



**Georgia Section 1115 Demonstration Waiver
Amendment Request**

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 and commits to continue this transformative initiative. On April 28, 2025, Georgia requested approval of an 1115 Demonstration extension for a minimum of five years, which will build on the progress of key waiver provisions established in the original waiver Demonstration. Given the national-level changes to Medicaid, Georgia is now requesting an amendment to its 1115 Demonstration extension to increase the federal medical assistance percentage (FMAP) funding for the Georgia Pathways to Coverage™ Section 1115 Demonstration population effective January 1, 2027.

Section 2: Proposed Waiver and Expenditure Authorities

The State is not requesting any additional waiver or expenditure authorities. However, there have been significant shifts in the Medicaid landscape since the original 1115 Demonstration waiver submission due to Public Law 119-21, the Working Families Tax Cuts Act (WFTCA) and the resulting expansion of populations the State must now serve under Georgia Pathways to Coverage™. Given these changes, the State respectfully requests that CMS grant Georgia the full enhanced FMAP of 90%.

When Georgia submitted its original Georgia Pathways to Coverage™ Section 1115 Demonstration waiver in December 2019, it requested the 90% federal matching rate but was denied due to policy positions at the time. Despite this decision, the State proceeded to implement the program using traditional Medicaid federal matching funds due to the importance of providing a new coverage option for hardworking Georgians who would otherwise be ineligible for Medicaid coverage. In the approval, Georgia was granted a waiver of the income level specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, which permitted the State to implement an income level of 95% of the Federal Poverty Level (FPL) with a 5% income disregard, rather than 133% of the FPL, for the Demonstration group. The original Demonstration population and the Demonstration population under the extension application remain within the statutory new adult framework described in Section 1905(y) of the Social Security Act. Therefore, the State is again requesting that expenditures for that currently approved Demonstration population qualify for the full enhanced FMAP of 90% that is allowable under that Section.

Georgia's initial 1115 waiver was designed and implemented to support low-income Georgians through a tailored, state-specific coverage expansion, an approach that does not include the entirety of the traditional expansion population. Georgia has declined to pursue full Medicaid expansion and must obtain legislative approval for any Medicaid expansion, consistent with a 2014 state law. Rather than implementing traditional expansion, Georgia created a program under the legislative authority of the *Patients First Act*, which authorized the Department to submit a Section 1115 Demonstration waiver to CMS which may include an increase in the income threshold up to a maximum of 100% of the FPL (95% plus a 5% income disregard). Georgia's program aimed at providing assistance to individuals who were engaged in employment or employment-related activities but were not offered or could not afford health insurance because they were excluded from subsidies on the healthcare exchange. The submitted and approved waiver was unique in its approach because it did not add a work or community engagement requirement to those who are already eligible for Medicaid. Rather, the State created an entirely new eligibility pathway focused on encouraging and incentivizing work and other employment-related activities, for low-income Georgians who are not otherwise eligible for Medicaid coverage. Participation in employment or an employment-related activity was a condition of eligibility, not an additional requirement levied upon a population currently receiving coverage.

Because of this coverage difference, the waiver as originally approved intentionally did not have any exclusions; exclusions which are now being functionally imposed by federal policy changes under Public Law 119-21. As a result, the federal government is, in practical effect, mandating that Georgia—by nature of having a Section 1115 Demonstration Waiver that covers some portion of the population specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act—more broadly cover new populations. Providing the state with the financing to match that population is within the authority of the U.S. Department of Health and Human Services (to include CMS), which recognizes the unanticipated, uniquely mandated costs associated with this new population. Without such accommodation, that shift in coverage requirements materially changes the fiscal foundation of the waiver and places Georgia in the position of absorbing new obligations it did not create and did not budget to sustain. In turn, the long-term viability of the program serving as the foundation of the community engagement requirements in Public Law 119-21 will be threatened and the state will have no alternative but to make decisions that imperil health policy goals around personal responsibility and healthy choices.

