while making some modifications aimed at advancing the waiver's goals and streamlining member participation. These include changing monthly reporting requirements to annual reporting with periodic and random audits to promote compliance with eligibility requirements, adding additional qualifying activities, providing retroactive coverage to members to the first of the month in which they submit an application, removing premium payments (not implemented), and removing the Member Rewards Account (not implemented).

Section 2: Overview of Georgia State Medicaid Program

Section 2.1: Overview of Healthcare Landscape in Georgia

The Georgia Pathways to Coverage® Program (Georgia Pathways or Pathways) extends healthcare coverage to individuals with incomes up to 100% of the Federal Poverty Level (FPL), providing a coverage option until their income exceeds 100% of the FPL and they are eligible for subsidies on the Marketplace, which transitioned to a State-based Exchange (SBE), Georgia Access, for Plan Year 2025. Along with traditional Medicaid, Medicare, and other private options, Georgia Pathways and Georgia Access mark substantial progress towards ensuring that all Georgians, regardless of income, have access to essential healthcare services and furthers the goal of creating a Healthier Georgia.

Georgia, home to 11 million residents and the 8th most populous state in the United States, faces significant challenges in its healthcare landscape including providing timely access to quality care, especially in its rural communities. The State has aimed to address these challenges through the initial Pathways Demonstration and recognizes that particularly, many of its low-income working-class citizens lack access to or cannot afford health coverage.

In Georgia, 1,044,157 (16.1%) of individuals between the ages of 19 and 64 are uninsured, which is higher than the national average of 10.9%.^{1,2} Of those, 246,365 (31.6%) are below 100% of the FPL.³ Of Georgia's uninsured population between the ages of 19-64, 65% are employed at least part-time.⁴ It is the intersection of these two populations – those who are working and uninsured, and those with incomes up to 100% of the FPL – that serve as the target population group for enrollment into Georgia Pathways. This includes individuals who will qualify at the start of the program and those who will become eligible through employment or other employment-related activities over time. Much of this population does not qualify for traditional Medicaid under Georgia's current State Plan, and their incomes are below 100% of the FPL making them ineligible to receive subsidies to purchase coverage on the SBE, Georgia Access. Thus, these low-income individuals are faced with limited options for healthcare coverage and often remain uninsured; this Demonstration provides a pathway to eligibility for healthcare coverage, specifically Medicaid, for this population.

Georgia supports access to healthcare coverage for low-income Georgians through the availability of multiple coverage options and healthcare programs. As of January 2024, 1.3 million Georgia residents have enrolled in private insurance plans through the ten insurers offering coverage on the Marketplace, which transitioned to a SBE, Georgia Access, for Plan Year 2025.⁵ Of those enrolled in Marketplace coverage, 96% are receiving Advanced Premium Tax Credits and 65% are receiving Cost-Sharing Reductions.⁶ Georgia Access has allowed Georgia to join two dozen other states in creating a SBE, and its reinsurance program (approved through a 1332 Waiver) has lowered premiums for individuals shopping on the Marketplace by an average of 10.1% statewide and over 25% in rural areas.⁷

Of the 1,305,114 individuals who selected Marketplace plans in Plan Year 2024, 54% (709,984 individuals) are between 100-138% FPL and have access to \$0 premium plans on Georgia Access (Georgia Pathways provides coverage for eligible adults ages 19-64 with household incomes of up to 100% of the FPL).⁸ Due to Georgia's record low unemployment rate of 3.6% (as of September 2024) and strong economic climate, more people are working and earning higher incomes.⁹

¹ U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates, Table S2701, available at: <https://data.census.gov/table?q=Georgia%20insurance%20coverage%20status>

² U.S. Census Bureau, "Health Insurance Coverage in the United States", 2023, available at: <https://www2.census.gov/library/publications/2024/demo/p60-284.pdf>

³ U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates, Table C27016, available at: <https://data.census.gov/table/ACSDT1Y2023.C27016?q=insurance%20and%20poverty&g=040XX00US13>

⁴ U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates, Table DP03, available at: <https://data.census.gov/table?q=insurance%20and%20employment&g=040XX00US13>

⁵ Georgia Access, available at: <https://georgiaaccess.gov/about-georgia-access/>

⁶ *Id.*

⁷ Georgia Access, available at: <https://georgiaaccess.gov/about-georgia-access/>

⁸ CMS, 2024 Marketplace Open Enrollment Period Public Use Files, available at: <https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2024-marketplace-open-enrollment-period-public-use-files>

⁹ Georgia Department of Labor, 2024 Press Release, available at: <https://dol.georgia.gov/press-releases/2024-10-17/georgias-job-market-hits-new-highs-unemployment-holds-steady-36-september>

Georgia’s innovative approach championed in the Patients First Act through its two waiver programs, Georgia Pathways and Georgia Access, is currently providing health coverage for over 730,000 people under 138% FPL.^{10,11} Instead of traditional Medicaid expansion, the Georgia Pathways and Georgia Access approach provides the opportunity for Georgians under 138% FPL to receive health coverage, the vast majority of whom receive commercial insurance under Georgia Access that they would no longer be able to access because marketplace subsidies would be unavailable to these individuals under traditional Medicaid expansion.¹²

Section 2.2: Overview of Medicaid in Georgia

The Georgia Department of Community Health (DCH or the Department) is the single state Medicaid agency. The Medical Assistance Plans (MAP) Division at DCH oversees the Georgia Medicaid and PeachCare for Kids® programs in which enrollees receive services through managed care or fee-for-service arrangements. The MAP Division manages the performance of three Care Management Organizations (CMOs) responsible for providing services to more than 2 million Georgians. Georgia’s medical assistance programs are operated in alignment with the Department’s mission to provide Georgians with accessible, affordable, and high-quality healthcare and to create “A Healthy Georgia.”

Georgia currently enrolls an estimated 1.6 million individuals through Georgia Families®, a managed care program through which health care services are delivered to members of Medicaid, PeachCare for Kids®, and Planning for Healthy Babies®.¹³ Georgia Families® provides health care services to non-disabled parents or caretakers, children, pregnant women, newborns, and children enrolled in PeachCare for Kids®. An additional approximate 570,000 aged, blind, and disabled (ABD) low-income individuals are enrolled in the State’s fee-for-service program. Georgia Pathways, which was implemented in July 2023, provides healthcare to an entirely new population of Georgians ages 19-64 with household incomes up to 100% of the FPL who would otherwise not be eligible for Medicaid in Georgia.¹³ The program targets uninsured individuals in the State who are not eligible for subsidized individual market coverage (only individuals over 100% FPL are eligible for subsidized marketplace coverage), and provides a new coverage option that was otherwise unavailable.

Section 3: Demonstration Summary and Objectives

Section 3.1: Demonstration Hypothesis

The foundation of the Georgia Pathways program is incentivizing and promoting employment and employment-related activities. Research shows the various positive effects of employment

¹⁰ CMS, 2024 Marketplace Open Enrollment Period Public Use Files, available at: <https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2024-marketplace-open-enrollment-period-public-use-files>

¹¹ See Section 3.4 for the Historical Narrative about Georgia’s Patients First Act.

¹² *Id.*

¹³ Georgia Department of Community Health, internal enrollment data

on an individual, which serves as the rationale for the Georgia Pathways program.^{14,15} The State realizes the benefit of providing affordable healthcare coverage to those involved in employment and other employment-related activities and sought to test whether creating a new eligibility pathway will result in more working Georgians having access to healthcare coverage through the Medicaid program as a means to improve their financial circumstances, leading to employer sponsored insurance or marketplace coverage through Georgia Access.

The State contracted with an Independent Evaluator to test and evaluate the Demonstration throughout the waiver period. As described in the Evaluation Design, the Demonstration includes the following hypotheses:

1. The Demonstration will improve the health care access of low-income Georgians.
2. The Demonstration will reduce the number of uninsured Georgia residents with incomes up to 100% of the FPL.
3. The Demonstration will increase the number of Georgia Pathways members who transition to commercial health insurance, including employer sponsored insurance and individual health insurance market coverage, after separating from Medicaid.
4. The Demonstration will increase member engagement in health care.
5. The Demonstration will increase the number of Georgia residents below and up to 100% of the FPL enrolled in employer sponsored insurance.
6. The Demonstration will increase the number of adults below and up to 100% of the FPL who are engaged in at least 80 hours a month of employment or employment-related activities.
7. The Demonstration will increase wage growth for those made eligible for Medicaid through the Demonstration.
8. The Georgia Pathways Demonstration will improve the fiscal sustainability of the Georgia Medicaid program.

Section 3.2: Demonstration Goals

Section 3.2.1: Demonstration Goals

The goals for the Demonstration continue to be to improve access, affordability, and quality of healthcare through strategies that:

- Improve the health of low-income Georgians by increasing their access to affordable healthcare coverage by encouraging work and other employment-related activities
- Reduce the number of uninsured Georgians
- Promote member transition to commercial health insurance

¹⁴ McKee-Ryan, F.M., et al. Psychological and Physical Well-Being During Unemployment: A Meta-Analytic Study. (2005), Journal of Applied Psychology 90(1).

¹⁵ Pinto, A.D., et al. Employment Interventions in Health Settings: A Systematic Review and Synthesis. (2018), Annals of Family Medicine (16)5.

- Empower Georgia Pathways participants to become active participants and consumers of their healthcare
- Support member enrollment in employer sponsored insurance (ESI) by providing premium assistance for qualifying employer sponsored health plans, if doing so is cost effective for the State
- Increase the number of persons who become employed or engaged in employment-related activities
- Increase wage growth for those who are employed
- Support the long-term fiscal sustainability of the Medicaid program

Upon approval of the extension application, the State will work with the Independent Evaluator to identify the research hypotheses and evaluation design for addressing these proposed program and policy changes. The State plans to utilize various data sources to support their evaluation activities. The State will utilize qualitative and quantitative research analysis methods, as appropriate, for example, including but not limited to, descriptive methods, and trend analysis and comparison groups quasi-experimental research designs to conduct robust evaluation of the Demonstration. Once CMS approves the State's extension application, we will build on the existing CMS-approved Evaluation Design and make any necessary modifications to accommodate changes approved to the Demonstration and at extension.

Section 3.2.2: Summary of Progress Towards Goals

The Interim Evaluation Report (IER) is a deliverable of an 1115 Demonstration waiver required by CMS. The Executive Summary and the full Interim Evaluation Report were prepared by the Evaluator. However, there are inherent limitations in the ability to conduct a meaningful evaluation of Pathways, given the program's delayed implementation and mere 18 months of being live. While a typical IER would have years of data and experience, this IER is only based on 13 months of operations because Georgia was not afforded a full five years of Demonstration due to since-resolved litigation. This shortened duration prevented the Evaluator from measuring the Demonstration against its stated goals, but instead the evaluator took CMS direction to focus its evaluation on enrollment and qualifying activities.

The purpose of Pathways is to provide a pathway to Medicaid coverage for Georgians who engage in certain qualifying activities meant to improve their health and well-being, including not just employment but also education, job training, vocational education and volunteering, among others. Through the support of Pathways, enrolled individuals are able to improve their financial status which eventually leads to coverage under employer sponsored insurance or options available through Georgia Access. The specific goals, as outlined in the waiver and listed in the section above, were not evaluated by the IER.

The following is a summary of the Interim Evaluation Report for Georgia Pathways. The full report can be found in *Appendix A*.

Section 3.2.2.1 Summary of Interim Evaluation Report

A. EXECUTIVE SUMMARY

This Interim Evaluation Report (IER) provides the Independent Evaluator (IE)’s findings and recommendations based on the first 13 months of the Demonstration, July 1, 2023, through July 31, 2024.

1. DESCRIPTION OF THE DEMONSTRATION

On October 15, 2020, the Centers for Medicare and Medicaid Services (CMS) approved the State of Georgia’s Section 1115 waiver demonstration project, “Georgia Pathways to Coverage.” Implementation of the demonstration was postponed, resulting in a demonstration period of July 1, 2023, through September 30, 2025. The demonstration is comprised of three implementation phases:

- Core Functionalities
- Mandatory Health Insurance Premium Payment (HIPP) program
- Premiums, copayments, tobacco surcharge policy, and Member Rewards Account (MRA)

The core functionalities, which include Georgia Pathways eligibility, qualifying hours and activities, good cause exceptions, and reasonable accommodations/modifications, and the HIPP phase have launched. The Georgia Pathways demonstration (hereafter, “Pathways”) offers a new means for Georgians with household incomes up to 100% of the Federal Poverty Level (FPL), (technically 95% FPL, with a 5% income disregard), to obtain Medicaid coverage. To be eligible for Pathways, applicants must satisfy, and continue to maintain, a qualifying hours and activities (QHA) requirement of 80 hours per month. The qualifying activities include various types of employment, job training, vocational rehabilitation, community service, and education. As described in the Pathways waiver application, the demonstration aims to provide Georgians who may not otherwise be eligible for Medicaid with improved access to affordable healthcare coverage and ultimately result in improved health and well-being.

2. FINDINGS

Due to the shortened demonstration time period, data availability at the time of the IER is limited to application and enrollment information. Therefore, the IER presents findings regarding application and enrollment during the first year of the demonstration. The Summative Evaluation report will present findings for each demonstration goal.

Demographics of the Pathways applicant pool

During the first 13 months of implementation, approximately 26,000 individuals applied to Pathways. The applicant pool was predominantly female (74%), young (58% age 19-34), Black/African American (43%), and non-Hispanic/Latino (91%). Approximately half of applicants originated from counties with a high average Area Deprivation Index (ADI) score, indicating high socioeconomic disadvantage.

Enrollment into Pathways was lower than projected in the first year

A majority of applicants (83%) were determined to be ineligible for Pathways, either due to general Medicaid requirements, or to the Pathways-specific QHA requirements. In the original 2019 waiver application, the state projected enrollment of 25,000 individuals into Pathways in the first year of the program; actual enrollment during the first year of implementation was approximately 4,300 individuals. Age and ADI score were found to be associated with the likelihood of being determined eligible for Pathways. Increasing age of an applicant was associated with a decreasing likelihood of eligibility, whereas an applicant living in an area with a high ADI score was more likely to be determined eligible.

The QHA requirement limited Pathways enrollment

Although most denied applications were rejected due to failure to meet general Medicaid requirements such as income and residency, QHA requirements also had a significant impact on program enrollment, particularly for older adults (aged 50-64). Older adults were less likely to be eligible for Pathways and more likely to be ineligible due to failure to meet QHA requirements compared to younger applicants. Of the nearly 6,000 individuals who met all requirements other than QHA, approximately 1,700 were ineligible only because of the QHA requirement.

3. RECOMMENDATIONS

1) Amplify outreach and engagement efforts to increase applications from likely eligible populations

To increase enrollment of eligible individuals, the IE recommends the state continue to invest in an outreach and engagement strategy tailored to likely eligible Georgians to increase the number and proportion of eligible applicants. In late summer 2024, the state announced new funding for a marketing and outreach campaign for Pathways. As the state implements this campaign, the IE recommends applying lessons learned and successful practices from other state efforts to increase Medicaid enrollment, including leveraging trusted community partners to increase engagement.

2) Expand eligibility opportunities by modifying QHA requirements for target populations

The IER findings demonstrate that QHA requirements were a barrier to Pathways enrollment for individuals who were otherwise eligible. The IE recommends that the state consider expanding activities that qualify for QHA to include family caregiving duties. Additionally, the IE recommends providing older adults a QHA exemption to support eligibility and enrollment for this group.

3) Streamline and simplify the application and documentation processes

Ensure the Pathways application portal is up to date with accurate program information, easily searchable and accessible, and supports interested individuals with completing applications.

4) Reduce administrative burden and potential gaps in coverage by modifying QHA reporting requirements

The state may consider adding an option to calculate QHA hours on a bi-annual basis or annualize QHA requirements. Allowing beneficiaries to report an annualized number of QHA hours (instead of 80 hours per month) would accommodate month-to-month fluctuations in QHAs such as seasonal work or academic calendar-based educational opportunities. Streamlined reporting requirements for QHA would reduce the reporting burden on beneficiaries, and the administrative burden on agency staff, as well as reduce the risk that beneficiaries may become disenrolled and experience a gap in coverage.

Section 3.3: Overview of Approved Demonstration

The approved Demonstration, Georgia Pathways, introduces a new eligibility pathway for working Georgians who would otherwise be ineligible for Medicaid coverage in Georgia. To be considered eligible for coverage under Georgia Pathways, an individual must meet an hours and activities threshold of 80 hours per month of engagement in a qualifying activity (or combination of activities) such as employment, community service, or education, and have an income up to 100% of the FPL.

Additionally, the approved Demonstration provides premium and cost-sharing assistance to those who are eligible for Pathways and have access to employer sponsored insurance (ESI) through the mandatory Health Insurance Premium Payment (HIPPP) Program. Many of the policies and principles of the approved Demonstration are aligned with those of the commercial health insurance market and provide Georgians with an experience similar to that of commercial health insurance.

The below narrative outlines the elements of the Georgia Pathways waiver as originally approved. Please note that not all elements of the approved Demonstration summarized below have been implemented as of the submission of this extension application. Requested changes to the original approved Demonstration can be found in *Section 4*.

Section 3.3.1: Eligibility

Population

The population eligible for Georgia Pathways includes parents, caretakers, or legal guardians with household incomes from 35% to 100% of the FPL who are not otherwise eligible for Medicaid and adults without dependent children with household incomes up to 100% of the FPL who are not otherwise eligible for Medicaid (Georgia currently covers parents and caretaker relatives with household incomes below 35% under its traditional Medicaid program). Individuals must also be between the ages of 19 and 64, must be a resident of Georgia and not

incarcerated in a public institution, and must be a citizen of the United States or a documented, qualified alien.

Eligibility Determination

To be determined eligible for Georgia Pathways, individuals must meet the required hours and activities threshold of 80 hours per month at application and meet the income eligibility requirement of a household income up to 100% of the FPL using the modified adjusted gross income (MAGI) methodology. An individual must also opt into the program by signing the Pathways contract, agreeing that they understand the terms and requirements of the program.

Maintaining Eligibility

To maintain eligibility in Georgia Pathways, members must continue to meet the qualifying hours and activities threshold of 80 hours per month and the income eligibility requirement. Members must also pay required premiums, if applicable.¹⁶ In addition, individuals who are eligible for ESI must enroll in that insurance, if cost effective for the State, to maintain Georgia Pathways eligibility. *See Section 4.1.3 for new Demonstration proposals related to maintaining eligibility.*

Section 3.3.2: Qualifying Activities

The State uses a modified version of the Temporary Assistance for Needy Families (TANF) core activities to serve as a basis for allowable activities under Georgia Pathways. Beneficiaries may satisfy their qualifying hours and activities requirement through participation in one or more of the following activities. *Additional details regarding the Qualifying Activities can be found in Section 4.2.*

- Subsidized or unsubsidized public or private sector employment, including self-employment and employment as an independent contractor;
- On-the-job-training in the public or private sector;
- Participation in job readiness activities directly related to the preparation for employment, including habilitation and rehabilitation activities and GED programs;
- Community service with public or non-profit organizations participating in projects that serve the community;
- Vocational Educational Training limited to 12 months in a beneficiary's lifetime, unless a beneficiary is enrolled in vocational education for a highly sought-after trade through the Technical College System of Georgia High Demand Career Initiative (in this instance, vocational education training may count as a qualifying activity for the duration of the vocational education program);
- Enrollment in an institution of higher education, (qualifying activity hours earned will vary based on course load); and
- Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program, as long as the beneficiary has been

¹⁶ As of the submission of this extension application, program provisions including premiums, copayments, and Member Rewards Accounts have not been implemented.

determined eligible for GVRA services based upon a documented disability and remains in compliance with the terms of the GVRA program.

Georgia Pathways requires a minimum of 80 hours per month of a qualifying activity or a combination of qualifying activities at the time of application and monthly thereafter. At the time of application, an individual with a disability may request a reasonable modification if they need assistance in meeting the Qualifying Activities. *For additional information, including the definitions of qualifying activities see Section 4.2 for new Demonstration proposals related to qualifying activities.*

Section 3.3.3: Reporting and Compliance

Reporting

Members must report their qualifying hours and activities monthly to remain eligible for Georgia Pathways. Reporting includes a member's self-attestation of activity hours accompanied by supporting documentation (e.g., a pay stub or a school transcript). Members can submit their qualifying hours and activities through various channels, including an online portal, by mail, or in-person. Members with evidence of meeting the qualifying hours and activities threshold for six consecutive months will be exempt from the monthly reporting requirement, except at their annual redetermination. *See Section 4.3.1 for new Demonstration proposals related to monthly reporting.*

Compliance

If a member does not meet the qualifying hours and activities threshold, they will be suspended from Pathways and no longer able to receive the Medicaid benefit. The member has three months to come back into compliance by meeting the qualifying hours and activities threshold for the suspension to be lifted. If the member does not meet the requirement after three months of suspension, the member will be terminated from the program, but they may reapply at any time. If there are circumstances that temporarily limit or prevent a member from being able to participate in a qualifying activity or to meet the hours threshold (e.g., a family emergency, death, serious illness, temporary homelessness), a member may request a Good Cause Exception. A member can use a combination of Qualifying Activity and Good Cause Exception hours to meet the 80-hour threshold. *See Section 4.3.2 for new Demonstration proposals related to compliance.*

Section 3.3.4: Eligibility Policies

Coverage Effective Date (*Premiums Not Implemented*)

An individual with an income between 50% of the FPL and up to 100% of the FPL will have a Georgia Pathways coverage effective date on the first of the month after their initial premium is paid.¹⁷ An individual with an income below 50% of the FPL will have a coverage effective date

¹⁷ As of the submission of this extension application, program provisions including premiums, copayments, and Member Rewards Accounts have not been implemented.

on the first of the month following their eligibility determination. *See Section 4.4.1 for new Demonstration proposals related to coverage effective date.*

Retroactive Coverage

Georgia Pathways does not provide retroactive coverage to members enrolled in the program. Coverage under Georgia Pathways is prospective only. *See Section 4.4.2 for new Demonstration proposals related to retroactive coverage.*

Presumptive Eligibility

Eligibility in Georgia Pathways has a specific qualifying hours and activities threshold requiring documentation for verification, which is not practicable for hospitals to evaluate. Therefore, there is no presumptive eligibility in Georgia Pathways.

Section 3.3.5: Benefit Package

Georgia maintains the benefit package provided under the Medicaid State Plan without Non-Emergency Medical Transportation (NEMT). Members ages 19 and 20 will receive early and periodic screening, diagnostic, and treatment (EPSDT) services, including NEMT under Pathways. Individuals who participate in the Pathways HIPP Program receive the benefit package provided by the employer's ESI plan, without wraparound benefits.

Section 3.3.6: Employer Premium Assistance Program

Individuals who have access to ESI through an employer are required to enroll in that coverage if it is cost effective for the State. The State pays monthly premiums and associated cost-sharing for members of this program. HIPP enrollment, when determined cost effective, is a condition of Georgia Pathways eligibility.

Section 3.3.7: Cost-Sharing

Premiums *(Not Implemented)*

A segment of the population eligible for Georgia Pathways is required to make sliding scale flat rate monthly premium payments tiered based on family income.¹⁸ Pathways members who are required to pay premiums include:

- Adults without dependent children with incomes between 50% and up to 100% of the FPL who are not currently eligible for Medicaid and become eligible and enrolled through Georgia Pathways
- Parents with household incomes between 50% and up to 100% of the FPL who are not currently eligible for Medicaid and become eligible and enrolled through Georgia Pathways

Pathways members who are exempt from payment of premium payments include:

¹⁸ As of the submission of this extension application, program provisions including premiums, copayments, and Member Rewards Accounts have not been implemented.

- Members enrolled through Georgia Pathways who are enrolled in the Mandatory HIPP program
- Members receiving coverage through Georgia Pathways who are enrolled in, and for two months after graduation from, vocational education programs of highly sought-after trades through the Technical College System of Georgia High Demand Career Initiative/HOPE Career Grant programs
- Members enrolled through Georgia Pathways with incomes below 50% of the FPL
- All other populations not enrolled in Georgia Pathways

The payment rates are calculated to not exceed 2% of household income across each income threshold payment band. Premiums paid are deposited in the member's Member Rewards Account. Members are required to pay premiums to maintain eligibility for Georgia Pathways, and members who miss a premium have a three-month period to retain their Pathways eligibility without being disenrolled. *See Section 4.7.1 for new Demonstration proposals related to premiums.*

Copayments (Not Implemented)

Members enrolled in the Pathways program are required to pay copayments for certain services.¹⁸ Copayment amounts mirror the existing copayment structure under the State Plan, except for the addition of a copayment for non-emergency use of the emergency department. Copayments are not collected at the point of service. They are deducted from a member's Member Rewards Account based on encounter data. *See Section 4.7.2 for new Demonstration proposals related to copayments.*

Member Rewards Accounts (Not Implemented)

All members, except those enrolled in the Mandatory HIPP program, have access to a Member Rewards Account.¹⁹ The Member Rewards Account is a tool to support members in managing their own health and to incent healthy behaviors. It is used to deduct member copayments and to deposit premiums paid. The State will set a series of criteria for awarding points, which will translate to dollars upon use (e.g., being a non-smoker, completing annual well care visits, complying with diabetes programs). *See Section 4.7.3 for new Demonstration proposals related to Member Rewards Accounts.*

Section 3.3.8: Delivery System and Payment Rates for Services

Managed Care Delivery System

The State uses a managed care delivery system to provide services to the Georgia Pathways population. The State currently contracts with three CMOs, which were selected through a competitive procurement process.

¹⁹ As of the submission of this extension application, program provisions including premiums, copayments, and Member Rewards Accounts have not been implemented.

Health Plan Choice

The State ensures the Georgia Pathways population has a choice of CMOs consistent with Medicaid requirements. Upon initial enrollment, individuals are prospectively auto assigned into a CMO using existing algorithms applicable to the current Medicaid program. Members then have 90 days to switch plans. If a member does not make a different choice within the 90-day period, the member remains with the assigned CMO until the member's annual choice period.

Capitated Payments

The capitation rate-setting methodology for Georgia Pathways is the same methodology used to set actuarially sound rates for the current Medicaid populations and complies with all federal rate-setting requirements and guidance.

Section 3.4: Historical Narrative

Recognizing the need to increase access to healthcare coverage, the Georgia General Assembly passed, and Governor Brian P. Kemp signed the *Patients First Act* (Senate Bill 106) during the 2019-2020 Regular Legislative Session. This legislation directed the Georgia Department of Community Health to propose and submit to CMS two waivers, including a Section 1115 Demonstration Waiver, to extend coverage to individuals with incomes up to 100% of the FPL. The legislation also directed the submission of a 1332 Waiver, known as Georgia Access, to improve healthcare coverage options for individuals earning over 100% FPL.

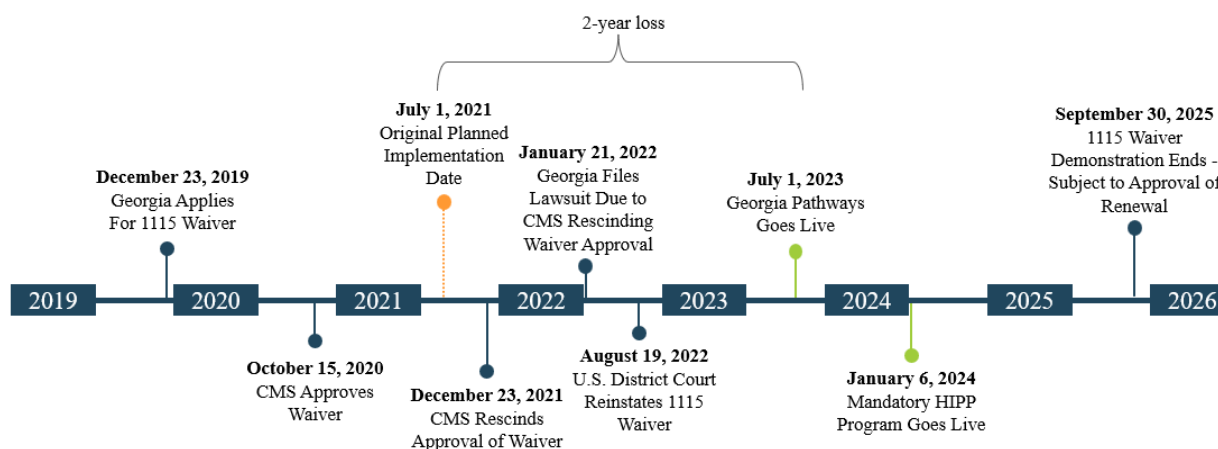
The State of Georgia submitted its innovative 1115 Demonstration waiver, Georgia Pathways, to CMS on December 23, 2019. The 1115 waiver request received approval on October 15, 2020. CMS withdrew authority to implement components of the 1115 waiver on December 23, 2021. Thereafter, the matter was litigated in the United States District Court for the Southern District of Georgia, and authority was reinstated on August 19, 2022.

The waiver was approved for a 5-year Demonstration period and is scheduled to conclude on September 30, 2025. The implementation of the approved Demonstration was substantially delayed due to CMS rescinding approval of the Demonstration under the Biden Administration and subsequent litigation, as well as CMS negotiations. Due to these delays, the program was not implemented until July 1, 2023, two years after its planned implementation date of July 1, 2021. The Mandatory HIPPP program was implemented on January 6, 2024. Although the implementation of the program was delayed, the State was not granted an additional three years to implement the full Demonstration period (i.e., through September 2028). Upon further review, the State opted to delay the implementation of the cost-sharing elements and instead focus its attention on member education, system enhancements, and enrollment.

Rescinding of the Demonstration’s approval by CMS under the Biden Administration and the subsequent two-year delay, along with the federally directed redetermination process to unwind the federal Public Health Emergency, had a significant impact on the successful implementation of the Demonstration. Despite these barriers, the State has made strides towards improving access to and affordability of healthcare for its citizens through Georgia Pathways. Georgia aims to build on the progress of the Pathways program to date and continue with the objectives of improving access to affordable, high-quality healthcare for uninsured Georgians.

Figure 1 highlights the dates and key events impacting the Demonstration implementation.

Figure 1: Demonstration Timeline



Section 3.4.1: Implementation & Enrollment Overview

Immediately following the program’s launch in July, the State started to receive Pathways applications, with members enrolling in the program beginning in August 2023. The program continued to receive Pathways applications throughout the first Demonstration year and into Demonstration year two.

The Pathways application is integrated into the general medical assistance application; there is no separate Pathways application. Therefore, the State identified certain criteria that must be met to determine which applicants are considered “Pathways applicants.” To be considered as a Pathways applicant, an individual must:

1. Be shown the Pathways screens, and
2. Elect to be considered for Pathways and sign the Pathways contract, and
3. Submit at least one hour of qualifying activities or request a reasonable modification.

Refer to *Table 1* for data related to enrollment in Georgia Pathways.

Table 1: Georgia Pathways Enrollment Overview

Metric	Number (As of 9/30/2024)
Medicaid applicants who applied for Medicaid and were shown the Pathways screens	145,637
Medicaid applicants shown the Pathways screens who acknowledged they read the requirements of the program	137,246
Medicaid applicants submitting complete Pathways application – Applicants shown the Pathways screens, who acknowledged they read the requirements of the program, and submitted a completed application (<i>including information regarding qualifying activities</i>)	68,589
Number of Pathways applicants submitting completed applications where eligibility decision is processed/authorized	52,448
Number of Pathways applicants with completed applications approved for Pathways	6,501
Number of Pathways applicants with completed applications denied for Pathways	15,594
Number of Pathways applicants approved for traditional Medicaid	15,061
Number of Pathways applicants denied for traditional Medicaid	15,292
Number of Pathways applicants submitting completed applications where eligibility decision is waiting to be processed/authorized	16,141

Of those Pathways applicants who have submitted completed applications where an eligibility decision has been processed or authorized and the applicant was denied, approximately 55% are denied for being over income. These individuals are referred to Georgia Access, where they may qualify for \$0 commercial premium plans on Georgia Access based on their income.

