



**Georgia Section 1115 Demonstration Waiver Extension
Request**

January 21, 2025

Georgia Department of Community Health

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Section 1: Executive Summary

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

Section 2: Overview of Georgia State Medicaid Program

Section 2.1: Overview of Healthcare Landscape in Georgia

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

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

In Georgia, 1,044,157 (16.1%) of individuals between the ages of 19 and 64 are uninsured, which is higher than the national average of 10.9%.^{1,2} Of those, 246,365 (31.6%) are below

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

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

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

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

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

Georgia’s innovative approach championed in the Patients First Act through its two waiver programs, Georgia Pathways and Georgia Access, is currently providing health coverage for over

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

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

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

⁶ *Id.*

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

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

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

730,000 people under 138% FPL.^{10,11} Instead of traditional Medicaid expansion, the Georgia Pathways and Georgia Access approach provides the opportunity for Georgians under 138% FPL to receive health coverage, the vast majority of whom receive commercial insurance under Georgia Access that they would no longer be able to access because marketplace subsidies would be unavailable to these individuals under traditional Medicaid expansion.¹²

Section 2.2: Overview of Medicaid in Georgia

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

Georgia currently enrolls an estimated 1.7 million individuals through Georgia Families®, a managed care program through which health care services are delivered to members of Medicaid, PeachCare for Kids®, and Planning for Healthy Babies®.¹³ Georgia Families® provides health care services to non-disabled parents or caretakers, children, pregnant women, newborns, and children enrolled in PeachCare for Kids®. An additional approximate 572,000 aged, blind, and disabled (ABD) low-income individuals are enrolled in the State’s fee-for-service program. Georgia Pathways, which was implemented in July 2023, provides healthcare to an entirely new population of Georgians ages 19-64 with household incomes up to 100% of the FPL who would otherwise not be eligible for Medicaid in Georgia.¹³ The program targets uninsured individuals in the State who are not eligible for subsidized individual market coverage (only individuals over 100% FPL are eligible for subsidized marketplace coverage), and provides a new coverage option that was otherwise unavailable.

Section 3: Demonstration Summary and Objectives

Section 3.1: Demonstration Hypothesis

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

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

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

¹² *Id.*

¹³ Georgia Department of Community Health, internal enrollment data

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

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

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

Section 3.2: Demonstration Goals

Section 3.2.1: Demonstration Goals

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

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

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

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

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

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

Section 3.2.2: Summary of Progress Towards Goals

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

The primary purpose of this program is not and has never been to enroll as many Georgians as possible. Rather, the purpose of Pathways is to provide a pathway to Medicaid coverage for Georgians who engage in certain qualifying activities meant to improve their health and well-being, including not just employment but also education, job training, vocational education and volunteering, among others. Through the support of Pathways, enrolled individuals are able to improve their financial status which eventually leads to coverage under employer sponsored insurance or options available through Georgia Access. The specific goals, as outlined in the waiver and listed in the section above, were not evaluated by the IER.

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

Section 3.2.2.1 Summary of Interim Evaluation Report

A. EXECUTIVE SUMMARY

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

1. DESCRIPTION OF THE DEMONSTRATION

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

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

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

2. FINDINGS

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

Demographics of the Pathways applicant pool

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

Enrollment into Pathways was lower than projected in the first year

A majority of applicants (83%) were determined to be ineligible for Pathways, either due to general Medicaid requirements, or to the Pathways-specific QHA requirements. In the original 2019 waiver application, the state projected enrollment of 25,000 individuals into Pathways in

the first year of the program; actual enrollment during the first year of implementation was approximately 4,300 individuals. Age and ADI score were found to be associated with the likelihood of being determined eligible for Pathways. Increasing age of an applicant was associated with a decreasing likelihood of eligibility, whereas an applicant living in an area with a high ADI score was more likely to be determined eligible.

The QHA requirement limited Pathways enrollment

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

3. RECOMMENDATIONS

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

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

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

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

3) Streamline and simplify the application and documentation processes

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

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

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

Section 3.3: Overview of Approved Demonstration

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

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

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

Section 3.3.1: Eligibility

Population

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

Eligibility Determination

To be determined eligible for Georgia Pathways, individuals must meet the required hours and activities threshold of 80 hours per month at application and meet the income eligibility requirement of a household income up to 100% of the FPL using the modified adjusted gross

income (MAGI) methodology. An individual must also opt into the program by signing the Pathways contract, agreeing that they understand the terms and requirements of the program.

