

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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State Demonstrations Group

April 14, 2026

Stuart Portman
Executive Director, Division of Medical Assistance Plans
Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower 18th Floor
Atlanta, Georgia 30303-3159

Dear Executive Director Portman:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Interim Evaluation Report, which is required by the Special Terms and Conditions (STCs), specifically STC #66 “Interim Evaluation Report” of Georgia’s section 1115 demonstration, “Georgia Pathways to Coverage” (Project Number: 11-W-00342/4) effective through December 31, 2026. This Interim Evaluation Report covers the period from July 2023 to July 2024. CMS determined that the Evaluation Report, submitted on December 30, 2024 and revised on February 17, 2026, is in alignment with the CMS-approved Evaluation Design and the requirements set forth in the STCs, and therefore, approves the state’s Interim Evaluation Report.

The Georgia Pathways to Coverage demonstration has generated valuable insights into application and enrollment patterns during its first year of implementation. During the first 13 months of implementation, approximately 26,000 individuals applied for Pathways, with the applicant pool being predominantly female (74%), young adults ages 19–34 (58%), with approximately 80% originating from urban counties. Using descriptive analyses of application and enrollment data, the evaluation found that age, urban/rural residency were associated with eligibility for Pathways. As age increased, applicants were less likely to be eligible and applicants in urban counties were less likely to be eligible compared to rural applicants. As of May 2025, enrollment in the demonstration was approximately 7,463 individuals, which fell short of the state's initial projections of approximately 25,000 and 47,000 by the end of the first and second years, respectively. It is important to note that due to the shortened demonstration period, findings are limited to application and enrollment information and do not yet support causal conclusions; the forthcoming Summative Evaluation report is expected to present more comprehensive findings across the full range of policies being implemented, and we look forward to a deeper understanding of the demonstration's impact as that analysis becomes available.

In accordance with STC # 70, the approved Interim Evaluation Report may now be posted to the state's Medicaid website within 30 days. CMS will also post the Interim Evaluation Report on Medicaid.gov.

States are responsible for following all applicable federal law and regulations when they claim and use federal Medicaid funds and must fully comply with all applicable Medicaid statutes and regulations under a section 1115 demonstration, except where specific provisions have been expressly waived or identified as not applicable for that demonstration. This obligation includes all requirements in Title XIX of the Social Security Act and implementing regulations governing provider screening and enrollment activities, pre- and post-payment review claiming, payment methodologies and rate-setting, utilization controls, and program integrity including processes to identify, investigate, and refer suspected fraud, and methods to receive complaints and identify questionable practices. States must maintain effective systems and safeguards to prevent, detect, and address any fraud, waste, or abuse (FWA) in the delivery of and payment for Medicaid services, including referrals to law enforcement when appropriate.

States should have heightened monitoring and oversight mechanisms in place featuring robust internal controls to identify and remediate all vulnerabilities (including, but not limited to, FWA and beneficiary access issues) inherent in service areas approved as part of a demonstration. At any time, CMS may request that the state provide a plan detailing the state's systems and safeguards to prevent, detect, and address any FWA relative to this demonstration. Failure to meet program integrity obligations under federal statutes and regulations or under the terms and conditions of this demonstration approval may result in compliance actions or other enforcement measures that could include requirements to develop and implement corrective action plans, withholdings, deferrals, disallowances, and termination of demonstration authority.

We look forward to our continued partnership on the Georgia Pathways to Coverage section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Etta Hawkins, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Georgia Pathways Demonstration Program Interim Evaluation Report

Report prepared by the Public Consulting Group

IER Submittal Date: December 19th 2024

Revised IER Submittal Date: June 2nd 2025

Revised IER Submittal Date: February 17th 2026

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A. EXECUTIVE SUMMARY

This Interim Evaluation Report (IER) provides the Independent Evaluator (IE)'s findings and recommendations for 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 (QHA), good cause exceptions, and reasonable accommodations/modifications, and the HIPP phase have launched. The Georgia Pathways demonstration ("Pathways") offers a new avenue 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 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 enrollment¹ 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 for Pathways. The applicant pool was predominantly female (74%), young adults (58% age 19-34), Black/African American (43%), and non-Hispanic/Latino (91%). A large majority of applicants (~80%) originated from urban counties.

Enrollment into Pathways was lower than projected during 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

¹ The state has not implemented suspensions and disenrollments from Pathways due to noncompliance with the QHA monthly reporting requirement after reviewing preliminary data from the first few months of the demonstration. At the time of the IER, QHA reporting is only required for the initial application and annual renewal. The impact of suspensions and disenrollments, if implemented, will be further explored in the summative evaluation report.

demonstration 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, rural residency, and ethnicity were 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 a rural area was more likely to be determined eligible. Non-Hispanic/Latino applicants were more likely to be determined eligible for Pathways.

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 were also associated with program enrollment, particularly for 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. The association between QHA and age will be further explored in the Summative Evaluation Report.

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

The state should enhance its monitoring of the Pathways application portal to ensure that it is up to date with accurate program information, is 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 QHA reporting requirements 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).² 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.³ The program expansion, named Georgia Pathways to Coverage ("Pathways"), 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

² 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/>

³ Georgia Section 1115 Demonstration Waiver Application dated December 23, 2019. ³ Georgia Department of Community Health, "About Us." dch.georgia.gov.

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 and consist of findings from additional data and analyses beyond what is presented within this Interim Evaluation Report (IER). Due to the shortened demonstration period, data availability is limited to application and enrollment information.

The IER presents Pathways application and enrollment findings from the first year of the demonstration.

3. DESCRIPTION

As of 2019, 19% of individuals between 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. Due to noncompliance with the QHA monthly reporting, suspensions and disenrollments from Pathways were paused.