Section 3.4.2: Summary of Program Progress

Since its implementation on July 1, 2023, Georgia Pathways experienced many programmatic successes and made strides toward the program’s identified goals with the limited time available to do so. Three key progress areas include application process readiness, Care Management Organization (CMO) engagement, and cross-agency and -program alignment.

Application Process Readiness

As previously noted, the State immediately received applications following the program’s launch in July 2023. Implementation of the Georgia Pathways program involved several changes to the

online application portal, including new functionality, new driver flows, and new logic to accommodate the new Pathways screens, application questions, and reporting capability. Since Program launch, the State is receiving successful Pathways applications which included reported hours and supporting documentation. Eligibility staff are trained to process applications with the new system changes, application questions, and reporting requirements. Due to the process and system functionality in place, members continue to successfully report their qualifying hours and activities each month.

Care Management Organization Engagement

Members enrolled in Georgia Pathways are assigned to one of the State's three contracted CMOs. Each of the three CMOs demonstrate their commitment and ongoing support for the Pathways program through consistent engagement and outreach to their members. Specifically, each CMO conducts outreach to members each month, reminding them to report their qualifying hours and activities. The CMOs conduct outreach campaigns ranging from text messages, phone calls, and even in-person visits. Additionally, the CMOs created new staff positions to serve as a single point of contact for Pathways members, which gives the CMOs the opportunity to connect their members to qualifying activity and employment resources, help them to better understand the requirements of the program, and efficiently respond to inquiries. CMOs are also actively involved in gaining feedback on the program from their members, including pain points and opportunities for improvement. The feedback collected has been the basis for a number of improvements DCH has made to support the Pathways (and overall Medicaid) member experience. The CMOs demonstrated their support for the program during the Public Forum that took place on December 7, 2023. According to one participating CMO, "[Pathways] offers a new category of coverage to Georgians who otherwise would not have access to healthcare coverage, and healthy communities are the foundation of a healthy Georgia."

Alignment Across Agencies and Programs

In addition to the support that they receive from DCH, Pathways members also receive support from a number of partners to improve their ability to apply for and participate in the program. For example, enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program serves as one of the qualifying activities for Pathways. The Department and GVRA collaborated to understand GVRA's different programs and eligibility processes, to establish an interface for data exchange to reduce the reporting burden of members, and to support member participation. Over the course of the design and development of Pathways, DCH and GVRA have continued to work in alignment to support the program's implementation and provide a coverage option for GVRA participants who are otherwise without coverage.

DCH operates in alignment with external vendors to support the implementation of various components of the Pathways program. Pathways HIPP, the State's Mandatory HIPP program for the Pathways population, is administered through the State's Third-Party Liability (TPL) vendor. The TPL vendor plays a key role in determining if an individual's coverage is cost effective for,

and therefore eligible for Pathways HIPP. Although the State had a voluntary HIPP program, Pathways HIPP introduced new policies and processes for the Department. In close alignment with the TPL vendor, DCH and the Division of Family & Children Services (DFCS) were able to collaborate on the new processes and procedures to support the implementation of the Pathways HIPP program.

Section 3.4.3: Summary of Implementation Challenges

In its first year, the Pathways program experienced lower than anticipated enrollment. Georgia Pathways was scheduled to launch on July 1, 2021, but due to delays caused by CMS under the Biden Administration rescinding approval of the Demonstration, the State was unable to implement until July 2023 amid the federally directed redetermination process to unwind the federal Public Health Emergency (PHE). The redetermination process created unprecedented market movement for healthcare providers and users in all states and placed tremendous burden on eligibility workers and systems. While the Pathways program was largely implemented as approved, the State did make some temporary policy changes to help members become familiar with the program. For example, the State paused the implementation of suspensions and terminations for non-compliance with the monthly reporting requirement for qualifying activities. The State is formally requesting approval for changing the monthly reporting requirement to annual reporting for qualifying activities in this extension application. Periodic and random audits will promote compliance with eligibility requirements and seek to mitigate fraud, waste, and abuse.

Enrollment Projection

Georgia has seen a general decrease in the uninsured population from the time of initial application to present, 14.1% in 2017 to 11.4% in 2023.^{20,21} In the Pathways eligible group specifically, ages 19-64 and below 100% of the FPL, 408,000 individuals were uninsured in 2017 compared to 246,000 in 2023.²² Therefore, the State recognizes that the general decrease in the number of uninsured Georgians in this time period may have attributed to the overestimate of individuals potentially eligible for Pathways. Additionally, the improved economy under Governor Kemp has afforded more individuals the opportunity to gain coverage through employer sponsored insurance (ESI) or the marketplace, further contributing to the decrease in the uninsured population. The State recognized that enrollment was lower than projected and subsequently prioritized education, marketing, and outreach to target individuals who could be potentially eligible for Pathways. For example, the State identified higher education students as a target population because the combination of their courseload and lower than average incomes compared to the broader population in Georgia make this population potentially eligible. To

²⁰ U.S. Census Bureau, 2017 American Community Survey 1 Year Estimates, Table C27016, available at: <https://data.census.gov/table/ACSDT1Y2022.C27016?q=insurance%20and%20poverty&g=040XX00US13>. (Note: The State is referencing 2017 data as that was the most recent data publicly available during the time of initial waiver application.)

²¹ U.S. Census Bureau, 2023 American Community Survey 1 Year Estimates, Table C27016, available at: <https://data.census.gov/table/ACSDT1Y2023.C27016?q=insurance%20and%20poverty&g=040XX00US13>

²² *Id*

support education, the State launched a media campaign beginning in August 2024. Marketing advertisements ran across traditional, digital, and social media channels. Outreach efforts leveraged existing relationships that organizations have with potential Pathways members to share information, encourage applications, and establish a Pathways presence at existing community events. Paid media spend (inclusive of ads on television, radio, streaming services, social media, transit, etc.) and outreach support (inclusive of sending individuals to over 80 community events across the state to educate Georgians about the program and work with DFCS to provide real time support for application support at certain events) began in August 2024. This included hosting meetings and providing Pathways informational toolkits to healthcare associations, nonprofits, providers, and other interested parties. Additionally, the State has continued to collaborate with universities and technical colleges, employers, and other organizations to help promote this program to their constituencies. Promotional and printed materials will continue to be dispersed as well.

The State is continuing to build an outreach strategy through the implementation of text message and email campaigns to directly contact thousands of individuals who are potentially eligible for Pathways – or notify applicants of any missing information in their application. The text and email campaigns include targeted outreach to identified groups including parents of children on Medicaid and SNAP recipients who are potentially eligible for Pathways.

Timing of Implementation

Georgia Pathways was scheduled to launch on July 1, 2021, but due to CMS rescinding approval of the Demonstration, the State was unable to implement until July 2023 amid the federally directed redetermination process to unwind the federal Public Health Emergency. Therefore, at the time of the program's launch, Georgia initiated eligibility checks for 200,942 Georgians with Medicaid or PeachCare for Kids® with renewals due at the end of July 2023²³ and conducted Medicaid eligibility determinations for 2.8 million individuals over a 14-month period of annual renewals, many of whom were determined no longer eligible for Medicaid and transitioned into other coverage options. The timing created unforeseen challenges with the volume of applications and led to delays in processing Medicaid applications inclusive of Pathways applications. As of April 2024, 349,411 individuals who lost their Medicaid or CHIP coverage between March 2023 and April 2024 were determined eligible for Qualified Health Plans (QHPs) on the Georgia Access individual marketplace per national CMS data.²⁴ The launch of Pathways provided an additional coverage option for those who may have found their income to be too high for traditional Medicaid at redetermination, but as seen in many other states, the high

²³ Georgia Department of Community Health, 2023-2024 Medicaid Redetermination Information, available at: <https://app.powerbigov.us/view?r=eyJrIjoiaU4ZTA1MWQ0YWEwOS00Mjc0LTlhYjQtZGU4ZjM0ZTk4Mjk0IiwidCI6IjUxMmRhMTBkLTA3MWItNGI5NC04YWJjLTllYzQwNDRkMTUxNiJ9&pageName=ReportSectionc446ca21b7983d474637>

²⁴ HealthCare.gov Marketplace Medicaid Unwinding Report, available at: <https://data.medicaid.gov/dataset/9a83ba5e-05f5-47f5-82de-f3a59233a912/data?conditions%5B0%5D%5Bproperty%5D=state&conditions%5B0%5D%5Bvalue%5D=Georgia&conditions%5B0%5D%5Boperator%5D=%3D>

volume of redeterminations placed a burden on the capacity of Georgia's existing eligibility workers and created an unforeseen challenge to process Pathways applications.

Implementation of Suspensions

Georgia Pathways is unlike any other Medicaid category of assistance in the state whereby members report hours and upload documentation monthly. This is a new policy for the State, and one with which members are unfamiliar. After reviewing preliminary data from the early months of Pathways, the State decided to temporarily pause the implementation of suspensions for failure to report qualifying hours and activities. In making this policy decision, the State sought to grant Pathways members the opportunity to gain a greater familiarity and better understanding of the program requirements, including the qualifying hours and activities, to ease the transition into the program. As of submission of this extension application, the State has not implemented suspension functionality nor suspended members for failure to comply with monthly reporting requirements. However, members are being assessed for compliance with qualifying activity requirements at initial application and annual renewal. Disenrollments are occurring at annual renewal if members are not meeting the eligibility requirements of the program.

Section 4: Continuing Features and Changes Requested to the Demonstration

The State is seeking approval for an extension of the original Demonstration that has largely been preserved, with a few key changes. Georgia looks forward to maintaining the objectives of the Pathways program while advancing the goals of the Demonstration as approved. The proposed revisions to the program will improve the Pathways member experience, increase engagement, and provide support for participation in employment and employment-related activities.

Pathways has only been in operation for roughly 18 months due to CMS under the Biden Administration rescinding approval for the Demonstration. In addition, the program launched in the midst of the federally directed redetermination process to unwind the federal Public Health Emergency, a process that caused significant strain on the state's Medicaid eligibility system and application processing by caseworkers. If implemented in the timeframe originally approved by CMS, the program would have been operational for over three years by the time of this extension application's submission. Due to the delay, some of the program provisions required more planning and effort than initially expected. Given that the State is required to request an extension only 18 months into the program, several elements that were originally designed to be introduced in July 2024, including premium payments and the introduction of Member Rewards Accounts, are requested to be removed from the extended Demonstration.

The State seeks approval for the following changes to the Demonstration:

- Change of monthly qualifying activity reporting to annual reporting as a requirement for participation; qualifying activity reporting will still be required at initial application and annual renewal; periodic and random audits will promote compliance with eligibility requirements and seek to mitigate fraud, waste, and abuse
- Addition of qualifying activity types for program eligibility for parents and legal guardians of a child younger than six years of age and for compliance with the Supplemental Nutrition Assistance Program (SNAP) Able-Bodied Adults Without Dependents (ABAWD) program
- Addition of a retroactive coverage policy, with coverage effective the first of the month in which the application was received, consistent with traditional Medicaid
- Removal of premiums and Member Rewards Accounts
- Request reporting to CMS on a quarterly basis only per original Special Terms and Conditions

The State believes that the proposed changes will improve the member experience to participate in Pathways and provide more individuals with the opportunity to become acclimated to participating in the insurance market. For example, changing the monthly reporting requirement to annual reporting will allow CMOs to focus their efforts on engaging members in employment-related activities (because qualifying activity reporting at annual renewal will continue to be a requirement), rather than monitoring the compliance of and outreaching to individuals on the monthly reporting requirements. Periodic and random audits will promote compliance with eligibility requirements and seek to mitigate fraud, waste, and abuse. Continuing Demonstration Features and New Demonstration Proposals are described in the section below.

Section 4.1: Eligibility

Section 4.1.1: Population

Continuing Demonstration Features

Georgia will maintain the same population for Georgia Pathways eligibility for the new Demonstration period. The population eligible for Georgia Pathways includes parents, caretakers, or guardians with household incomes from 35% up to 100% of the FPL who are not otherwise eligible for Medicaid and adults without dependent children with household incomes up to 100% of the FPL who are not otherwise eligible for Medicaid. Individuals must be between the ages of 19 and 64, must be a resident of Georgia and not incarcerated in a public institution, and must be a citizen of the United States or a documented, qualified alien.

See Table 2: Eligible Populations.

Table 2: Eligible Populations

Eligibility Group Name	Income Level
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Individuals who meet the Georgia Pathways requirements and are not otherwise eligible for Medicaid	0%-100% of the FPL
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New Demonstration Proposals

The State does not request any substantive changes to the eligible population for Georgia Pathways.

Section 4.1.2: Eligibility Determination

Continuing Demonstration Features

Georgia will maintain the same eligibility criteria for Pathways eligibility determination. Individuals must:

- Meet the required qualifying hours and activities threshold of 80 hours per month
- Meet the income eligibility requirement of a household income up to 100% of the FPL using the MAGI methodology
- Enter into a contractual agreement, agreeing to the terms of the Georgia Pathways program

Individuals who do not meet the initial qualifying hours and activities threshold, and therefore are not eligible for coverage through Georgia Pathways, will continue to be provided information regarding qualifying activity resources in their denial notice. The State has established opportunities to use electronic sources and automation to support identification and verification of qualifying hours and activities and continues to explore additional options.

New Demonstration Proposals

The State does not request any substantive changes to the eligibility determination for Georgia Pathways.

Section 4.1.3: Maintaining Eligibility

Continuing Demonstration Features

Members will be required to continue to meet the hours and activity threshold of 80 hours per month, as well as the income eligibility requirement to remain eligible for Georgia Pathways. In addition, individuals who have access to or are enrolled in ESI must still enroll in that insurance, if it is determined cost effective for the State.

New Demonstration Proposals

The State requests the removal of premium payment as an eligibility requirement in the Demonstration extension, and that all program elements related to premium payments are removed. Corresponding programmatic elements including premium payments as a policy in effectuating coverage, the credit of premium payments to the Member Rewards Account,

penalties for missing premiums payments, grace periods, suspensions, and terminations will no longer be applicable.

Section 4.2: Qualifying Activities

Continuing Demonstration Features

Georgia will maintain all the previously defined allowable activities and definitions as acceptable qualifying activities. *See Table 3: Allowable Activities and Definitions.*

Table 3: Allowable Activities and Definitions

Activity	Definition
Unsubsidized Employment	Full- or part-time employment in the public or private sector that is not subsidized by a public program.
Subsidized Private Sector Employment	Employment in the private sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
Subsidized Public Sector Employment	Employment in the public sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
On-the-job training	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work, and that provides knowledge and skills essential to the full and adequate performance of the job.
Job Readiness	<p>Activities directly related to the preparation for employment, including life-skills training, resume building, and habilitation or rehabilitation activities, including substance use disorder treatment. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional.</p> <p>An inpatient hospital stay/short-term skilled nursing facility (SNF) stay is considered a habilitation or rehabilitation activity under job readiness only at initial application. For each day of an inpatient hospital stay/SNF stay, an applicant may claim 4 hours towards their monthly Qualifying Activities requirement.</p> <p>Members will be allowed to participate in job readiness for no more than a total of six weeks in any 12-month period.</p>
Community Service	Structured programs and embedded activities in which the member performs work for the direct benefit of the community

	<p>under the auspices of public or nonprofit organizations.</p> <p>Community service programs must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and child care. A state agency shall take into account, to the extent possible, the prior training, experience, and skills of an individual in making appropriate community service assignments.</p>
Vocational Educational Training	<p>Organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations. Course hour requirements for vocational educational training shall be determined by the Department of Community Health.</p> <p>Participation in vocational educational training is limited to 12 months in a member's lifetime, unless a member is enrolled in vocational education for a highly sought-after trade through the Technical College System of Georgia High Demand Career Initiative. In this instance, vocational educational training may count as a qualifying activity for the duration of the vocational education program.</p>
Enrollment in an Institution of Higher Education	<p>Enrolled in and earning course credit at a college, university, or other institution of higher learning. A full-time academic workload, as determined by the Department of Community Health, will meet the requirements for 80 hours of qualifying activities in the month. For individuals not enrolled full-time, the Department of Community Health shall determine the associated number of qualifying activity hours based on the course load when compared to full-time. The student's workload may include any combination of courses, work, research, or special studies that the institution considers contributing to the individual's full-time status.</p> <p>As the payor of last resort, students enrolled in an institution of higher education who have access to their parent's health insurance coverage are not eligible for Georgia Pathways coverage.</p>
Enrollment and Active Engagement in the Georgia	<p>Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program, as long as the beneficiary has been determined eligible</p>

Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation Program	for GVRA services based upon a documented disability and remains in compliance with the terms of the GVRA program. Enrollment and active engagement each month will satisfy the 80 hours of qualifying activities for that month.
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Georgia Pathways requires a minimum of 80 hours per month of a qualifying activity or a combination of qualifying activities at the time of application and monthly thereafter. At the time of application, an individual with a disability may request a reasonable modification if they need assistance in meeting the Qualifying Activities.

New Demonstration Proposals

In addition to the previously defined activities, Georgia requests to expand the allowable activities and definitions to include Compliance with Georgia's Supplemental Nutrition Assistance Program (SNAP) Able-Bodied Adults Without Dependents (ABAWD) program and caregiving of a child under six years of age. *See Table 4: New Allowable Activities and Definitions.*

Table 4: New Allowable Activities and Definitions

Activity	Definition
Compliance with Supplemental Nutrition Assistance Program (SNAP) Able-Bodied Adults Without Dependents (ABAWD) program	<p>Compliance with the eligibility requirements to receive SNAP benefits under the ABAWD program.</p> <p>An individual enrolled in SNAP ABAWD may only meet the SNAP ABAWD Pathways qualifying activity requirement if they are completing a work activity. Individuals who qualify for SNAP ABAWD through an exemption will not meet the SNAP ABAWD Pathways qualifying activity requirement and must complete another qualifying activity or activities in order to be Pathways eligible.</p>
Caregiving of a child under six years of age	<p>Parents and legal guardians who are primarily responsible for the daily care and well-being of a child younger than six years of age.</p> <p>The child under the age of six must be currently enrolled in the Medicaid program or must be on the Medicaid application also applying for Medicaid with the adult seeking Pathways coverage.</p>

Section 4.3: Reporting and Compliance

Section 4.3.1: Reporting

Continuing Demonstration Features

Georgia maintains that individuals who apply for Pathways will need to demonstrate that they are meeting the qualifying hours and activities threshold and provide documentation at the time of application, at annual renewal, and at a change in circumstance. Reporting at initial application and on an annual basis thereafter will continue to include a member's self-attestation of qualifying activity hours, accompanied by supporting documentation such as a pay stub or transcript or verification through an electronic interface. The State will continue to accept the submission of supporting documentation through various channels, including an online portal, by mail, or in-person. Continued periodic and random audits will promote compliance with eligibility requirements and seek to mitigate fraud, waste, and abuse. Members continue to have the affirmative responsibility to inform the State of any change in circumstance which might affect their eligibility.

New Demonstration Proposals

The State requests to change the monthly reporting requirement to an annual requirement for qualifying hours and activities participation. Members will no longer need to provide self-attestation of activity hours or supporting documentation on a monthly basis.

Additionally, the State requests to remove the reporting requirement exemption for members with evidence of meeting the hours and activities threshold for six consecutive months. This exemption is no longer applicable in the new Demonstration period due to the requested elimination of the monthly reporting requirement.

Section 4.3.2: Compliance

Continuing Demonstration Features

The State will maintain that Pathways members must continue to meet the hours and activities threshold each month.

The State will maintain that Pathways members, like all Medicaid members, have an affirmative responsibility to report changes in circumstances, even if that change may make them ineligible for the program. Changes may include a change in address, a change in income, or a change to qualifying activities such as employer or activity completed.

The State continues to recognize that there are circumstances that limit or prevent a member from being able to participate in a qualifying activity. Members who are unable to complete their qualifying activity requirement can still report a change and report a Good Cause exception for failure to meet the hours and activities threshold if any of the following events occur:

- A family emergency or other life changing event
- Birth or death of a family member
- Serious illness or hospitalization of member or a member of their family
- Severe inclement weather including a natural disaster
- Temporary homelessness
- Other good cause reason as defined and approved by the State

New Demonstration Proposals

The State requests to remove adverse action such as suspensions and terminations for failure to report monthly qualifying hours and activities, as the State requests to change the monthly reporting requirement to an annual reporting requirement. Members will now only be required to report Qualifying Activities and hours at application and at annual renewal to continue their coverage. Members may be terminated at annual renewal for failure to report qualifying hours and activities. Periodic and random audits will promote compliance with eligibility requirements and seek to mitigate fraud, waste, and abuse.

Section 4.4: Eligibility Policies

Section 4.4.1: Coverage Effective Date

Continuing Demonstration Features

Georgia will not maintain the approved waiver coverage effective date of prospective coverage, with coverage effectuating the first of the month following an eligibility determination.

New Demonstration Proposals

As detailed in *Section 4.1.3*, the State requests to remove premium payment as a policy in effectuating coverage. Additionally, the State requests to remove its prospective coverage policy and implement retroactive coverage, with a coverage effective date the first of the month in which a member applies.

Section 4.4.2: Retroactive Coverage

Continuing Demonstration Features

Georgia will not maintain the approved waiver coverage effective date of prospective coverage, with coverage effectuating the first of the month following an eligibility determination.

New Demonstration Proposals

The State requests to remove its prospective coverage policy and implement retroactive coverage, with a coverage effective date the first of the month in which a member applies.

Section 4.4.3: Presumptive Eligibility

Continuing Demonstration Features

Georgia will continue to waive hospital presumptive eligibility. Eligibility in Georgia Pathways has a specific qualifying hours and activities threshold requiring documentation for verification, which is not practicable for hospitals to evaluate.

New Demonstration Proposals

The State does not request any substantive changes to the presumptive eligibility policy of Georgia Pathways.

Section 4.5: Benefit Package

Section 4.5.1: Benefits

Continuing Demonstration Features

Georgia will maintain the benefit package that is provided under the Medicaid State Plan without Non-Emergency Medical Transportation (NEMT), as originally approved. The State Plan benefits include Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for enrollees ages 19 and 20, including NEMT under Pathways. Members enrolled in ESI will have a different benefit package based on the insurance offered by their employer and will receive premium and cost-sharing assistance, without wraparound benefits. *See Table 5: Benefit Package by Eligibility Group.*

Table 5: Benefit Package by Eligibility Group

Eligibility Group	Benefit Package
Individuals who meet the Georgia Pathways requirements and are not otherwise eligible for Medicaid	Georgia State Plan without NEMT, except enrollees ages 19-20
ESI Eligible Adults	Benefit package provided in the ESI plan Premium and cost-sharing assistance

New Demonstration Proposals

The State does not request any substantive changes to the benefits of Georgia Pathways.

Section 4.6: Employer Premium Assistance Program

Continuing Demonstration Features

Georgia will continue to operate the Pathways HIPP program, where Pathways-eligible individuals who have access to ESI through an employer are required to enroll in that coverage if it is cost effective for the State. The State continues to ensure that the employer sponsored plan is

cost effective using a methodology that considers the amount paid under capitation versus what it would pay to cover the cost of premiums and associated cost-sharing. The State pays monthly premiums and associated cost-sharing for participants of this program. ESI enrollment, when determined cost effective, will be a condition of Georgia Pathways eligibility. If during redetermination or based on other information reported to the State, an employer sponsored plan is no-longer cost effective, the member will no longer be required to be enrolled in ESI and can be enrolled in Medicaid through Georgia Pathways, should the member meet Pathways eligibility requirements.

New Demonstration Proposals

The State does not request any substantive changes to the employer premium assistance program.

Section 4.7: Cost-Sharing

Section 4.7.1: Premiums

Continuing Demonstration Features

The State has not implemented any cost-sharing policies, including premiums.

New Demonstration Proposals

As detailed in *Section 4.1.3*, the State requests to remove premiums as a component of the Pathways program.

Section 4.7.2: Copayments

Continuing Demonstration Features

The State has not implemented any cost-sharing policies, including copayments.

New Demonstration Proposals

The State requests an update to the copayment component of the Pathways program as initially approved. Because the State is requesting the removal of the Member Rewards Account, the copayment policy is no longer able to be implemented as approved. The State requests to implement cost-sharing for members in the Pathways program to align with those of all other Medicaid classes of assistance, as reflected in the State's Medicaid plan. *See Table 6: Copayment Amounts.*

Table 6: Copayment Amounts

Copayment Amounts	
Service	Copay
Inpatient Hospitalization	\$12.50 for entire stay
Outpatient Hospital Visit	\$3.00 per visit
Non-emergency use of the emergency department	\$3.00 per visit
Primary Care	\$0.00

Specialist	\$2.00
Durable Medical Equipment (DME)	\$3.00 \$1.00 for rentals and supplies
Pharmacy – Copayment varies based on the cost to the state.	\$10.00 or less: \$0.50 \$10.01 to \$25.00: \$1.00 \$25.01 to \$50.00: \$2.00 \$50.01 or more: \$3.00

Section 4.7.3: Member Rewards Accounts

Continuing Demonstration Features

The State has not implemented any cost-sharing policies, including the Member Rewards Account.

New Demonstration Proposals

The State requests the removal of Member Rewards Accounts as a component of the Pathways program. Corresponding programmatic elements including the establishment of the Member Rewards Account, the copayment deductions from the Member Rewards Account, and the premium credits to the Member Rewards Account are no longer applicable.

Section 4.8: Delivery System and Payment Rates for Services

Section 4.8.1: Managed Care Delivery System

Continuing Demonstration Features

Georgia will continue to use a managed care delivery system to provide services to the Georgia Pathways population. The State contracts with three CMOs, which were selected through a competitive procurement process.²⁵

New Demonstration Proposals

The State does not request any substantive changes to the managed care delivery system component of Georgia Pathways.

Section 4.8.2: Health Plan Choice

Continuing Demonstration Features

The State will continue to ensure the Georgia Pathways population has choice of CMOs consistent with Medicaid requirements. Upon enrollment, individuals are prospectively auto assigned into a CMO using existing algorithms applicable to the current Medicaid program. Members have 90 days to switch plans. If a member does not make a different choice within the

²⁵ The State is re-procuring their Care Management Organizations and may enter into contract with up to four CMOs.

90-day period, the member remains with the assigned CMO until the member's annual choice period.

New Demonstration Proposals

The State does not request any substantive changes to the health plan choice component of Georgia Pathways.

Section 4.8.3: Capitated Payments

Continuing Demonstration Features

The capitation rate-setting methodology for Georgia Pathways will continue to be the same methodology used to set rates for the current Medicaid populations and comply with all federal rate-setting requirements and guidance.

New Demonstration Proposals

The State does not request any substantive changes to the capitated payment component of Georgia Pathways.

Section 4.9: Additional Change Requested

In implementation discussions with CMS, Georgia agreed to provide monthly monitoring reports to the agency. Given the policy changes proposed in the extension application, the State requests to discontinue monthly reporting and report quarterly as agreed upon in the Special Terms and Conditions.

Section 4.10: Proposed Waiver and Expenditure Authorities

Below is a list of proposed waivers necessary to implement Georgia's 1115 Demonstration.

4.10.1 Continuing Waiver Expenditure Authorities

Georgia plans to maintain the following authorities granted in the original waiver Demonstration:

- Methods of Administration: Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53
 - To the extent necessary to enable Georgia to waive NEMT services except for EPSDT members
- Provision of Medical Assistance: Section 1902(a)(8)
 - To the extent necessary to enable Georgia to discontinue eligibility for, and not make medical assistance available to, members who fail to comply with the hours and activities threshold under Georgia Pathways
- Comparability of Eligibility Requirements: Section 1902(a)(10)(A)(i)(VIII) and 1902(a)(17)
 - To the extent necessary to enable Georgia to require an hours and activities requirement as a condition to maintain eligibility
- Amount, Duration, Scope, and Comparability: Section 1902(a)(10)(B)

- To the extent necessary to enable Georgia to allow individuals to receive the benefits provided through an ESI plan, without wrap-around benefits
- Freedom of Choice: Section 1902(a)(23)
 - To the extent necessary to enable Georgia to restrict the freedom of choice of providers for Demonstration eligibility groups
- Vision and Dental Coverage: Section 1902(a)(43)
 - To the extent necessary to enable Georgia not to cover certain vision and dental services described in sections 1905(r)(2) and 1905(r)(3) of the Act for 19- and 20-year-old members enrolled in ESI through the Mandatory HIPP Program
- 133 Percent Income Level: Section 1902(a)(10)(A)(i)(VIII)
 - To the extent necessary to enable Georgia to implement a lower income level for the Demonstration group

Additionally, Georgia seeks to continue the following expenditure authorities:

- Low Income Adults. Expenditures to provide medical assistance to individuals ages 19 – 64 with income up to 95 percent (effectively 100 percent with the 5 percent income disregard) of the federal poverty level (FPL), who are not otherwise eligible for Medicaid, as described in the STCs.
- Mandatory Employer-Sponsored Insurance. Expenditures to the extent necessary to provide premium assistance and assistance for associated cost sharing to subsidize the employee's share of the costs of insurance premiums for employer-sponsored health insurance, as described in the STCs.

4.10.2 Waiver Expenditure Authorities No Longer Requested

The following waiver authorities are no longer being requested in the new Demonstration period:

- Eligibility: Section 1902(a)(10)(A)
 - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's first premium payment
 - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's determination of eligibility
- Cost-Sharing: Section 1902(a)(14) insofar as it incorporates Section 1916 and 1916A
 - To the extent necessary to enable to charge monthly premiums and higher co-pays
- Prepayment Review: Section 1902(a)(37)(B)
 - To the extent necessary to enable Georgia to ensure that prepayment review be available for disbursements by members to their providers through the Member Rewards Account
- Reasonable Promptness: Section 1902(a)(3)/Section 1902(a)(8)
 - To the extent necessary to enable Georgia to begin Medicaid coverage on the first day of the month following an individual's determination of eligibility

- Retroactive Eligibility: Section 1902(a)(34)
 - To the extent necessary to enable Georgia to begin eligibility the month following determination of eligibility

Section 5: Demonstration Financing and Budget Neutrality

Please refer to *Appendix B* for the Budget Neutrality With Waiver (WW) and Without Waiver (WOW) exhibits. As discussed below, the State is requesting the Georgia Pathways population be considered "hypothetical"; therefore, a simplified single exhibit is provided.

Section 5.1: Overview

The Georgia Pathways Demonstration provides a pathway to healthcare coverage for low-income Georgians up to 100% of the FPL who are not otherwise eligible for Medicaid coverage. The State is requesting a Demonstration renewal date of October 1, 2025.

The Georgia Pathways program was implemented July 1, 2023. Therefore, limited historical data for the population covered under this Demonstration is available. The data used, and adjustments applied to align the costs with the population anticipated to enroll under this Demonstration, are described in the following Enrollment and Expenditure section.

For purposes of this Budget Neutrality calculation, the State is requesting the expenditures under this Demonstration to be considered "hypothetical." Per the August 22, 2018 State Medicaid Director's Letter (SMD #18-009):

"In cases where expenditure authority is provided for coverage of populations or services that the state could have otherwise provided through its Medicaid state plan or other title XIX authority, such as a waiver under section 1915 of the Act, CMS considers these expenditures to be "hypothetical;" that is, the expenditures would have been eligible to receive FFP elsewhere in the Medicaid program. For these hypothetical expenditures, CMS currently makes adjustments to the budget neutrality test which effectively treats these expenditures as if they were approved Medicaid state plan services."

