

Public Notice (Revised)

Georgia Pathways to Coverage 1115 Demonstration Waiver

The Georgia Department of Community Health (DCH) hereby notifies the public that it intends to submit a Section 1115 Demonstration Waiver to the Centers for Medicare & Medicaid Services (CMS) for Georgia Pathways to Coverage (Georgia Pathways), effective for services provided on or after July 1, 2021.

Pursuant to 42 CFR 431.408, DCH will provide the public the opportunity to review and provide input on the Section 1115 Demonstration Waiver. This notice provides details about the waiver submission and serves to open the 30-day public comment period, which closes on Tuesday, December 3, 2019.

Georgia Pathways Description

Georgia is requesting approval of an 1115 Demonstration Waiver to implement new policies that will further the State's vision of creating "A Healthy Georgia." The State recognizes too many of its working, low-income citizens do not have access to or are unable to afford healthcare coverage. The State is creating a 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.

To further support Georgians on their journey to self-sufficiency and the destination of commercial health insurance coverage, Georgia Pathways is embracing private market policies and principles, such as premiums, copayments, member rewards accounts, and prospective Medicaid eligibility, for a segment of the Georgia Pathways population.

Georgia is using the following policies to implement Georgia Pathways:

- **Georgia Pathways** – Provide a pathway to Medicaid coverage for working Georgians with household incomes up to 95% of the Federal Poverty Level (FPL), which includes a 5% of the FPL income disregard (referred to as incomes up to 100% of the FPL), and serves as an incentive for participation in work and other employment-related activities for those not currently engaged.
- **Consumer Tools** – Introduce consumer-engagement elements into the Medicaid program to prepare Georgia Pathways participants to transition into the commercial health insurance market once their income exceeds 100% of the FPL.
- **Employer Sponsored Insurance (ESI)** – Provide premium and cost-sharing assistance to those who become Medicaid-eligible through Georgia Pathways and who have access to ESI through a mandatory Health Insurance Premium Payment (HIPP) program.

Georgia Pathways Goals and Objectives

Georgia's goals for the Demonstration are to improve **access**, **affordability**, and **quality** of healthcare through strategies that:

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

Georgia Pathways Proposed Eligibility Requirements, Health Care Delivery System, Benefit Coverage, and Cost Sharing

Proposed Eligibility Requirements

Georgia Pathways to Coverage will introduce a new eligibility pathway for working Georgians who would otherwise not be eligible for Medicaid coverage. In order to be eligible for coverage under Georgia Pathways, an individual must meet an hours and activities threshold of 80 hours per month of engagement in a qualifying activity (or combination of activities) such as employment, community service, or education, and have an income up to 100% of the FPL.

The State will consider the below activities as acceptable for meeting the activities threshold.

Table 1: Activities and Definitions

Activity	Definition
Unsubsidized employment	Full- or part-time employment in the public or private sector that is not subsidized by a public program.
Subsidized private sector employment	Employment in the private sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
Subsidized public sector employment	Employment in the public sector for which the employer receives a subsidy from public funds to offset some or all of the wages and

	costs of employing an individual.
On-the-job training	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work, and that provides knowledge and skills essential to the full and adequate performance of the job.
Job Readiness	Activities directly related to the preparation for employment, including life-skills training, resume building, and habilitation or rehabilitation activities. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional. Members will be allowed to participate in job readiness for no more than a total of six weeks in any 12-month period.
Community Service	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.
Vocational Educational Training	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. 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.
Enrollment in an Institution of Higher Education	Enrolled in and earning course credit at a college, university, or other institution of higher learning. A full-time academic workload, as determined by the Department of Community Health, will meet the requirements for 80 hours of qualifying activities in the month. For individuals not enrolled full-time, the Department of Community Health shall determine the associated number of qualifying activity hours based on the course load when compared to full-time. The student's workload may include any combination of courses, work, research, or special studies that the institution considers contributing to the individual's full-time status.

	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.
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The population eligible for Georgia Pathways includes parents, caretakers, or guardians with household incomes from 35% to 100% of the FPL who are not currently eligible for Medicaid and adults without dependent children with household incomes up to 100% of the FPL who are not currently eligible for Medicaid. Individuals must be between ages 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.

Proposed Healthcare Delivery System

The State will use a managed care delivery system to provide services to the Georgia Pathways population. The State currently contracts with four Medicaid Care Management Organizations (CMO), which were selected through a competitive procurement process. The State will not use fee-for-service payments for any covered services.

Proposed Benefit Coverage

The benefit package provided under Georgia Pathways will differ slightly from those benefits provided under the Medicaid State Plan. Georgia is seeking to provide a benefit package more consistent with commercial plan benefits and is requesting a waiver of non-emergency transportation (NEMT) for the Georgia Pathways population. The State Plan benefits include Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for enrollees ages 19 and 20. Additional benefits such as vision and dental can be purchased through a Member Rewards Account that receives revenue from member contributions and state-funded incentives for healthy behaviors. The State will build upon its existing voluntary HIPPP program by paying the ESI premiums and cost-sharing for all Georgia Pathways members with access to health insurance if it is cost-effective for the State. This will strengthen the State’s overall insurance market by maintaining individuals in their ESI rather than moving them to a CMO.