As a result of pausing suspensions and disenrollments, consistent employment and participation of individuals cannot be assessed in detail. This includes assessments of the "good cause" exception described in the special terms and conditions (STCs) of the Georgia Pathways to Coverage program.

The good cause exception is granted to individuals meeting the monthly qualifying hours and activities reporting requirements but, due to verified circumstances outlined in the STCs, were unable to meet the requirement for a specific month. A beneficiary who has accumulated up to 120 qualifying hours within a twelve-month benefit year may request a good cause exception for one month so that their coverage does not lapse.

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.*

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.

- *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, 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 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 2023.⁵ 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.

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).⁶ 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

⁵ Georgia Department of Community Health, DCH Annual Report Fiscal Year July 1, 2022—June 30, 2023

⁶ See Section 2: Demonstration Eligibility, page 10 (<https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/gapathways-to-coverage-pa1.pdf>)

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 but may be addressed in the summative evaluation report. Should Phase three be implemented and data become available, the evaluation design and the summative report will include the analysis plan and analyses of phase three findings.⁷

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) |

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.

It is important to note that 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. A subsequent modification to this workflow instead offered prospective applicants the option to continue to the Pathways-specific

⁷ At the time of this drafting, the state has indicated that they have no intention of implementing phase three in Georgia Pathways.
⁸ Georgia Department of Human Services, Medicaid Unwinding. <https://dhs.georgia.gov/medicaid-unwinding> Accessed 04/20/2023.

application screen, without asserting that they qualified. This adjustment may have affected the observed number of individuals that were determined to be qualified for the Pathways program.

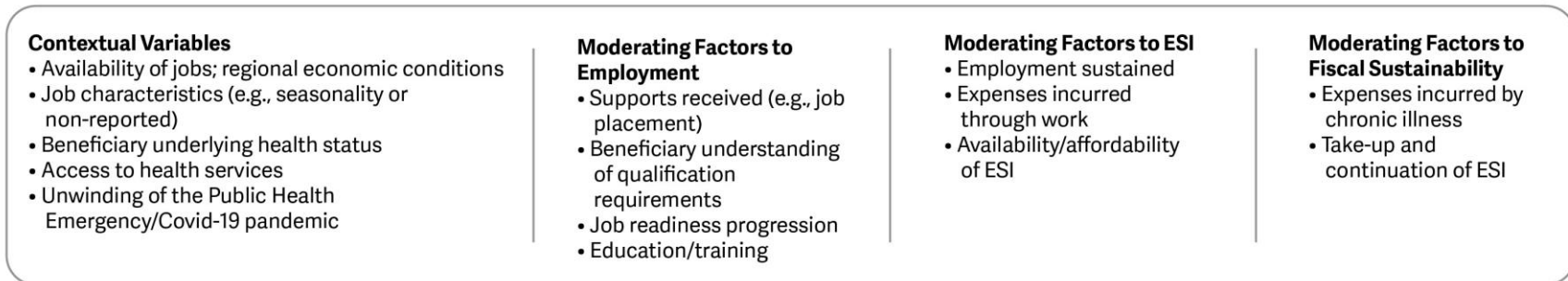
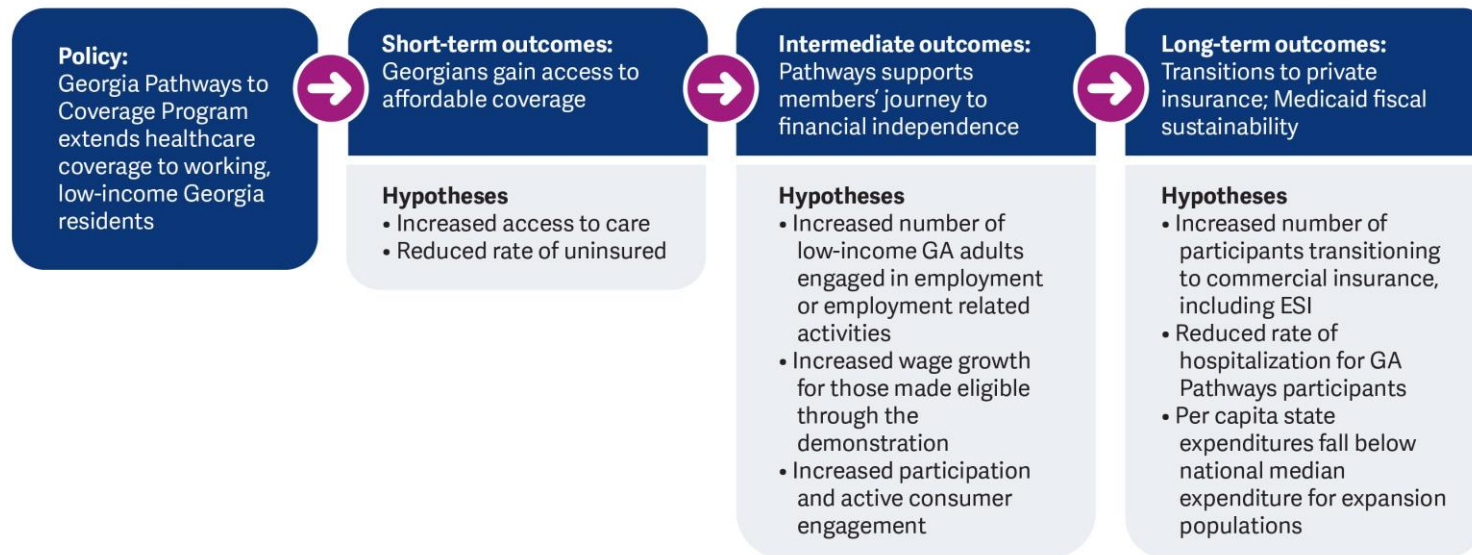
4. POPULATION

The demonstration population (Pathways eligibility) is defined as individuals 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 Pathway applicants or all individuals who elected to be considered for Pathways, signed a Pathways contract, and provided at least one hour of QHA information, irrespective of their eventual eligibility determination.

