

# Comprehensive Health Coverage Commission

DECEMBER 2024 REPORT

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**Transmitted Electronically**

December 1, 2024

Office of Governor Brian P. Kemp  
Georgia General Assembly

Dear Governor Kemp, Lieutenant Governor Jones, Speaker Burns, and Members of the Georgia General Assembly:

Pursuant to O.C.G.A. § 49-4-156, the enclosed Initial Report of the Comprehensive Health Coverage Commission (the “Commission” or “CHCC”) is submitted for your review. This initial report outlines the Commission's efforts to date, which have primarily focused on Commission member education and the development of a work plan for future discussions on opportunities related to provider reimbursement rates, coverage options, quality improvement, and service delivery and coordination for Georgia’s uninsured and Medicaid population.

The Members of the Commission appreciate your commitment to quality healthcare for all Georgians. Your willingness to review these options is evidence of that commitment, and we are honored to serve on the Commission that you have charged and entrusted with this important work. We look forward to continuing our conversations and evaluation of options that exist to improve the healthcare of Georgia’s most needy population in a sustainable manner.

Thank you for the opportunity to serve and offer input on this important topic.

Sincerely,



Caylee Noggle, Chair of the Comprehensive Health Coverage Commission

*Joseph Ross*

*Pam Clayton*

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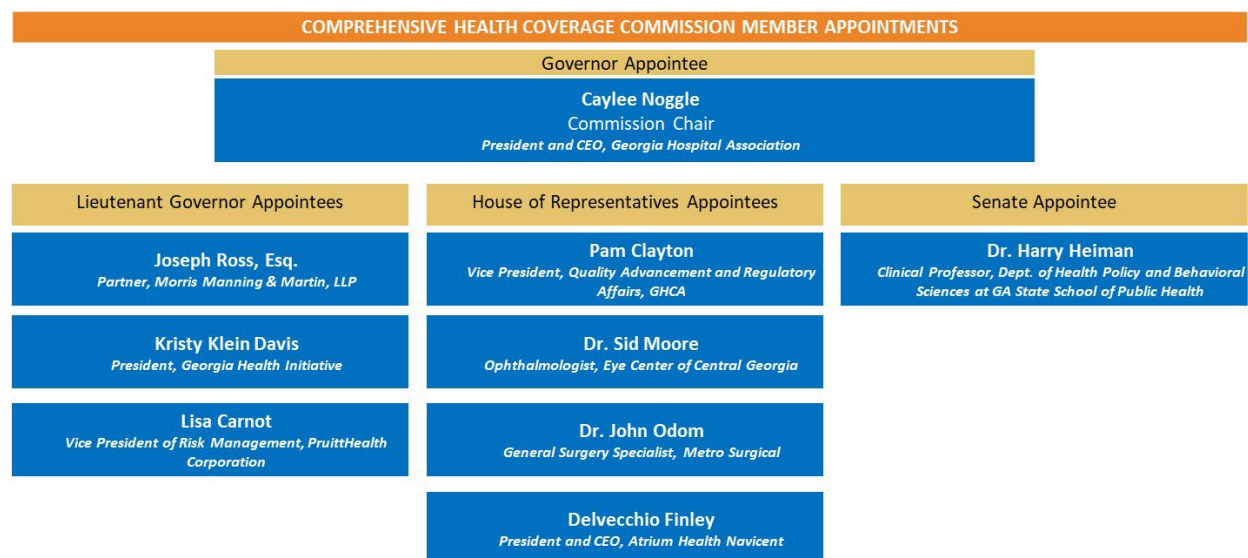
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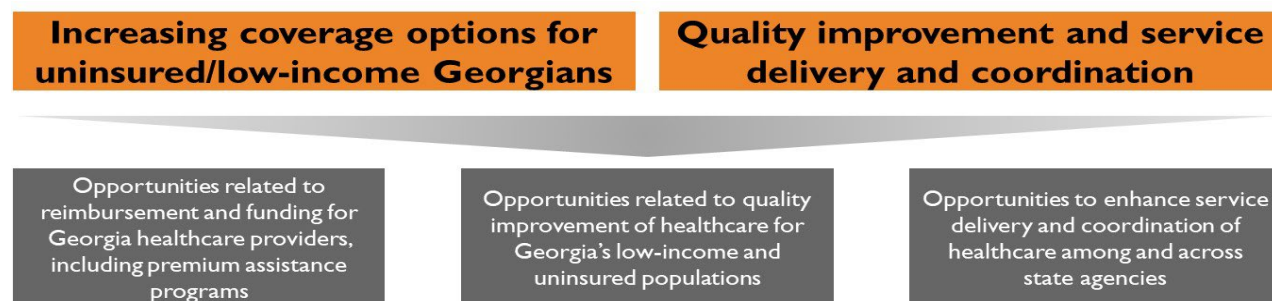
## Background

### Scope of the Commission

The Comprehensive Health Coverage Commission (the Commission or CHCC) was created by Section 12 of HB1339, codified at OCGA Sec 49-4-156 and is administratively attached to the Georgia Department of Community Health (DCH).