For members for whom the State is paying the cost of ESI, wraparound benefits (i.e., benefits that are not covered by that ESI) are not covered.

Cost-Sharing

Georgia will support members in preparing for commercial health insurance by requiring financial contributions towards the cost of coverage. These funds will then be used to incent members to engage in healthy behaviors and access additional benefits. As detailed below, certain Georgia Pathways members will be assessed enforceable premiums, which will be deposited into a Member Rewards Account. From this Account, members will be able to make required copayments as well as use funding to purchase qualified health-related services and goods.

Premiums

A segment of the population eligible for Georgia Pathways will be required to make sliding scale flat rate monthly premium payments tiered based on family income. Premiums paid will be deposited in the member's (or household's) Member Rewards Account.

Applicable Populations

Members who are required to pay premiums are:

- 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.

Members who are exempt from premium requirements are:

- Members enrolled through Georgia Pathways who are under the mandatory HIPPP 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.

Premium Amounts

Table 2: Sliding Scale Monthly Premium Contribution Amounts

Percent of FPL	Monthly Single	Monthly Spouse	Tobacco Surcharge
50% - 84%	\$7.00	\$4.00	\$3.00
85% - 100%	\$11.00	\$7.00	\$5.00

Penalties

As in commercial health insurance, members are required to pay premiums to maintain eligibility for Georgia Pathways. Members who miss a premium will have a three-month period to retain their Georgia Pathways eligibility without being disenrolled.

Copayments

The same populations subject to premiums will also be required to pay copayments for certain services. These copayments, when combined with other household copayments, will not exceed 3% of the household's income. Copayments and premiums together will not exceed 5% of household income.

Copayments under Georgia Pathways will not be assessed at the point of service and will not be collected by providers. Copayments will be assessed retrospectively for services already received.

Copayment Amounts

Services for which mandatory copayments will be assessed mirrors the existing copayment structure under the State Plan, except for the addition of a copayment for non-emergency use of the emergency department.

Table 3: Copayment for Services

Service	Copay
Inpatient hospitalization	\$12.50 for entire stay
Outpatient hospital visit	\$3.00 per visit
Non-emergency use of the emergency department	\$30.00 per visit
Primary care	\$0.00
Specialist	\$2.00
Durable medical equipment (DME)	\$3.00 \$1.00 for rentals and supplies
Pharmacy – Copayment varies based on the cost to the State	\$10.00 or less: \$0.50 \$10.01 to \$25.00: \$1.00 \$25.01 to \$50.00: \$2.00 \$50.01 or more: \$3.00

Member Rewards Account

The State will maintain a Member Rewards Account for the same populations subject to premiums and copayments. Funds in the account will be available to pay copayments as well as to pay for services not covered by Medicaid that will support the member's health goals. Through the Account, the State will provide incentives for members to engage in healthy behaviors and activities that support improvements in health outcomes.

Estimated Annual Enrollment and Aggregate Expenditures

The population that will enroll under this Demonstration is not currently Medicaid-eligible; therefore, no actual historical data is available to support Budget Neutrality projections. The base eligible population is the total count of uninsured Georgians up to 100% of the FPL and between the ages of 19 and 64 as reported by the U.S. Census Bureau via the American Community Survey five-year estimates.

Enrollment reflects the State’s estimates for both those enrolling in CMOs and individuals enrolling in the mandatory HIPPP program.

Table 4: Estimated Annual Enrollment by Demonstration Year

	Year 1	Year 2	Year 3	Year 4	Year 5
Estimated Enrollment	25,028	47,362	48,782	50,490	52,509
Estimated Member Months	300,342	473,616	487,824	504,898	525,094

No historical expenditure data for the target population to be covered by this Demonstration is available. The 21 to 64-year-old members in the State’s Georgia Families managed care program were identified as the best available comparable population to formulate the base cost for the Georgia Pathways population.

Table 5: Estimated Annual Federal and State Expenditures

Demonstration Year	Eligible Member Months	PMPM Cost	Total Expenditure
Year 1	300,342	\$516.49	\$155,123,640
Year 2	473,616	\$530.97	\$251,475,888
Year 3	487,824	\$533.92	\$260,458,990
Year 4	504,898	\$557.95	\$281,707,839
Year 5	525,094	\$583.05	\$306,156,057
Total Federal & State Funds			\$1,254,922,413

Hypotheses and Evaluation Parameters

The key hypotheses for the Georgia Pathways Demonstration are as follows:

- Georgia Pathway policies will increase access to primary care.
- Georgia Pathway policies will reduce the number of uninsured in Georgia.
- Georgia Pathway policies will increase the number of Georgia Pathways participants who transition to commercial health insurance, including employer sponsored insurance and Marketplace plans, after separating from Medicaid.
- Georgia Pathway policies will encourage members to use Member Rewards Account for services outside of copays.
- Georgia Pathway policies will increase the number of Georgia residents below and up to 100% of the FPL enrolled in employer sponsored insurance.
- Georgia Pathways policies 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.
- Georgia Pathways policies will increase wage growth for those made eligible for Medicaid through the Demonstration.
- The General Fund contribution will remain below the national average as measured by the National Association of State Budget Officers (NASBO).