Enrollment and projections from DY 1 to DY 5 are for the existing Pathways population only, as outlined in 'Continuing Demonstration Features.'

Enrollment and projections from DY 6 to DY 10 include both the existing Pathways population as well as the proposed 'New Allowable Activities.' As the State is requesting an extension of at least five years, enrollment and projections beyond DY 10 can be provided upon request.

Section 5.2: Enrollment

Table 7.0(a) summarizes DY 1 - DY 5 actual and estimated enrollment for the Georgia Pathways population. Given the implementation began during DY 3, Table 7 reflects actual enrollment from July 2023 to September 2024 and estimates through the remainder of the Demonstration. There is no enrollment for DY 1 and DY 2. The population figures reflected are the average assumed enrollment for each DY.

Table 7.0(b) summarizes enrollment estimates for the requested renewal Georgia Pathways population. The population figures reflected are the average assumed enrollment for each DY.

For the ‘Continuing Demonstration Features’ population, enrollment estimates for DY 6 were based on actual Georgia Pathways Demonstration enrollment and trended forward through DY 10. It is estimated that this population will continue to grow from DY 6 through DY 10 by 8% annual growth. This estimate was calculated using actual historical application processing and enrollment for the Georgia Pathways Demonstration. There are no expected changes requested in this Demonstration extension request that would impact this enrollment growth.

For the ‘New Allowable Activities’ population, the baseline eligible population estimates for DY 6 was based on eligible populations from the Georgia Gateway system. Additional assumptions to this baseline eligible population were applied to reflect the estimated take-up rate of the ‘New Allowable Activities’ population. The take-up rate assumption was informed based on historical take-up observed in the ‘Continuing Demonstration Features’ population. A DY 6 ramp-up factor was also applied, which assumes that not all eligible members will enroll on the first day of DY 6 and will instead phase-in uniformly over a 12-month time period. This population was then trended forward through DY 10. It is estimated that this population will continue to grow from DY 6 through DY 10 by an average 2.0% annual growth. This estimate was based on enrollment trends for actual and comparable populations.

The average number of months per member for our hypothetical population was assumed to be the same as the number of months per member for our comparable Georgia Families population. A 12 month/member average was assumed.

Table: 7.0(a): DY 1 – DY 5 Enrollment

	DY 1	DY 2	DY 3 ²	DY 4	DY 5
Enrollment ¹	-	-	362	3,317	6,814
Member Months	-	-	723	39,808	81,766

1. DY 3 and DY 4 reflect actual enrollment. DY 5 is estimated based on historical data.

2. DY 3 only reflects three months following Pathways launch on July 1, 2023.

Table: 7.0(b): Estimated Enrollment

	DY 6	DY 7	DY 8	DY 9	DY 10
Estimated Enrollment	18,301	26,530	27,701	28,946	30,271
Estimated Member Months	219,612	318,361	332,408	347,352	363,257

It was assumed that the current state of Georgia economic conditions, including unemployment rates, would remain consistent throughout the entirety of DY 6 through DY 10. If Georgia's economic conditions materially shift at any point throughout the Demonstration period, the enrollment may materially differ from the table and assumptions included within this extension waiver. Each Demonstration year reflects a point in time enrollment snapshot, and not a cumulative total.

Section 5.3: Expenditures Per Member Per Month

Given implementation on July 1, 2023, limited expenditure data for the ‘Continuing Demonstration Features’ population covered by this Demonstration is currently available. Due to the limited available data for this population, the latest certified capitation rate for the existing Pathways population as set by the State’s actuary for July 1, 2024 – June 30, 2025, (SFY 2025) was used as the base expense assumption for the continuing Demonstration features population. The data available for the Georgia Pathways population was reviewed and considered in the development of the SFY 2025 Pathways Capitation rates, however ultimately the basis of the capitation rates was the Georgia Families Proxy Population. Adjustments to the baseline PMPMs were made to account for expected trends impacting the Georgia Pathways program.

The ‘New Allowable Activities’ population costs were proxied based on the existing SFY 2025 Pathways capitation rates.

The following proposed policy changes to this Demonstration were reviewed for the estimated impacts to the capitation rates and expenditures:

- Changing of monthly qualifying activity reporting as a requirement for participation to annual reporting (Periodic and random audits will promote compliance with eligibility requirements and seek to mitigate fraud, waste, and abuse.): No impact, given pause on monthly reporting requirements during DY 3 and DY 4.
- Removal of premium and Member Rewards Accounts: No impact, given the premium requirement and Member Rewards Accounts were not implemented during DY 3 and DY 4.
- Retroactive coverage to the first month in which the application was submitted: Historical data was leveraged for average duration estimates. Given limited available data for the

existing Pathways population, the expected one additional month of coverage is assumed to behave similarly to the proxy population and therefore no cost impact was applied to the existing capitation rates.

Table 7.0(c) summarizes the estimated per member per month and estimated annual expenditures for DY 1 – DY 5 for the ‘Continuing Demonstration Features’ population. Given the implementation began during DY 3, the estimated annual expenditures in Table 7.0(b) reflects actual enrollment from July 2023 to September 2024 and estimates through the remainder of the Demonstration. There is no enrollment for DY 1 and DY 2. The population figures reflected are the average assumed enrollment for each DY.

The impact of these adjustments is shown in 7.0(d) and described in further detail below.

Table 7.0(c): DY 1 – DY 5 Expenditures

Demonstration Year	Historical Expenditure PMPM	Growth Factor	Member Months	Expenditures
DY 1	N/A	N/A	N/A	N/A
DY 2	N/A	N/A	N/A	N/A
DY 3	\$351.24	N/A	723	\$253,944
DY 4	\$342.36	0.97	39,808	\$13,628,488
DY 5	\$357.85	1.05	81,766	\$29,260,363

Table 7.0(d): Estimated Expenditure PMPMs

Demonstration Year	SFY 2025 Certified Capitation Rate for Existing Pathways	Estimated PMPM	Growth Compared to SFY 2025 Certified Capitation Rate	Estimated Member Months	Estimated Annual Aggregate Expenditures
DY 6	\$349.29	\$ 385.28	1.10	219,612	\$84,612,852
DY 7	\$349.29	\$ 410.83	1.18	318,361	\$130,790,674
DY 8	\$349.29	\$ 435.52	1.25	332,408	\$144,771,383

DY 9	\$349.29	\$ 461.70	1.32	347,352	\$160,372,895
DY 10	\$349.29	\$ 489.45	1.40	363,257	\$177,797,198

Section 5.4: Growth Factor

The SFY 2025 Pathways capitation rate is the best available source of expenditure and enrollment data to develop the expenditure PMPM baseline. However, the historical experience is not a directly appropriate benchmark for the development of the underlying expenditure trends, which are applied to develop the estimated expenditure PMPMs in each Demonstration year.

In order to trend the historical expenditure amounts, due to lack of credible historical experience and pursuant to CMS guidance, the President's Budget trend rates²⁶ were considered in the development of growth factors. The State is applying a 6.1% annual trend rate to develop the growth factors based on the increases demonstrated in the federal fiscal years 2025 through 2029. The growth factor is developed by compounding 1 + the annual trend rate from the midpoint of the experience period (January 1, 2025) to the midpoint of the next state fiscal year. These fiscal year rates were then blended across fiscal years based on projected member months to arrive at the final Demonstration year PMPM rates. The same growth factor was applied to both the 'Continuing Demonstration Features' and the 'New Allowable Activities' populations.

Section 6: Quality of and Access to Care

The Department of Community Health is committed to quality across Georgia Medicaid managed care programs and maintains the authority for the maintenance and evaluation of the Department's Quality Strategy. Every two years, with input from the CMOs, DCH updates its Quality Strategic Framework and outlines goals and metrics focused on improvement and achieving health outcomes. DCH's 2024-2026 Quality strategy includes under its scope Medicaid and CHIP managed care members including Pathways members and describes the quality performance and targets for the CMOs, and the processes for assessing, monitoring, and reporting CMOs performance, progress, and outcomes. The key goals outlined in the 2024-2026 Quality Strategy include to²⁷:

- Improve the health status of Georgians by promoting healthy lifestyles, preventive care, disease management, and address social determinants of health (SDoH).
- Improve access to quality healthcare at an affordable price.
- Ensure value in healthcare contracts.

²⁶ https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.whitehouse.gov%2Fwp-content%2Fuploads%2F2024%2F03%2Fhist15z1_fy2025.xlsx&wdOrigin=BROWSELINK

²⁷ The Department of Community Health, 2024-2026 Quality Strategic Plan, available at: <https://dch.georgia.gov/document/document/ga2024dchquality-strategyf1/download>

- Ensure the financial solvency of CMOs contracted with DCH to meet the needs of members.
- Increase effectiveness and efficiency in the delivery of healthcare programs.
- Ensure DCH staff members maintain the necessary skills and competencies to meet the current and future demand of the Medicaid program.

Section 6.1: Summary of CMO Quality Assurance

Georgia's managed care contracts align to the goals identified in DCH's Quality Strategy. DCH monitors CMO contract compliance through an internal quality assurance program (IQAP) that includes compliance reviews once every three years conducted by DCH's EQRO. Through this process, DCH and the CMOs are able to assess the performance of CMOs in meeting the Quality Strategy goals. If a CMO is not meeting the quality goals, as identified in the quality review, they implement remediation plans to address the issue. DCH also regularly evaluates the contracts with the CMOs and identifies contract requirements that need to be strengthened or modified.

Section 6.2: Summary of External Quality Review Organization (EQRO) Reports

DCH contracts with its EQRO to perform a number of mandatory quality review activities for CMOs serving Georgia's Medicaid population, including:

- Compliance monitoring evaluation of the CMOs in alignment with State and federal Medicaid managed care standards.
- Validation of non-HEDIS performance measures available through NCQA HEDIS Compliance Audits completed by the CMOs.
- Validation that Performance Improvement Plans (PIPs) conducted by CMOs are designed to achieve improvement and would have a positive impact on health outcomes.
- Validation of CMO Network Adequacy including geographic network distribution, provider network information systems and data systems, and CMO network adequacy validation data.
- Providing a quality strategy update (*Optional EQR activity*).
- Producing an aggregate report (*Optional EQR activity*).

DCH's EQRO produces an annual EQR technical report which summarizes the EQR activities and reviews members' access to care and quality of healthcare services. The report also contains the EQRO's assessment of the effectiveness of DCH's quality strategy. The 2024 External Quality Review Annual Technical Report (*Released 03/12/2024*) covers the time period of July 1, 2022, through June 30, 2023, which is one month prior to Pathways implementation.²⁸

²⁸ The Department of Community Health, 2024 External Quality Review Annual Technical Report, available at: <https://dch.georgia.gov/document/document/ga2023-24eqrannualreportfl/download>

Therefore, DCH does not have timely and comprehensive data summarizing the progress of the Department's quality and access goals during the first Demonstration year.

Section 7: Evaluation Report

See Appendix A: Interim Evaluation Report

Section 8: Documentation of Public Notice and Comment

Georgia used multiple mechanisms to notify the public about the waiver extension application and provided ample opportunity for the public to provide feedback both via oral testimony and written comment. The Department's public notice and public comment procedures are informed by, and comply with, the requirements specified at 42 CFR §431.408.

Section 8.1: Public Notice

DCH provided the public with the opportunity to review and provide input on the Section 1115 waiver extension application. The 30-day public comment period began on Tuesday, January 21 and closed on Thursday, February 20, 2025. Interested parties were notified of the public comment period via electronic mail, per the Department's standard procedure. The interested parties list is included as *Appendix C* of this waiver application.

The Department posted the public notice, including a comprehensive description of the extension application as well as the dates and times of the public hearings, on a dedicated webpage on the Department of Community Health's website, <https://dch.georgia.gov/> on January 21, 2025. The public notice was also sent to the Division of Family and Children Services' central office for distribution to all 159 individual county offices. The public notice provided instruction for any individual to submit written feedback to the State by electronic mail or USPS mail. A full copy of the public notice and the abbreviated public notice are included in *Appendix D* and *Appendix E* of this waiver application.

Following the 30-day public comment period, the Department reopened the public comment period for an additional 15 days. The additional 15-day public comment period began on Wednesday, March 5, 2025 and closed on Wednesday, March 19, 2025.

The Department posted the public notice, including a comprehensive description of the application as well as the date and time of the additional public hearing, on a dedicated webpage on the Department of Community Health's website, <https://dch.georgia.gov/> on March 5, 2025. The public notice was also sent to the Division of Family and Children Services' central office for distribution to all 159 individual county offices. The public notice provided instruction for any individual to submit written feedback to the State by email or USPS mail. A full copy of the

second public notice and the second abbreviated public notice are included in *Appendix F* and *Appendix G* of this waiver application.

Section 8.2: Public Hearings

The State held two public hearings with virtual attendance only via Zoom. These hearings took place as follows:

- **Public Hearing 1**
January 31, 2025 11:00AM-1:00PM ET
- **Public Hearing 2**
February 10, 2025 3:00PM-5:00PM ET

With the reopening of the public comment period, the State also held an in-person public hearing with the ability to join virtually via Zoom. This hearing took place as follows:

- **Cordele, Georgia**
Monday, March 17, 2025, 12:00 – 2:00 p.m. ET
State Office of Rural Health
502 S. 7th Street, Cordele, GA 31015

All three public hearings followed the same format, beginning with an overview of the Georgia Pathways program, including a summary of the proposed changes, followed by the invitation for oral public comment. All of the public hearings were recorded and all live and virtual verbal comments presented during the public hearings were transcribed. Individuals requiring special accommodations, including auxiliary communicative aids and services during these meetings could request such accommodations in advance of the meeting. Additional information regarding the totality of comments received and the State’s response to those comments is outlined in *Section 8.3*.

Summary of Public Hearings

Approximately 50 individuals attended the three hearings that the Department hosted. Twenty-two (22) individuals gave oral testimony. Speakers spoke on behalf of themselves as Georgia residents and the following organizations: Amerigroup, Be Well Black Girl, CareSource, Coastal Pines Technical College, Georgia Budget and Policy Institute, Georgia Chamber of Commerce, Georgia First, Georgia Quality Healthcare Association, Georgians for a Healthy Future, NAMI Georgia, Peach Concerned Citizens, Peach State Health Plan, SOWEGA Rising, Suiga Horizon, and System GO Birth Initiative.

Section 8.3: Public Comments

Following the public comment period, all written and oral comments were catalogued, summarized, and organized. In total, the State received 531 public comments during the public

comment period, including 509 written comments and 22 oral testimonies across the three public hearings. The State reviewed all comments and appreciated the public input received from Georgia residents and interested organizations. The State summarized comments and provided responses below, including an indication of any modifications that have been made to the waiver application as a result of the public comments.

The following summary combines the testimony offered at the public hearings as well as the comments received by the State via electronic mail and USPS mail. The Department gave all comments received through the various mechanisms the same consideration. To address public input, comments are summarized by topic and are followed by a response.

A number of commenters addressed multiple provisions in the waiver extension application. The majority of comments received were robust and touched on a range of topics that generally aligned with the following categories:

- Medicaid Expansion
- Eligibility Criteria – Qualifying Activities
- Qualifying Activity Reporting
- Monthly Monitoring Reports
- Other

Medicaid Expansion:

Summary of Comments: Many commenters encouraged the State to fully expand Medicaid up to 138% of the FPL. They referenced a financial benefit accompanying a full expansion; specifically, the enhanced federal match and increased dollars that would come to the State. Some commenters noted the low enrollment in the Pathways program and highlighted the increased number of Georgians under 138% FPL who would be covered if the State chose to fully expand Medicaid.

State Response: The authorizing legislation, Patients First Act, codified at OCGA §49-4-142.3 authorizes the Department of Community Health to file an 1115 waiver for new populations up to 100% of the FPL. The legislation does not permit an expansion to newly eligible populations up to 138% of the FPL, and thus the State does not have the authority to request an increase in coverage beyond 100% of the FPL.

Additionally, the Georgia Pathways and Georgia Access programs, made possible by the Patients First Act, have covered over 730,000 people in Georgia under 138% FPL. Of those, 7,384 individuals are currently active and enrolled in Georgia Pathways. Georgia Access, the State-based Exchange, had approximately 710,000 individuals between 100-138% FPL who selected Marketplace plans for Plan Year 2024.

Other states that chose traditional Medicaid expansion took away the opportunity for a significant number of their citizens to access private health insurance. This is because the

Affordable Care Act prohibits payment of subsidies for individuals between 100-138% FPL in states that expanded Medicaid. If traditional Medicaid expansion is implemented in Georgia, Georgia Access enrollment would be cut in half.

Among all states, Georgia currently has the fourth highest enrollment of any individual marketplace in the country; only behind Florida, Texas, and California. Georgia is a national leader in enrolling individuals in commercial, private healthcare coverage. If Georgia were to expand Medicaid, a significant portion of individuals who have gained commercial health insurance over the last six years would lose their commercial health plans and instead be directed towards Medicaid.

Eligibility Criteria – Qualifying Activities:

Summary of Comments: Commenters expressed strong support for the proposed addition of qualifying activities including compliance with the Supplemental Nutrition Assistance Program (SNAP) Able-Bodied Adult Without Dependents (ABAWD) program and parent / legal guardian of a child under six years of age. They noted that the addition of caregiving of a child under six is important for improving maternal and child health in Georgia. Additionally, some commenters asked for clarification on whether being enrolled as a SNAP ABAWD under an exemption category (i.e., homeless or physically unable to work) would qualify the individual for Pathways.

While commenters supported the additional qualifying activities, many asked the State to consider additional qualifying activities, such as caregiving of children beyond the age of six, caregiving of disabled children, or caregiving of dependent and senior adults. Other commenters recommended that the State allow for exemptions to the qualifying activities requirement, proposing specific populations such as veterans, those who are disabled, or those who have health conditions that make them unable to work.

State Response: The State appreciates the support of additional qualifying activities and believes that the addition of compliance with the SNAP ABAWD program and caregiving of a child under six years of age will increase the number of individuals who are eligible to participate in the program and continue to aid progress towards the program's goals.

In response to some commenters, the State would like to clarify that individuals meeting the qualifying activity through compliance with the SNAP ABAWD program must do so through the completion of a SNAP ABAWD work activity. Individuals who are eligible for and enrolled in the SNAP ABAWD program because they are granted an exemption (i.e., homeless or physically unable to work) will not meet the qualifying hours and activities threshold of the Pathways program under the SNAP ABAWD qualifying activity. The State is not providing any categorical exemptions from the qualifying hours and activity requirement.

The State would also like to clarify that for parents and legal guardians of a child under the age of six, the child must be currently enrolled in the Medicaid program or must be on the Medicaid application applying for Medicaid with the adult seeking Pathways coverage.

Additionally, caregiving is currently an approved qualifying activity for individuals who participate in the structured family caregiving program for an individual enrolled in the State's Elderly and Disabled Waiver Program (EDWP). Furthermore, individuals who are paid caregivers for individuals in the State's Independent Care Waiver Program (ICWP), the New Option Waiver Program (NOW) or the Comprehensive Supports Waiver Program (COMP) can also qualify under the employment qualifying activity.

The State continues to recognize that there may be circumstances that temporarily limit or prevent a member from being able to participate in a qualifying activity or to meet the hours threshold. Therefore, the waiver will continue to allow for short-term, good cause exceptions for members who have previously qualified and then experience an unexpected life event such as a serious illness or hospitalization, birth or death in the family, or a family emergency. Members can request a Good Cause Exception for up to 120 hours per certification year so that they are able to maintain coverage even when unexpected things happen.

Qualifying Activity Reporting:

Summary of Comments: Many commenters expressed full support for the changing of monthly qualifying activity reporting to annual reporting as a criterion for ongoing program eligibility. They noted the difficulty of the monthly reporting process, including the burden it places on members who live in rural communities and do not have reliable access to the internet. Commenters noted that this proposed change will improve the member experience, as members will not worry about losing coverage mid-year if they are unable to or forget to report their hours and activities.

State Response: The State appreciates the support for this policy change and believes it will improve the member experience and align the qualifying activity eligibility requirement with other eligibility requirements. The State would like to clarify that while monthly reporting will not be required, individuals on Pathways are still expected to maintain compliance with meeting their monthly qualifying activity requirements and report a change in circumstance if there are any changes throughout the year. This process is similar to expectations with other eligibility criteria such as reporting changes to income, changes in residency, etc. that may arise during an individual's certification period. Additionally, periodic and random audits will promote compliance with eligibility requirements and seek to mitigate fraud, waste, and abuse.

Monitoring Reports:

Summary of Comments: Some commenters expressed interest in the continuance of the State's monthly reporting to CMS to ensure insight and transparency into the program. They commented that the monthly reporting of metrics allows the public to stay informed about the program's progress, including application numbers and enrollment metrics and recommend that the monthly public reporting continue.

State Response: The State acknowledges the importance of transparency for the Georgia Pathways program and agrees that public reporting should continue in alignment with the original agreement between the State and CMS. The Special Terms and Conditions, which is the original agreement between the State and CMS, stipulated the submission of three quarterly reports and one annual report for each Demonstration year. Furthermore, these quarterly and annual reports are detailed on a month-by-month basis, providing all the same data and metrics as the monthly reports, compiled quarterly. Providing the reports on a quarterly basis allows the State to monitor trends before submission and continues to allow for comprehensive oversight and accountability. The State appreciates the interest in the program from the public and will continue to provide reports as originally agreed upon with CMS.

Other:

Summary of Comments: Some commenters asked the State to consider the addition of benefits including expanded maternal health benefits and additional mental health benefits. Others noted that individuals need coverage to regain their health and go back to work.

Commenters also supported the addition of a retroactive coverage policy for Pathways, allowing for coverage to begin the first of the month in which the application was received.

Other commenters noted the need for a streamlined and modern application system and encouraged the state to implement automated verification and renewal processes to reduce administrative burden.

The State also received comments that were not relevant to the Georgia Pathways proposal as well as other comments regarding operational considerations for implementation of the program.

State Response: The benefits offered under Georgia Pathways are those offered under the current State Plan for members enrolled in traditional Medicaid, except for non-emergency medical transportation (NEMT), services for members over 19 years of age, and wraparound benefits for those enrolled in the health insurance premium payment (HIPP) program. The State appreciates the comments but is not proposing to add any additional benefits to the State Plan.

The State's proposal to provide retroactive coverage will align Pathways to other classes of assistance within Medicaid. The State appreciates the comments in support of this policy change.

The State appreciates the operational considerations and will take these comments into account during program design for the proposed new policies. The State continues to enhance the Pathways application to improve the user experience including the use of electronic interfaces to determine compliance with qualifying activities.

Section 8.3.1: Changes to the Waiver

The State appreciates the public's input on the Pathways extension application. Based on comments received, both written and those given through oral testimony, and other channels of feedback, the State is making the following clarification to the waiver extension application:

- Clarification of SNAP ABAWD qualifying activity: The State added language in *Section 4.2* to clarify that an individual enrolled in SNAP ABAWD may only meet the SNAP ABAWD Pathways qualifying activity requirement if they are completing a work activity. Individuals who qualify for SNAP ABAWD through an exemption will not meet the SNAP ABAWD Pathways qualifying activity requirement and must complete another qualifying activity or activities in order to be Pathways eligible.
- Clarification of parent/legal guardian of a child under six qualifying activity: The State added language in *Section 4.2* to clarify that the child under the age of six must be currently enrolled in the Medicaid program or must be on the Medicaid application also applying for Medicaid with the adult seeking Pathways coverage.

Section 8.4: Tribal Consultation

The State of Georgia does not have any Federally-recognized Indian tribes within its borders and thus has not established a separate process for consultation with any tribes with respect to this Section 1115 Demonstration waiver extension application.

Section 8.5: Post-Award Forum

On December 7, 2023, within six months following implementation of Pathways on July 1, 2023, the State hosted a virtual Post-Award Forum for attendees to provide public comment. The State also provided an opportunity for interested parties to submit comment via electronic and postal mail. The State received 23 unique comments. A full copy of the public notice is included in *Appendix H* of this waiver application.

Commentors praised the Pathways program for its novel approach to increasing access to health care coverage for people who otherwise would not qualify, while providing a path for Georgians to achieve economic self-sufficiency. Other commentors noted that the program would benefit from additional outreach efforts to make more potentially eligible people aware of the program. Commenters also noted the burden of monthly reporting and suggested that process improvements could improve the overall customer experience. Other commentors noted that full Medicaid expansion would cover more people with fewer program requirements.

Organizations represented include: American Cancer Society, American Heart Association, American Lung Association in Georgia, Americans for Prosperity Georgia, Amerigroup, CareSource, Georgia Hospital Association, Georgia Alliance of Community Hospitals, Georgia Budget and Policy Institute, Georgia Chamber of Commerce, Georgia Public Policy Foundation,

Georgia Quality Healthcare Association, Georgians for a Healthy Future, Health Students Taking Action Together, Medical Association of Georgia, and Peach State Health Plan.

The State will continue to hold an annual public forum to solicit comments on the progress of the demonstration project, in accordance with the Special Terms and Conditions.

Section 9: Demonstration Administration

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Pathways Demonstration Program Interim Evaluation Report

Draft report prepared by the Public Consulting Group: December 16, 2024

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A. EXECUTIVE SUMMARY

This Interim Evaluation Report (IER) provides the Independent Evaluator (IE)'s findings and recommendations based on the first 13 months of the demonstration, July 1, 2023, through July 31, 2024.

1. DESCRIPTION OF THE DEMONSTRATION

On October 15, 2020, the Centers for Medicare and Medicaid Services (CMS) approved the State of Georgia's Section 1115 waiver demonstration project, "Georgia Pathways to Coverage." Implementation of the demonstration was postponed, resulting in a demonstration period of July 1, 2023, through September 30, 2025. The demonstration is comprised of three implementation phases:

- Core Functionalities
- Mandatory Health Insurance Premium Payment (HIPP) program
- Premiums, copayments, tobacco surcharge policy, and Member Rewards Account (MRA)

The core functionalities, which include Georgia Pathways eligibility, qualifying hours and activities, good cause exceptions, and reasonable accommodations/modifications, and the HIPP phase have launched. The Georgia Pathways demonstration (hereafter, "Pathways") offers a new means for Georgians with household incomes up to 100% of the Federal Poverty Level (FPL), (technically 95% FPL, with a 5% income disregard), to obtain Medicaid coverage. To be eligible for Pathways, applicants must satisfy, and continue to maintain, a qualifying hours and activities (QHA) requirement of 80 hours per month. The qualifying activities include various types of employment, job training, vocational rehabilitation, community service, and education. As described in the Pathways waiver application, the demonstration aims to provide Georgians who may not otherwise be eligible for Medicaid with improved access to affordable healthcare coverage and ultimately result in improved health and well-being.

2. FINDINGS

Due to the shortened demonstration time period, data availability at the time of the IER is limited to application and enrollment information. Therefore, the IER presents findings regarding application and enrollment during the first year of the demonstration. The Summative Evaluation report will present findings for each demonstration goal.

Demographics of the Pathways applicant pool

During the first 13 months of implementation, approximately 26,000 individuals applied to Pathways. The applicant pool was predominantly female (74%), young (58% age 19-34), Black/African American (43%), and non-Hispanic/Latino (91%). Approximately half of applicants originated from counties with a high average Area Deprivation Index (ADI) score, indicating high socioeconomic disadvantage.

Enrollment into Pathways was lower than projected in the first year

A majority of applicants (83%) were determined to be ineligible for Pathways, either due to general Medicaid requirements, or to the Pathways-specific QHA requirements. In the original 2019 waiver application, the state projected enrollment of 25,000 individuals into Pathways in the first year of the program; actual enrollment during the first year of implementation was approximately 4,300 individuals. Age and ADI score were found to be associated with the likelihood of being determined eligible for Pathways. Increasing age of an applicant was associated with a decreasing likelihood of eligibility, whereas an applicant living in an area with a high ADI score was more likely to be determined eligible.

The QHA requirement limited Pathways enrollment

Although most denied applications were rejected due to failure to meet general Medicaid requirements such as income and residency, QHA requirements also had a significant impact on program enrollment, particularly for older adults (aged 50-64). Older adults were less likely to be eligible for Pathways and more likely to be ineligible due to failure to meet QHA requirements compared to younger applicants. Of the nearly 6,000 individuals who met all requirements other than QHA, approximately 1,700 were ineligible only because of the QHA requirement.

3. RECOMMENDATIONS

1) Amplify outreach and engagement efforts to increase applications from likely eligible populations

To increase enrollment of eligible individuals, the IE recommends the state continue to invest in an outreach and engagement strategy tailored to likely eligible Georgians to increase the number and proportion of eligible applicants. In late summer 2024, the state announced new funding for a marketing and outreach campaign for Pathways. As the state implements this campaign, the IE recommends applying lessons learned and successful practices from other state efforts to increase Medicaid enrollment, including leveraging trusted community partners to increase engagement.

2) Expand eligibility opportunities by modifying QHA requirements for target populations

The IER findings demonstrate that QHA requirements were a barrier to Pathways enrollment for individuals who were otherwise eligible. The IE recommends that the state consider expanding activities that qualify for QHA to include family caregiving duties. Additionally, the IE recommends providing older adults a QHA exemption to support eligibility and enrollment for this group.

3) Streamline and simplify the application and documentation processes

Ensure the Pathways application portal is up to date with accurate program information, easily searchable and accessible, and supports interested individuals with completing applications.

4) Reduce administrative burden and potential gaps in coverage by modifying QHA reporting requirements

The state may consider adding an option to calculate QHA hours on a bi-annual basis or annualize QHA requirements. Allowing beneficiaries to report an annualized number of QHA hours (instead of 80 hours per month) would accommodate month-to-month fluctuations in QHAs such as seasonal work or academic calendar-based educational opportunities. Streamlined reporting requirements for QHA would reduce the reporting burden on beneficiaries, and the administrative burden on agency staff, as well as reduce the risk that beneficiaries may become disenrolled and experience a gap in coverage.

B. GENERAL BACKGROUND INFORMATION

1. DEMONSTRATION NAME AND TIMING

During the 2019-2020 Georgia General Assembly's Regular session, Senate Bill 106 the *Patients First Act*, was passed to enable the Georgia Department of Community Health (DCH) to submit a Section 1115 Demonstration waiver to CMS requesting to increase the income threshold for eligibility to 100% of the FPL, (technically 95% of the FPL with 5% of income disregarded).¹ Senate Bill 106 also allows the Governor of Georgia to submit a demonstration application related to health insurance coverage and health insurance plans. The demonstration is intended to provide Georgians with improved access to affordable healthcare coverage and ultimately result in improved health and well-being.² The program expansion, named Georgia Pathways to Coverage ("Pathways" hereafter), was approved by CMS on October 15, 2020, originally for a five-year period. Implementation was postponed, resulting in a shortened demonstration period covering July 1, 2023, through September 30, 2025.

2. DEMONSTRATION GOALS

The mission of Georgia DCH is to provide access to affordable, quality healthcare to millions of Georgians, including some of the state's most vulnerable and underserved populations.³ Georgia's overall aim to create "A Healthy Georgia" informs the demonstration goals of improved access, affordability, and quality through strategies that:

- Improve the health of low-income Georgians by increasing their access to affordable healthcare coverage by encouraging work and other employment-related activities;
- Reduce the number of uninsured Georgians;
- Promote member transition to commercial health insurance;
- Empower Pathways members to become active participants and consumers of their healthcare;
- Support member enrollment in employer-sponsored insurance by providing premium assistance for qualifying employer-sponsored health plans, if doing so is cost-effective for the state;
- Increase the number of persons who become employed or engaged in employment-related activities;
- Increase wage growth for those who are employed; and
- Support the long-term, fiscal sustainability of the Medicaid program.