Maintaining Eligibility

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

Section 3.3.2: Qualifying Activities

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

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

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

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

definitions of qualifying activities see Section 4.2 for new demonstration proposals related to qualifying activities.

Section 3.3.3: Reporting and Compliance

Reporting

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

Compliance

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

Section 3.3.4: Eligibility Policies

Coverage Effective Date (*Premiums Not Implemented*)

An individual with an income between 50% of the FPL and up to 100% of the FPL will have a Georgia Pathways coverage effective date on the first of the month after their initial premium is paid.¹⁷ An individual with an income below 50% of the FPL will have a coverage effective date on the first of the month following their eligibility determination. *See Section 4.4.1 for new demonstration proposals related to coverage effective date.*

Retroactive Coverage

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

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

Presumptive Eligibility

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

Section 3.3.5: Benefit Package

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

Section 3.3.6: Employer Premium Assistance Program

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

Section 3.3.7: Cost-Sharing

Premiums (*Not Implemented*)

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

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

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

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

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

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

Copayments (Not Implemented)

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

Member Rewards Accounts (Not Implemented)

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

Section 3.3.8: Delivery System and Payment Rates for Services

Managed Care Delivery System

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

Health Plan Choice

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

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

Capitated Payments

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

Section 3.4: Historical Narrative

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

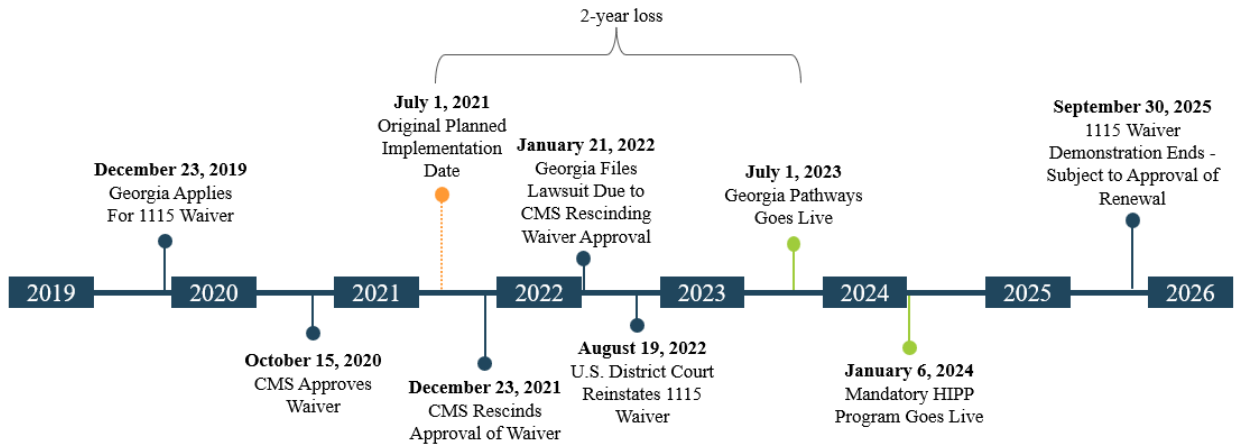
The State of Georgia submitted its innovative 1115 Demonstration Waiver, Georgia Pathways, to CMS on December 23, 2019. The 1115 waiver request received approval on October 15, 2020. CMS withdrew authority to implement components of the 1115 waiver on December 23, 2021. Thereafter, the matter was litigated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

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

Despite legal and regulatory barriers and the impacts of the unwinding of the federal Public Health Emergency unfolding during program launch, the State has made strides towards improving access to and affordability of healthcare for its citizens through Georgia Pathways. Georgia aims to build on the progress of the Pathways program to date and continue with the objectives of improving access to affordable, high-quality healthcare for uninsured Georgians.

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

Figure 1: Demonstration Timeline



Section 3.4.1: Implementation & Enrollment Overview

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

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

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

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

Table 1: Georgia Pathways Enrollment Overview

Metric	Number (As of 9/30/2024)
Medicaid applicants who applied for Medicaid and were shown the Pathways screens	145,637
Medicaid applicants shown the Pathways screens who acknowledged they read the requirements of the program	137,246
Medicaid applicants submitting complete Pathways application – Applicants shown the Pathways screens, who acknowledged they read the requirements of the program, and submitted a completed application (<i>including information regarding qualifying activities</i>)	68,589

Number of Pathways applicants submitting completed applications where eligibility decision is processed/authorized	52,448
Number of Pathways applicants with completed applications approved for Pathways	6,501
Number of Pathways applicants with completed applications denied for Pathways	15,594
Number of Pathways applicants approved for traditional Medicaid	15,061
Number of Pathways applicants denied for traditional Medicaid	15,292
Number of Pathways applicants submitting completed applications where eligibility decision is waiting to be processed/authorized	16,141