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. Once data become available, the demonstration's impact will be explored in the Summative Evaluation Report.

The **short-term 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 aged 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 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> <ul 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> <ul 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 insurance and individual health insurance market coverage, after separating from Medicaid.</p> | <p>RQ3. Did Pathways promote member transition to commercial health insurance?</p> <ul 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? • <i>Primary research question 3.3:</i> What is the pattern of coverage of members who transition to ESI? • <i>Primary research question 3.4:</i> What occupational or other characteristics are associated with transitioning to ESI? • <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> <ul style="list-style-type: none"> • <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> <ul style="list-style-type: none"> • <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? • <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> <ul style="list-style-type: none"> • <i>Primary research question 6.1:</i> Did the average hours worked by employed individuals change? • <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?) • <i>Primary research question 6.3:</i> What are the characteristics of new jobs gained by qualifying hours and activities participants? • <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>Hypothesis 7: The demonstration will increase wage growth for those made eligible for Medicaid through the Demonstration.</p> | <p>RQ7. Did Pathways increase wage growth for those who are employed?</p> <ul style="list-style-type: none"> • <i>Primary research question 7.1:</i> Did member earnings change at annual redetermination? |
| <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> <ul style="list-style-type: none"> • <i>Primary research question 8.1:</i> Did the demonstration contain cost growth for Pathways members? • <i>Primary research question 8.2:</i> Did the rate of hospitalization decrease for Pathways members? • <i>Primary Research Question 8.3:</i> Did enrollment of members in ESI reduce costs for the Medicaid program? • <i>Primary Research Question 8.4:</i> What was the administrative cost of implementing and operating the demonstration? |
| <p>Exploratory Research Question</p> | |

Primary research question 9: Was the demonstration implemented effectively?

a. *Subsidiary research question 9a: How did the Public Health Emergency/Covid-19 pandemic impact implementation and evaluation of the demonstration?*

- 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

Primary research question 10: What barriers to meeting qualifying hours and activities requirements are experienced by demonstration participants and those interested in Pathways?

- *Subsidiary Research Question 10a: Do members understand the qualifying hours and activities requirements and how to satisfy them?*
- *Subsidiary Research Question 10b: What are the common barriers to initial compliance with the qualifying hours and activities requirement as well as initial enrollment?*
- *Subsidiary Research Question 10c: 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.*
- *Subsidiary Research Question 10d: 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?

- *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?*
- *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?

- *Subsidiary Research Question 12a: Do Pathways members over 21 report missing appointments due to lack of transportation?*
- *Subsidiary Research Question 12b: Do Pathways members over 21 report that they would use NEMT if it were available?*
- *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 (IER). 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 quasi-experimental approaches 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

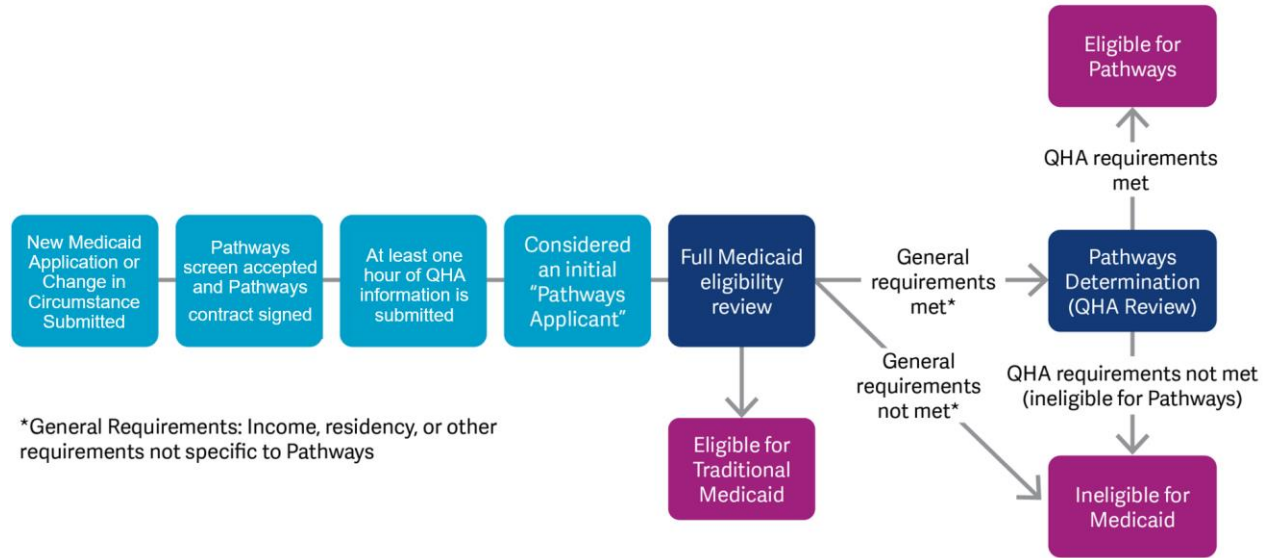
The target group for this demonstration consists of individuals who are eligible for Pathways. This includes individuals aged 19-64 with household incomes up to 95% of the FPL, with a 5% income disregard, who were not otherwise eligible for Medicaid, and who meet the threshold of 80 hours of QHAs per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

The population studied for this IER includes all Pathways applicants, whether they were ultimately deemed eligible or not. Individuals interested in coverage submit applications for Medicaid, not specifically to Pathways. Figure 2 illustrates the application process, showing a simplified view of how individuals move through different groupings of the application. Most individuals apply for Medicaid online, through the Gateway Portal. If the initial information they provide is consistent with possible eligibility for Pathways, the applicant is provided a screen 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 show an interest in Pathways, sign the Pathways contract and submit at least one hour of 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 for traditional Medicaid are evaluated for Pathways eligibility and are considered a part of the final applicant pool.