To achieve these goals, DCH developed "opt-in" criteria for eligibility including participation in qualifying hours and activities (QHA). These criteria are intended to strengthen individual earnings and employment which are in turn expected to result in higher levels of participation in employer-sponsored or commercial insurance along with improved financial security. Additionally, the third phase of the demonstration (currently on hold) will include health insurance premiums which include surcharges and incentives to reinforce healthy behavior and personal responsibility as well as to align with features of commercial health insurance.

The Summative Evaluation report will address each of the demonstration goals. Due to the shortened demonstration time period, data availability is limited to application and enrollment information.

¹ In 2023 100% FPL was approximately \$14,580 for an individual and \$30,000 for a family of four. <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

² Georgia Section 1115 Demonstration Waiver Application dated December 23, 2019.

³ Georgia Department of Community Health, "About Us." dch.georgia.gov.

Therefore, the Interim report presents findings regarding Pathways application and enrollment during the first year of the demonstration.

3. DESCRIPTION

As of 2019, 19% of individuals between the ages of 19 and 64, and 40% of the state's adult population with an income below 100% of the FPL, were uninsured.^{4,5} Pathways was designed to provide immediate coverage for individuals in this income range who are already working at least part-time. Specifically, Pathways establishes eligibility options for Georgians working or engaged in volunteer, job-readiness, or education efforts, with household incomes up to 95% of the FPL (with a 5% income disregard), who previously were not eligible for Medicaid coverage or were provided continuous coverage during the Public Health Emergency (PHE) and are no longer eligible. The 5% income disregard refers to the exclusion of 5% of the individual's income when determining eligibility for Pathways. Eligibility in Pathways is prospective only and is contingent on applicants reaching a threshold of 80 hours per month of qualifying activities, which include various types of employment, job training, vocational rehabilitation, community service, and education.

Recognizing that some individuals experience barriers to employment, the state developed Pathways policies intended to support participation in Pathways and in the workforce. Individuals may satisfy QHA requirements with *job readiness activities* defined as follows:

- *Activities directly related to preparation for employment. Some examples include but are not limited to life-skills training, GED course enrollment, resume building, and habilitation or rehabilitation activities, including substance use disorder treatment. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional.*
- *An inpatient hospital stay/short-term skilled nursing facility (SNF) stay is considered a habilitation or rehabilitation activity under job readiness only at initial application. For each day of an inpatient hospital stay/SNF stay, an applicant may claim 4 hours towards their monthly Qualifying Activities requirement.*

Individuals with disabilities who do not otherwise qualify for Medicaid may request a reasonable accommodation to meet Pathways QHA requirements, such as reduced hours or modified reporting. Pathways members experiencing a temporary disruption that prevents them from fulfilling QHA, such as illness, emergency, or life event, may request a good cause exception to the QHA requirements.

Low-income Georgians who are pregnant, a child or teenager, age 65 or older, legally blind, have a disability, or need nursing home care are generally eligible for Medicaid. Additionally, Georgia provides Medicaid coverage to non-disabled adults with incomes up to 35% of the FPL through its Medicaid managed care program, Georgia Families. During the PHE, the Families First Coronavirus Response Act (FFCRA) provided for continuous coverage for individuals who were or became eligible, resulting in a steady increase in enrollment from approximately 1.9 million members in state FY 2019 to approximately 2.6 million members in state FY 2023.⁶ During the PHE unwinding process, Medicaid redeterminations were conducted for the first time in three years. During this process, members were evaluated for their eligibility for Pathways.

⁴ Kaiser Family Foundation, Health Insurance Coverage of Adults 19-64, based on 2008-2019 ACS, 1-Year Estimates, 2019.

⁵ Kaiser Family Foundation, Health Insurance Coverage of Adults 19-64 Living in Poverty (under 100% FPL) based on 2008-2019 ACS, 1-Year Estimates, 2019.

⁶ Georgia Department of Community Health, DCH Annual Report Fiscal Year July 1, 2022—June 30, 2023

At the time of applying for the Section 1115 demonstration waiver, the state projected that enrollment for demonstration year (DY) 1 would be 25,028 and increase over time to 52,509 by DY5 (Table 1).⁷ The size of the potential eligible applicant pool may have changed due to demographic changes between the originally planned launch in 2020 and the actual launch in 2023.

TABLE 1: PATHWAYS ENROLLMENT PROJECTION

DY1	DY2	DY3	DY4	DY5
25,028	47,362	48,782	50,490	52,509

The Pathways implementation plan has three phases (Table 2). The first phase began July 1, 2023, and introduced the following core functionalities of the Pathways program:

- Pathways Eligibility
- Qualifying Hours and Activities
- Good Cause Exceptions
- Reasonable Accommodations and Modifications

The second phase, which began on January 1, 2024, introduced the mandatory Health Insurance Premium Payment (HIPP) program. Through the HIPP program, individuals who have access to Employer Sponsored Insurance (ESI) and become Medicaid-eligible through Pathways may be eligible for premium and cost-sharing assistance. For members who have access to ESI, the state determines whether paying all or part of the ESI premium is cost effective. If so, then the member is required to enroll in ESI, with premiums covered entirely or in part by Medicaid in lieu of receiving Medicaid benefits.

Phase three is intended to add consumer-engagement elements that mimic private insurance such as member premiums and copays. Member Rewards Accounts (MRAs) hold premium payments and funds earned through maintaining healthy behaviors. Funds in the account will be available to pay copayments as well as to pay for additional services not covered by Medicaid, such as vision or dental services. They may also support a member's transition into the commercial health insurance market once their income exceeds 100% of the FPL. At the time of writing, Phase three has not been implemented, and is not addressed in this report.

TABLE 2: PATHWAYS IMPLEMENTATION PHASES

Phase	Start Date	Components
1	July 1, 2023	Core functionalities
2	January 1, 2024	Mandatory Health Insurance Premium Payment (HIPP) program
3	TBD	Premiums, copayments, tobacco surcharge policy and Member Rewards Account (MRA)

⁷ See Section 2: Demonstration Eligibility, page 10 (<https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathways-to-coverage-pa1.pdf>)

As part of the state's PHE unwinding plan, Georgia Medicaid delayed redeterminations until September 2023 for beneficiaries who were identified, based on available information, as possibly no longer eligible for traditional Medicaid, and potentially eligible for Pathways. The purpose of the delay was that if redetermination found that an individual met Pathways criterion, they could be moved directly into Pathways without a lapse in coverage.⁸ In this way, the state leveraged the PHE unwinding process to facilitate enrollment in Pathways.

4. POPULATION

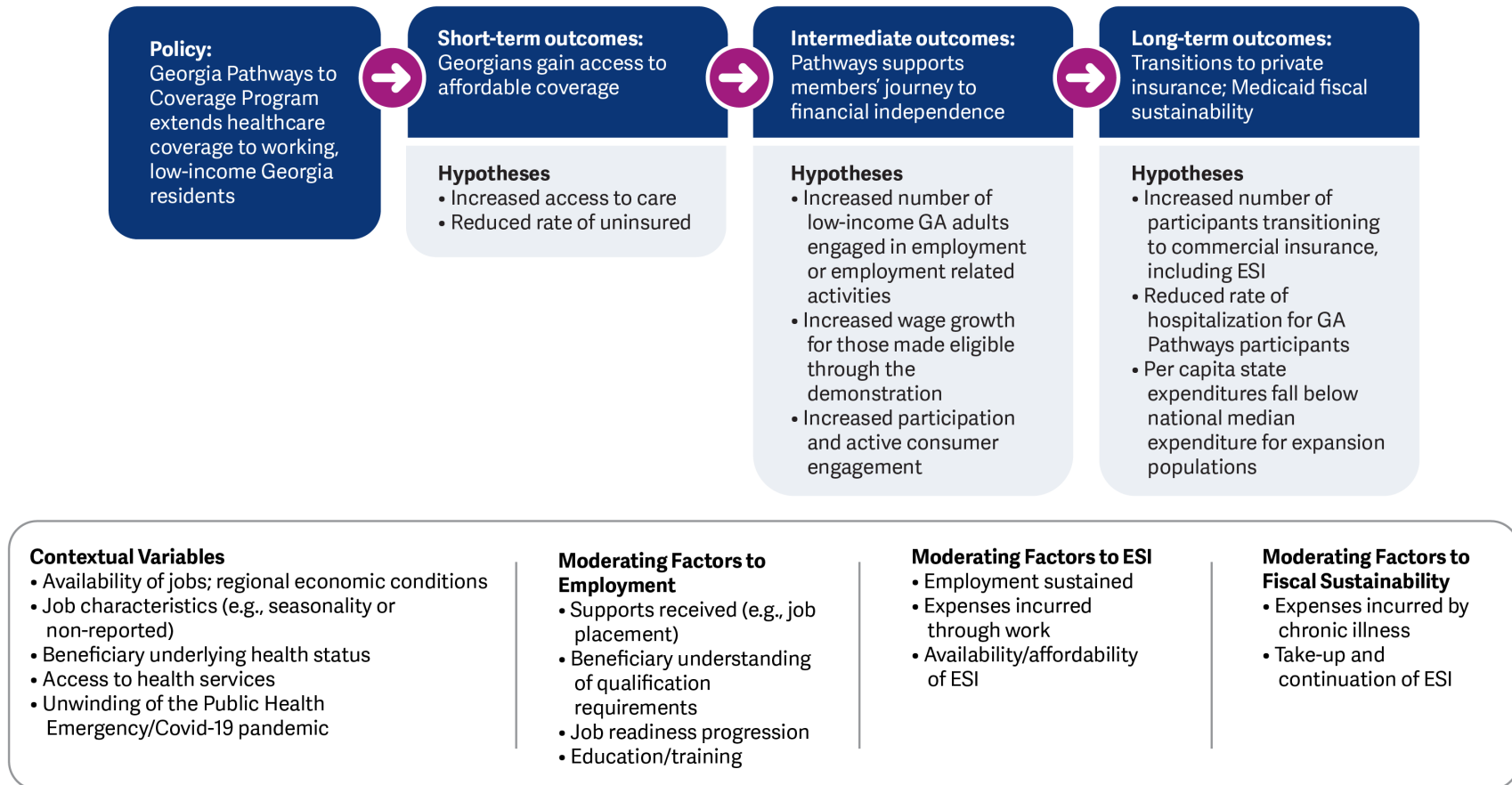
The demonstration population (Pathways eligibility) is defined as individuals aged 19-64 with household incomes up to 95% of the FPL with a 5% income disregard who are not otherwise eligible for Medicaid, and who are engaged in qualifying activities for at least 80 hours per month. The population studied *for this IER* is all individuals who elected to be considered for Pathways, signed a Pathways contract, and provided QHA information, irrespective of their eventual eligibility determination.

⁸ Georgia Department of Human Services, Medicaid Unwinding. <https://dhs.georgia.gov/medicaid-unwinding> Accessed 04/20/2023.

C. EVALUATION QUESTIONS AND HYPOTHESES

1. LOGIC MODEL

FIGURE 1: PATHWAYS LOGIC MODEL



2. HYPOTHESES AND RESEARCH QUESTIONS

The aims of the Pathways program are to improve **access to affordable health coverage**, to support members' **financial independence**, to help members **transition to commercial insurance**, and to ensure the **fiscal sustainability** of the state Medicaid program. The logic model in Figure 1, above, represents the goals specified in the Pathways application as a natural progression from the proximate to distal outcomes the state expects to achieve through program elements. Each outcome corresponds to a testable hypothesis of the impact of the demonstration, as shown in Table 3. As discussed in Methodology, the IE is not able to assess the demonstration's impact at this time due to lack of data availability, so the IER is limited to assessing enrollment.

The **immediate aim** of the Pathways program is to improve access to affordable health coverage by providing healthcare coverage to certain working, low-income Georgia residents. The first evaluation hypothesis that addresses this aim is that the Pathways program policies will increase access to healthcare, reflected in increased engagement in primary care, and improvement in self-reported access and health status. The second evaluation hypothesis is that Pathways will reduce the prevalence of uninsured status among Georgia residents with incomes up to 100% of the FPL (95% FPL, with a 5% income disregard).

The **intermediate aim** of the Pathways program is to support members' financial independence by incentivizing them to engage in QHAs. Individuals ages 19 to 64 with incomes up to 100% FPL who meet the required hours and activities threshold of 80 hours per month, are eligible for the Pathway demonstration.

The state anticipates that more Georgia residents will participate in employment or related activities, and that these individuals' incomes will increase as a result. Evaluation hypothesis six (hypotheses are numbered in the order of the corresponding goals, as listed in the waiver application), addressing this objective, is that Pathways will increase the number of adults with incomes up to 100% FPL who are engaged in at least 80 hours per month of employment or employment related activities. Evaluation hypothesis seven states that Pathways will increase income growth for employed individuals who are enrolled in the Pathways program.

In addition, the state hypothesizes (evaluation hypothesis four) that Pathways will increase members' engagement in their own care, as reflected in member participation in recommended preventive care and disease management.

The **final aim**, and expected **long-term outcome**, of Pathways is to promote the fiscal sustainability of the state Medicaid program, both through cost containment and through transitions to ESI. The state hypothesizes (evaluation hypotheses three and eight) that costs will be contained because access to affordable coverage will improve the health of members and enable them to receive care in appropriate and more cost-effective settings, reflected in reduced hospitalizations. The state further anticipates (evaluation hypothesis five) that many Pathways members will, over time, transition to ESI, with the state paying less in premium support than the cost of providing traditional Medicaid benefits. Because Pathways will use a fully capitated payment model, the state will not pay claims directly for members. Therefore, cost containment will be estimated based on encounter data using average encounter costs. These cost estimates will be compared to CMS estimates of Medicaid expenditures by comparable states to test the hypothesis that the per capita state expenditure for Pathways members will remain below the national median expenditure for Medicaid adult expansion populations.

Furthermore, the state anticipates that increased engagement in work and ESI (through HIPP) will lead to more transitions from Pathways to unsubsidized enrollment in employer-sponsored insurance or individual health plan marketplace insurance (evaluation hypothesis three). The evaluation will assess the

number of individuals who report having made this transition, and whether enrollment in private coverage is sustained over time.

The exploratory research questions provide context surrounding the QHA requirements and the characteristics of those individuals that were able to meet or failed to meet those requirements. These research questions also provide more information about the impact of the PHE, and barriers to accessing coverage and healthcare services.

TABLE 3: GOALS AND RESEARCH QUESTIONS

Goals and Hypotheses	Research Questions (RQ)
<p>Goal 1: Improve the health of low-income Georgians through increased access to affordable healthcare.</p> <p>Hypothesis 1: The demonstration will improve the healthcare access of low-income Georgians.</p>	<p>RQ1. Did Pathways improve the access to healthcare of low-income Georgians?</p> <ol style="list-style-type: none"> <i>Primary research question 1.1:</i> Did the percentage of adult members with a primary care or ambulatory visit in the last 12 months change? <i>Primary research question 1.2:</i> Did members' self-report of ability to obtain care change? <i>Primary research question 1.3:</i> Did members' self-report of overall health status change? <i>Primary research question 1.4:</i> What was the outcome of redetermination for members who were identified during unwinding as possibly eligible for Pathways? <i>Primary research question 1.5:</i> What was the outcome of new applications to Pathways? <i>Primary research question 1.6:</i> Were Pathways members able to meet qualifying hours and activities (QHA) requirements and sustain coverage?
<p>Goal 2: Reduce the number of uninsured Georgians.</p> <p>Hypothesis 2: The demonstration will reduce the number of uninsured in Georgia residents with incomes up to 100% of FPL.</p>	<p>RQ2. Did Pathways reduce the number of uninsured Georgians?</p> <ol style="list-style-type: none"> <i>Primary research question 2.1:</i> Did the number of uninsured adults aged 19-64 in GA change? <i>Primary research question 2.2:</i> Did trends in the uninsured rate vary by geographic areas? <i>Primary research question 2.3:</i> Did trends in the uninsured rate vary by age group? <i>Primary research question 2.4:</i> Did trends in the uninsured rate vary by race/ethnicity group?
<p>Goal 3: Promote member transition to commercial health insurance.</p> <p>Hypothesis 3: The demonstration will increase the number of Pathways members who transition to commercial health insurance, including employer sponsored</p>	<p>RQ3. Did Pathways promote member transition to commercial health insurance?</p> <ol style="list-style-type: none"> <i>Primary research question 3.1:</i> Did the number of members who lose eligibility due to gained income change? <i>Primary research question 3.2:</i> Did the number of former Pathways members who successfully transitioned to commercial health insurance coverage change?

insurance and individual health insurance market coverage, after separating from Medicaid.	<ol style="list-style-type: none"> 3. <i>Primary research question 3.3:</i> What is the pattern of coverage of members who transition to ESI? 4. <i>Primary research question 3.4:</i> What occupational or other characteristics are associated with transitioning to ESI? 5. <i>Primary research question 3.5:</i> What is the coverage status and source by payer type of former Pathways members after separating from Medicaid?
<p>Goal 4: Empower Pathways members to become active participants and consumers of their healthcare.</p> <p>Hypothesis 4: The demonstration will increase member engagement in healthcare.</p>	<p>RQ4. Did Pathways Empower members to become active participants and consumers of their healthcare?</p> <ol style="list-style-type: none"> 1. <i>Primary research question 4.1:</i> To what extent and in what ways did members feel informed about their coverage and benefits and engaged in their own healthcare decisions?
<p>Goal 5: Support member enrollment in employer-sponsored insurance by providing premium assistance for qualifying employer-sponsored health plans, if doing so is cost-effective for the state.</p> <p>Hypothesis 5: The demonstration will increase the number of Georgia residents below and up to 100% of the FPL enrolled in employer sponsored insurance.</p>	<p>RQ5. Did Pathways support member enrollment in employer-sponsored insurance by providing premium assistance for qualifying employer-sponsored health plans?</p> <ol style="list-style-type: none"> 1. <i>Primary research question 5.1:</i> Did the percentage of members with income below and up to 100% of the FPL enrolling in the ESI through mandatory HIPP change? 2. <i>Primary research question 5.2:</i> Did the percentage of premium paid for by premium assistance for qualifying ESI health plans change?
<p>Goal 6: Increase the number of persons who become employed or engaged in employment-related activities.</p> <p>Hypothesis 6: The demonstration will increase the number of adults below and up to 100% of the FPL who are engaged in at least 80 hours a month of employment or employment related activities.</p>	<p>RQ6. Did Pathways increase the number of members who become employed or engaged in employment-related activities?</p> <ol style="list-style-type: none"> 1. <i>Primary research question 6.1:</i> Did the average hours worked by employed individuals change? 2. <i>Primary research question 6.2:</i> Do members who initially participate in qualifying hours and activities other than employment gain employment within some defined time period (i.e., is there evidence of job-readiness progression?) 3. <i>Primary research question 6.3:</i> What are the characteristics of new jobs gained by qualifying hours and activities participants? 4. <i>Primary research question 6.4:</i> Is employment among individuals subject to qualifying hours and activities requirements sustained over time?
<p>Goal 7: Increase wage growth for those who are employed.</p>	<p>RQ7. Did Pathways increase wage growth for those who are employed?</p>

<p>Hypothesis 7: The demonstration will increase wage growth for those made eligible for Medicaid through the Demonstration.</p>	<p>1. <i>Primary research question 7.1:</i> Did member earnings change at annual redetermination?</p>
<p>Goal 8: Support the long-term, fiscal sustainability of the Medicaid program.</p> <p>Hypothesis 8: The Pathways demonstration will improve the fiscal sustainability of the GA Medicaid program.</p>	<p>RQ8. Did Pathways support the long-term, fiscal sustainability of the Medicaid program?</p> <ol style="list-style-type: none"> 1. <i>Primary research question 8.1:</i> Did the demonstration contain cost growth for Pathways members? 2. <i>Primary research question 8.2:</i> Did the rate of hospitalization decrease for Pathways members? 3. <i>Primary Research Question 8.3:</i> Did enrollment of members in ESI reduce costs for the Medicaid program? 4. <i>Primary Research Question 8.4:</i> What was the administrative cost of implementing and operating the demonstration?
<p>Exploratory Research Questions</p>	
<p><i>Primary research question 9:</i> Was the demonstration implemented effectively?</p> <ol style="list-style-type: none"> a. <i>Subsidiary research question 9a: How did the Public Health Emergency/Covid-19 pandemic impact implementation and evaluation of the demonstration?</i> <ul style="list-style-type: none"> • Was the Public Health Emergency/COVID-19 pandemic a barrier to the demonstration implementation? • To what extent did the state's unwinding efforts interact with the implementation of the demonstration? • Were there additional unforeseen challenges due to the timing of the implementation in the backdrop of the unwinding activities, and how did the state overcome such challenges? 	
<p><i>Primary research question 10:</i> What barriers to meeting qualifying hours and activities requirements are experienced by demonstration participants and those interested in Pathways?</p> <ol style="list-style-type: none"> a. <i>Subsidiary Research Question 10a:</i> Do members understand the qualifying hours and activities requirements and how to satisfy them? b. <i>Subsidiary Research Question 10b:</i> What are the common barriers to initial compliance with the qualifying hours and activities requirement as well as initial enrollment? c. <i>Subsidiary Research Question 10c:</i> What are the underlying reasons for post-enrollment noncompliance with the qualifying hours and activities requirement, potentially leading to suspensions and disenrollments from the demonstration? Examples of such barriers and underlying reasons could include family caregiving obligations (including childcare), transportation hurdles, medical frailty and other medical conditions, administrative challenges of gathering documentation. d. <i>Subsidiary Research Question 10d:</i> Did Pathways members utilize community supports and other services to satisfy the qualifying hours and activities requirement? Did the demonstration's intended, current and former participants perceive availability of such supports and services adequate? 	

Primary research question 11: What are the characteristics of members who meet or fail to meet qualifying hours and activities requirements? How do the characteristics change over time?

- a. *Subsidiary Research Question 11a:* What are the characteristics of individuals who experience coverage suspension or disenrolled due to not meeting qualifying hours and activities requirement?
- b. *Subsidiary Research Question 11b:* What is the average duration of coverage gap for individuals who experience coverage suspension or disenrollments?

Primary research question 12: Did members not eligible for non-emergency medical transportation (NEMT) experience any challenges with accessing care because of lack of transportation?

- a. *Subsidiary Research Question 12a:* Do Pathways members over 21 report missing appointments due to lack of transportation?
- b. *Subsidiary Research Question 12b:* Do Pathways members over 21 report that they would use NEMT if it were available?
- c. *Subsidiary Research Question 12c:* Do Pathways members who are 21 or younger, or who were previously eligible for NEMT (due to being under 21, or having been traditional Medicaid beneficiaries previously), report using NEMT to access services?

D. METHODOLOGY

1. EVALUATION DESIGN SUMMARY

The shortened demonstration period led to limited data availability for the Interim Evaluation Report. As only enrollment data was available, the IE focused on descriptive analyses to identify patterns of application and enrollment in the first 13 months of the demonstration, derived from administrative data. More rigorous analyses, such as interrupted time series (ITS) were considered, however, with a limited amount of data available, such analyses were not feasible. At the time of the IER development, the IE cannot assess progress towards demonstration goals beyond enrollment.

TABLE 4: ANALYSES TO BE INCLUDED IN INTERIM VERSUS SUMMATIVE EVALUATION REPORT

	Interim Evaluation Report (Due December 30, 2024 to CMS)	Summative Evaluation Report (Due March 31, 2027 to CMS)
Time period	July 1, 2023 – July 31, 2024	July 1, 2023 – Sept 30, 2025
Findings	<ul style="list-style-type: none"> Patterns of eligibility, enrollment, and application denials due to QHA or for other reasons during the first 13 months of the demonstration. 	<ul style="list-style-type: none"> Patterns of eligibility, enrollment, and application denials due to QHA or for other reasons during the first 13 months of the demonstration. Impact on demonstration goals (see Table 3 for Research Questions)
Approach	<ul style="list-style-type: none"> Descriptive 	<ul style="list-style-type: none"> Quasi-experimental and Descriptive
Data sources	<ul style="list-style-type: none"> Administrative Data (e.g., enrollment, suspension, qualifying hours and activities, etc.) 	<ul style="list-style-type: none"> Administrative Data (e.g., enrollment, suspension, qualifying hours and activities, etc.) Medicaid Encounters (MMIS) Beneficiary Survey and focus groups Behavioral Risk Factor Surveillance System (BRFSS) American Community Survey Public Use Microdata Sample (ACS-PUMS) Key Informant Interviews (KII)
Analyses	<ul style="list-style-type: none"> Descriptive statistics Subgroup analyses Logistic Regression 	<ul style="list-style-type: none"> Trend over time Subgroup analyses Interrupted Time Series (ITS) Difference-in-differences and synthetic control methods (SCM) Qualitative analysis

The Summative Evaluation Report will assess progress towards demonstration goals by incorporating encounter data, survey results and qualitative data sources. The Summative Evaluation will employ a quasi-experimental approach to evaluate the impact of the demonstration. A summary of the methodology for the Interim and Summative Evaluation Reports is provided in Table 4. The Summative Evaluation Report will follow the methodology documented in the CMS approved Evaluation Design Document, included in this report as Attachment 1. *The remainder of this methodology section outlines the methods for this IER only.*

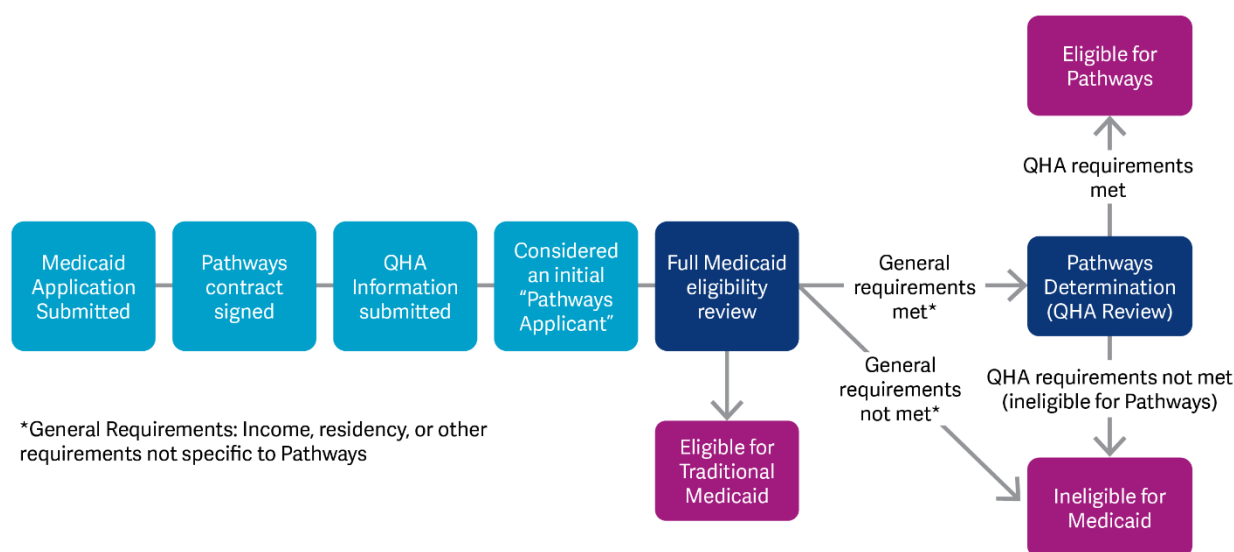
2. TARGET AND COMPARISON GROUPS

The target group *for this demonstration* consists of *individuals who are eligible for Pathways*. This includes individuals aged 19-64 with household incomes up to 95% of the FPL, with a 5% income disregard, who were not otherwise eligible for Medicaid, and who meet the threshold of 80 hours of QHAs per month.

The population studied *for this IER* includes all *Pathways applicants*, whether they were ultimately deemed eligible or not. Individuals interested in coverage actually submit applications for Medicaid, not specifically to Pathways. Figure 2 illustrates the application process. Briefly, most individuals apply for Medicaid through an online portal. If the initial information they provide is consistent with possible eligibility for Pathways, the applicant is provided with a description of Pathways and asked if they wish to be considered. Those who choose to be considered are asked to sign the “Pathways contract” confirming their understanding, and to provide information about their participation in QHA. Individuals who sign the Pathways contract AND submit QHA information are defined as Pathways applicants. When the full application is evaluated, any applicants who are determined to be eligible for traditional (non-Pathways) Medicaid are enrolled in the appropriate category, and only those who are otherwise ineligible are evaluated for Pathways eligibility.

For the purposes of this report, the initial Pathways applicant pool is defined as individuals who submitted new or transfer Medicaid applications on paper or through the Gateway Portal, elected to be considered for Pathways, signed a Pathways contract, and submitted QHA information. Following the full eligibility determination process, a portion of this group was determined to be eligible for traditional Medicaid. The final applicant pool is the initial applicant pool minus the group eligible for traditional Medicaid. Comparisons of the final applicant pool to the Pathways eligible group are made by age, gender, race/ethnicity, and rural/urban residence, where possible, to identify any differential patterns of enrollment.

FIGURE 2: GEORGIA PATHWAYS APPLICATION PROCESS



3. EVALUATION PERIOD

The IER covers the first 13 months of the demonstration: July 1, 2023, to July 31, 2024. The Summative Evaluation will extend these findings and incorporate additional analyses through the end of the demonstration period, September 30, 2025.

4. MEASURES

The measures for the IER are application outcome (eligible or ineligible) and reason for denial (QHA reason, other reasons) over the first 13 months of the implementation.

5. DATA SOURCES

The IER relies exclusively on Administrative Data covering enrollment and eligibility.

Administrative Data

The IER relies on Pathways' eligibility and enrollment data, which is managed by Georgia DCH, through the vendor "Gateway." Data was provided to the IE on the individual application level, with each entry including an application number and unique identifier that allowed linkage of multiple applications from the same person. Demographic data included age, sex, race, ethnicity, and county of residence. Zip codes were provided, but found to be unreliable, so the county of residence was used for geographic analyses. An indicator distinguishing new applications from transfer applications was also found to be unreliable as it could not be validated and was not utilized for this IER. Therefore, while all Pathways applicant data was used, no analyses were performed to solely compare rates of enrollment of the new applicants to the transfer applicants. Eligibility data included application status, and outcome of the determination if complete. If an applicant was ineligible for enrollment in Pathways, a field indicated whether the denial was specifically due to failure to satisfy QHA requirements. The available data did not specify what types of activities were used to satisfy QHA requirements. No data was available regarding reasonable accommodations, good cause exceptions, or disenrollments.

6. ANALYTIC METHODS

Quantitative Analyses

The IER relies on descriptive statistics and logistic regression. Statistical software packages including R and Stata were used to clean and analyze the data, generate descriptive statistics, and identify significant differences in comparisons of interest.

Data Cleaning

To build the Pathways applicant group dataset, the IE took these steps:

- Removed applications that were determined eligible for traditional Medicaid
- Removed “pending” applications (applications with no decision as of July 31, 2024)
- Used most recent application with a determination decision for each applicant and removed duplicates

Given that the dataset includes one application per individual, the IE uses the term “applicants” not “applications” when referencing this group.

Descriptive Statistics

The IE used descriptive statistics to generate summary tables showing the number and characteristics of Pathways applicants, outcomes of applications, and distribution of said outcomes by demographic characteristics and relevant subgroupings. These tables were used to develop a quantitative assessment of the population, to describe raw trends, and to identify characteristics that were included as covariates in regression modeling.