Because these federal changes are effectively broadening Georgia's tailored waiver to cover additional populations not initially anticipated, including those with a higher per member per month cost, the State requires additional federal financial support to implement and administer the program in line with the requirements under Public Law 119-21 and the associated federal guidance. The ramp up period of community engagement is crucial; as such, current actuarial estimates include an eighteen-month window for all projections. With its actuarially-conservative evaluation, Georgia has estimated that new population required from Public Law

119-21 and the current population covered under Pathways will total nearly 120,000 by June 30, 2028. The financial burden of this federally-mandated coverage expansion is simply not sustainable for Georgia in the long run. Georgia's initial program took a conservative approach, creating a new eligibility pathway for its working, low-income citizens who did not have access to or were unable to afford healthcare coverage. The State is now being forced to expand the program to 100,000 new individuals in order to maintain the coverage of approximately 20,000 hard-working Georgians.¹

The estimated fiscal impact over that eighteen-month ramp-up period beginning on January 1, 2027 and ending June 30, 2028 is \$1,433,200,000. Georgia does not have the financial capacity at its federal fiscal year 2027 FMAP of 66.86% to fund this expanded scope without additional federal dollars, and the enhanced FMAP of 90% for this Demonstration population would recognize Georgia's unique position. Unlike states that adopted full Medicaid expansion beginning in 2014, Georgia pursued a narrower, work-oriented coverage model that has historically limited federal spending while targeting coverage to individuals who otherwise fall into the coverage gap. The recent federal statutory changes create new operational and fiscal pressures for the State if it is to maintain coverage for both the original and newly expanded population. Furthermore, Georgia is prohibited from continued operations of its current Pathways program because under Public Law 119-21, the conditions are unwaivable. Enhanced matching funds would help preserve coverage continuity, support alignment with federal requirements, and mitigate the fiscal impact of sustaining coverage for low-income working Georgians. Given these new populations imposed by the federal government, the State asks that the federal government also provides the financing necessary to make community engagement viable into the future for the state that demonstrated the model for meaningfully and responsibly improving Georgians' lives.

Section 3: Documentation of Public Notice and Comment

Georgia used multiple mechanisms to notify the public about the waiver amendment request 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 3.1: Public Notice

The Department provided the public with the opportunity to review and provide input on the Section 1115 waiver amendment. The 30-day public comment period began on Thursday, August 13, 2026, and closed on Monday, September 14, 2026. Interested parties were notified of

¹ Georgia Department of Community Health, internal enrollment data

the public comment period via electronic mail, per the Department's standard procedure. The interested parties list is included as Appendix A of this waiver application.

The Department posted the public notice, including a copy of the 1115 Demonstration waiver amendment request 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 August 13, 2026. 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 is included in Appendix B waiver amendment request.

Section 3.2: Public Hearings

The State held two public hearings. These hearings took place as follows:

- **Public Hearing 1: Virtual only, via Zoom**
August 19, 2026 at 11:00AM
- **Public Hearing 2: In-Person, audio available via Zoom**
August 24, 2026 12:30PM
Department of Community Health 4th floor, Board Room
2 MLK Jr. Drive, SE East Tower
Atlanta, Georgia 30334

Both of the public hearings followed the same format, beginning with an overview of the amendment request, followed by the collection of oral public comments. A court reporter transcribed all verbal comments presented during each of the public hearings. Additional information regarding the totality of comments received and the State's response to those comments is included in *Section 3.3*.

Summary of Public Hearings

A total of seven individuals provided oral testimony at the two public hearings. The individuals provided testimony in their personal capacity as Georgia residents and as representatives of the following organizations: Georgia Council for Recovery, National Alliance on Mental Illness (NAMI) Georgia, Georgians for a Healthy Future, and Healthy Mothers, Healthy Babies Coalition of Georgia.

Section 3.3 Public Comments

Following the public comment period, all written and oral comments were catalogued, summarized, and organized. In total, the State received twelve public comments during the public comment period, including five written comments and seven oral testimonies across the two public hearings. The State reviewed all comments and appreciated the public input received

from Georgia residents and interested organizations. The State summarized the comments and provided responses which are included below. The summary includes an indication of any modifications that have been made to the waiver amendment 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.

Several commenters addressed multiple provisions in the waiver amendment. The comments received addressed a broad range of topics that generally fell into the following categories:

- Preservation of the Georgia Pathways to Coverage™ Program
- Medicaid Expansion
- Transition Plans for the Georgia Pathways to Coverage™ Program

Preservation of the Georgia Pathways to Coverage™ Program:

Summary of Comments: Many commenters expressed strong support for sustaining the Pathways to Coverage™ Program even if the enhanced funding request is not granted. Commenters identified the important role that the Pathways program plays in providing a pathway to healthcare to low-income Georgians who are not otherwise eligible for Medicaid coverage. Several commenters reiterated their support for the program to come into alignment with the requirements included in Public Law 119-21, as required by January 1, 2027.

State Response: The State appreciates the support for the Pathways program. It is the policy of the Department to operate all programs in accordance with federal statutes, rules, and requirements.