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 on the Pathways screen, signed a Pathways contract, and submitted at least one hour of QHA information. The initial Pathways applicant pool includes those individuals who may qualify for traditional Medicaid. The final applicant pool is the initial applicant pool minus the group determined eligible for traditional Medicaid. The individuals in the final applicant pool have not yet been determined to be eligible for Pathways; they have been found to be ineligible for traditional Medicaid and have satisfied the criteria described above to be considered for the Pathways program. Analyses of the final applicant pool to the Pathways eligible group are made stratified by age, sex, race/ethnicity, and rural/urban

residence, where possible, to identify any differential patterns of enrollment. These groups are used to observe comparisons within this population, as there is no external comparison group.

FIGURE 2: Simplified GEORGIA PATHWAYS APPLICATION PROCESS



3. EVALUATION PERIOD

The IER covers the first 13 months of the demonstration: July 1, 2023, through 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. See Table 5 for a list of defining application outcomes.

Table 5: Application Outcome Description

| Application Outcome | Definition |
|---------------------------------|---|
| Application Outcome: Eligible | The applicant was determined eligible for the Pathways program. |
| Application Outcome: Ineligible | The applicant was determined ineligible for the Pathways program. Ineligibility is also referred to |

| | |
|---|---|
| | as an overall denial. The number of applicants in the ineligible/denial group is the sum of those who were denied for QHA reasons and those who were denied for other reasons. |
| Reason for Denial: Denied for QHA Reasons | The applicant was denied for QHA reasons, meaning they did not provide proof of completing 80 hours of qualifying hours and activities (QHA) when submitting their application. Qualifying activities include various types of employment, job training, vocational rehabilitation, community service, and education. |
| Reason for Denial: Denied for Other Reasons | The applicant was denied for other reasons, including over-income, failure to return required verifications, voluntary withdrawals, existing coverage, and ineligibility based on citizenship, age, and residency. |

5. DATA SOURCES

The IER relies 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 urban/rural 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. Once transfer application data is available, analyses will be included in the Summative Evaluation Report. 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.

The dataset included applicant demographics such as date of birth (DOB), sex, race (4+ categories), ethnicity, and urban or rural county residency. 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). Lastly, the IE used the United States Department of Agriculture (USDA) Economic

Research Service 2023 county population size data, which lists the population of each county in Georgia, to generate a column coding each applicant as either “urban”, “rural”, or “missing” based on their county of residence. In accordance with one of the US Census Bureau’s definitions of a geographic designation, 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.⁹ Applicants with blank entries for the county column were labeled as missing.

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 11,981 “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 IE originally planned to include Area Deprivation Index (ADI) scores for each applicant based on their county location as a demographic characteristic and as a covariate in regression models. The ADI was

⁹ United States Department of Agriculture. Georgia: Rural Definitions. Economic Research Service, 2019, https://ers.usda.gov/sites/default/files/_laserfiche/DataFiles/53180/25565_GA.pdf. PDF file.(US Census Bureau Definitions of Rural vs. Urban (Page 10, Definition #3))

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.¹⁰

For this IER, the average ADI scores of each Georgia Census block group were assigned to their respective counties. ADI was assigned at the county level because enrollment data included county of residence but did not include accurate zip codes or the Census block group order. ADI assigned based on zip code or Census block group order would have yielded a more localized and accurate representation of the socioeconomic conditions in the area where the individual resides. Ultimately, the county level ADI scores were found to be too highly correlated with county designation (urban/rural) to include both in the regression models. ADI was removed from the evaluation design.

Following data cleaning, the IE calculated the total number of applicants overall and stratified by age, sex, race, ethnicity, and urban/rural county designation. 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, sex, etc.). At this stage, the IE also conducted calculations to explore the relationship between 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, sex, 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 total 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.
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

¹⁰ Neighborhood Atlas - Home (wisc.edu)

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.

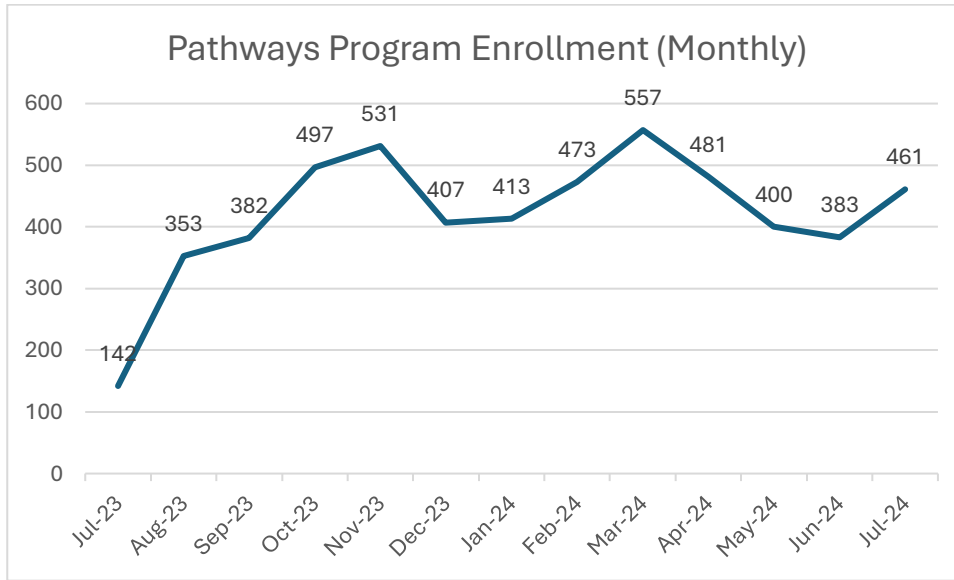
3. **Sample size.** The IER was limited to a one-year period, which included early months with few enrollments. By the end of the approved demonstration period, Pathways is anticipated to enroll between 10,000 – 50,000 Medicaid beneficiaries. However, the data set for specific outcomes may not be of 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 the Gateway Portal. 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 (including those individuals that submitted a change in circumstance) on paper or through the Gateway Portal, elected to be considered for Pathways via a screen describing the Pathways program, 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 (38,644) minus the group eligible for traditional Medicaid (12,715). Figure 3 shows the enrollment of individuals into the Pathways program from July 2023 to July 2024. Monthly enrollment peaked in March 2024, at 557. Generally, the program showed an average enrollment of ~400 individuals across the 11 months.