Application outcomes were reported as “determined eligible”, “determined ineligible for reasons other than QHA”, or “determined ineligible due to QHA”. The “ineligible due to QHA” category represents those individuals *who met all Pathways criteria* except for QHA. Failure to meet any non-QHA criteria would place the individual in the denied or ineligible for “other reasons” category. This category includes the same types of reasons that result in denials for traditional Medicaid: over-income, failure to return required verifications, voluntary withdrawals, existing coverage, and ineligibility based on citizenship, age, and residency. These reasons are not influenced or targeted by the Pathways demonstration and thus this group is not the focus of this report.

The dataset included applicant demographics such as date of birth (DOB), gender, race (4+ categories), ethnicity, and county. The IE created an age column (using DOB), categorizing applicants into three age groups (19-34 years old, 35-49 years old, 50-64 years old). The race groups were condensed into three categories (Black/African American, White, and Other/Unknown). Races comprising the “Other” category include Asian Indian, Filipino, American Indian, Other Pacific Islander, and Native Hawaiian. The ethnicity groups were condensed into three categories (Hispanic, Non-Hispanic, and missing). Using the United States Department of Agriculture (USDA) Economic Research Service 2023 county population size data, the IE generated a column coding each applicant as either “urban”, “rural”, or “missing”. Applicants from counties with a population size greater than or equal to 50,000 were labeled as urban, and applicants from counties with a population size less than 50,000 were labeled as rural. Applicants with blank entries for the county column were labeled as missing.

Lastly, the IE created a column including Area Deprivation Index (ADI) scores for each applicant based on their county designation. The ADI was used to assess the socioeconomic conditions of the county from which individuals were applying for Pathways. The ADI integrates a range of deprivation indicators,

including income, education, and employment metrics, to produce a composite score reflecting relative socioeconomic disadvantage.⁹

For this IER, the average ADI scores of each Georgia Census block group were assigned to their respective counties to identify regional disparities in socioeconomic conditions. The ADI is generated by Census block groups. Enrollment data included county of residence but did not include accurate zip codes or the Census block group order. In order to match the ADI ranking system to the enrollment data, the average ADI of the counties was used. The ADI ranking scores range from 1 – 10, with “10” representing the highest level of relative socioeconomic disadvantage. For the purposes of this report, applicants were divided into two groups: 1-5 (indicating a more resourced, less disadvantaged county residency) and 6 -10 (indicating a less resourced, more disadvantaged county residency). The county-level analysis performed using enrollment data is less precise than the Census block group ADI ranking. Limitations of the ADI include any limitations related to the American Community Survey (ACS) 5-year data used for its construction.

Following data cleaning, the IE calculated the total number of applicants overall and stratified by age, gender, race, ethnicity, county designation, and ADI rank group. The IE then calculated the number of applicants in each outcome group, which are determined eligible for Pathways, ineligible due to QHA, and ineligible for other reasons. Within each outcome group, the IE calculated the subgroup demographic breakdown.

To analyze subgroups further, the IE calculated the application outcome for each demographic, observing the number of eligible or ineligible individuals under each demographic (age, gender, etc.). At this stage, the IE also conducted calculations to explore the relationship between ADI rank, the three racial groups (Black/African American, White, and Other/Unknown individuals), and applicants with rural or urban county designations. Individuals with “missing” county designation were omitted from the analysis.

Logistic Regression

Logistic regression models were constructed using Stata to examine the association between a set of demographic variables and each of two binary outcomes. The demographic variables are age, gender, race/ethnicity, and county designation (urban, rural). The outcome for the first model is “GA Pathways Eligibility” (yes/no) and the outcome for the second model is “Denial Reason” (QHA reason/all other denial reasons).

E. METHODOLOGICAL LIMITATIONS

1. **Short demonstration period.** The demonstration period is 27 months long, which reduces the amount of data available over time, and reduces the likelihood of detecting changes in outcomes. When a demonstration period is shortened, the IE determines the most appropriate statistical techniques to analyze the data that is available at the time of the report. For this IER, the IE relied entirely on descriptive statistics and therefore, no causal inferences are possible. The evaluation design planned for the Summative Evaluation Report (Attachment 1) supports causal inferences but may require modification if data is not available. To generate the most meaningful Summative Evaluation feasible, the IE has added additional primary data collection, including survey and qualitative research, and additional questions focused on implementation.

⁹ Neighborhood Atlas - Home (wisc.edu)

2. **Historic Effects of the COVID-19 PHE.** During the COVID-19 PHE, from February 2020 to the end of March 2023, most eligibility redeterminations and potential disenrollments were paused. This continuous enrollment period increased Medicaid enrollment and likely impacted pre-demonstration patterns of work and healthcare utilization. The IER does not include pre-demonstration data but recognizes that the unwinding of the PHE interacted with the ramp up of Pathways as described above, which means that enrollment in the first year may have been impacted. Additionally, ongoing post-PHE economic trends may affect the job market, and hence QHA opportunities, in parts of GA differently. To mitigate this concern, the IE stratifies results by rural versus urban residents.
3. **Sample size.** The IER was limited to a one-year period, which included early months with few enrollments. By the end of the approved demonstration period, Pathways is anticipated to enroll between 10,000 – 50,000 Medicaid beneficiaries.⁷ However, the data set for specific outcomes may not be of the size necessary for sufficiently powered statistical analysis on all subgroups of interest.
4. **General source data limitations and restrictions.** For the purposes of the IER, the IE relied solely on the administrative data available through Gateway. There were several conditions surrounding these data that limited the analyses that could be performed:
 - a. The IE was unable to distinguish between “new” versus “transfer” Medicaid applicants in the current data set. The IE anticipates having this distinction between “new” and “transfer” Medicaid applicants available for the Summative Evaluation Report.
 - b. Zip codes used for applicants are provided by the applicant at the time of completing the application and may be subject to accuracy issues.
 - c. Several applications had dates preceding the start of the Pathways program (e.g., 2005) and had to be excluded from analyses.
 - d. Though the IE was provided with a list of reasons under the “denial/ineligible for other reasons” category, the number of ineligible individuals for each listed reason was unavailable.

F. RESULTS

1. DESCRIPTION OF THE FINAL APPLICANT POOL

The population studied *for the IER* includes all *Pathways applicants*, whether they were ultimately deemed eligible or not. For the purposes of this report, the initial Pathways applicant pool is defined as individuals who submitted new or transfer Medicaid applications on paper or through the Gateway Portal, elected to be considered for Pathways, signed a Pathways contract, and submitted QHA information. Following the full eligibility determination process, a portion of this group was determined to be eligible for traditional Medicaid. The final Pathways applicant pool – the population included in analyses - is the initial Pathways applicant pool minus the group eligible for traditional Medicaid.

At the time of preparing this IER, the eligibility determination process was complete for a total of 38,644 individuals in the initial Pathways applicant pool from July 1, 2023, to July 31, 2024. An additional 12,000 potentially Pathways eligible individual applicants were in “pending” status. Of the group for which the eligibility determination process was completed, nearly one-third (12,715) were determined to be eligible for traditional Medicaid. Of the remaining roughly 26,000 applicants (the final Pathways applicant pool), 17% were determined Pathways eligible, but the majority (83%) were determined ineligible. Reasons for ineligibility varied: 6% were not eligible for QHA reasons, and the remaining majority of 77% were not eligible for other reasons not specific to Pathways, including: not meeting income requirements, not returning required verifications, voluntary withdrawn applications, having existing coverage, or not

meeting citizenship, age, or residency requirements. Among ineligible applicants only, 8% were not eligible for QHA reasons and 92% were not eligible for other reasons not specific to Pathways.

TABLE 5: APPLICANT¹ DEMOGRAPHICS

Demographic	Group	Final Pathways Applicant Pool ¹ (n = 25,929)	Pathways Eligible Applicants ¹ (n = 4,290)
Age	19-34	58.1%	66.0%
	35-49	32.8%	24.8%
	50-64	9.2%	9.2%
Gender	Female	74.1%	74.3%
	Male	26.0%	26.0%
Race	Black or African American	43.3%	44.5%
	White	30.1%	31.2%
	Other/Unknown	26.6%	24.3%
Ethnicity	Hispanic or Latino	3.9%	3.1%
	Non-Hispanic/Latino	90.6%	91.9%

County Designation	Rural	20.8%	23.4%
	Urban	78.9%	76.3%

¹The applicant pool described here *excludes* those determined to be eligible for traditional Medicaid and those in “pending” status.

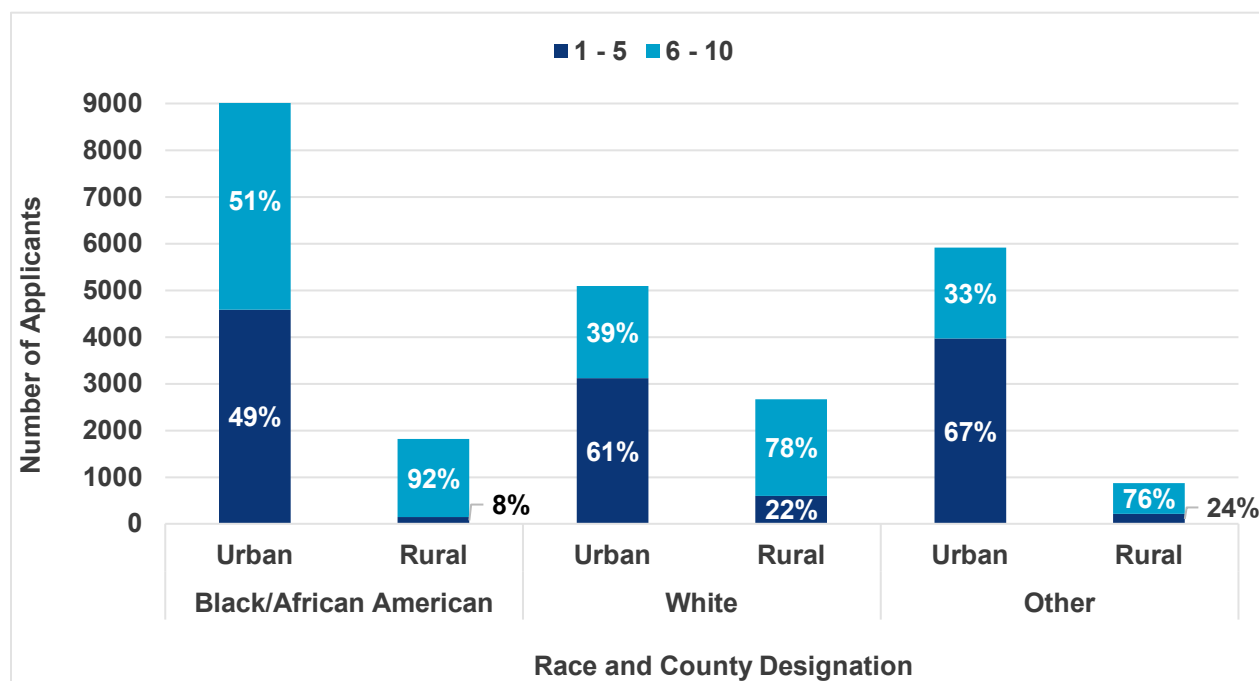
The final Pathways applicant pool tended to have younger (ages 19-34), urban, and/or female applicants.

ADI rank (1-5/more resourced or 6-10/more disadvantaged) was examined in relation to county designation (urban/rural), and race (Black/African American, White, or Other/Unknown) to explore potential interactions among these demographic variables and gain deeper insights into the final applicant pool. Results indicated that:

- Most rural applicants (82%) were from a high ADI ranking county.
- The ADI breakdown was more balanced for urban applicants: 43% were from a high ADI county and 57% were from a low ADI county.
- The majority of both Black/African American applicants (57%) and White applicants (52%) were from a high ADI ranking county.
- Among all racial groups, only the “other/unknown” category had more applicants from low ADI ranking areas (61%) than from high ADI ranking areas (39%).

Race and county designation were combined to create six subgroups for further analysis: Black urban, Black rural, White urban, White rural, Other urban, and Other rural. The majority of applicants (36%) were from the Black urban group. Across all racial groups, urban applicants (79%) outnumbered rural ones (21%). When incorporating ADI rank, distinct patterns emerged among the groups. For four of the six groups – Black urban, Black rural, White rural, and Other rural – the majority of applicants were from ADI areas ranked 6-10. Conversely, White urban and Other urban populations had a greater representation from ADI areas ranked 1-5.

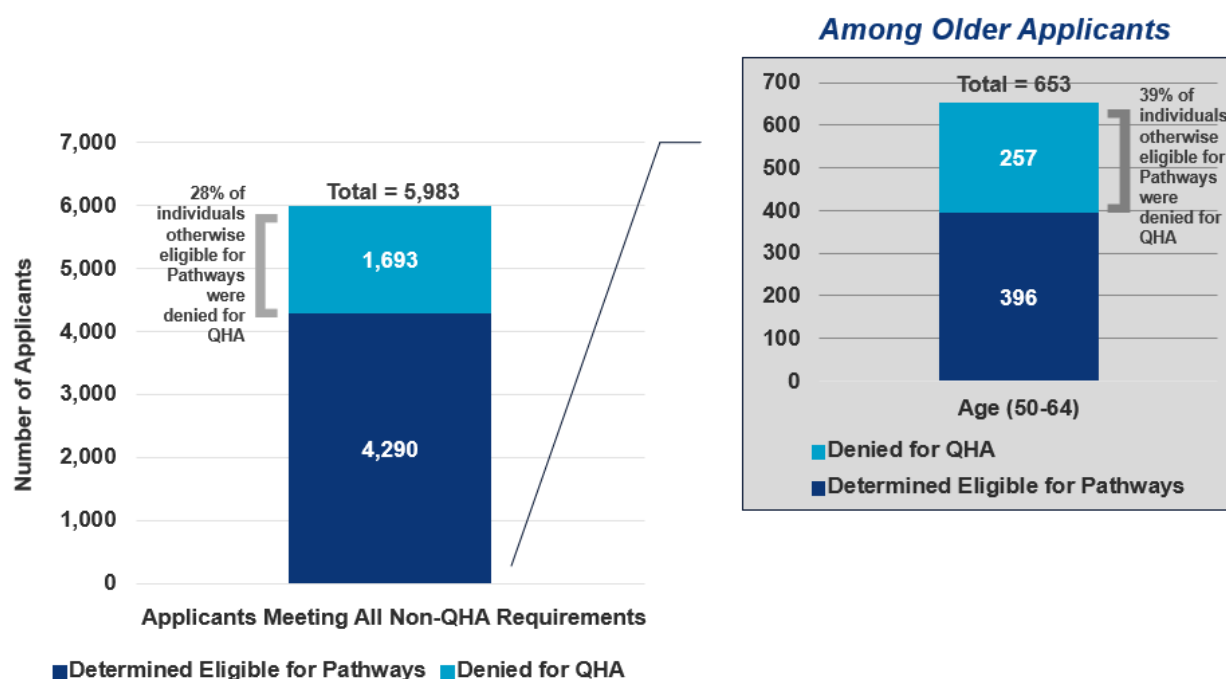
FIGURE 3: NUMBER OF APPLICANTS BY ADI RANK, COUNTY DESIGNATION, AND RACE



Pathways applicant eligibility was also examined in relation to the demographic variables. The demographic groups with the highest percentage of eligible applicants were also the groups with the highest number of applications (Table 5). More than half (58%) of the applications were 19–34-year-olds and two-thirds (66%) of eligible applications were from this same age group. Similarly, females accounted for 74% of total applicants as opposed to 26% males. Eligibility followed the same pattern with 74% of eligible applicants being female and 26% being male. The same pattern was observed in the race, ethnicity, and county designation categories.

The most common application outcome was “denied/ineligible for other reasons” (77%), followed by “eligible” (17%), then “denied/ineligible due to QHA” (6%). This pattern of outcomes was seen across all demographic groups (age, gender, race, ethnicity, and county designation). See Attachment 2 for detailed results of application outcomes for each demographic.

FIGURE 4: IMPACT OF QHA REQUIREMENT



The majority of individuals that were ineligible for Pathways were ineligible due to reasons that are not specific to this waiver but would have made them ineligible for Medicaid generally (e.g., income, residency, etc.). To explore the potential reach of the Pathways program specifically, an analysis was performed to focus on the program-specific QHA requirement. To study the impact of the QHA requirement, the IE compared the number of applicants who met the requirement and were determined eligible, to the number who met all other requirements and would have been eligible without it.

As seen in Figure 4, a total number of 5,983 applicants were eligible for Pathways disregarding the QHA requirement. If the 1,693 individuals (28% of the total) who were ineligible due to QHA had been determined eligible, it would have resulted in a nearly 40% increase in eligibility. This effect is even more pronounced among older applicants, with 39% of otherwise eligible applicants being ineligible due to QHA. Without the QHA requirement, eligibility for the 50-64 age group would have increased by 65%, from 396 to 653.

2. REGRESSIONS: DEMOGRAPHICS AND GA PATHWAYS ELIGIBILITY

The IE developed logistic regression models to further explore the demographic patterns identified through descriptive statistics and determine statistical significance. Table 6 summarizes the logistic regression results between several demographic independent variables and a binary dependent variable indicating whether an applicant was found eligible for Pathways. For easier interpretation, the IE calculated the coefficients as odds ratios: an odds ratio of 1 indicates no association between the independent variable and the dependent variable, and variables for which the 95% confidence interval includes 1.0 are not significant. For statistically significant independent variables, subtracting 1 from the odds ratio provides the estimated percent difference in the odds of an applicant being eligible for Pathways for a one-unit increase in the independent variable. For independent variables that are categorical, such as race, the odds ratio will show the percent change in the odds of an applicant being

eligible for Pathways if the applicant is the given category versus a reference category. The reference category for the race variable is White. For binary categories, such as urban, the odds ratio calculates the percent change between an applicant living in a rural county versus an urban county, holding all else equal.

TABLE 6: LOGISTIC REGRESSION RESULTS (DEMOGRAPHICS AND PATHWAYS ELIGIBILITY)

Demographic	Group	Odds Ratio (std. error)	95% Confidence Interval
Age	n/a, continuous	0.980 (0.02)	0.977-0.984
Gender	Female	1.077 (0.048)	0.984-1.178
Race (reference group is White)	American Indian/ Alaskan Native	0.868 (0.422)	0.335-2.249
	Asian Indian	1.237 (0.812)	0.342-4.481
	Black / African American	0.972 (0.040)	0.897-1.054
	Filipino	1.099 (0.330)	0.611-1.978
	Other	1.221 (0.182)	0.912-1.634
	Other Pacific Islander	1.015 (0.785)	0.223-4.625
Ethnicity	Hispanic/Latino	0.815 (0.117)	0.616-1.079
County Designation	Urban	0.919 (0.048)	0.616-1.079
ADI	n/a, continuous	1.024 (0.011)	1.004-1.045

Bold text indicates statistical significance at $p < 0.05$.

The model results show a statistically significant association of the outcome with age and ADI. The association for age is negative, indicating that for each one-year increase in an applicant's age, their odds of enrollment in Pathways decreases by about 2%. The association for ADI is positive, and each one-unit increase in the resident's county ADI corresponds to an increase in the odds of Pathways enrollment of about 2%. An increase of one year in age corresponds to roughly a 0.3% decrease in the probability of an applicant enrolling, which a one-unit increase in the applicant's county ADI increases the predicted probability of enrollment by just under 0.4%. Note that, while these marginal effects seem small, they

stack for each one-unit change: for example, a 50-year-old applicant will have an estimated 6% lower probability of enrollment in Pathways compared to a 30-year-old applicant, assuming all other variables are the same.

Table 7 depicts the results of a logistic regression model with the same independent variables as Table 6, but showing the factors associated with an applicant being ineligible for Pathways due to QHA vs. other reasons as the dependent variable. Again, the coefficients for the model are calculated as odds ratios for easier interpretation.

TABLE 7: LOGISTIC REGRESSION RESULTS (DEMOGRAPHICS AND PATHWAYS APPLICATION INELIGIBILITY DUE TO QHA)

Demographic	Group	Odds Ratio (std. error)	95% Confidence Interval
Age	n/a, continuous	1.012 (0.003)	1.007-1.017
Gender	(Female)	0.503 (0.032)	0.444-0.569
Race (reference group is White)	American Indian/ Alaskan Native	1.476(0.899)	0.448-4.869
	Black / African American	1.081(0.069)	0.954-1.225
	Filipino	0.449(0.324)	0.109-1.843
	Other	1.027(0.240)	0.650-1.623
	Other Pacific Islander	1.368(1.429)	0.177-10.597
Ethnicity	(Hispanic/Latino)	0.711(0.180)	0.433-1.169
County Designation	(Urban)	0.979(0.081)	0.833-1.151
ADI	n/a, continuous	1.006(0.016)	0.976-1.038

Bold text indicates statistical significance at $p < 0.05$ or less.

Age is statistically significant and positive, while gender (specifically, an applicant being female) is statistically significant and negative. For each one-year increase in age, the odds of an applicant being ineligible due to QHA increases by about 1%. Female applicants are about 50% less likely to be ineligible due to QHA than male applicants, assuming all other variables are equal.

G. CONCLUSIONS

PATHWAYS APPLICANTS AND ELIGIBLE BENEFICIARIES

Enrollment into Pathways during the first 13 months of the program was significantly lower than anticipated, with 83% fewer beneficiaries than the projected enrollment for DY1. The applicant pool was comprised of a diverse group of predominantly female (74%), young (58% between ages 19-34) and Black or African American (43%), and Non-Hispanic/Latino (91%) individuals. This demographic makeup was also observed in the group of eligible beneficiaries. Over half of the applicant pool came from geographic areas with high ADI scores, indicating high socioeconomic disadvantage. Applicants from rural counties were overwhelmingly from neighborhoods with high ADI scores.

Age and ADI score were found to be associated with eligibility for Pathways. Increasing age of an applicant is associated with a decreasing likelihood of eligibility. An applicant with a higher ADI score is more likely to be eligible.

IMPACT OF QHA REQUIREMENTS ON PATHWAYS ENROLLMENT

QHA requirements had a significant impact on Pathways enrollment. Although a majority of applicants were determined ineligible for “other reasons” and not failure to meet QHA requirements, ineligibility due to “other reasons”, such as income or residency requirements, age, voluntary withdrawal, failure to return required verifications, or existing coverage are not specific to the demonstration’s terms. These reasons for ineligibility are not defined by the Pathways demonstration, unlike the QHA requirement.

Applicants who were determined to be “ineligible due to QHA” met all other Pathways criteria except for QHA. Nearly 6,000 total applicants would have been eligible for Pathways had there not been a QHA requirement. If the over 1,600 individuals who were ineligible for QHA had not been subject to the QHA requirements, there would have been a 40% increase in Pathways enrollment (see Figure 4). The QHA requirement had a particularly pronounced impact on older adults, who were less likely to be eligible for Pathways and more likely to be ineligible due to QHA requirements. Without the QHA requirement, enrollment for older adults would have increased by 65%. This indicates that modifying the QHA requirements could be an effective strategy for the state to increase enrollment into Pathways within the scope and framework of the waiver.

H. INTERPRETATIONS, POLICY IMPLICATIONS AND INTERACTIONS WITH OTHER STATE INITIATIVES

Due to delays in implementation, Pathways began enrolling individuals in July 2023, coinciding with major national and state level changes to Medicaid enrollment and eligibility determination processes. During the COVID-19 pandemic, the FFCRA provided state Medicaid agencies with a temporary Federal Medical Assistance Percentage (FMAP) increase if they maintained continuous enrollment for Medicaid beneficiaries enrolled on or after March 18, 2020. Due to the continuous enrollment provision, Medicaid and CHIP enrollment grew significantly, both nationally and in Georgia. Between the state's FY 2019 and FY 2023, Medicaid members in Georgia increased from approximately 1.9 million to 2.6 million.¹⁰ With the end of the Public Health Emergency (PHE) and the continuous enrollment provision on March 31, 2023, states began a process of redetermining eligibility for Medicaid members, often referred to as "Medicaid unwinding" or "redetermination."

Georgia developed a state-based approach for their unwinding plan and leveraged several waivers to auto-renew coverage for eligible beneficiaries, including children, pregnant women, low-income families, individuals with disabilities, and senior citizens. The launch of Pathways coincided with Georgia's Medicaid unwinding process, and was incorporated into the state's strategy as a new coverage option for some people who would have otherwise lost coverage as a result of redetermination.

Overall enrollment into Pathways has been substantially lower than the state's projections of approximately 25,000 enrollees in the first demonstration year. While changing demographic trends may have reduced the overall pool of eligible individuals, the magnitude of the difference suggests that many individuals who would be eligible for Pathways are not applying to the program. As of July 2024, fewer than 5,000 Georgians have received coverage through Pathways, indicating that the program is not currently serving as a significant avenue to health coverage in the state. In order to meet the state's goals for this demonstration, enrollment will need to increase during the remaining time.

In late summer 2024, the state announced new funding for a marketing and outreach campaign for Pathways. The campaign plans to leverage a multi-channel marketing strategy, collaborate with "influencer organizations," and assess and streamline the program's website.

Marketing Strategy: The state identified five target audiences to tailor their outreach to, including young working adults, working adults, Spanish-speaking Georgians, rural Georgians, and students. The state has allocated a \$5.225M budget to a range of media activities across various channels including television, print, audio, transit, social media, and search engines to boost awareness and drive applications.

Influencer Engagement and Outreach Strategy: The state plans to engage four categories of influencer organizations: health providers and associations, qualifying activity providers, community groups, and government agencies. The state intends that influencer organizations will inform target audiences about Pathways, promote, and champion the program leveraging toolkits, introductory webinars, promotional materials, and local events provided by Pathways.

¹⁰ Georgia Department of Community Health, DCH Annual Report Fiscal Year July 1, 2022—June 30, 2023. [FY2023 GA DCH Annual Report FINAL.pdf](#)

Website Assessment Strategy: The state plans to enhance the Pathways website to boost the impact of the marketing and outreach activities as well as improve user experience. The state intends to conduct a user experience and user interface assessment of the website to inform improvements. Additionally, the state intends to enhance the program's visibility through search engine optimization.

System Enhancements and Support: The state is working on system enhancements and supports to improve the Medicaid application functionality. As of November 2024, the state reports having made several changes to improve the processes for Pathways application and renewal process, including streamlining the income verification process to reduce applicant and member manual QHA data entry, and implementation of the Medicaid documentation checklist to support application completion. Further changes planned or in progress include creation of an application tracker to create transparency for applicants, addition of automated text reminders to inform applicant of any additional information needed to complete the application, and dashboards to enable better tracking of the Pathways applicant population by the state.

The state anticipates that these efforts will increase application and enrollment of eligible individuals.

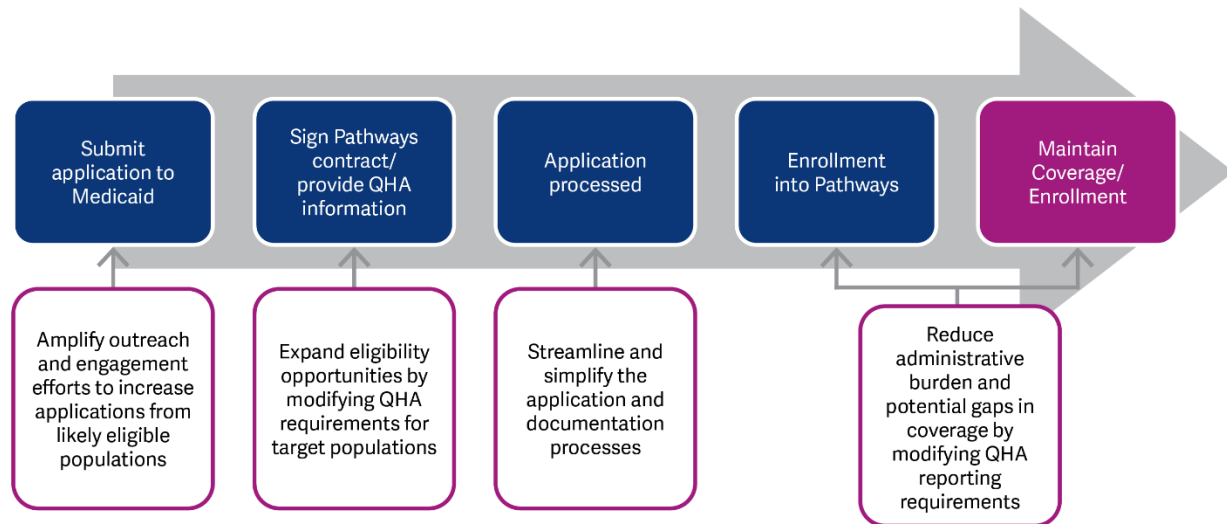
A potential route for increasing enrollment, and for achieving the Pathways goal of increased employment, is increasing the engagement of individuals with barriers to employment, such as SUD, health conditions, or disabilities. Data was not available for disability accommodations, good cause exceptions, or the use of job readiness activities as QHA; accordingly, the IE was not able to determine whether individuals with barriers to employment are aware of and using the policies intended to enable them to access coverage through Pathways and ultimately to increase their participation in employment.

Data on disenrollments and transitions to other coverage was not available for the IER time period. However, the state provided documentation indicating that the most common reason for disenrollment from Pathways launch through December 2024 was increased income, and that most of these individuals were referred to private insurance through the GA Access exchange. This preliminary observation suggests that by enrolling more individuals in Pathways, the state has a mechanism to achieve the demonstration goal of supporting transitions to private insurance.

I. LESSONS LEARNED AND RECOMMENDATIONS

Based on these preliminary analyses of application and eligibility data, the IE offers these recommendations to the state with the **goal of increasing enrollment in the Pathways program**. As illustrated in Figure 5, there are multiple opportunities throughout the Pathways continuum for the state to act to increase enrollment, including increasing applications from likely eligible populations, modifying QHA requirements, and simplifying the application and documentation process.

FIGURE 5: RECOMMENDATIONS TO INCREASE PATHWAYS ENROLLMENT



1) ***Amplify outreach and engagement efforts to increase applications from likely eligible populations***

To increase enrollment of eligible individuals, the IE recommends the state continue their efforts to prioritize and execute an outreach and engagement strategy targeting likely eligible Georgians.

Other states have successfully leveraged a variety of proactive outreach and engagement strategies to increase enrollment in their Medicaid programs, and Georgia may consider lessons learned from these approaches when executing their new marketing and outreach campaign. For example, the North Carolina Department of Health and Human Services actively included members of rural and communities of color in their outreach plan by soliciting their input through surveys, interviews, and focus groups on perceptions of and barriers to Medicaid enrollment and engaged community members in internal decision-making processes and strategic decisions about outreach and engagement efforts.

Additionally, North Carolina invested in relationships with trusted partners including public libraries, organizations serving individuals experiencing homelessness, and faith-based organizations. Public libraries trained their staff to assist with Medicaid applications, hosting walk-in sessions or appointments where individuals could receive support with application completion. Georgia Pathways may consider

developing similar partnerships or investing in resources such as navigators to support individuals in completing applications.

The inclusion of habilitation and rehabilitation under job readiness QHA is intended to support employability of individuals with SUD, disabilities, or health conditions while enabling them to access Pathways coverage. The IE recommends that the state expand efforts to publicize this policy to potential applicants and their providers. The state has taken a key step by including SUD treatment providers in the planned outreach campaign.

Additionally, the state should consider targeted communication with organizations that provide housing or other social services for populations affected by SUD, chronic health conditions, or disabilities. The state plans to make updates to the application portal, such as explicit inclusion of SUD treatment as a dropdown-menu QHA option, which can also make this policy more accessible to applicants. The IE recommends that the state implement these changes and track QHA patterns to determine whether individuals are understanding and using this policy.