Georgia Pathways will use the following performance measures:

- The percentage of members 20 years and older who had an ambulatory or preventive care visit;
- Number of adults ages 19-64 in Georgia without healthcare coverage;
- Number of members with reported enrollment in commercial coverage, including ESI and Marketplace plans, within 1 year of disenrollment from Medicaid;
- The percentage of members who use their Member Rewards Account for added services;
- Number of enrolled members with employer sponsored insurance;
- Percentage of adults engaged in at least 80 hours per month of work or other employment-related activities;
- Incomes of those enrolled in Pathways or who transition off of Pathways to commercial coverage.
- The State share of Medicaid as a percentage of the State budget.

Waiver Authorities

Below is a list of proposed waivers necessary to implement Georgia Pathways:

- 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.
 - To the extent necessary to enable Georgia to begin Medicaid coverage on the first day of the month following an individual's first premium payment.
- Methods of Administration: Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53**
 - To the extent necessary to enable Georgia to waive non-emergency medical transportation services.
- 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.
- 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 determination of eligibility.
 - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's first premium payment.
- 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.
- **Cost-Sharing: Section 1902(a)(14) insofar as it incorporates Section 1916 and 1916A**
 - To the extent necessary to enable Georgia to charge monthly premiums and higher co-pays.
- **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.
- **Retroactive Eligibility: Section 1902(a)(34)**
 - To the extent necessary to enable Georgia to begin eligibility the month following determination of eligibility and payment of any required premium.
- **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.
- **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.
- **133 Percent Income Level: Section 1902(a)(10)(A)(i)(VIII)**
 - To the extent necessary to enable Georgia to implement a lower income level for the Demonstration group.

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

Expenditure Authorities

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the State for the items identified below (which would not otherwise be included as matchable expenditures under section 1903) shall, for the period of the Demonstration be regarded as

matchable expenditures under the State's Medicaid Title XIX State Plan. The expenditure authorities listed below promote the objectives of Title XIX.

1. Demonstration Population I.

- Expenditures to provide health services to non-disabled and non-elderly individuals age 19 through 64 with incomes above the Medicaid standard but at or below 100% of the FPL who are not otherwise eligible for Medicaid.
- Expenditures for premium assistance and associated cost-sharing to subsidize the employee's share of the costs of the insurance premium for employer sponsored health insurance to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 100% of the FPL who are not otherwise eligible for Medicaid as well as their spouses and their children, age 19 through 26, who are enrolled in their parents' ESI plan, who are not otherwise eligible for Medicaid.

Locations to Access Copies of Public Notice and Waiver Application

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

Public Hearings and Public Input Procedure

Six opportunities for in-person public comment will be held. DCH will accept oral comments at these meetings. The meetings are as follows:

- **Savannah, Georgia**
Thursday, November 7, 2019, 9:00 a.m. EST
Mercer School of Medicine – Savannah Campus
Hoskins Center for Biomedical Research
1250 East 66th Street, Savannah, GA 31404
- **Macon, Georgia**
Wednesday, November 13, 2019, 9:00 a.m. EST
Mercer University School of Medicine – Macon Campus
Mercer Auditorium
1550 College Street, Macon GA 31207

- **Bainbridge, Georgia**
Thursday, November 14, 2019, 9:00 a.m. EST
Southern Regional Technical College
The Charles H. Kirbo Regional Center, Dining Room 112
2500 East Shotwell Street, Bainbridge, Georgia 39819
- **Gainesville, Georgia**
Monday, November 18, 2019, 9:00 a.m. EST
Gainesville Civic Center, Chattahoochee Room
830 Green Street, N.E., Gainesville, Georgia 30501
- **Rome, Georgia**
Thursday, November 21, 2019, 9:00 a.m. EST
West-Rome Baptist Church, The Well Building
914 Shorter Avenue, Rome, Georgia 30165
- **Kennesaw, Georgia**
Friday, November 22, 2019, 10:00 a.m. EST
North Cobb Regional Library, Multi-Purpose Room
3535 Old 41 HWY, Kennesaw, Georgia 30144

Individuals or groups with disabilities, who require special accommodations, including auxiliary communicative aids and services during these meetings should notify Matthew Krull at Matthew.Krull@dch.ga.gov or (404) 651-5016 no later than 24 hours ahead of the scheduled public hearing to ensure any necessary accommodation can be provided.

Individuals wishing to provide written comments on or before **December 3, 2019** may submit comments through an online webform located at: <https://medicaid.georgia.gov/patientsfirst> or to Lavinia Luca, c/o the Board of Community Health at the following address, Post Office Box 1966, Atlanta, Georgia 30301-1966. Comment letters must be postmarked by **December 3, 2019** to be accepted.

Public comments and public testimony will be provided to the Board of Community Health prior to the **December 20, 2019** Board meeting. The Board will vote on any proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 4TH DAY OF NOVEMBER 2019
Frank W. Berry, Commissioner

Abbreviated Public Notice

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