Figure 3: Pathways Program Enrollment (Monthly)



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 and some denial reasons were only available for some months potentially impacting the interpretation of these data. The reasons for ineligibility showed the following distribution: 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 6: APPLICANT¹ DEMOGRAPHICS

| Demographic | Group | Final Pathways Applicant Pool ¹ (n = 25,929) | Pathways Eligible Applicants ² (n = 4,290) |
|-------------|-------|--|--|
| | 19-34 | 58.1% | 66.0% |

| | | | |
|--------------------|---------------------------|--------------|--------------|
| Age | 35-49 | 32.8% | 24.8% |
| | 50-64 | 9.2% | 9.2% |
| Sex | 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.

²The Pathways Eligible Applicants are those individuals from the Final Pathways Applicant Pool that were determined to be eligible for Pathways.

The final Pathways applicant pool tended to have younger (ages 19-34), urban, and/or female applicants¹¹.

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 6). 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.

¹¹ Chi-Square tests for independence suggest statistically significant associations between multiple variables, but correlation coefficients are low (with the exception of the correlation between Urban/Rural)

Table 7 displays the count of each application outcome for Pathways. The most common application outcome was “denied/ineligible for other reasons” (77%), followed by “eligible” (17%), then “denied/ineligible due to QHA” (6%).

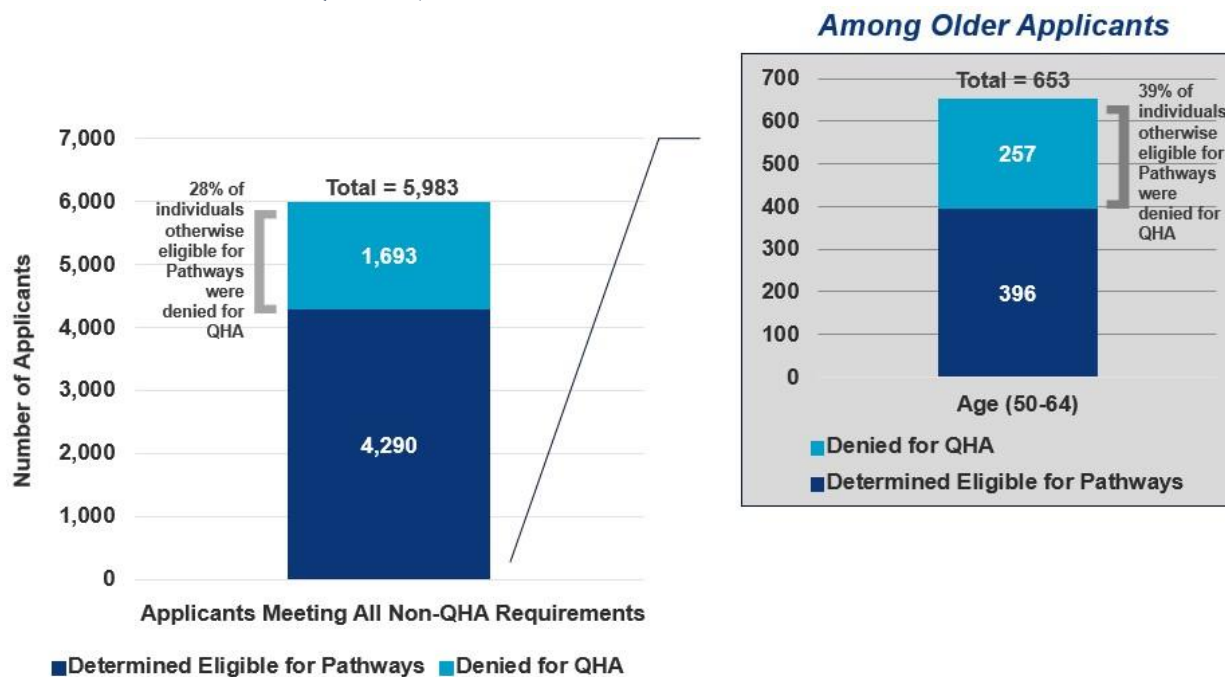
Table 7: Application Outcome

| Application Outcome | Count | Percent of Total Applicants |
|---------------------|--------|-----------------------------|
| Determined Eligible | 4,290 | 17% |
| Denied for QHA | 1,693 | 7% |
| Denied Other | 19,946 | 77% |
| Total Applicants | 25,929 | 100% |

Note: Percentages may not total 100 due to rounding.