2) Expand eligibility opportunities by modifying QHA requirements for target populations

Currently, Georgia is the only state implementing an 1115 Medicaid waiver that determines an individual's eligibility for Medicaid coverage based, in part, on their ability to demonstrate participation in qualifying employment or educational activities. Several other states have previously designed comparable 1115 Medicaid waivers that included a wide range of strategies or criteria related to work requirements that Georgia may consider.

- A. **Expand activities that qualify for QHA:** In their waiver designs, several states either included provisions that counted family caregiving duties towards qualifying hours or provided exemptions from qualifying hours requirements for adults with caregiving duties.¹¹
- B. **Modify QHA requirements for older adults and individuals transferring from traditional Medicaid:** Based on this report's preliminary analyses, older adults aged 50-64 were more likely to be ineligible for enrollment into Pathways due to a failure to meet QHA requirements. The state may consider relaxing the QHA requirements for this age group. Several states designed waivers that included exemptions for older adults.^{12,13}

Additionally, the state may consider auto-enrolling individuals who were previously enrolled in traditional Medicaid, but are no longer eligible based on income, into Pathways for a transitional period of one year before they would require QHA documentation from this group. This would be consistent with the state's overall approach to Medicaid unwinding and could reduce churn and gaps in coverage while providing beneficiaries transitioning out of traditional Medicaid with an opportunity to both understand and meet the QHA requirements.

- C. **Enhance access to Pathways for individuals with barriers to employment:** The state has policies in place to make Pathways coverage available to individuals with health conditions,

¹¹ National Academy For State Health Policy, "A Snapshot of State Proposals to Implement Medicaid Work Requirements Nationwide," [A Snapshot of State Proposals to Implement Medicaid Work Requirements Nationwide - NASHP](#)

¹² Kaiser Family Foundation, "Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State," [Section 1115 Waiver Tracker Work Requirements | KFF](#)

¹³ National Academy For State Health Policy, "A Snapshot of State Proposals to Implement Medicaid Work Requirements Nationwide," [A Snapshot of State Proposals to Implement Medicaid Work Requirements Nationwide - NASHP](#)

disabilities, or substance use disorder. The “job readiness” category of QHA includes habilitation/rehabilitation including SUD treatment, as well as SNF or hospital stays. Individuals with disabilities may also qualify for reduced QHA requirements. However, potential applicants may be unaware of these policies or may be unable to access them if they are uninsured. Some individuals may be in the position of needing coverage in order to access clinical services but needing the clinical services to qualify for coverage. The IE recommends that the state develop a policy or process to avoid this dilemma and educate applicants and providers about how to apply for Pathways in these circumstances.

3) *Streamline and simplify the application and documentation processes*

The state should ensure the Pathways application portal is updated, accessible, and user-friendly. As the state rolled out the Pathways program, they made ongoing adjustments to the application portal. For instance, in November 2023 the portal included an additional screening question that asked prospective applicants if they believed that they meet the QHA requirement. If they indicated “no,” they did not proceed to the next step in the application process. It was observed that in the following month, applications to Pathways decreased. A subsequent modification to this workflow instead offered prospective applicants the option to continue to the Pathways-specific application screen, without asserting that they qualified. Ensuring that the Pathways application portal is up-to-date with accurate program information, easily searchable and accessible, and supports interested individuals with completing applications will increase the applicant pool. This recommendation is consistent with the state’s plan to conduct a UX/UI (user experience/user interface) assessment of the Pathways website, as articulated in their marketing and outreach strategy.

4) *Reduce administrative burden and potential gaps in coverage by modifying QHA reporting requirements*

The Pathways program requires beneficiaries to report their QHA monthly. If they successfully report QHA for six consecutive months, they are exempt from the monthly reporting requirements for the remainder of the 12-month coverage period. The state may consider reducing the frequency with which beneficiaries are required to provide QHA documentation from monthly to quarterly, annually, or bi-annually. Allowing beneficiaries to report an annualized number of QHA hours (instead of 80 hours per month) would accommodate month-to-month fluctuations in QHAs such as seasonal work or academic calendar-based educational opportunities. This would reduce the reporting burden on beneficiaries and administrative burden on agency staff. A streamlining of reporting requirements for QHA would likely aid in handling the current backlog of applications as well as reduce the risk that beneficiaries may become disenrolled and experience a gap in coverage. This strategy is consistent with Georgia’s use of innovative waivers and strategies to keep more Georgians covered during the Medicaid unwinding process following the end of the COVID-19 Public Health Emergency and continuous enrollment provision.

J. ATTACHMENTS

ATTACHMENT 1: CMS APPROVED EVALUATION DESIGN DOCUMENT

Attachment 1 appears in a separate file.

ATTACHMENT 2: APPLICATION OUTCOMES BY DEMOGRAPHICS

FIGURE 6: APPLICATION OUTCOME BY AGE

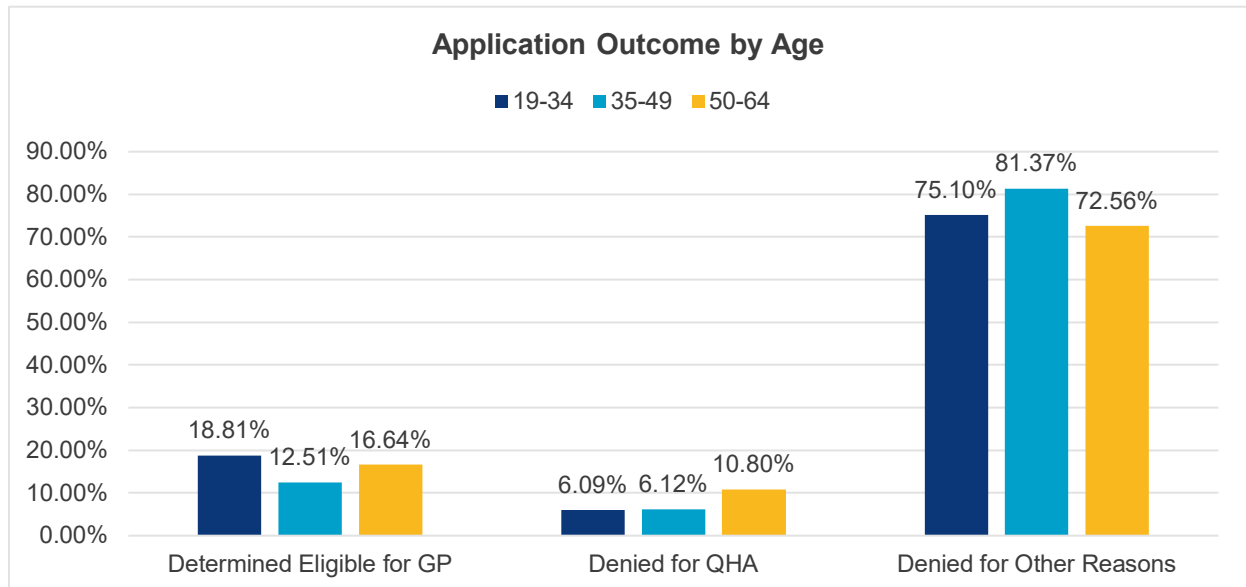


FIGURE 7: APPLICATION OUTCOME BY GENDER

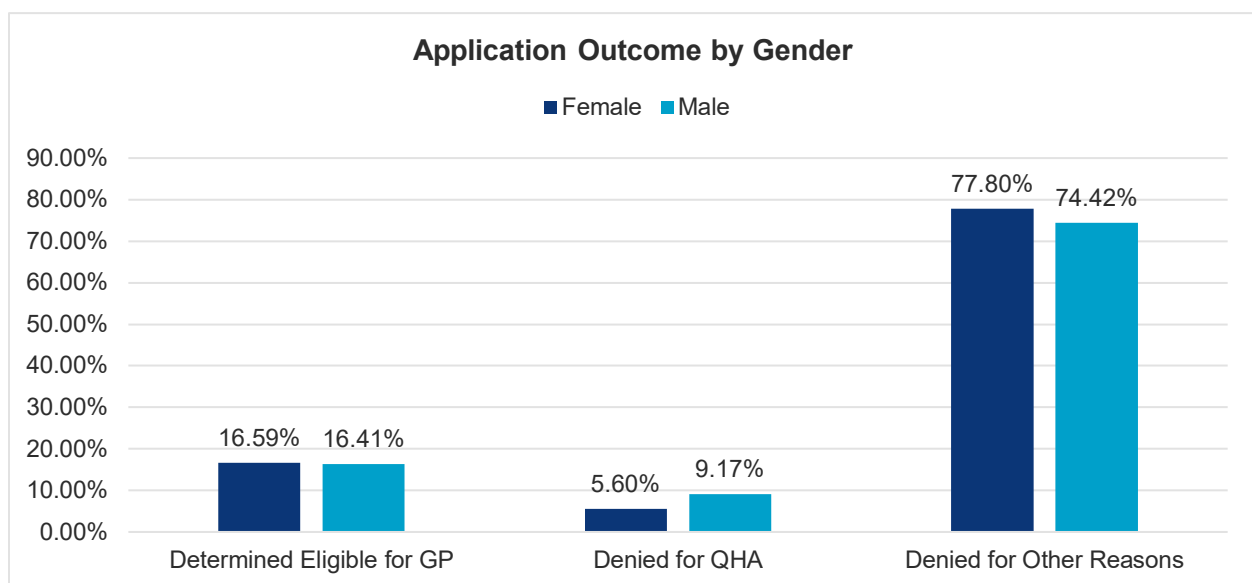


FIGURE 8: APPLICATION OUTCOME BY RACE

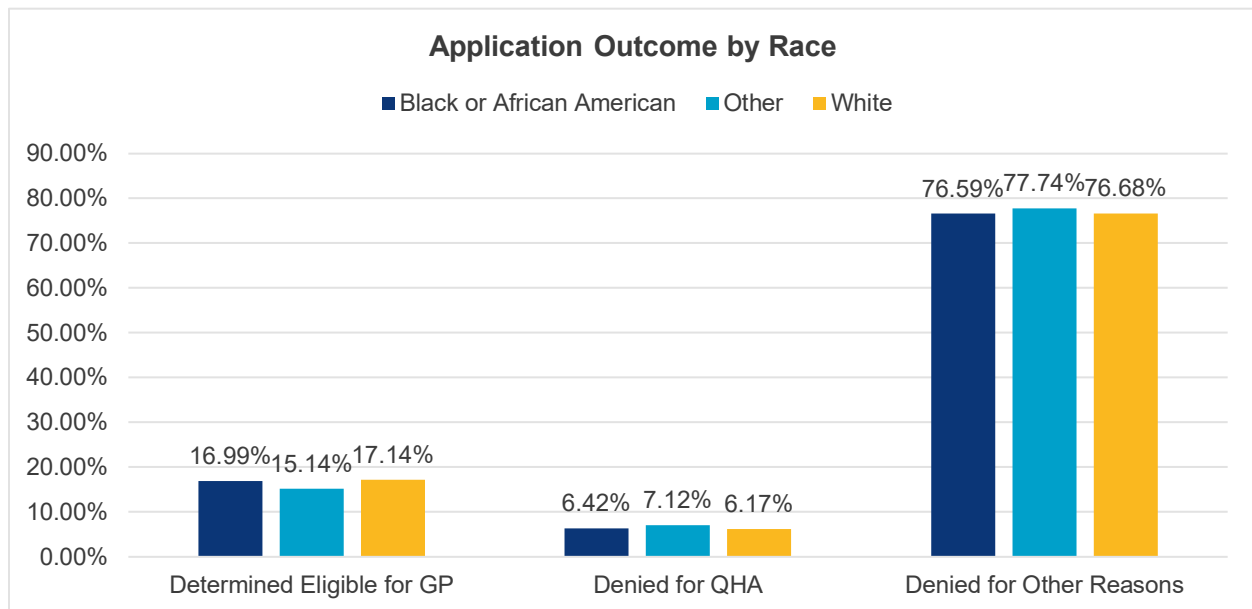


FIGURE 9: APPLICATION OUTCOME BY ETHNICITY

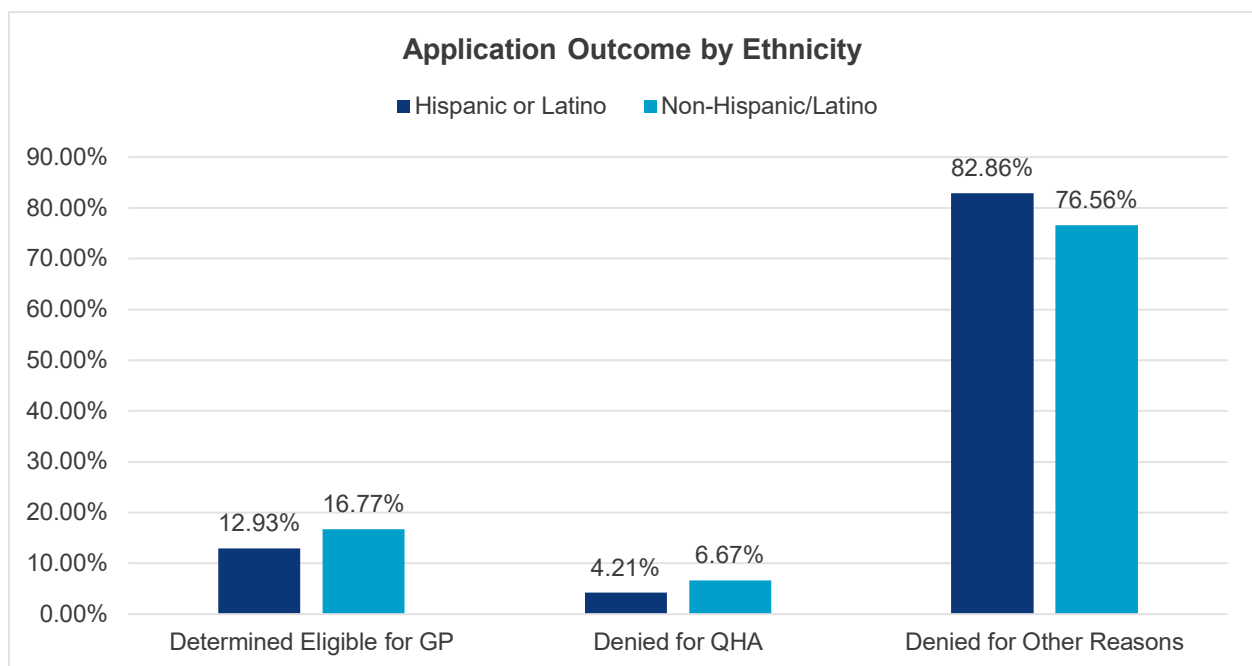
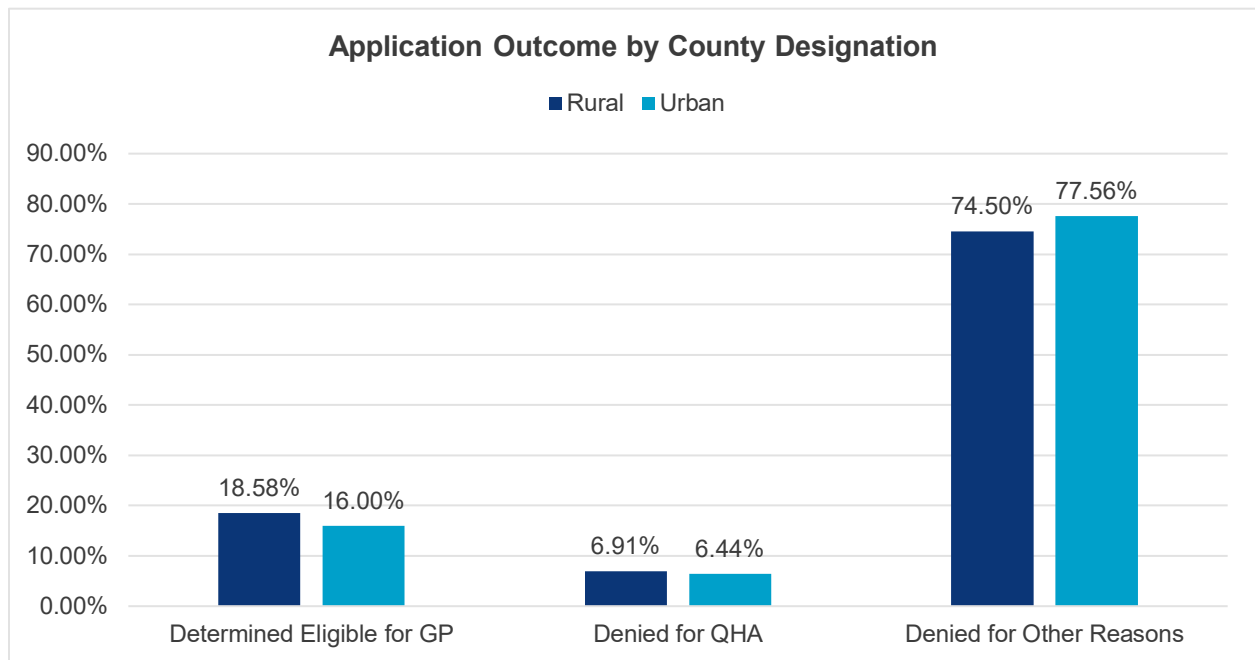


FIGURE 10: APPLICATION OUTCOME BY COUNTY DESIGNATION



Appendix B: Budget Neutrality With and Without Waiver Exhibits

Pathways Pop Type: Hypothetical	Without Waiver (WOW)					
	DY 6	DY 7	DY 8	DY 9	DY 10	TOTAL WOW
Membership (MMs)	321,138	501,887	523,002	545,427	569,257	
PMPM	\$386.95	\$411.85	\$436.60	\$462.84	\$490.66	
TOTAL SPEND	\$ 124,263,734	\$ 206,701,702	\$ 228,345,379	\$ 252,447,904	\$ 279,310,532	\$ 1,091,069,250

Pathways Pop Type: Hypothetical	With Waiver (WW)					
	DY 6	DY 7	DY 8	DY 9	DY 10	TOTAL WW
Membership (MMs)	321,138	501,887	523,002	545,427	569,257	
PMPM	\$386.95	\$411.85	\$436.60	\$462.84	\$490.66	
TOTAL SPEND	\$ 124,263,734	\$ 206,701,702	\$ 228,345,379	\$ 252,447,904	\$ 279,310,532	\$ 1,091,069,250

HYPOTHETICAL VARIANCE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Appendix C: List of Interested Parties

Interested Parties

A.R. Long Company	Georgia Hospice and Palliative Care Organization
Access Mental Health Agency	Georgia Hospital Association
Aetna	Georgia Legal Aid
Alliant Health Solutions	Georgia Legal Services Program
Alston and Brid Law Firm	Georgia Link
AmeriHealth Caritas	Georgia Long Term Care Ombudsman Program
Association Strategy Group LLC	Georgia Medical Care Foundation
Atlanta Journal Constitution	Grady Memorial Hospital
Atlanta Legal Aid	Georgia Professional Human Services Association, Inc
Augusta University	Georgia Southern University
Blue Cross Blue Shield of Georgia	Georgia State University
Bristol Myer Squibb	Haydon Consulting
Capitol Intel	HCA Healthcare
Capitol Strategy Georgia	Health Management Associates
Centene Corporation	Health Management Systems
Cerebral Matters	Help a Child Smile
Children's Healthcare of Atlanta	Hemophilia of Georgia Inc.
CHSGa	Holland and Knight LLP
Cigna Healthcare	Hometown Health Online
CVS Health	Humana
Draffin Tucker	Joe Tanner & Associates
Emanuel Medical	Kaiser Permanente
Fiveash Stanley, Inc.	KPMG
Floyd Health	Law Office of BakerHostetler
Fralick Bozeman Public Affairs, LLC	Law Office of Elizabeth J. Appley
Gayco Healthcare	Law Office of Nelson Mullins
Genentech	McGuireWoods Consulting
General Dynamics	Medical Association of Georgia
Georgia Academy of Family Physicians	Members of the Georgia House
Georgia American Association of Retired Persons	Members of the Georgia Senate
Georgia Association of Community Care Providers	Mercy Care
Georgia Budget and Policy Institute	Mindspring
Georgia College and State University	Mobile Caregiver+
Georgia Early Education Alliance for Ready Students	Montefiore St. Luke's Cornwall Hospital
Georgia Family Connection Partnership	Myers and Stauffer LC
Georgians for a Healthy Future	Novo Nordisk
Georgia Health Initiative	Optum
Georgia Health News	Parker, Hudson, Rainer and Dobbs LLP
Georgia Healthcare Association	Phoebe Putney Memorial Hospital

Piedmont Healthcare
Pinnacle Treatment Centers
Professional Association of Georgia
Educators
PruittHealth
Sanders Law, P.C
Sharecare
State of Georgia Department of
Administrative Services
State of Georgia Department of Community
Health
State of Georgia Department of Human
Resources
State of Georgia Department of Public
Health
State of Georgia Governor's Office of
Planning and Budget
Statewide Independent Living
The Southern Group
Thompson Victory Group
United Health Care
US Script, Inc.
Verida Transportation Providers
View Point Health
Voices for Georgia's Children

Appendix D: Full Public Notice

Full Public Notice

Georgia Pathways to Coverage 1115 Demonstration Waiver Extension

The Georgia Department of Community Health (DCH) hereby notifies the public that it intends to submit a Section 1115 Demonstration Waiver Extension Application to the Centers for Medicare & Medicaid Services (CMS) for Georgia Pathways to Coverage® (Georgia Pathways).

Pursuant to 42 CFR 431.408, DCH will provide the public the opportunity to review and provide input on the Section 1115 Waiver Extension Application. This notice provides detail about the waiver submission and serves to open the 30-day public comment period, which closes on Thursday, February 20, 2025.

Summary

Under the Georgia Pathways to Coverage® Section 1115 Demonstration Waiver, Georgia continues to improve the access, affordability, and quality of healthcare for Georgians as well as encourage self-sufficiency through promotion of employment and employment-related activities.

Since the program's implementation on July 1, 2023, the State has made progress towards these goals. Georgia commits to continue this transformative initiative, with the goal of improving access to quality healthcare services for the State's low-income population. Georgia is requesting approval of an 1115 Demonstration extension of a minimum of five years which will build on the progress of key waiver provisions established in the original waiver demonstration, while making some modifications aimed at advancing the waiver's goals and streamlining member participation. These changes include discontinuing monthly reporting requirements, adding additional qualifying activity types, providing retroactive coverage to members to the first of the month in which they submit an application, removing premium payments (not implemented), and removing the Member Rewards Account (not implemented).

Demonstration Goals

The goals for the Demonstration are to improve access, affordability, and quality of healthcare through strategies that:

- Improve the health of low-income Georgians by increasing their access to affordable healthcare coverage by encouraging work and other employment-related activities
- Reduce the number of uninsured Georgians
- Promote member transition to commercial health insurance
- Empower Georgia Pathways participants to become active participants and consumers of their healthcare
- Support member enrollment in Employer Sponsored Insurance (ESI) by providing premium assistance for qualifying employer sponsored health plans, if doing so is cost effective for the State

- Increase the number of persons who become employed or engaged in employment-related activities
- Increase wage growth for those who are employed
- Support the long-term fiscal sustainability of the Medicaid program

Populations Eligible

The following table identifies populations whose eligibility will be affected by the Demonstration.

Table 1: Eligible Populations

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Individuals who meet the Georgia Pathways requirements and are not otherwise eligible for Medicaid	N/A	0% – 100% of the FPL

Georgia Pathways Continuing Demonstration Features and Changes Requested

The State is seeking approval for an extension of the original Demonstration that has largely been preserved, with a few key changes. Georgia looks forward to maintaining the objectives of the Pathways program while advancing the goals of the Demonstration as approved. The proposed revisions to the program will improve the Pathways member experience, increase engagement, and provide support for participation in employment and employment-related activities.

The State seeks approval for the following changes to the Demonstration:

- Removal of monthly qualifying activity reporting as a requirement for participation; qualifying activity reporting will still be required at initial eligibility and annual renewal
- Addition of qualifying activity types for program eligibility
- Addition of a retroactive coverage policy, with coverage effective the first of the month in which the application was received
- Removal of premiums and Member Rewards Accounts
- Request reporting on a quarterly basis only per original Special Terms and Conditions

The State believes that the proposed changes will improve the member experience to participate in Pathways and provide more individuals with the opportunity to become acclimated to participating in the insurance market. For example, removing the monthly reporting requirement will allow Care Management Organizations (CMOs) to focus their efforts on engaging members in employment-related activities (because qualifying activity reporting at annual renewal will

continue to be a requirement), rather than monitoring the compliance of and outreaching to individuals on the monthly reporting requirements. Continuing Demonstration Features and New Demonstration Proposals are described in the section below.

Eligibility

Population

Continuing Demonstration Features: Georgia will maintain the same population for Georgia Pathways eligibility for the new Demonstration period. The population eligible for Georgia Pathways includes parents, caretakers, or guardians with household incomes from 35% up to 100% of the FPL who are not otherwise eligible for Medicaid and adults without dependent children with household incomes up to 100% of the FPL who are not otherwise eligible for Medicaid. Individuals must be between the ages of 19 and 64, must be a resident of Georgia and not incarcerated in a public institution, and must be a citizen of the United States or a documented, qualified alien. *See Table 2: Eligible Populations.*

Table 2: Eligible Populations

Eligibility Group Name	Income Level
Individuals who meet the Georgia Pathways requirements and are not otherwise eligible for Medicaid	0%-100% of the FPL

New Demonstration Proposals: The State does not request any substantive changes to the eligible population for Georgia Pathways.

Eligibility Determination

Continuing Demonstration Features: Georgia will maintain the same eligibility criteria for Pathways eligibility determination. Individuals must:

- Meet the required qualifying hours and activities threshold of 80 hours per month
- Meet the income eligibility requirement of a household income up to 100% of the FPL using the MAGI methodology
- Enter into a contractual agreement, agreeing to the terms of the Georgia Pathways program

Individuals who do not meet the qualifying hours and activities threshold, and therefore are not eligible for coverage through Georgia Pathways, will continue to be provided information regarding qualifying activity resources in their denial notice. The State has established opportunities to use electronic sources and automation to support identification and verification of qualifying hours and activities and continues to explore additional options.

Maintaining Eligibility

Continuing Demonstration Features: Members will be required to continue to meet the hours and activity threshold of 80 hours per month, as well as the income eligibility requirement to remain eligible for Georgia Pathways. In addition, individuals who have access to or are enrolled in ESI must still enroll in that insurance, if it is determined cost-effective for the State.

New Demonstration Proposals: The State requests the removal of premium payment as an eligibility requirement in the Demonstration extension, and that all program elements related to premium payments are removed. Corresponding programmatic elements including premium payments as a policy in effectuating coverage, the credit of premium payments to the Member Rewards Account, penalties for missing premiums payments, grace periods, suspensions, and terminations will no longer be applicable.

Qualifying Activities

Continuing Demonstration Features: Georgia will maintain all the previously defined allowable activities and definitions as acceptable qualifying activities. *See Table 3: Allowable Activities and Definitions.*

Table 3: Allowable Activities and Definitions

Activity	Definition
Unsubsidized Employment	Full- or part-time employment in the public or private sector that is not subsidized by a public program.
Subsidized Private Sector Employment	Employment in the private sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
Subsidized Public Sector Employment	Employment in the public sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
On-the-job training	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work, and that provides knowledge and skills essential to the full and adequate performance of the job.
Job Readiness	Activities directly related to the preparation for employment, including life-skills training, resume building, and habilitation or rehabilitation activities, including substance use disorder treatment. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional.

	<p>An inpatient hospital stay/short-term skilled nursing facility (SNF) stay is considered a habilitation or rehabilitation activity under job readiness only at initial application. For each day of an inpatient hospital stay/SNF stay, an applicant may claim 4 hours towards their monthly Qualifying Activities requirement.</p> <p>Members will be allowed to participate in job readiness for no more than a total of six weeks in any 12-month period.</p>
Community Service	<p>Structured programs and embedded activities in which the member performs work for the direct benefit of the community under the auspices of public or nonprofit organizations. Community service programs must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and child care. A state agency shall take into account, to the extent possible, the prior training, experience, and skills of an individual in making appropriate community service assignments.</p>
Vocational Educational Training	<p>Organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations. Course hour requirements for vocational educational training shall be determined by the Department of Community Health.</p> <p>Participation in vocational educational training is limited to 12 months in a member's lifetime, unless a member is enrolled in vocational education for a highly sought-after trade through the Technical College System of Georgia High Demand Career Initiative. In this instance, vocational educational training may count as a qualifying activity for the duration of the vocational education program.</p>
Enrollment in an Institution of Higher Education	<p>Enrolled in and earning course credit at a college, university, or other institution of higher learning. A full-time academic workload, as determined by the Department of Community Health, will meet the requirements for 80 hours of qualifying activities in the month. For individuals not enrolled full-time, the Department of Community Health shall determine the associated number of qualifying activity hours based on the course load when compared to full-time. The student's workload may include any combination of courses, work, research, or special studies</p>

	<p>that the institution considers contributing to the individual's full-time status.</p> <p>As the payor of last resort, students enrolled in an institution of higher education who have access to their parent's health insurance coverage are not eligible for Georgia Pathways coverage.</p>
Enrollment and Active Engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation Program	Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program, as long as the beneficiary has been determined eligible for GVRA services based upon a documented disability and remains in compliance with the terms of the GVRA program.

Georgia Pathways requires a minimum of 80 hours per month of a qualifying activity or a combination of qualifying activities at the time of application and monthly thereafter. At the time of application, an individual with a disability may request a reasonable modification if they need assistance in meeting the Qualifying Activities.

New Demonstration Proposals: In addition to the previously defined activities, Georgia requests to expand the allowable activities and definitions to include Compliance with Georgia's Supplemental Nutrition Assistance Program (SNAP) Able-Bodied Adults Without Dependents (ABAWD) program and caregiving of a child under six years of age. *See Table 4: New Allowable Activities and Definitions.*

Table 4: New Allowable Activities and Definitions

Activity	Definition
Compliance with Supplemental Nutrition Assistance Program (SNAP) Able-Bodied Adults Without Dependents (ABAWD) program	Compliance with the eligibility requirements to receive SNAP benefits under the ABAWD program
Caregiving of a child under six years of age	Parents and legal guardians who are primarily responsible for the daily care and well-being of a child younger than six years of age

Reporting and Compliance

Reporting

Continuing Demonstration Features: Georgia maintains that individuals who apply for Pathways will need to demonstrate that they are meeting the qualifying hours and activities threshold and provide documentation at the time of application, at annual renewal, or at a change in circumstance. Reporting will continue to include a member's self-attestation of qualifying activity hours, accompanied by supporting documentation such as a pay stub or transcript. The State will continue to accept the submission of supporting documentation through various channels, including an online portal, by mail, or in-person. Continued periodic and random audits will confirm compliance with the qualifying hours and activities threshold. Members continue to have the affirmative responsibility to inform the State of any change in circumstance which might affect their eligibility.

New Demonstration Proposals: The State requests to remove the monthly reporting requirement for qualifying hours and activities participation. Members will no longer need to provide self-attestation of activity hours or supporting documentation on a monthly basis.

Additionally, the State requests to remove the reporting requirement exemption for members with evidence of meeting the hours and activities threshold for six consecutive months. This exemption is no longer applicable in the new Demonstration period due the requested elimination of the monthly reporting requirement.

Compliance

Continuing Demonstration Features: The State will maintain that Pathways members must continue to meet the hours and activities threshold each month.

The State will maintain that Pathways members, like all Medicaid members, have an affirmative responsibility to report changes in circumstances, even if that change may make them ineligible for the program. Changes may include a change in address, a change in income, or a change to qualifying activities such as employer or activity completed.