Medicaid Expansion:

Summary of Comments: Several commenters encouraged the State to fully expand Medicaid up to 138% of the FPL. They identified that this expansion would provide an alternative path to receiving the enhanced matching funds being requested as part of this waiver amendment. 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 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, are covering over 761,000 people in Georgia under 138% FPL. Of those,

approximately 20,000 individuals are currently active and enrolled in Georgia Pathways.² Georgia Access, the State-based Exchange, had over 741,000 individuals between 100-138% FPL who selected Marketplace plans for Plan Year 2026.³

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 seven years would lose their commercial health plans and instead be directed towards Medicaid.

Transition Plans for the Georgia Pathways to Coverage™ Program:

Summary of Comments: One commenter requested the State develop a transition plan for any potential termination of the Pathways program. The commenter expressed concern about the process for off-ramping and maintaining coverage for impacted beneficiaries.

State Response: The Special Terms & Conditions (STCs) for the Pathways program, as outlined in the Temporary Extension Approval dated September 30, 2025, outline the steps the State would have to take to phase out the demonstration. This includes development of and public comment on a transition and phase-out plan, which must include the process by which the State will notify affected beneficiaries, the content of said notices, the process by which the State will conduct administrative review of Medicaid eligibility for the affected beneficiaries, and ensure ongoing coverage for eligible individuals, as well as any community outreach activities, including community resources that are available. The State will continue to operate the Pathways program in accordance with the STCs.

Section 3.3.1 Changes to the Waiver

The State appreciates the public's input on the Pathways waiver amendment. Based on comments received, both written and those given through oral testimony, and other channels of feedback, the State is not making any changes to this amendment request at this time.

² Georgia Department of Community Health, internal enrollment data

³ CMS, 2026 Marketplace Open Enrollment Period Public Use Files, available at: <https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2026-marketplace-open-enrollment-period-public-use-files>

Section 3.4 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 amendment.

Section 4: Demonstration Administration

Name and Title: Stuart Portman, Executive Director, Division of Medical Assistance Plans,
Georgia Department of Community Health

Email Address: stuart.portman@dch.ga.gov

Appendix A: List of Interested Parties

Interested Parties

A.R. Long Company	Georgia Association of Community Care Providers
Alliant Health Solutions	Georgia Association for Home Health Agencies
Alston & Bird LLP	Georgia Budget and Policy Institute
AmeriHealth Caritas	Georgia Chapter American Academy of Pediatrics
Appley Law	Georgia College and State University
Association Strategy Group LLC	Georgia Early Education Alliance for Ready Students
Atlanta Journal-Constitution	Georgia Family Connection Partnership
Atlanta Legal Aid Society	Georgia Health Care Association
Atrium Health Floyd	Georgia Health Initiative
Augusta University	Georgia Health News
Baker & Hostetler LLP	Georgia Hospice & Palliative Care Organization
Bristol Myers Squibb	Georgia Hospital Association
Capitol Strategy Group	Georgia Legal Services Program
Centene Corporation	Georgia Link Public Affairs Group
Cerebral Matters	Georgia Medical Care Foundation
Children's Healthcare of Atlanta	Georgia Professional Human Services Association
Cigna Healthcare	Georgia Southern University
CVS Health	Georgia State University
Draffin Tucker	Georgians for a Healthy Future
Emanuel Medical Center	Gold Dome Partners
Fiveash-Stanley, Inc.	
Fralick Bozeman Public Affairs, LLC	
Gayco Healthcare	
General Dynamics Information Technology	
Georgia Academy of Family Physicians	

Grady Health System
Haydon Consulting
HCA Healthcare
Health Management Associates
Help A Child Smile
HMS
Holland and Knight LLP
Hometown Health Online
Humana
Impact Public Affairs
Joe Tanner & Associates
Johnson & Johnson
Kaiser Permanente
KPMG
Law Office of Elizabeth J. Appley
McGuireWoods Consulting LLC
Medical Association of Georgia
Members of the Georgia House of Representatives
Members of the Georgia Senate
Mindspring Health
Myers and Stauffer LC
Novo Nordisk
Optum
Parker, Hudson, Rainer and Dobbs LLP
Phoebe Putney Memorial Hospital
Piedmont Healthcare
Pinnacle Treatment Centers
Professional Association of Georgia Educators

PruittHealth
Saint Joseph's Mercy Care
Sanders and Associates
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
State of Georgia Office of the State Long-Term Care Ombudsman
Statewide Independent Living Council of Georgia
The Southern Group
Thompson Victory Group
TopSpin Strategies
UnitedHealthcare
US Script, Inc.
Verida
View Point Health
Visiting Nurse Health System
Voices for Georgia's Children
Wellstar Health System

Appendix B: Georgia Pathways Proposed Amendment Public Notice

PUBLIC NOTICE

Proposed Amendment to Georgia Pathways to Coverage Section 1115 Demonstration Waiver to Obtain Enhanced Federal Funding

Pending approval by the Centers for Medicare & Medicaid Services (CMS), the Department of Community Health (DCH) intends to amend its Georgia Pathways to Coverage Section 1115 Demonstration Waiver to include an enhanced federal match of ninety percent (90%). Section 1115(a)(2) of the Social Security Act allows the Secretary of the Department of Health and Human Services to provide federal financial participation for costs associated with an 1115 demonstration.