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

Section 3.4.2: Summary of Program Progress

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

Application Process Readiness

As previously noted, the State immediately received applications following the program’s launch in July 2023. Implementation of the Georgia Pathways program involved several changes to the online application portal, including new functionality, new driver flows, and new logic to accommodate the new Pathways screens, application questions, and reporting capability. Since Program launch, the State is receiving successful Pathways applications which included reported hours and supporting documentation. Eligibility staff are trained to process applications with the new system changes, application questions, and reporting requirements. Due to the process and system functionality in place, members continue to successfully report their qualifying hours and activities each month.

Care Management Organization Engagement

Members enrolled in Georgia Pathways are assigned to one of the State’s three contracted CMOs. Each of the three CMOs demonstrate their commitment and ongoing support for the

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

Alignment Across Agencies and Programs

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

DCH operates in alignment with external vendors to support the implementation of various components of the Pathways program. Pathways HIPP, the State’s Mandatory HIPP program for the Pathways population, is administered through the State’s Third-Party Liability (TPL) vendor. The TPL vendor plays a key role in determining if an individual’s coverage is cost effective for, and therefore eligible for Pathways HIPP. Although the State had a voluntary HIPP program, Pathways HIPP introduced new policies and processes for the Department. In close alignment with the TPL vendor, DCH and the Division of Family & Children Services (DFCS) were able to collaborate on the new processes and procedures to support the implementation of the Pathways HIPP program.

Section 3.4.3: Summary of Implementation Challenges

In its first year, the Pathways program experienced lower than anticipated enrollment. Georgia Pathways was scheduled to launch on July 1, 2021, but due to delays caused by litigation, the State was unable to implement until July 2023 amid the Public Health Emergency (PHE)

unwind. The redetermination process created unprecedented market movement for healthcare providers and users in all states and placed tremendous burden on eligibility workers and systems. While the Pathways program was largely implemented as approved, the State did make some temporary policy changes to help members become familiar with the program. For example, the State paused the implementation of suspensions and terminations for non-compliance with the qualifying activity requirement. The State is formally requesting approval of these policy changes in this extension application.

Enrollment Projection

Georgia has seen a general decrease in the uninsured population from the time of initial application to present, 14.1% in 2017 to 11.4% in 2023.^{20,21} In the Pathways eligible group specifically, ages 19-64 and below 100% of the FPL, 408,000 individuals were uninsured in 2017 compared to 246,000 in 2023.²² Therefore, the State recognizes that the general decrease in the number of uninsured Georgians in this time period may have attributed to the overestimate of individuals potentially eligible for Pathways. Additionally, the improved economy under Governor Kemp has afforded more individuals the opportunity to gain coverage through employer sponsored insurance (ESI) or the marketplace, further contributing to the decrease in the uninsured population. The State recognized that enrollment was lower than projected and subsequently prioritized education, marketing, and outreach to target individuals who could be potentially eligible for Pathways. For example, the State identified students as a target population because the combination of their courseload and lower than average incomes compared to the broader population in Georgia make this population potentially eligible. To support education, the State launched a media campaign beginning in August 2024. Marketing advertisements ran across traditional, digital, and social media channels. Outreach efforts leveraged existing relationships that organizations have with potential Pathways members to share information, encourage applications, and establish a Pathways presence at existing community events. Paid media spend (inclusive of ads on television, radio, streaming services, social media, transit, etc.) and outreach support (inclusive of sending individuals to over 80 community events across the state to educate Georgians about the program and work with DFCS to provide real time support for application support at certain events) began in August 2024. This included hosting meetings and providing Pathways informational toolkits to healthcare associations, nonprofits, providers, and other interested parties. Additionally, the State has continued to collaborate with universities and technical colleges, employers, and other organizations to help promote this program to their constituencies. Promotional and printed materials will continue to be dispersed as well.