The State continues to recognize that there are circumstances that limit or prevent a member from being able to participate in a qualifying activity. Members who are unable to complete their qualifying activity requirement can still report a change and report a Good Cause exception for failure to meet the hours and activities threshold if any of the following events occur:

- A family emergency or other life changing event
- Birth or death of a family member
- Serious illness or hospitalization of member or a member of their family
- Severe inclement weather including a natural disaster
- Temporary homelessness
- Other good cause reasons as defined and approved by the State

A member can use a combination of Qualifying Activity and Good Cause Exception hours to meet the 80 hour threshold.

New Demonstration Proposals: The State requests to remove adverse action such as suspensions and terminations for failure to report monthly qualifying hours and activities, as the State requests to remove monthly reporting requirements. Members will now only be required to report Qualifying Activities and hours at application and at annual renewal to continue their coverage. Members may be terminated at annual renewal for failure to report qualifying hours and activities.

Eligibility Policies

Coverage Effective Date

Continuing Demonstration Features: Georgia will not maintain the approved waiver coverage effective date of prospective coverage, with coverage effectuating the first of the month following an eligibility determination.

New Demonstration Proposals: The State requests to remove premium payment as a policy in effectuating coverage. Additionally, the State requests to remove its prospective coverage policy and implement retroactive coverage, with a coverage effective date the first of the month in which a member applies.

Retroactive Coverage

Continuing Demonstration Features: Georgia will not maintain the approved waiver coverage effective date of prospective coverage, with coverage effectuating the first of the month following an eligibility determination.

New Demonstration Proposals: The State requests to remove its prospective coverage policy and implement retroactive coverage, with a coverage effective date the first of the month in which a member applies.

Presumptive Eligibility

Continuing Demonstration Features: Georgia will continue to waive hospital presumptive eligibility. Eligibility in Georgia Pathways has a specific qualifying hours and activities threshold requiring documentation for verification, which is not practicable for hospitals to evaluate.

Benefit Package

Benefits

Continuing Demonstration Features: Georgia will maintain the benefit package that is provided under the Medicaid State Plan without Non-Emergency Medical Transportation (NEMT), as originally approved. The State Plan benefits include Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for enrollees ages 19 and 20, including NEMT

under Pathways. Members enrolled in ESI will have a different benefit package based on the insurance offered by their employer and will receive premium and cost-sharing assistance, without wraparound benefits. *See Table 5: Benefit Package by Eligibility Group.*

Table 5: Benefit Package by Eligibility Group

Eligibility Group	Benefit Package
Individuals who meet the Georgia Pathways requirements and are not otherwise eligible for Medicaid	Georgia State Plan without NEMT, except enrollees ages 19-20
ESI Eligible Adults	Benefit package provided in the ESI plan Premium and cost-sharing assistance

Employer Premium Assistance Program

Continuing Demonstration Features: Georgia will continue to operate the Pathways HIPP program, where Pathways-eligible individuals who have access to ESI through an employer are required to enroll in that coverage if it is cost effective for the State. The State continues to ensure that the employer sponsored plan is cost effective using a methodology that considers the amount paid under capitation versus what it would pay to cover the cost of premiums and associated cost-sharing. The State pays monthly premiums and associated cost-sharing for participants of this program. ESI enrollment, when determined cost effective, will be a condition of Georgia Pathways eligibility. If during redetermination or based on other information reported to the State, an employer sponsored plan is no-longer cost effective, the member will no longer be required to be enrolled in ESI and can be enrolled in Medicaid through Georgia Pathways, should the member meet Pathways eligibility requirements.

Cost-Sharing

Premiums

Continuing Demonstration Features: The State has not implemented any cost-sharing policies, including premiums.

New Demonstration Proposals: The State requests to remove premiums as a component of the Pathways program.

Copayments

Continuing Demonstration Features: The State has not implemented any cost-sharing policies, including copayments.

New Demonstration Proposals: The State requests an update to the copayment component of the Pathways program as initially approved. Because the State is requesting the removal of the Member Rewards Account, the copayment policy is no longer able to be implemented as approved. The State requests to implement cost-sharing for members in the Pathways program to align with those of all other Medicaid classes of assistance, as reflected in the State’s Medicaid plan. See *Table 6: Copayment Amounts*

Table 6: Copayment Amounts

Copayment Amounts	
Service	Copay
Inpatient Hospitalization	\$12.50 for entire stay
Outpatient Hospital Visit	\$3.00 per visit
Non-emergency use of the emergency department	\$3.00 per visit
Primary Care	\$0.00
Specialist	\$2.00
Durable Medical Equipment (DME)	\$3.00 \$1.00 for rentals and supplies
Pharmacy – Copayment varies based on the cost to the state.	\$10.00 or less: \$0.50 \$10.01 to \$25.00: \$1.00 \$25.01 to \$50.00: \$2.00 \$50.01 or more: \$3.00

Member Rewards Accounts

Continuing Demonstration Features: The State has not implemented any cost-sharing policies, including the Member Rewards Account.

New Demonstration Proposals: The State requests the removal of Member Rewards Accounts as a component of the Pathways program. Corresponding programmatic elements including the establishment of the Member Rewards Account, the copayment deductions from the Member Rewards Account, and the premium credits to the Member Rewards Account are no longer applicable.

Delivery System and Payment Rates for Services

Managed Care Delivery System

Continuing Demonstration Features: Georgia will continue to use a managed care delivery system to provide services to the Georgia Pathways population. The State contracts with three CMOs, which were selected through a competitive procurement process.¹

¹ The State is re-procuring their Care Management Organizations and may enter into contract with up to four CMOs.

Health Plan Choice

Continuing Demonstration Features: The State will continue to ensure the Georgia Pathways population has choice of CMOs consistent with Medicaid requirements. Upon enrollment, individuals are prospectively auto assigned into a CMO using existing algorithms applicable to the current Medicaid program. Members have 90 days to switch plans. If a member does not make a different choice within the 90-day period, the member remains with the assigned CMO until the member's annual choice period.

Capitated Payments

Continuing Demonstration Features: The capitation rate-setting methodology for Georgia Pathways will continue to be the same methodology used to set rates for the current Medicaid populations and comply with all federal rate-setting requirements and guidance.

Additional Change Requested

In implementation discussions with CMS, Georgia agreed to provide monthly monitoring reports to the agency. Given the policy changes proposed in the extension application, the State requests to discontinue monthly reporting and report quarterly as agreed upon in the Special Terms and Conditions.

Waiver and Expenditure Authorities

Georgia plans to maintain the following authorities granted in the original waiver Demonstration:

- **Methods of Administration:** Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53
 - To the extent necessary to enable Georgia to waive NEMT services except for EPSDT members
- **Provision of Medical Assistance:** Section 1902(a)(8)
 - To the extent necessary to enable Georgia to discontinue eligibility for, and not make medical assistance available to, members who fail to comply with the hours and activities threshold under Georgia Pathways
- **Comparability of Eligibility Requirements:** Section 1902(a)(10)(A)(i)(VIII) and 1902(a)(17)
 - To the extent necessary to enable Georgia to require an hours and activities requirement as a condition to maintain eligibility
- **Amount, Duration, Scope, and Comparability:** Section 1902(a)(10)(B)
 - To the extent necessary to enable Georgia to allow individuals to receive the benefits provided through an ESI plan, without wrap-around benefits
- **Freedom of Choice:** Section 1902(a)(23)
 - To the extent necessary to enable Georgia to restrict the freedom of choice of providers for Demonstration eligibility groups

- Vision and Dental Coverage: Section 1902(a)(43)
 - To the extent necessary to enable Georgia not to cover certain vision and dental services described in sections 1905(r)(2) and 1905(r)(3) of the Act for 19- and 20-year-old members enrolled in ESI through the Mandatory HIPP Program
- 133 Percent Income Level: Section 1902(a)(10)(A)(i)(VIII)
 - To the extent necessary to enable Georgia to implement a lower income level for the Demonstration group

Georgia is requesting a waiver of the income level specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, which will permit the State to implement an income level of 95% of the FPL, rather than 133% of the FPL, for the Demonstration group. This will allow the State to receive the full enhanced Federal Medical Assistance Percentage (FMAP) allowable under 42 U.S.C. Section 1396d(y).

The following waiver authorities are no longer being requested in the new demonstration period:

- Eligibility: Section 1902(a)(10)(A)
 - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's first premium payment
 - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's determination of eligibility
- Cost-Sharing: Section 1902(a)(14) insofar as it incorporates Section 1916 and 1916A
 - To the extent necessary to enable to charge monthly premiums and higher co-pays
- Prepayment Review: Section 1902(a)(37)(B)
 - To the extent necessary to enable Georgia to ensure that prepayment review be available for disbursements by members to their providers through the Member Rewards Account
- Reasonable Promptness: Section 1902(a)(3)/Section 1902(a)(8)
 - To the extent necessary to enable Georgia to begin Medicaid coverage on the first day of the month following an individual's determination of eligibility
- Retroactive Eligibility: Section 1902(a)(34)
 - To the extent necessary to enable Georgia to begin eligibility the month following determination of eligibility

Enrollment and Expenditures

Please refer to Appendix B for the Budget Neutrality With Waiver (WW) and Without Waiver (WOW) exhibits. As discussed below, the State is requesting the Georgia Pathways population be considered "hypothetical"; therefore, a simplified single exhibit is provided.

Overview

The Georgia Pathways Demonstration provides a pathway to healthcare coverage for low-income Georgians up to 100% of the FPL who are not otherwise eligible for Medicaid coverage. The State is requesting a Demonstration renewal date of October 1, 2025.

The Georgia Pathways program was implemented July 1, 2023. Therefore, limited historical data for the population covered under this demonstration is available. The data used, and adjustments applied to align the costs with the population anticipated to enroll under this Demonstration, are described in the following Enrollment and Expenditure section.

For purposes of this Budget Neutrality calculation, the State is requesting the expenditures under this Demonstration to be considered "hypothetical." Per the August 22, 2018 State Medicaid Director's Letter (SMD #18-009):

"In cases where expenditure authority is provided for coverage of populations or services that the state could have otherwise provided through its Medicaid state plan or other title XIX authority, such as a waiver under section 1915 of the Act, CMS considers these expenditures to be "hypothetical;" that is, the expenditures would have been eligible to receive FFP elsewhere in the Medicaid program. For these hypothetical expenditures, CMS currently makes adjustments to the budget neutrality test which effectively treats these expenditures as if they were approved Medicaid state plan services."

Enrollment and projections from DY 1 to DY 5 are for the existing Pathways population only, as outlined in 'Continuing Demonstration Features.'

Enrollment and projections from DY 6 to DY 10 include both the existing Pathways population as well as the proposed 'New Allowable Activities.' As the State is requesting an extension of at least five years, enrollment and projections beyond DY 10 can be provided upon request.

Enrollment

Table 7.0(a) summarizes DY 1 - DY 5 actual and estimated enrollment for the Georgia Pathways population. Given the implementation began during DY 3, Table 7 reflects actual enrollment from July 2023 to September 2024 and estimates through the remainder of the demonstration. There is no enrollment for DY 1 and DY 2. The population figures reflected are the average assumed enrollment for each DY.

Table 7.0(b) summarizes enrollment estimates for the requested renewal Georgia Pathways population. The population figures reflected are the average assumed enrollment for each DY.

For the 'Continuing Demonstration Features' population, enrollment estimates for DY 6 were based on actual Georgia Pathways Demonstration enrollment and trended forward through DY

10. It is estimated that this population will continue to grow from DY 6 through DY 10 by 8% annual growth. This estimate was calculated using actual historical application processing and enrollment for the Georgia Pathways Demonstration. There are no expected changes requested in this demonstration extension request that would impact this enrollment growth.

For the ‘New Allowable Activities’ population, the baseline eligible population estimates for DY 6 was based on eligible populations from the Georgia Gateway system. Additional assumptions to this baseline eligible population were applied to reflect the estimated take-up rate of the ‘New Allowable Activities’ population. The take-up rate assumption was informed based on historical take-up observed in the ‘Continuing Demonstration Features’ population. A DY 6 ramp-up factor was also applied, which assumes that not all eligible members will enroll on the first day of DY 6 and will instead phase-in uniformly over a 12-month time period. This population was then trended forward through DY 10. It is estimated that this population will continue to grow from DY 6 through DY 10 by an average 2.0% annual growth. This estimate was based on enrollment trends for actual and comparable populations.

The average number of months per member for our hypothetical population was assumed to be the same as the number of months per member for our comparable Georgia Families population. A 12 month/member average was assumed.

Table: 7.0(a): DY 1 – DY 5 Enrollment

	DY 1	DY 2	DY 3 ²	DY 4	DY 5
Enrollment ¹	-	-	362	3,317	6,814
Member Months	-	-	723	39,808	81,766

1. DY 3 and DY 4 reflect actual enrollment. DY 5 is estimated based on historical data.

2. DY 3 only reflects three months following Pathways launch on July 1, 2023.

Table: 7.0(b): Estimated Enrollment

	DY 6	DY 7	DY 8	DY 9	DY 10
Estimated Enrollment	18,301	26,530	27,701	28,946	30,271
Estimated Member Months	219,612	318,361	332,408	347,352	363,257

It was assumed that the current state of Georgia economic conditions, including unemployment rates, would remain consistent throughout the entirety of DY 6 through DY 10. If Georgia's economic conditions materially shift at any point throughout the demonstration period, the enrollment may materially differ from the table and assumptions included within this extension waiver. Each demonstration year reflects a point in time enrollment snapshot, and not a cumulative total.

Expenditures Per Member Per Month

Given implementation on July 1, 2023, limited expenditure data for the 'Continuing Demonstration Features' population covered by this Demonstration is currently available. Due to the limited available data for this population, the latest certified capitation rate for the existing Pathways population as set by the State's actuary for July 1, 2024 – June 30, 2025, (SFY 2025) was used as the base expense assumption for the continuing demonstration features population. The data available for the Georgia Pathways population was reviewed and considered in the development of the SFY 2025 Pathways Capitation rates, however ultimately the basis of the capitation rates was the Georgia Families Proxy Population. Adjustments to the baseline PMPMs were made to account for expected trends impacting the Georgia Pathways program.

The 'New Allowable Activities' population costs were proxied based on the existing SFY 2025 Pathways capitation rates.

The following proposed policy changes to this demonstration were reviewed for the estimated impacts to the capitation rates and expenditures:

- Removal of monthly qualifying activity reporting as a requirement for participation: No impact, given pause on monthly reporting requirements during DY 3 and DY 4.
- Removal of premium and Member Rewards Accounts: No impact, given the premium requirement and Member Rewards Accounts were not implemented during DY 3 and DY 4.
- Retroactive coverage to the first month in which the application was submitted: Historical data was leveraged for average duration estimates. Given limited available data for the existing Pathways population, the expected one additional month of coverage is assumed to behave similarly to the proxy population and therefore no cost impact was applied to the existing capitation rates.

Table 7.0(c) summarizes the estimated per member per month and estimated annual expenditures for DY 1 – DY 5 for the 'Continuing Demonstration Features' population. Given the implementation began during DY 3, the estimated annual expenditures in Table(b) reflects actual enrollment from July 2023 to September 2024 and estimates through the remainder of the demonstration. There is no enrollment for DY 1 and DY 2. The population figures reflected are the average assumed enrollment for each DY.

The impact of these adjustments is shown in 7.0(d) and described in further detail below.

Table 7.0(c): DY 1 – DY 5 Expenditures

Demonstration Year	Historical Expenditure PMPM	Growth Factor	Member Months	Expenditures
DY 1	N/A	N/A	N/A	N/A
DY 2	N/A	N/A	N/A	N/A
DY 3	\$351.24	N/A	723	\$253,944
DY 4	\$342.36	0.97	39,808	\$13,628,488
DY 5	\$357.85	1.05	81,766	\$29,260,363

Table 7.0(d): Estimated Expenditure PMPMs

Demonstration Year	SFY 2025 Certified Capitation Rate for Existing Pathways	Estimated PMPM	Growth Compared to SFY 2025 Certified Capitation Rate	Estimated Member Months	Estimated Annual Aggregate Expenditures
DY 6	\$349.29	\$ 385.28	1.10	219,612	\$84,612,852

DY 7	\$349.29	\$ 410.83	1.18	318,361	\$130,790,674
DY 8	\$349.29	\$ 435.52	1.25	332,408	\$144,771,383
DY 9	\$349.29	\$ 461.70	1.32	347,352	\$160,372,895
DY 10	\$349.29	\$ 489.45	1.40	363,257	\$177,797,198

Growth Factor

The SFY 2025 Pathways capitation rate is the best available source of expenditure and enrollment data to develop the expenditure PMPM baseline. However, the historical experience is not a directly appropriate benchmark for the development of the underlying expenditure trends, which are applied to develop the estimated expenditure PMPMs in each demonstration year.

In order to trend the historical expenditure amounts, due to lack of credible historical experience and pursuant to CMS guidance, the President's Budget trend rates were considered in the development of growth factors. The State is applying a 6.1% annual trend rate to develop the growth factors based on the increases demonstrated in the federal fiscal years 2025 through 2029. The growth factor is developed by compounding $1 +$ the annual trend rate from the midpoint of the experience period (January 1, 2025) to the midpoint of the next state fiscal year. These fiscal year rates were then blended across fiscal years based on projected member months to arrive at the final demonstration year PMPM rates. The same growth factor was applied to both the 'Continuing Demonstration Features' and the 'New Allowable Activities' populations.

Hypotheses and Evaluation Approach

The following hypotheses were tested and evaluated by the Independent Evaluator as described in the Evaluation Design:

- The Demonstration will improve the health care access of low-income Georgians.
- The Demonstration will reduce the number of uninsured Georgia residents with incomes up to 100% of the FPL.
- The Demonstration will increase the number of Georgia Pathways members who transition to commercial health insurance, including employer sponsored insurance and individual health insurance market coverage, after separating from Medicaid.
- The Demonstration will increase member engagement in health care.
- The Demonstration will increase the number of Georgia residents below and up to 100% of the FPL enrolled in employer sponsored insurance.
- The Demonstration will increase the number of adults below and up to 100% of the FPL who are engaged in at least 80 hours a month of employment or employment-related activities.

- The Demonstration will increase wage growth for those made eligible for Medicaid through the Demonstration.
- The Georgia Pathways Demonstration will improve the fiscal sustainability of the Georgia Medicaid program.

Upon approval of the extension application, the State will work with the Independent Evaluator to identify the research hypotheses and evaluation design for addressing these proposed program and policy changes.

Public Hearings and Public Input Procedure

Two opportunities for public comment will be held via Zoom. DCH will accept oral comments at these meetings. There will be no in-person attendance at DCH. The meetings are as follows:

#1 Georgia Pathways to Coverage 1115 Demonstration Waiver Extension

Time: Jan 31, 2025 11:00 AM- 1:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81045671063?pwd=PBRq0qRcNGdWL7XsrKVg6m7kmNbI0J.1>

Meeting ID: 810 4567 1063

Passcode: 761994

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- +1 507 473 4847 US

Meeting ID: 810 4567 1063

Passcode: 761994

#2 Georgia Pathways to Coverage 1115 Demonstration Waiver Extension

Time: Feb 10, 2025 03:00 PM- 5:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84265222720?pwd=laLcouT9Wf7gYKbI6TdhSL7GTL0AS2.1>

Meeting ID: 842 6522 2720

Passcode: 637269

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- +1 346 248 7799 US (Houston)

Meeting ID: 842 6522 2720

Passcode: 637269

Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479 at least three (3) business days prior to the scheduled public hearing to ensure any necessary accommodations can be provided.

Individuals wishing to comment in writing may do so on or before **Thursday, February 20, 2025** to: Shawn Walker c/o the Department of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. Comment letters must be postmarked by **Thursday, February 20, 2025** to be accepted. Individuals may submit comments via electronic mail to: Pathways.Comments25@dch.ga.gov. Please include “Pathways Comments” in the subject line of your e-mail. Comments will be available for review by submitting a request via email to: openrecordsrequest@dch.ga.gov. Please note that any comments submitted are subject to open records.

Locations to Access Copies of Public Notice and Waiver Application

This public notice, the abbreviated public notice, and the demonstration application are also available on the Department’s website homepage, at <https://medicaid.georgia.gov>, as well as the Public Notices section of the Department’s website, at <https://dch.georgia.gov/meetings-notices/public-notices>. This public notice, the abbreviated public notice, and the demonstration waiver application are also available for review at each county Division of Family and Children Services office. A comprehensive statewide list of locations of all Division of Family and Children Services offices can be found at <https://dfcs.georgia.gov/locations>.

THIS NOTICE IS HEREBY GIVEN THIS 21st DAY OF JANUARY 2025.

Russel Carlson, Commissioner

Appendix E: Abbreviated Public Notice

Abbreviated Public Notice

Georgia Pathways to Coverage 1115 Demonstration Waiver Extension

The Georgia Department of Community Health (DCH) hereby notifies the public that it intends to submit a Section 1115 Demonstration Waiver Extension Application to the Centers for Medicare & Medicaid Services (CMS) for Georgia Pathways to Coverage® (Georgia Pathways).

Pursuant to 42 CFR 431.408, DCH will provide the public the opportunity to review and provide input on the Section 1115 Waiver Extension Application. This notice provides details about the waiver submission and serves to open the 30-day public comment period, which closes on Thursday, February 20, 2025.

Summary

Under the Georgia Pathways to Coverage® Section 1115 Demonstration Waiver, Georgia continues to improve the access, affordability, and quality of healthcare for Georgians as well as encourage self-sufficiency through promotion of employment and employment-related activities.

The approved Demonstration, Georgia Pathways, introduces a new eligibility pathway for working Georgians who would otherwise be ineligible for Medicaid coverage in Georgia. To be considered eligible for coverage under Georgia Pathways, an individual must meet an hours and activities threshold of 80 hours per month of engagement in a qualifying activity (or combination of activities) such as employment, community service, or education, and have an income up to 100% of the FPL.

The State is seeking approval for an extension of the original Demonstration that has largely been preserved, with a few key changes. Georgia looks forward to maintaining the objectives of the Pathways program while advancing the goals of the Demonstration as approved. The proposed revisions to the program will improve the Pathways member experience, increase engagement, and provide support for participation in employment and employment-related activities.

The State seeks approval for the following changes to the Demonstration:

- Removal of monthly qualifying activity reporting as a requirement for participation; qualifying activity reporting will still be required at initial eligibility and annual renewal
- Addition of qualifying activity types for program eligibility
- Addition of a retroactive coverage policy, with coverage effective the first of the month in which the application was received
- Removal of premiums and Member Rewards Accounts
- Request reporting on a quarterly basis only per original Special Terms and Conditions

The State believes that the proposed changes will improve the member experience to participate in Pathways and provide more individuals with the opportunity to become acclimated to

participating in the insurance market. For example, removing the monthly reporting requirement will allow Care Management Organizations (CMOs) to focus their efforts on engaging members in employment-related activities (because qualifying activity reporting at annual renewal will continue to be a requirement), rather than monitoring the compliance of and outreaching to individuals on the monthly reporting requirements.

Public Hearings and Public Input Procedure

Two opportunities for public comment will be held via Zoom. DCH will accept oral comments at these meetings. There will be no in-person attendance at DCH. The meetings are as follows:

#1 Georgia Pathways to Coverage 1115 Demonstration Waiver Extension

Time: Jan 31, 2025 11:00 AM- 1:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81045671063?pwd=PBRq0qRcNGdWL7XsrKVg6m7kmNbI0J.1>

Meeting ID: 810 4567 1063

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- +1 507 473 4847 US

Meeting ID: 810 4567 1063

Passcode: 761994

#2 Georgia Pathways to Coverage 1115 Demonstration Waiver Extension

Time: Feb 10, 2025 03:00 PM- 5:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84265222720?pwd=laLcouT9Wf7gYKbI6TdhSL7GTL0AS2.1>

Meeting ID: 842 6522 2720

Passcode: 637269

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Meeting ID: 842 6522 2720

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Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479 at least three (3) business days prior to the scheduled public hearing to ensure any necessary accommodations can be provided.

Individuals wishing to comment in writing may do so on or before **Thursday, February 20, 2025** to: Shawn Walker c/o the Department of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. Comment letters must be postmarked by **Thursday, February 20, 2025** to be accepted. Individuals may submit comments via electronic mail to: Pathways.Comments25@dch.ga.gov. Please include “Pathways Comments” in the subject line of your e-mail. Comments will be available for review by submitting a request via email to: openrecordsrequest@dch.ga.gov. Please note that any comments submitted are subject to open records.

Locations to Access Copies of Public Notice and Waiver Application

This public notice, the full comprehensive public notice, and the demonstration application are also available on the Department’s website homepage, at <https://medicaid.georgia.gov>, as well as the Public Notices section of the Department’s website, at <https://dch.georgia.gov/meetings-notices/public-notices>. This public notice, the full comprehensive public notice, and the demonstration waiver application are also available for review at each county Division of Family and Children Services office. A comprehensive statewide list of locations of all Division of Family and Children Services offices can be found at <https://dfcs.georgia.gov/locations>.

THIS NOTICE IS HEREBY GIVEN THIS 21st DAY OF JANUARY 2025.

Russel Carlson, Commissioner

Appendix F: Full Public Notice - March

Full Public Notice

Georgia Pathways to Coverage 1115 Demonstration Waiver Extension

The Georgia Department of Community Health (DCH) hereby notifies the public that it intends to submit a Section 1115 Demonstration Waiver Extension Application to the Centers for Medicare & Medicaid Services (CMS) for Georgia Pathways to Coverage® (Georgia Pathways).

Pursuant to 42 CFR 431.408, DCH provided the public the opportunity to review and provide input on the Section 1115 Waiver Extension Application. DCH seeks to re-open the comment period for an additional 15 days, beginning on Wednesday, March 5, 2025. This notice provides details about the waiver submission and serves to re-open public comment period, which will close on Wednesday, March 19, 2025.

Summary

Under the Georgia Pathways to Coverage® Section 1115 Demonstration Waiver, Georgia continues to improve the access, affordability, and quality of healthcare for Georgians as well as encourage self-sufficiency through promotion of employment and employment-related activities.

Since the program's implementation on July 1, 2023, the State has made progress towards these goals. Georgia commits to continue this transformative initiative, with the goal of improving access to quality healthcare services for the State's low-income population. Georgia is requesting approval of an 1115 Demonstration extension of a minimum of five years which will build on the progress of key waiver provisions established in the original waiver demonstration, while making some modifications aimed at advancing the waiver's goals and streamlining member participation. These changes include discontinuing monthly reporting requirements, adding additional qualifying activity types, providing retroactive coverage to members to the first of the month in which they submit an application, removing premium payments (not implemented), and removing the Member Rewards Account (not implemented).

Demonstration Goals

The goals for the Demonstration are to improve access, affordability, and quality of healthcare through strategies that:

- Improve the health of low-income Georgians by increasing their access to affordable healthcare coverage by encouraging work and other employment-related activities
- Reduce the number of uninsured Georgians
- Promote member transition to commercial health insurance
- Empower Georgia Pathways participants to become active participants and consumers of their healthcare

- Support member enrollment in Employer Sponsored Insurance (ESI) by providing premium assistance for qualifying employer sponsored health plans, if doing so is cost effective for the State
- Increase the number of persons who become employed or engaged in employment-related activities
- Increase wage growth for those who are employed
- Support the long-term fiscal sustainability of the Medicaid program

Populations Eligible

The following table identifies populations whose eligibility will be affected by the Demonstration.

Table 1: Eligible Populations

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Individuals who meet the Georgia Pathways requirements and are not otherwise eligible for Medicaid	N/A	0% – 100% of the FPL

Georgia Pathways Continuing Demonstration Features and Changes Requested

The State is seeking approval for an extension of the original Demonstration that has largely been preserved, with a few key changes. Georgia looks forward to maintaining the objectives of the Pathways program while advancing the goals of the Demonstration as approved. The proposed revisions to the program will improve the Pathways member experience, increase engagement, and provide support for participation in employment and employment-related activities.

The State seeks approval for the following changes to the Demonstration:

- Removal of monthly qualifying activity reporting as a requirement for participation; qualifying activity reporting will still be required at initial eligibility and annual renewal
- Addition of qualifying activity types for program eligibility
- Addition of a retroactive coverage policy, with coverage effective the first of the month in which the application was received
- Removal of premiums and Member Rewards Accounts
- Request reporting on a quarterly basis only per original Special Terms and Conditions

The State believes that the proposed changes will improve the member experience to participate in Pathways and provide more individuals with the opportunity to become acclimated to

participating in the insurance market. For example, removing the monthly reporting requirement will allow Care Management Organizations (CMOs) to focus their efforts on engaging members in employment-related activities (because qualifying activity reporting at annual renewal will continue to be a requirement), rather than monitoring the compliance of and outreaching to individuals on the monthly reporting requirements. Continuing Demonstration Features and New Demonstration Proposals are described in the section below.

Eligibility

Population

Continuing Demonstration Features: Georgia will maintain the same population for Georgia Pathways eligibility for the new Demonstration period. The population eligible for Georgia Pathways includes parents, caretakers, or guardians with household incomes from 35% up to 100% of the FPL who are not otherwise eligible for Medicaid and adults without dependent children with household incomes up to 100% of the FPL who are not otherwise eligible for Medicaid. Individuals must be between the ages of 19 and 64, must be a resident of Georgia and not incarcerated in a public institution, and must be a citizen of the United States or a documented, qualified alien. *See Table 2: Eligible Populations.*

Table 2: Eligible Populations

Eligibility Group Name	Income Level
Individuals who meet the Georgia Pathways requirements and are not otherwise eligible for Medicaid	0%-100% of the FPL

New Demonstration Proposals: The State does not request any substantive changes to the eligible population for Georgia Pathways.

Eligibility Determination

Continuing Demonstration Features: Georgia will maintain the same eligibility criteria for Pathways eligibility determination. Individuals must:

- Meet the required qualifying hours and activities threshold of 80 hours per month
- Meet the income eligibility requirement of a household income up to 100% of the FPL using the MAGI methodology
- Enter into a contractual agreement, agreeing to the terms of the Georgia Pathways program

Individuals who do not meet the qualifying hours and activities threshold, and therefore are not eligible for coverage through Georgia Pathways, will continue to be provided information

regarding qualifying activity resources in their denial notice. The State has established opportunities to use electronic sources and automation to support identification and verification of qualifying hours and activities and continues to explore additional options.

Maintaining Eligibility

Continuing Demonstration Features: Members will be required to continue to meet the hours and activity threshold of 80 hours per month, as well as the income eligibility requirement to remain eligible for Georgia Pathways. In addition, individuals who have access to or are enrolled in ESI must still enroll in that insurance, if it is determined cost-effective for the State.

New Demonstration Proposals: The State requests the removal of premium payment as an eligibility requirement in the Demonstration extension, and that all program elements related to premium payments are removed. Corresponding programmatic elements including premium payments as a policy in effectuating coverage, the credit of premium payments to the Member Rewards Account, penalties for missing premiums payments, grace periods, suspensions, and terminations will no longer be applicable.

Qualifying Activities

Continuing Demonstration Features: Georgia will maintain all the previously defined allowable activities and definitions as acceptable qualifying activities. *See Table 3: Allowable Activities and Definitions.*

Table 3: Allowable Activities and Definitions

Activity	Definition
Unsubsidized Employment	Full- or part-time employment in the public or private sector that is not subsidized by a public program.
Subsidized Private Sector Employment	Employment in the private sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
Subsidized Public Sector Employment	Employment in the public sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
On-the-job training	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work, and that provides knowledge and skills essential to the full and adequate performance of the job.