The projected fiscal impact is as follows:¹

	State Funds	Federal Funds	Total
SFY2027	\$22,750,000	\$204,750,000	\$227,500,000
SFY2028	\$120,570,000	\$1,085,130,000	\$1,205,700,000

On October 15, 2020, CMS approved Georgia's Pathways to Coverage ("Pathways") 1115 Demonstration waiver. The Pathways waiver provides Medicaid coverage to individuals ages 19 to 64, with incomes up to 100% of the Federal Poverty Level (FPL), who meet up to eighty hours per month of certain qualifying activities, and who otherwise would not be eligible for Medicaid.² Thus, the Pathways program is an initiative for Georgians to gain access to affordable healthcare coverage. In its initial application to CMS, DCH requested an enhanced federal medical assistance percentage (FMAP) rate of ninety percent (90%). CMS did not authorize the enhanced federal match at that time. Based upon the mandatory provisions of the Working Families Tax Cut Act³ (WFTA) and the impact to the Georgia Medicaid program, DCH is renewing its request to receive an enhanced federal medical assistance percentage rate of ninety percent (90%).⁴

Georgia was granted a waiver of the income level specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, which permitted the State to implement an income level of 95% of the

¹ The expected financial impact above represents up to 100% of the Federal Poverty Level (FPL) per Georgia's Pathways to Coverage 1115 waiver.

² The Patients First Act, codified at O.C.G.A. 49-4-142.3 authorized DCH to submit an 1115 waiver for new populations up to 100% of the Federal Poverty Level (FPL).

³ On July 4, 2025, President Trump signed Public Law 119-21, also known as the Working Families Tax Cut (WFTC) legislation. This legislation includes significant changes impacting eligibility for the Medicaid and Children's Health Insurance Program (CHIP). Per federal regulations, CMS is authorized to promulgate rules to implement the legislative changes enacted by Congress. Accordingly, on June 1, 2026, CMS issued an Interim Final Rule (IFR) titled *Medicaid Program; Community Engagement Requirement for Certain Individuals* which interprets and implements the community engagement requirement. The IFR may be accessed by selecting the following link: <https://www.federalregister.gov/documents/2026/06/03/2026-11094/medicaid-program-community-engagement-requirement-for-certain-individuals>

⁴ On July 9, 2026, DCH issued a Public Notice outlining the mandatory requirements of the Working Families Tax Cut legislation and the projected impacts to the Georgia Medicaid program.

FPL, rather than 133% of the FPL, for the Demonstration group.⁵ The Demonstration population remains within the statutory new adult framework described in Section 1905(y) of the Social Security Act;⁶ accordingly, expenditures for that approved Demonstration population should qualify for the full enhanced Federal Medical Assistance Percentage (FMAP) allowable under that Section of 90%.

Georgia's initial 1115 waiver was designed and implemented to support hardworking Georgians through a tailored, state-specific approach to healthcare coverage. The submitted and approved waiver was unique in its approach because it did not add a work or community engagement requirement to those who are already eligible for Medicaid. Rather, the State created an entirely new eligibility pathway focused on encouraging and incentivizing work and other employment-related activities, for low-income Georgians who are not otherwise eligible for Medicaid coverage. Because of this difference, the waiver as originally approved intentionally did not include any exclusions; however, such exclusions are now being functionally imposed by federal policy changes under the WFTCA. As a result, that shift materially changes the fiscal foundation of the waiver and places Georgia in the position of absorbing new obligations it did not create and did not budget to sustain.

These federal changes are effectively broadening Georgia's tailored waiver to cover additional populations not initially anticipated, including those with a higher per member per month cost. The State requires additional federal financial support to implement and administer the program in line with the requirements under the WFTCA and the associated federal guidance. Georgia does not have the financial capacity to fund this expanded scope without additional federal dollars, and a 90%/10% FMAP funding structure is the most appropriate mechanism to preserve coverage, maintain program integrity, and protect the state budget from unsustainable strain. The federal government fundamentally reshaped the operational and financial realities of Georgia's waiver; therefore, we ask that the federal government also provide the enhanced match necessary to make that expansion viable.