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

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

²² *Id*

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

Timing of Implementation

Georgia Pathways was scheduled to launch on July 1, 2021, but due to delays caused by litigation, the State was unable to implement until July 2023 amid the COVID-19 pandemic and the unwinding of continuous eligibility at the conclusion of the Public Health Emergency. Therefore, at the time of the program’s launch, Georgia initiated eligibility checks for 200,942 Georgians with Medicaid or PeachCare for Kids® with renewals due at the end of July 2023²³ and conducted Medicaid eligibility determinations for 2.8 million individuals over a 14-month period of annual renewals, many of whom were determined no longer eligible for Medicaid and transitioned into other coverage options. The timing created unforeseen challenges with the volume of applications and led to delays in processing Medicaid applications inclusive of Pathways applications. As of April 2024, 349,411 individuals with Medicaid or CHIP coverage from March 2023 and beyond were determined eligible for Qualified Health Plans (QHPs) on the Georgia Access individual marketplace per national CMS data.²⁴ The launch of Pathways provided an additional coverage option for those who may have found their income to be too high for traditional Medicaid at redetermination, but as seen in many other states, the high volume of redeterminations placed a burden on the capacity of Georgia’s existing eligibility workers and created an unforeseen challenge to process Pathways applications.

Implementation of Suspensions

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

²³ Georgia Department of Community Health, 2023-2024 Medicaid Redetermination Information, available at: <https://app.powerbigov.us/view?r=eyJrIjoiMjU4ZTA1MWQ0YWEwOS00Mjc0LTlhYjQtZGU4ZjM0ZTk4Mjk0IiwidCI6IjUxMmRhMTBkLTA3MwItNGI5NC04YWJlLTllYzQwNDRkMTUxNiJ9&pageName=ReportSectionc446ca21b7983d474637>

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

Section 4: Continuing Features and Changes Requested to the Demonstration

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

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

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

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

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

Section 4.1: Eligibility

Section 4.1.1: Population

Continuing Demonstration Features

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

See Table 2: Eligible Populations.

Table 2: Eligible Populations

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

New Demonstration Proposals

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

Section 4.1.2: Eligibility Determination

Continuing Demonstration Features

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

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

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

New Demonstration Proposals

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

Section 4.1.3: Maintaining Eligibility

Continuing Demonstration Features

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

New Demonstration Proposals

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

Section 4.2: Qualifying Activities

Continuing Demonstration Features

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

Table 3: Allowable Activities and Definitions

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

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

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

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

New Demonstration Proposals

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

Table 4: New Allowable Activities and Definitions

Activity	Definition
Compliance with Supplemental Nutrition Assistance Program (SNAP) Able-Bodied	Compliance with the eligibility requirements to receive SNAP benefits under the ABAWD program

Adults Without Dependents (ABAWD) program	
Caregiving of a child under six years of age	Parents and legal guardians who are primarily responsible for the daily care and well-being of a child younger than six years of age

Section 4.3: Reporting and Compliance

Section 4.3.1: Reporting

Continuing Demonstration Features

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

New Demonstration Proposals

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

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

Section 4.3.2: Compliance

Continuing Demonstration Features

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

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

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

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

New Demonstration Proposals

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

Section 4.4: Eligibility Policies

Section 4.4.1: Coverage Effective Date

Continuing Demonstration Features

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

New Demonstration Proposals

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

Section 4.4.2: Retroactive Coverage

Continuing Demonstration Features

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

New Demonstration Proposals

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

Section 4.4.3: Presumptive Eligibility

Continuing Demonstration Features

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

New Demonstration Proposals

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

Section 4.5: Benefit Package

Section 4.5.1: Benefits

Continuing Demonstration Features

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

Table 5: Benefit Package by Eligibility Group

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

New Demonstration Proposals

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

Section 4.6: Employer Premium Assistance Program

Continuing Demonstration Features

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

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

New Demonstration Proposals

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

Section 4.7: Cost-Sharing

Section 4.7.1: Premiums

Continuing Demonstration Features

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

New Demonstration Proposals

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

Section 4.7.2: Copayments

Continuing Demonstration Features

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

New Demonstration Proposals

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

Table 6: Copayment Amounts

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

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

Section 4.7.3: Member Rewards Accounts

Continuing Demonstration Features

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

New Demonstration Proposals

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

Section 4.8: Delivery System and Payment Rates for Services

Section 4.8.1: Managed Care Delivery System

Continuing Demonstration Features

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

New Demonstration Proposals

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

Section 4.8.2: Health Plan Choice

Continuing Demonstration Features

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

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

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

New Demonstration Proposals

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

Section 4.8.3: Capitated Payments

Continuing Demonstration Features

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

New Demonstration Proposals

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

Section 4.9: Additional Change Requested

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

Section 4.10: Proposed Waiver and Expenditure Authorities

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

4.10.1 Continuing Waiver Expenditure Authorities

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

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

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

4.10.2 Waiver Expenditure Authorities No Longer Requested

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

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

Section 5: Demonstration Financing and Budget Neutrality

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

Section 5.1: Overview

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

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

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

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

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

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

Section 5.2: Enrollment

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

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

For the 'Continuing Demonstration Features' population, enrollment estimates for DY 6 were based on actual Georgia Pathways Demonstration enrollment and trended forward through DY 10. It is estimated that this population will continue to grow from DY 6 through DY 10 by 8% annual growth. This estimate was calculated using actual historical application processing and

enrollment for the Georgia Pathways Demonstration. There are no expected changes requested in this demonstration extension request that would impact this enrollment growth.