This pattern of outcomes was seen across all demographic groups (age, sex, race, ethnicity, and county designation). See Attachment 2 for detailed results of application outcomes for each demographic.

FIGURE 4: Results OF THE 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 influence 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 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 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 8 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 describes the difference in the likelihood of observing a specific outcome between an applicant living in a rural county versus an urban county, holding all else equal.

TABLE 8: 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 |
| Sex | (Female) | 1.034 (0.041) | 0.957-1.118 |
| Race (reference group is White) | Black / African American | 0.991 (0.040) | 0.915-1.074 |
| | Other | 0.945 (0.046) | 0.858-1.040 |
| Ethnicity | (Hispanic/Latino) | 0.748 (0.073) | 0.618-0.905 |
| County Designation | (Urban) | 0.829 (0.035) | 0.763-0.899 |

Bold/highlighted text indicates statistical significance at $p < 0.05$. The dependent variable is whether the person was determined eligible for Georgia Pathways.

The model results show a statistically significant association between the likelihood of eligibility for Georgia Pathways and the applicant's age, ethnicity, and county urban/rural status. For each one-year increase in an applicant's age, their odds of eligibility for Pathways decreases by about 2%. A Hispanic/Latino applicant's odds of eligibility are about 25% less than the odds of eligibility for a non-Hispanic/Latino applicant. An applicant in an urban county is about 17% less likely to be eligible for Pathways than an applicant in a rural county. 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 eligibility for Pathways compared to a 30-year-old applicant, assuming all other variables are the same.

Table 9 depicts the results of a logistic regression model with the same independent variables as Table 8, but shows 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 9: LOGISTIC REGRESSION RESULTS (DEMOGRAPHICS AND PATHWAYS APPLICATION INELIGIBILITY DUE TO QHA)

| Demographic | Group | Odds Ratio (std. error) | 95% Confidence Interval |
|------------------------------------|--------------------------|-------------------------|-------------------------|
| Age | n/a, continuous | 1.009 (0.002) | 1.005-1.014 |
| Sex | (Female) | 0.557 (0.031) | 0.500-0.620 |
| Race (reference group is White) | Black / African American | 1.085 (0.069) | 0.958-1.228 |
| | Other | 1.171 (0.084) | 1.017-1.349 |
| Ethnicity | (Hispanic/Latino) | 0.556 (0.090) | 0.405-0.763 |
| County Designation | (Urban) | 0.870 (0.056) | 0.767-0.986 |

Bold/highlighted text indicates statistical significance at $p < 0.05$ or less. The dependent variable is whether a person that was denied for Georgia Pathways was denied due to QHA.

Age is statistically significant and positive, while sex (specifically, an applicant being female), ethnicity (specifically, being Hispanic/Latino), and race (specifically, being in the “Other” category) are 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 44% less likely to be ineligible due to QHA than male applicants. Racial groups that fall into the “Other” category (all those other than White and Black/African American) are about 17% more likely than White applicants to be denied due to QHA. Hispanic/Latino applicants are about 44% less likely to be denied due to QHA than non-Hispanic/Latino applicants. Applicants in urban counties are about 13% less likely to be denied due to QHA.

G. CONCLUSIONS

PATHWAYS Enrollees AND Applicants

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 applicant pool.

Age, urban/rural residency, and ethnicity were associated with eligibility for Pathways. As age increased, applicants were less likely to be eligible for Pathways. Applicants in urban counties were less likely to be eligible for Pathways compared to rural applicants. Hispanic/Latino applicants were less likely to be eligible for Pathways compared to non-Hispanic/Latino applicants.

Results OF QHA REQUIREMENTS ON PATHWAYS ENROLLMENT

QHA requirements had a significant effect 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 instead of just the 4,290 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 5). The QHA requirement had a particularly pronounced association with the enrollment of 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.¹² 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.

¹² Georgia Department of Community Health, DCH Annual Report Fiscal Year July 1, 2022—June 30, 2023. [FY2023 GA DCH Annual Report FINAL.pdf](#)

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.

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.

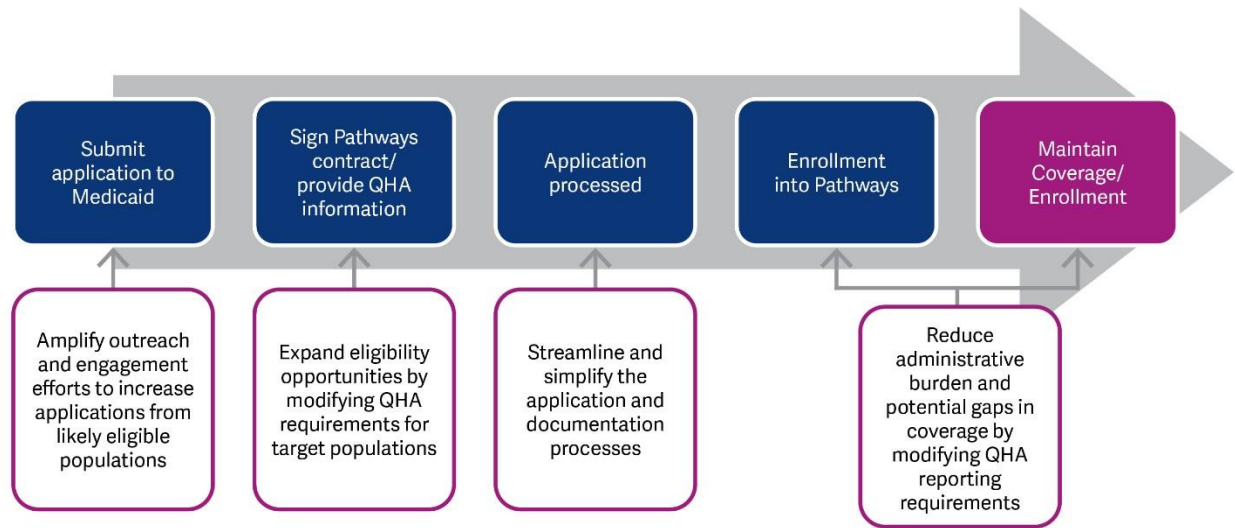
A potential route for increasing enrollment, and for achieving the Pathways goal of increased employment, is increasing the engagement of individuals with barriers to employment, such as SUD, health conditions, or disabilities. Data was not available for disability accommodations, good cause exceptions, 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. While Pathways enrollment shows initial promise as a possible mechanism for supporting transitions to private insurance, additional data and analyses are required to establish a clear connection between enrollment and successful transitions.