This public notice is available for review at each county Division of Family and Children Services office.

The accompanying amendment will be made available for public review along with this public notice.

An opportunity for public comment will be held on **August 19, 2026, at 11:00 a.m., via Zoom audio**. There will be **no in-person** attendance at the Department of Community Health (DCH).

Join Zoom Meeting

<https://us02web.zoom.us/j/83008472032?pwd=abOYUsvYuCmevUrFTmJQdmoPOfGGS6.1>

⁵ The Georgia Pathways to Coverage demonstration waiver is a Medicaid class of assistance available to individuals ages 19 to 64, with incomes up to 100% of the Federal Poverty Level (FPL), who meet certain qualifying activities, and who otherwise would not qualify for Medicaid. The Georgia Pathways program was implemented on July 1, 2023.

⁶ Specifies the enhanced Federal Medical Assistance Percentage (FMAP) matching rates for states that expand Medicaid eligibility under the Affordable Care Act.

Meeting chat link

<https://us02web.zoom.us/jc/83008472032>

Meeting ID: 830 0847 2032

Passcode: 584826

One tap mobile

+13092053325,,83008472032#,,,*584826# US

+13126266799,,83008472032#,,,*584826# US (Chicago)

An opportunity for in-person public comment will be held on **August 24, 2026, at 12:30 p.m., in the DCH 4th floor board room. 2 MLK Jr. Drive, SE, , East Tower, Atlanta, GA 30334**

There will be no oral comments permitted via zoom. This link is for viewing purposes only.

Join Zoom Meeting

<https://us02web.zoom.us/j/89933079185?pwd=KMjx35KNMfUc8l6EA5K0L8uCnM0vK2.1>

Meeting chat link

<https://us02web.zoom.us/jc/89933079185>

Meeting ID: 899 3307 9185

Passcode: 167653

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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 before the scheduled public hearing to ensure any necessary accommodations can be provided.

Individuals wishing to comment in writing on any of the proposed changes should do so on or before **September 14, 2026**, to D'Lawren Hicks c/o the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. You may also email comments to D'Lawren Hicks publiccomments@dch.ga.gov or fax to 404-651-6880.

Comments submitted 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.*

NOTICE IS HEREBY GIVEN THIS 13th DAY OF AUGUST 2026

Dean Burke, MD, Commissioner

Appendix C: Budget Worksheet

Estimated membership and spend from January 1, 2027 to June 30, 2028 (18-month period) for the Pathways program^{1,2}

Coverage Group ³	Member Months ⁴	Average PMPM ⁵	Total Spend ⁶
Existing Pathways	288,000	\$ 479.86	\$ 138,200,000
H.R.1 CE Specified Excluded, Medically Frail	517,500	\$ 1,662.61	\$ 860,400,000
H.R.1 CE Specified Excluded, Non-Medically Frail	832,500	\$ 481.68	\$ 401,000,000
H.R.1 CE Non-Specified Excluded	73,750	\$ 455.59	\$ 33,600,000

Notes:

1. This exhibit accompanies the proposed amendment to the Pathways to Coverage Section 1115 Demonstration Waiver.
2. The underlying analysis is considered draft and is still pending final State decisions, such as the final definition of Medically Frail under H.R.1 requirements. Final guidance, forthcoming CMS guidance, and State policy decisions may materially impact results, and additional analysis may be required. All estimates are based on limited available information.
3. All Coverage Groups are assumed to be mutually exclusive. Coverage Group descriptions:
 - Current Pathways: Existing Pathways population under the current 1115 Pathways to Coverage waiver.
 - H.R.1 CE Specified Excluded, Medically Frail: Individuals specifically excluded from meeting the community engagement (CE) requirements under the Medically Frail exemption, as described in the July 2026 public notice.
 - H.R.1 CE Specified Excluded, Non-Medically Frail: Individuals that are specifically excluded from meeting the CE requirements, excluding the Medically Frail exemption. This includes the populations described in the July 2026 public notice.
 - H.R.1 CE Non-Specified Excluded: All other Individuals estimated to be included in non-Existing Pathways populations that are subject to the CE requirements.
4. Estimated Member Months reflect membership inclusive of take-up and ramp-up assumptions. The estimated membership includes FPL up to 100%.
5. Estimated Average PMPM reflects the average per member per month cost over the 18-month period. Note that due to the take-up and ramp-up assumptions, membership is not evenly distributed across the 18-month period.
6. Estimated Total Spend reflects both the state and federal shares.