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

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

Table: 7.0(a): DY 1 – DY 5 Enrollment

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

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

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

Table: 7.0(b): Estimated Enrollment

	DY 6	DY 7	DY 8	DY 9	DY 10
Estimated Enrollment	18,301	26,530	27,701	28,946	30,271

Estimated Member Months	219,612	318,361	332,408	347,352	363,257
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It was assumed that the current state of Georgia economic conditions, including unemployment rates, would remain consistent throughout the entirety of DY 6 through DY 10. If Georgia's economic conditions materially shift at any point throughout the demonstration period, the enrollment may materially differ from the table and assumptions included within this extension waiver. Each demonstration year reflects a point in time enrollment snapshot, and not a cumulative total.

Section 5.3: Expenditures Per Member Per Month

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

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

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

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

Table 7.0(c) summarizes the estimated per member per month and estimated annual expenditures for DY 1 – DY 5 for the ‘Continuing Demonstration Features’ population. Given the implementation began during DY 3, the estimated annual expenditures in Table 7.0(b) reflects actual enrollment from July 2023 to September 2024 and estimates through the remainder of the

demonstration. There is no enrollment for DY 1 and DY 2. The population figures reflected are the average assumed enrollment for each DY.

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

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

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

Table 7.0(d): Estimated Expenditure PMPMs

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

Section 5.4: Growth Factor

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

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

Section 6: Quality of and Access to Care

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

- Improve the health status of Georgians by promoting healthy lifestyles, preventive care, disease management, and address social determinants of health (SDoH).
- Improve access to quality healthcare at an affordable price.
- Ensure value in healthcare contracts.
- Ensure the financial solvency of CMOs contracted with DCH to meet the needs of members.
- Increase effectiveness and efficiency in the delivery of healthcare programs.

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

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

- Ensure DCH staff members maintain the necessary skills and competencies to meet the current and future demand of the Medicaid program.

Section 6.1: Summary of CMO Quality Assurance

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

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

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

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

DCH’s EQRO produces an annual EQR technical report which summarizes the EQR activities and reviews members’ access to care and quality of healthcare services. The report also contains the EQRO’s assessment of the effectiveness of DCH’s quality strategy. The 2024 External Quality Review Annual Technical Report (*Released 03/12/2024*) covers the time period of July 1, 2022, through June 30, 2023, which is one month prior to Pathways implementation.²⁸ Therefore, DCH does not have timely and comprehensive data summarizing the progress of the Department’s quality and access goals during the first Demonstration year.

²⁸ The Department of Community Health, 2024 External Quality Review Annual Technical Report, available at: <https://dch.georgia.gov/document/document/ga2023-24eqrannualreportf1/download>

Section 7: Evaluation Report

See Appendix A: Interim Evaluation Report

Section 8: Documentation of Public Notice and Comment

Reserved for Summary of Public Comment

Section 9: Demonstration Administration

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Appendix A: Evaluation Report

Reserved for Interim Evaluation Report

Appendix B: Budget Neutrality With and Without Waiver Exhibits

Without Waiver (WOW)						
Pathways Pop Type: Hypothetical	DY 6	DY 7	DY 8	DY 9	DY 10	TOTAL WOW
Membership (MMs)	219,612	318,361	332,408	347,352	363,257	
PMPM	\$385.28	\$410.83	\$435.52	\$461.70	\$489.45	
TOTAL SPEND	\$ 84,612,852	\$ 130,790,674	\$ 144,771,383	\$ 160,372,895	\$ 177,797,198	\$ 698,345,001

With Waiver (WW)						
Pathways Pop Type: Hypothetical	DY 6	DY 7	DY 8	DY 9	DY 10	TOTAL WW
Membership (MMs)	219,612	318,361	332,408	347,352	363,257	
PMPM	\$385.28	\$410.83	\$435.52	\$461.70	\$489.45	
TOTAL SPEND	\$ 84,612,852	\$ 130,790,674	\$ 144,771,383	\$ 160,372,895	\$ 177,797,198	\$ 698,345,001

HYPOTHETICAL VARIANCE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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