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.¹³
- 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.^{14,15}

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, 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

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](#)

¹⁴ Kaiser Family Foundation, "Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State," [Section 1115 Waiver Tracker Work Requirements | KFF](#)

¹⁵ 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](#)

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 biannually. 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

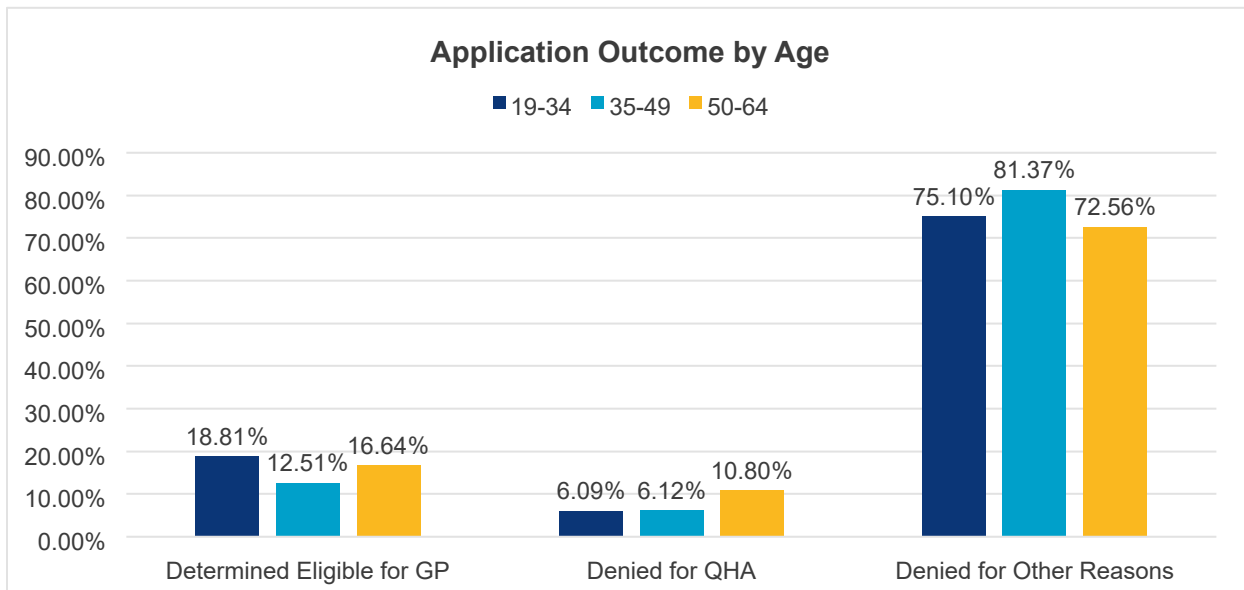


FIGURE 7: APPLICATION OUTCOME BY SEX

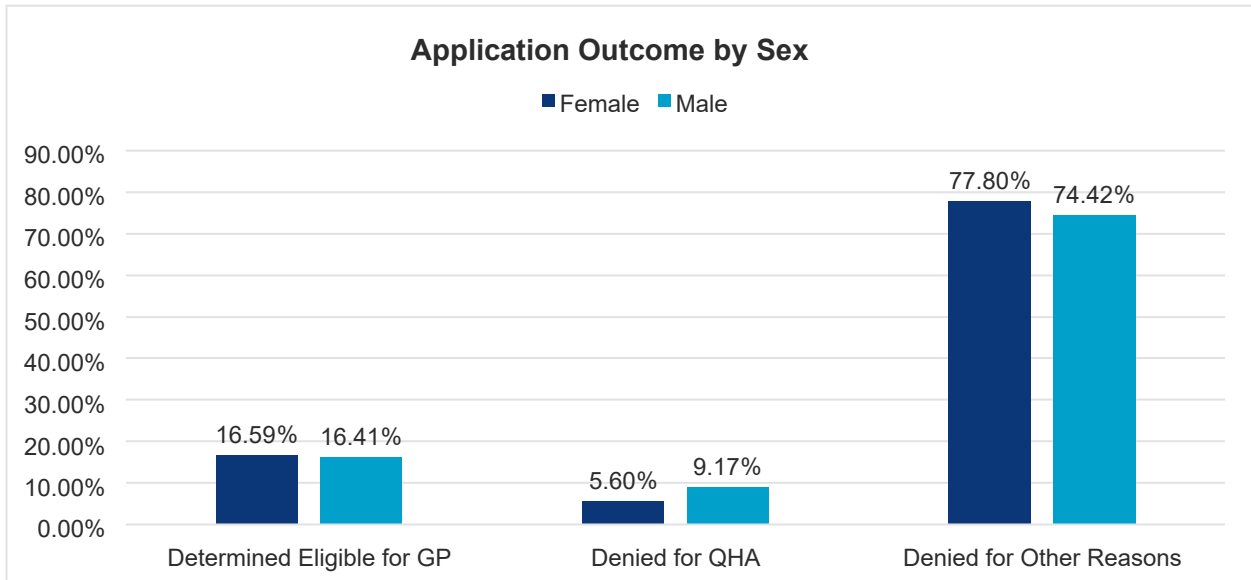


FIGURE 8: APPLICATION OUTCOME BY RACE

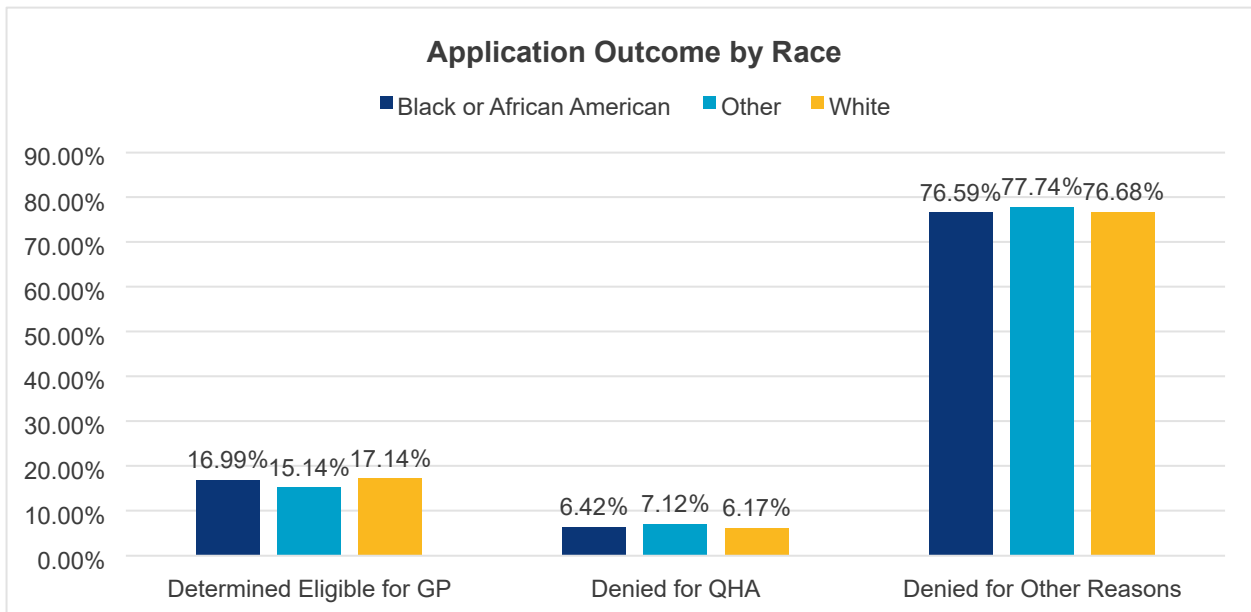


FIGURE 9: APPLICATION OUTCOME BY ETHNICITY

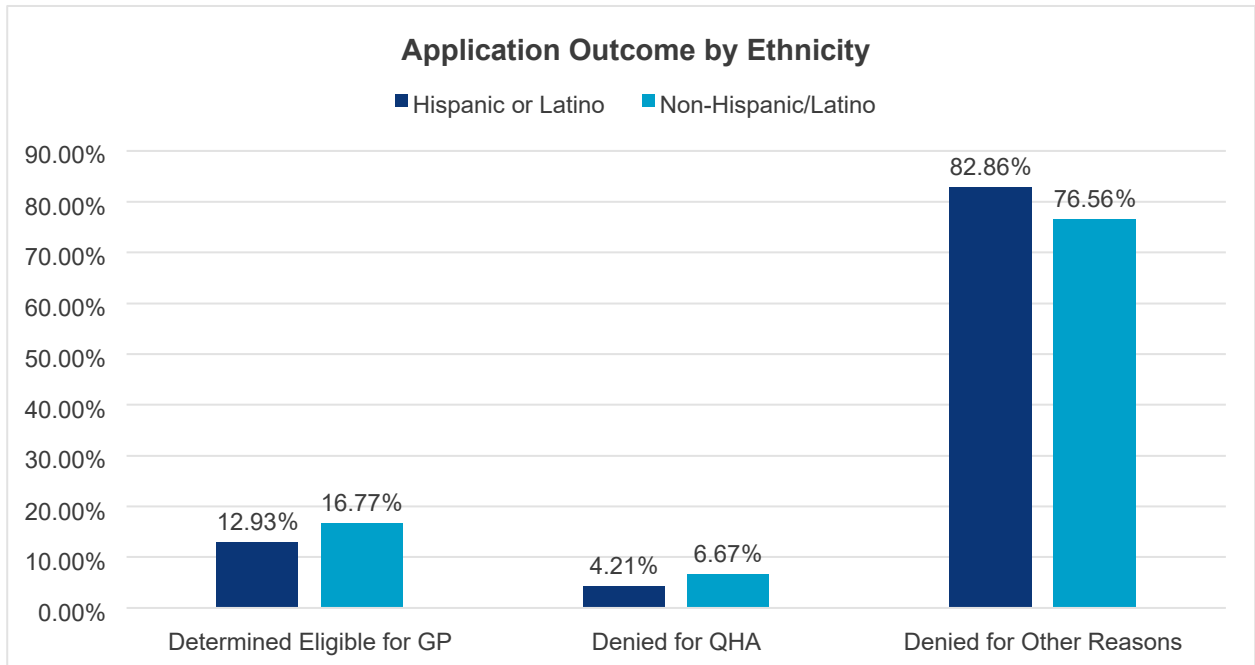


FIGURE 10: APPLICATION OUTCOME BY COUNTY DESIGNATION