Job Readiness	<p>Activities directly related to the preparation for employment, including life-skills training, resume building, and habilitation or rehabilitation activities, including substance use disorder treatment. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional.</p> <p>An inpatient hospital stay/short-term skilled nursing facility (SNF) stay is considered a habilitation or rehabilitation activity under job readiness only at initial application. For each day of an inpatient hospital stay/SNF stay, an applicant may claim 4 hours towards their monthly Qualifying Activities requirement.</p> <p>Members will be allowed to participate in job readiness for no more than a total of six weeks in any 12-month period.</p>
Community Service	<p>Structured programs and embedded activities in which the member performs work for the direct benefit of the community under the auspices of public or nonprofit organizations.</p> <p>Community service programs must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and child care. A state agency shall take into account, to the extent possible, the prior training, experience, and skills of an individual in making appropriate community service assignments.</p>
Vocational Educational Training	<p>Organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations. Course hour requirements for vocational educational training shall be determined by the Department of Community Health.</p> <p>Participation in vocational educational training is limited to 12 months in a member's lifetime, unless a member is enrolled in vocational education for a highly sought-after trade through the Technical College System of Georgia High Demand Career Initiative. In this instance, vocational educational training may count as a qualifying activity for the duration of the vocational education program.</p>
Enrollment in an Institution of Higher Education	<p>Enrolled in and earning course credit at a college, university, or other institution of higher learning. A full-time academic workload, as determined by the Department of Community</p>

	<p>Health, will meet the requirements for 80 hours of qualifying activities in the month. For individuals not enrolled full-time, the Department of Community Health shall determine the associated number of qualifying activity hours based on the course load when compared to full-time. The student's workload may include any combination of courses, work, research, or special studies that the institution considers contributing to the individual's full-time status.</p> <p>As the payor of last resort, students enrolled in an institution of higher education who have access to their parent's health insurance coverage are not eligible for Georgia Pathways coverage.</p>
Enrollment and Active Engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation Program	Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program, as long as the beneficiary has been determined eligible for GVRA services based upon a documented disability and remains in compliance with the terms of the GVRA program.

Georgia Pathways requires a minimum of 80 hours per month of a qualifying activity or a combination of qualifying activities at the time of application and monthly thereafter. At the time of application, an individual with a disability may request a reasonable modification if they need assistance in meeting the Qualifying Activities.

New Demonstration Proposals: In addition to the previously defined activities, Georgia requests to expand the allowable activities and definitions to include Compliance with Georgia's Supplemental Nutrition Assistance Program (SNAP) Able-Bodied Adults Without Dependents (ABAWD) program and caregiving of a child under six years of age. *See Table 4: New Allowable Activities and Definitions.*

Table 4: New Allowable Activities and Definitions

Activity	Definition
Compliance with Supplemental Nutrition Assistance Program (SNAP) Able-Bodied Adults Without Dependents (ABAWD) program	Compliance with the eligibility requirements to receive SNAP benefits under the ABAWD program

Caregiving of a child under six years of age	Parents and legal guardians who are primarily responsible for the daily care and well-being of a child younger than six years of age
--	--

Reporting and Compliance

Reporting

Continuing Demonstration Features: Georgia maintains that individuals who apply for Pathways will need to demonstrate that they are meeting the qualifying hours and activities threshold and provide documentation at the time of application, at annual renewal, or at a change in circumstance. Reporting will continue to include a member's self-attestation of qualifying activity hours, accompanied by supporting documentation such as a pay stub or transcript. The State will continue to accept the submission of supporting documentation through various channels, including an online portal, by mail, or in-person. Continued periodic and random audits will confirm compliance with the qualifying hours and activities threshold. Members continue to have the affirmative responsibility to inform the State of any change in circumstance which might affect their eligibility.

New Demonstration Proposals: The State requests to remove the monthly reporting requirement for qualifying hours and activities participation. Members will no longer need to provide self-attestation of activity hours or supporting documentation on a monthly basis.

Additionally, the State requests to remove the reporting requirement exemption for members with evidence of meeting the hours and activities threshold for six consecutive months. This exemption is no longer applicable in the new Demonstration period due the requested elimination of the monthly reporting requirement.

Compliance

Continuing Demonstration Features: The State will maintain that Pathways members must continue to meet the hours and activities threshold each month.

The State will maintain that Pathways members, like all Medicaid members, have an affirmative responsibility to report changes in circumstances, even if that change may make them ineligible for the program. Changes may include a change in address, a change in income, or a change to qualifying activities such as employer or activity completed.

The State continues to recognize that there are circumstances that limit or prevent a member from being able to participate in a qualifying activity. Members who are unable to complete their qualifying activity requirement can still report a change and report a Good Cause exception for failure to meet the hours and activities threshold if any of the following events occur:

- A family emergency or other life changing event

- Birth or death of a family member
- Serious illness or hospitalization of member or a member of their family
- Severe inclement weather including a natural disaster
- Temporary homelessness
- Other good cause reasons as defined and approved by the State

A member can use a combination of Qualifying Activity and Good Cause Exception hours to meet the 80 hour threshold.

New Demonstration Proposals: The State requests to remove adverse action such as suspensions and terminations for failure to report monthly qualifying hours and activities, as the State requests to remove monthly reporting requirements. Members will now only be required to report Qualifying Activities and hours at application and at annual renewal to continue their coverage. Members may be terminated at annual renewal for failure to report qualifying hours and activities.

Eligibility Policies

Coverage Effective Date

Continuing Demonstration Features: Georgia will not maintain the approved waiver coverage effective date of prospective coverage, with coverage effectuating the first of the month following an eligibility determination.

New Demonstration Proposals: The State requests to remove premium payment as a policy in effectuating coverage. Additionally, the State requests to remove its prospective coverage policy and implement retroactive coverage, with a coverage effective date the first of the month in which a member applies.

Retroactive Coverage

Continuing Demonstration Features: Georgia will not maintain the approved waiver coverage effective date of prospective coverage, with coverage effectuating the first of the month following an eligibility determination.

New Demonstration Proposals: The State requests to remove its prospective coverage policy and implement retroactive coverage, with a coverage effective date the first of the month in which a member applies.

Presumptive Eligibility

Continuing Demonstration Features: Georgia will continue to waive hospital presumptive eligibility. Eligibility in Georgia Pathways has a specific qualifying hours and activities

threshold requiring documentation for verification, which is not practicable for hospitals to evaluate.

Benefit Package

Benefits

Continuing Demonstration Features: Georgia will maintain the benefit package that is provided under the Medicaid State Plan without Non-Emergency Medical Transportation (NEMT), as originally approved. The State Plan benefits include Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for enrollees ages 19 and 20, including NEMT under Pathways. Members enrolled in ESI will have a different benefit package based on the insurance offered by their employer and will receive premium and cost-sharing assistance, without wraparound benefits. *See Table 5: Benefit Package by Eligibility Group.*

Table 5: Benefit Package by Eligibility Group

Eligibility Group	Benefit Package
Individuals who meet the Georgia Pathways requirements and are not otherwise eligible for Medicaid	Georgia State Plan without NEMT, except enrollees ages 19-20
ESI Eligible Adults	Benefit package provided in the ESI plan Premium and cost-sharing assistance

Employer Premium Assistance Program

Continuing Demonstration Features: Georgia will continue to operate the Pathways HIPP program, where Pathways-eligible individuals who have access to ESI through an employer are required to enroll in that coverage if it is cost effective for the State. The State continues to ensure that the employer sponsored plan is cost effective using a methodology that considers the amount paid under capitation versus what it would pay to cover the cost of premiums and associated cost-sharing. The State pays monthly premiums and associated cost-sharing for participants of this program. ESI enrollment, when determined cost effective, will be a condition of Georgia Pathways eligibility. If during redetermination or based on other information reported to the State, an employer sponsored plan is no-longer cost effective, the member will no longer be required to be enrolled in ESI and can be enrolled in Medicaid through Georgia Pathways, should the member meet Pathways eligibility requirements.

Cost-Sharing

Premiums

Continuing Demonstration Features: The State has not implemented any cost-sharing policies, including premiums.

New Demonstration Proposals: The State requests to remove premiums as a component of the Pathways program.

Copayments

Continuing Demonstration Features: The State has not implemented any cost-sharing policies, including copayments.

New Demonstration Proposals: The State requests an update to the copayment component of the Pathways program as initially approved. Because the State is requesting the removal of the Member Rewards Account, the copayment policy is no longer able to be implemented as approved. The State requests to implement cost-sharing for members in the Pathways program to align with those of all other Medicaid classes of assistance, as reflected in the State's Medicaid plan. See *Table 6: Copayment Amounts*

Table 6: Copayment Amounts

Copayment Amounts	
Service	Copay
Inpatient Hospitalization	\$12.50 for entire stay
Outpatient Hospital Visit	\$3.00 per visit
Non-emergency use of the emergency department	\$3.00 per visit
Primary Care	\$0.00
Specialist	\$2.00
Durable Medical Equipment (DME)	\$3.00 \$1.00 for rentals and supplies
Pharmacy – Copayment varies based on the cost to the state.	\$10.00 or less: \$0.50 \$10.01 to \$25.00: \$1.00 \$25.01 to \$50.00: \$2.00 \$50.01 or more: \$3.00

Member Rewards Accounts

Continuing Demonstration Features: The State has not implemented any cost-sharing policies, including the Member Rewards Account.

New Demonstration Proposals: The State requests the removal of Member Rewards Accounts as a component of the Pathways program. Corresponding programmatic elements including the establishment of the Member Rewards Account, the copayment deductions from the Member

Rewards Account, and the premium credits to the Member Rewards Account are no longer applicable.

Delivery System and Payment Rates for Services

Managed Care Delivery System

Continuing Demonstration Features: Georgia will continue to use a managed care delivery system to provide services to the Georgia Pathways population. The State contracts with three CMOs, which were selected through a competitive procurement process.¹

Health Plan Choice

Continuing Demonstration Features: The State will continue to ensure the Georgia Pathways population has choice of CMOs consistent with Medicaid requirements. Upon enrollment, individuals are prospectively auto assigned into a CMO using existing algorithms applicable to the current Medicaid program. Members have 90 days to switch plans. If a member does not make a different choice within the 90-day period, the member remains with the assigned CMO until the member's annual choice period.

Capitated Payments

Continuing Demonstration Features: The capitation rate-setting methodology for Georgia Pathways will continue to be the same methodology used to set rates for the current Medicaid populations and comply with all federal rate-setting requirements and guidance.

Additional Change Requested

In implementation discussions with CMS, Georgia agreed to provide monthly monitoring reports to the agency. Given the policy changes proposed in the extension application, the State requests to discontinue monthly reporting and report quarterly as agreed upon in the Special Terms and Conditions.

Waiver and Expenditure Authorities

Georgia plans to maintain the following authorities granted in the original waiver Demonstration:

- Methods of Administration: Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53
 - To the extent necessary to enable Georgia to waive NEMT services except for EPSDT members
- Provision of Medical Assistance: Section 1902(a)(8)

¹ The State is re-procuring their Care Management Organizations and may enter into contract with up to four CMOs.

- To the extent necessary to enable Georgia to discontinue eligibility for, and not make medical assistance available to, members who fail to comply with the hours and activities threshold under Georgia Pathways
- Comparability of Eligibility Requirements: Section 1902(a)(10)(A)(i)(VIII) and 1902(a)(17)
 - To the extent necessary to enable Georgia to require an hours and activities requirement as a condition to maintain eligibility
- Amount, Duration, Scope, and Comparability: Section 1902(a)(10)(B)
 - To the extent necessary to enable Georgia to allow individuals to receive the benefits provided through an ESI plan, without wrap-around benefits
- Freedom of Choice: Section 1902(a)(23)
 - To the extent necessary to enable Georgia to restrict the freedom of choice of providers for Demonstration eligibility groups
- Vision and Dental Coverage: Section 1902(a)(43)
 - To the extent necessary to enable Georgia not to cover certain vision and dental services described in sections 1905(r)(2) and 1905(r)(3) of the Act for 19- and 20-year-old members enrolled in ESI through the Mandatory HIPP Program
- 133 Percent Income Level: Section 1902(a)(10)(A)(i)(VIII)
 - To the extent necessary to enable Georgia to implement a lower income level for the Demonstration group

Georgia is requesting a waiver of the income level specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, which will permit the State to implement an income level of 95% of the FPL, rather than 133% of the FPL, for the Demonstration group. This will allow the State to receive the full enhanced Federal Medical Assistance Percentage (FMAP) allowable under 42 U.S.C. Section 1396d(y).

The following waiver authorities are no longer being requested in the new demonstration period:

- Eligibility: Section 1902(a)(10)(A)
 - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's first premium payment
 - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's determination of eligibility
- Cost-Sharing: Section 1902(a)(14) insofar as it incorporates Section 1916 and 1916A
 - To the extent necessary to enable to charge monthly premiums and higher co-pays
- Prepayment Review: Section 1902(a)(37)(B)
 - To the extent necessary to enable Georgia to ensure that prepayment review be available for disbursements by members to their providers through the Member Rewards Account
- Reasonable Promptness: Section 1902(a)(3)/Section 1902(a)(8)

- To the extent necessary to enable Georgia to begin Medicaid coverage on the first day of the month following an individual's determination of eligibility
- Retroactive Eligibility: Section 1902(a)(34)
 - To the extent necessary to enable Georgia to begin eligibility the month following determination of eligibility

Enrollment and Expenditures

Please refer to Appendix B for the Budget Neutrality With Waiver (WW) and Without Waiver (WOW) exhibits. As discussed below, the State is requesting the Georgia Pathways population be considered "hypothetical"; therefore, a simplified single exhibit is provided.

Overview

The Georgia Pathways Demonstration provides a pathway to healthcare coverage for low-income Georgians up to 100% of the FPL who are not otherwise eligible for Medicaid coverage. The State is requesting a Demonstration renewal date of October 1, 2025.

The Georgia Pathways program was implemented July 1, 2023. Therefore, limited historical data for the population covered under this demonstration is available. The data used, and adjustments applied to align the costs with the population anticipated to enroll under this Demonstration, are described in the following Enrollment and Expenditure section.

For purposes of this Budget Neutrality calculation, the State is requesting the expenditures under this Demonstration to be considered "hypothetical." Per the August 22, 2018 State Medicaid Director's Letter (SMD #18-009):

"In cases where expenditure authority is provided for coverage of populations or services that the state could have otherwise provided through its Medicaid state plan or other title XIX authority, such as a waiver under section 1915 of the Act, CMS considers these expenditures to be "hypothetical;" that is, the expenditures would have been eligible to receive FFP elsewhere in the Medicaid program. For these hypothetical expenditures, CMS currently makes adjustments to the budget neutrality test which effectively treats these expenditures as if they were approved Medicaid state plan services."

Enrollment and projections from DY 1 to DY 5 are for the existing Pathways population only, as outlined in 'Continuing Demonstration Features.'

Enrollment and projections from DY 6 to DY 10 include both the existing Pathways population as well as the proposed 'New Allowable Activities.' As the State is requesting an extension of at least five years, enrollment and projections beyond DY 10 can be provided upon request.

Enrollment

Table 7.0(a) summarizes DY 1 - DY 5 actual and estimated enrollment for the Georgia Pathways population. Given the implementation began during DY 3, Table 7 reflects actual enrollment from July 2023 to September 2024 and estimates through the remainder of the demonstration. There is no enrollment for DY 1 and DY 2. The population figures reflected are the average assumed enrollment for each DY.

Table 7.0(b) summarizes enrollment estimates for the requested renewal Georgia Pathways population. The population figures reflected are the average assumed enrollment for each DY.

For the ‘Continuing Demonstration Features’ population, enrollment estimates for DY 6 were based on actual Georgia Pathways Demonstration enrollment and trended forward through DY 10. It is estimated that this population will continue to grow from DY 6 through DY 10 by 8% annual growth. This estimate was calculated using actual historical application processing and enrollment for the Georgia Pathways Demonstration. There are no expected changes requested in this demonstration extension request that would impact this enrollment growth.

For the ‘New Allowable Activities’ population, the baseline eligible population estimates for DY 6 was based on eligible populations from the Georgia Gateway system. Additional assumptions to this baseline eligible population were applied to reflect the estimated take-up rate of the ‘New Allowable Activities’ population. The take-up rate assumption was informed based on historical take-up observed in the ‘Continuing Demonstration Features’ population. A DY 6 ramp-up factor was also applied, which assumes that not all eligible members will enroll on the first day of DY 6 and will instead phase-in uniformly over a 12-month time period. This population was then trended forward through DY 10. It is estimated that this population will continue to grow from DY 6 through DY 10 by an average 2.0% annual growth. This estimate was based on enrollment trends for actual and comparable populations.

The average number of months per member for our hypothetical population was assumed to be the same as the number of months per member for our comparable Georgia Families population. A 12 month/member average was assumed.

Table: 7.0(a): DY 1 – DY 5 Enrollment

	DY 1	DY 2	DY 3 ²	DY 4	DY 5
Enrollment ¹	-	-	362	3,317	6,814
Member Months	-	-	723	39,808	81,766

1. DY 3 and DY 4 reflect actual enrollment. DY 5 is estimated based on historical data.

2. DY 3 only reflects three months following Pathways launch on July 1, 2023.

Table: 7.0(b): Estimated Enrollment

	DY 6	DY 7	DY 8	DY 9	DY 10
Estimated Enrollment	18,301	26,530	27,701	28,946	30,271
Estimated Member Months	219,612	318,361	332,408	347,352	363,257

It was assumed that the current state of Georgia economic conditions, including unemployment rates, would remain consistent throughout the entirety of DY 6 through DY 10. If Georgia's economic conditions materially shift at any point throughout the demonstration period, the enrollment may materially differ from the table and assumptions included within this extension waiver. Each demonstration year reflects a point in time enrollment snapshot, and not a cumulative total.

Expenditures Per Member Per Month

Given implementation on July 1, 2023, limited expenditure data for the ‘Continuing Demonstration Features’ population covered by this Demonstration is currently available. Due to the limited available data for this population, the latest certified capitation rate for the existing Pathways population as set by the State’s actuary for July 1, 2024 – June 30, 2025, (SFY 2025) was used as the base expense assumption for the continuing demonstration features population. The data available for the Georgia Pathways population was reviewed and considered in the development of the SFY 2025 Pathways Capitation rates, however ultimately the basis of the capitation rates was the Georgia Families Proxy Population. Adjustments to the baseline PMPMs were made to account for expected trends impacting the Georgia Pathways program.

The ‘New Allowable Activities’ population costs were proxied based on the existing SFY 2025 Pathways capitation rates.

The following proposed policy changes to this demonstration were reviewed for the estimated impacts to the capitation rates and expenditures:

- Removal of monthly qualifying activity reporting as a requirement for participation: No impact, given pause on monthly reporting requirements during DY 3 and DY 4.
- Removal of premium and Member Rewards Accounts: No impact, given the premium requirement and Member Rewards Accounts were not implemented during DY 3 and DY 4.
- Retroactive coverage to the first month in which the application was submitted: Historical data was leveraged for average duration estimates. Given limited available data for the existing Pathways population, the expected one additional month of coverage is assumed

to behave similarly to the proxy population and therefore no cost impact was applied to the existing capitation rates.

Table 7.0(c) summarizes the estimated per member per month and estimated annual expenditures for DY 1 – DY 5 for the ‘Continuing Demonstration Features’ population. Given the implementation began during DY 3, the estimated annual expenditures in Table(b) reflects actual enrollment from July 2023 to September 2024 and estimates through the remainder of the demonstration. There is no enrollment for DY 1 and DY 2. The population figures reflected are the average assumed enrollment for each DY.

The impact of these adjustments is shown in 7.0(d) and described in further detail below.

Table 7.0(c): DY 1 – DY 5 Expenditures

Demonstration Year	Historical Expenditure PMPM	Growth Factor	Member Months	Expenditures
DY 1	N/A	N/A	N/A	N/A
DY 2	N/A	N/A	N/A	N/A
DY 3	\$351.24	N/A	723	\$253,944
DY 4	\$342.36	0.97	39,808	\$13,628,488
DY 5	\$357.85	1.05	81,766	\$29,260,363

Table 7.0(d): Estimated Expenditure PMPMs

Demonstration Year	SFY 2025 Certified Capitation Rate for Existing Pathways	Estimated PMPM	Growth Compared to SFY 2025 Certified Capitation Rate	Estimated Member Months	Estimated Annual Aggregate Expenditures
DY 6	\$349.29	\$ 385.28	1.10	219,612	\$84,612,852
DY 7	\$349.29	\$ 410.83	1.18	318,361	\$130,790,674
DY 8	\$349.29	\$ 435.52	1.25	332,408	\$144,771,383
DY 9	\$349.29	\$ 461.70	1.32	347,352	\$160,372,895
DY 10	\$349.29	\$ 489.45	1.40	363,257	\$177,797,198

Growth Factor

The SFY 2025 Pathways capitation rate is the best available source of expenditure and enrollment data to develop the expenditure PMPM baseline. However, the historical experience is not a directly appropriate benchmark for the development of the underlying expenditure trends, which are applied to develop the estimated expenditure PMPMs in each demonstration year.

In order to trend the historical expenditure amounts, due to lack of credible historical experience and pursuant to CMS guidance, the President's Budget trend rates were considered in the development of growth factors. The State is applying a 6.1% annual trend rate to develop the growth factors based on the increases demonstrated in the federal fiscal years 2025 through 2029. The growth factor is developed by compounding 1 + the annual trend rate from the midpoint of the experience period (January 1, 2025) to the midpoint of the next state fiscal year. These fiscal year rates were then blended across fiscal years based on projected member months to arrive at the final demonstration year PMPM rates. The same growth factor was applied to both the 'Continuing Demonstration Features' and the 'New Allowable Activities' populations.

Hypotheses and Evaluation Approach

The following hypotheses were tested and evaluated by the Independent Evaluator as described in the Evaluation Design:

- The Demonstration will improve the health care access of low-income Georgians.

- The Demonstration will reduce the number of uninsured Georgia residents with incomes up to 100% of the FPL.
- The Demonstration will increase the number of Georgia Pathways members who transition to commercial health insurance, including employer sponsored insurance and individual health insurance market coverage, after separating from Medicaid.
- The Demonstration will increase member engagement in health care.
- The Demonstration will increase the number of Georgia residents below and up to 100% of the FPL enrolled in employer sponsored insurance.
- The Demonstration will increase the number of adults below and up to 100% of the FPL who are engaged in at least 80 hours a month of employment or employment-related activities.
- The Demonstration will increase wage growth for those made eligible for Medicaid through the Demonstration.
- The Georgia Pathways Demonstration will improve the fiscal sustainability of the Georgia Medicaid program.

Upon approval of the extension application, the State will work with the Independent Evaluator to identify the research hypotheses and evaluation design for addressing these proposed program and policy changes.

Public Hearings and Public Input Procedure

One additional opportunity for public comment will be held in-person at the following location:

- **Cordele, Georgia**
Monday, March 17, 2025, 12:00 – 2:00 p.m. EST
State Office of Rural Health
502 S. 7th Street, Cordele, GA 31015

DCH will accept oral comments at these meetings. Virtual attendance via Zoom will also be available.

Time: Mar 17, 2025 12:00 PM - 2:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81410434872?pwd=GcKxha6iwUsJ4jv0mLXBkJcCTHCbIO.1>

Meeting ID: 814 1043 4872

Passcode: 187523

One tap mobile

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+13052241968,,81410434872#,,, *187523#US

Dial by your location

- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)
- +1 646 931 3860 US
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)

Meeting ID: 814 1043 4872

Passcode: 187523

Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479 at least three (3) business days prior to the scheduled public hearing to ensure any necessary accommodations can be provided.

Individuals wishing to comment in writing may do so on or before **Wednesday, March 19, 2025** to: Shawn Walker c/o the Department of Community Health, Post Office Box 1966, Atlanta,

Georgia 30301-1966. Comment letters must be postmarked by **Wednesday, March 19, 2025** to be accepted. Individuals may submit comments via electronic mail to: Pathways.Comments25@dch.ga.gov. Please include “Pathways Comments” in the subject line of your e-mail. Comments will be available for review by submitting a request via email to: openrecordsrequest@dch.ga.gov. Please note that any comments submitted are subject to open records.

Locations to Access Copies of Public Notice and Waiver Application

This public notice, the abbreviated public notice, and the demonstration application are also available on the Department’s website homepage, at <https://medicaid.georgia.gov>, as well as the Public Notices section of the Department’s website, at <https://dch.georgia.gov/meetings-notices/public-notices>. This public notice, the abbreviated public notice, and the demonstration waiver application are also available for review at each county Division of Family and Children Services office. A comprehensive statewide list of locations of all Division of Family and Children Services offices can be found at <https://dfcs.georgia.gov/locations>.

THIS NOTICE IS HEREBY GIVEN THIS 5th DAY OF MARCH 2025.

Russel Carlson, Commissioner

Appendix G: Abbreviated Public Notice - March

Abbreviated Public Notice

Georgia Pathways to Coverage 1115 Demonstration Waiver Extension

The Georgia Department of Community Health (DCH) hereby notifies the public that it intends to submit a Section 1115 Demonstration Waiver Extension Application to the Centers for Medicare & Medicaid Services (CMS) for Georgia Pathways to Coverage® (Georgia Pathways).

Pursuant to 42 CFR 431.408, DCH provided the public the opportunity to review and provide input on the Section 1115 Waiver Extension Application. DCH seeks to re-open the comment period for an additional 15 days, beginning on Wednesday, March 5, 2025. This notice provides details about the waiver submission and serves to re-open public comment period, which will close on Wednesday, March 19, 2025.

Summary

Under the Georgia Pathways to Coverage® Section 1115 Demonstration Waiver, Georgia continues to improve the access, affordability, and quality of healthcare for Georgians as well as encourage self-sufficiency through promotion of employment and employment-related activities.

The approved Demonstration, Georgia Pathways, introduces a new eligibility pathway for working Georgians who would otherwise be ineligible for Medicaid coverage in Georgia. To be considered eligible for coverage under Georgia Pathways, an individual must meet an hours and activities threshold of 80 hours per month of engagement in a qualifying activity (or combination of activities) such as employment, community service, or education, and have an income up to 100% of the FPL.

The State is seeking approval for an extension of the original Demonstration that has largely been preserved, with a few key changes. Georgia looks forward to maintaining the objectives of the Pathways program while advancing the goals of the Demonstration as approved. The proposed revisions to the program will improve the Pathways member experience, increase engagement, and provide support for participation in employment and employment-related activities.

The State seeks approval for the following changes to the Demonstration:

- Removal of monthly qualifying activity reporting as a requirement for participation; qualifying activity reporting will still be required at initial eligibility and annual renewal
- Addition of qualifying activity types for program eligibility
- Addition of a retroactive coverage policy, with coverage effective the first of the month in which the application was received
- Removal of premiums and Member Rewards Accounts
- Request reporting on a quarterly basis only per original Special Terms and Conditions

The State believes that the proposed changes will improve the member experience to participate in Pathways and provide more individuals with the opportunity to become acclimated to participating in the insurance market. For example, removing the monthly reporting requirement will allow Care Management Organizations (CMOs) to focus their efforts on engaging members in employment-related activities (because qualifying activity reporting at annual renewal will continue to be a requirement), rather than monitoring the compliance of and outreaching to individuals on the monthly reporting requirements.

Public Hearings and Public Input Procedure

One additional opportunity for public comment will be held in-person at the following location:

- **Cordele, Georgia**
Monday, March 17, 2025, 12:00 – 2:00 p.m. EST
State Office of Rural Health
502 S. 7th Street, Cordele, GA 31015

DCH will accept oral comments at these meetings. Virtual attendance via Zoom will also be available.

Time: Mar 17, 2025 12:00 PM - 2:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81410434872?pwd=GcKxha6iwUsJ4jv0mLXBkJcCTHCbIO.1>

Meeting ID: 814 1043 4872

Passcode: 187523

One tap mobile

+13017158592,,81410434872#,,,*187523#US (Washington DC)

+13052241968,,81410434872#,,,*187523#US

Dial by your location

• +1 301 715 8592 US (Washington DC)

• +1 305 224 1968 US

• +1 309 205 3325 US

• +1 312 626 6799 US (Chicago)

• +1 646 558 8656 US (New York)

- +1 646 931 3860 US
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)

Meeting ID: 814 1043 4872

Passcode: 187523

Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479 at least three (3) business days prior to the scheduled public hearing to ensure any necessary accommodations can be provided.

Individuals wishing to comment in writing may do so on or before **Wednesday, March 19, 2025** to: Shawn Walker c/o the Department of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. Comment letters must be postmarked by **Wednesday, March 19, 2025** to be accepted. Individuals may submit comments via electronic mail to:

Pathways.Comments25@dch.ga.gov. Please include “Pathways Comments” in the subject line of your e-mail. Comments will be available for review by submitting a request via email to: openrecordsrequest@dch.ga.gov. Please note that any comments submitted are subject to open records.

Locations to Access Copies of Public Notice and Waiver Application

This public notice, the full comprehensive public notice, and the demonstration application are also available on the Department’s website homepage, at <https://medicaid.georgia.gov>, as well as the Public Notices section of the Department’s website, at <https://dch.georgia.gov/meetings-notices/public-notices>. This public notice, the full comprehensive public notice, and the demonstration waiver application are also available for review at each county Division of Family and Children Services office. A comprehensive statewide list of locations of all Division of Family and Children Services offices can be found at <https://dfcs.georgia.gov/locations>.

THIS NOTICE IS HEREBY GIVEN THIS 5th DAY OF MARCH 2025.

Russel Carlson, Commissioner

Appendix H: Public Forum Notice

PUBLIC NOTICE

Georgia Pathways to Coverage™

The Georgia Department of Community Health (DCH) is holding a post-award forum to give the public an opportunity to provide comments on the progress of the federal Section 1115 Demonstration titled Georgia Pathways to Coverage™. Pathways, which was approved by the Centers for Medicare & Medicaid Services (CMS) and launched on July 1, 2023, is a new program to help low-income Georgians qualify for Medicaid who otherwise would not be eligible for traditional Medicaid. It introduces a new Medicaid eligibility category in Georgia, increasing access to affordable, quality healthcare coverage for those in the state who don't have it today.

Pathways participants must meet the following criteria to qualify for Medicaid benefits:

- Be a Georgia resident
- Be a U.S. citizen or legally residing non-citizen
- Be between 19 and 64 years of age
- Have a household income of up to 100% of the Federal Poverty Level (FPL)
- Demonstrate that you are participating in at least 80 hours of qualifying activities per month
- Not qualify for any other type of Medicaid
- Not be incarcerated

Interested parties may view the Pathways monitoring reports by clicking [here](#). Pathways resources may be viewed by clicking [here](#):

An opportunity for public comment will be held on **Thursday, Dec. 7, 2023, from 3-5 p.m. EST** via Zoom. There will be **no in-person** attendance at DCH.

Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479 at least three (3) business days prior to the scheduled public hearing to ensure any necessary accommodations can be provided. Click on the link or dial the number listed below to join the meeting:

Meeting ID: 892 6653 6588

Meeting Password: 198002

[Click here](#) to join the post-award forum

Dial by your location:

- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)
- +1 646 931 3860 US
- +1 346 248 7799 US (Houston)
- +1 360 209 5623 US

- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)

Individuals wishing to comment in writing may do so **on or before December 7, 2023**, to the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. Individuals may also email comments to dch.communications@dch.ga.gov. Please include “Pathways Comments” in the subject line.

For more information about Pathways, please visit dch.georgia.gov/georgiapathways.

NOTICE IS HEREBY GIVEN THIS 7TH DAY OF NOVEMBER 2023
Russel Carlson, Commissioner