The Commission's statutory purpose is to advise the Governor, the General Assembly, and the Department of Community Health, as the administrator of the state medical assistance program, on issues related to access and quality of healthcare for Georgia's low-income and uninsured populations.



There have been numerous reports and study commissions in prior years focused on the healthcare landscape in Georgia. The CHCC's task is not to duplicate prior efforts, or to debate the need for any one specific programmatic change, but rather to develop thoughtful program designs, plans, or policy options that could be implemented to effectuate such changes should policymakers choose to pursue them. Analysis around the benefits, limitations, and costs to all those impacted, including insured and uninsured individuals and providers, is a crucial step in determining which options, if any, might be a best fit for Georgia.

The CHCC held its inaugural meeting on July 25, 2024, and has subsequently worked to develop its priorities and identify a consultant that will assist with accomplishing the Commission's objectives.

The inaugural and subsequent Commission meetings were primarily educational and included discussions on the following topics: Medicaid Landscape in Georgia, Georgia Access, and Georgia

Pathways to Coverage. Meetings provided Commission members with opportunities for discussion and questions and answers with invited presenters.

### Commission Communication Channels

DCH has assisted the Commission in establishing a website, <https://dch.georgia.gov/comprehensive-health-coverage-commission>, which serves as a public-facing resource to store public Commission meeting materials, notices, and published reports.

Additionally, at the Commission's email address, [chc.commission@dch.ga.gov](mailto:chc.commission@dch.ga.gov), members of the public can register for the Commission's distribution list to be informed of upcoming Commission meetings.

### Consultant Engagement

In October 2024, the CHCC through DCH initiated a Statement of Need (SON) using the Department of Administrative Services (DOAS) Management Consulting Services Statement Contract 99999-SPD-SPD0000208 to engage a consultant to assist the CHCC with the following:



Upon evaluating all submitted proposals, the Commission through DCH selected EY to assist the Commission with achieving its objectives. Ernst & Young (EY) is one of the largest consulting and strategy firms in the world with over 300,000 staff globally, including over 52,000 professionals in the US. Ernst & Young LLP (together with its affiliate, Ernst & Young U.S. LLP, the US firm) is a private limited liability partnership, owned by approximately 3,600 US partners and principals, and is a member of Ernst & Young Global Limited, an organization whose locally owned member firms operate under the "EY" name in more than 150 countries around the world. Its Government and Public Sector (GPS) practice is devoted to serving more than 2,000 public sector clients worldwide, including some of the largest and most complex cities, counties, regions, states, and countries.

## Executive Summary

The Comprehensive Health Coverage Commission (CHCC) was created by House Bill 1339 during the 2024 legislative session and is tasked with advising policymakers on issues related to access and quality of healthcare for Georgia's low-income and uninsured population. The CHCC is comprised of a cross-section of individuals who work in a broad variety of roles and organizational types within the healthcare field and were appointed to the Commission to lend their expertise and perspectives.

The first CHCC meeting was convened in July 2024 and this report covers the initial, formative stage of the CHCC. As the members of the CHCC begin to align their efforts and resources in a strategic roadmap, themes will emerge. During these first few meetings, information was shared with the Commission that highlights how Georgia has made progress towards improving healthcare for Georgians and lowering its total uninsured rate. Commission members sought to understand how these programs and others currently function, if they are fulfilling their intended purpose, and where opportunities might exist to provide more coverage options, enhance quality, or improve access to care for Georgians.

In the months ahead, CHCC members will explore opportunities to expand coverage options for Georgia through provider reimbursement programs, to improve service delivery and coordination among state agencies and across the beneficiary experience, and to improve the quality of care that beneficiaries have access to within such programs. However, even in the early stages of this Commission's work, numerous opportunities and suggestions by Commission members have already been identified and catalogued, and may offer opportunities for immediate consideration, as well as directions for future exploration. The initial list of opportunities and Commission member suggestions includes:



**Implementing administrative simplifications** that would provide continuous enrollment of coverage to children who meet current Medicaid qualifications from birth to age 6. Alleviating this “churn” of children falling in and out of coverage – due to procedural challenges and application process hurdles – supports continuity of health coverage for eligible children, and ultimately mental and physical healthcare, without interruption. Implementing “continuous eligibility” for children up to school-age may have positive impacts on a child’s preparedness for school. While the Commission has not yet analyzed the fiscal impact of this change, it may have little fiscal impact since these children are already eligible.



**Improving maternal and infant health** by expanding eligibility criteria in the Planning for Healthy Babies Medicaid-waiver program from mothers of “Very” Low Birth Weight Babies (VBLW, babies weighing less than 3 pounds, 5 ounces) to also include mothers of Low-Birth-Weight babies (LBW, babies weighing less than 5 pounds, 8 ounces). Participants in this program are eligible to receive specialized interpregnancy care, disease management, and family planning services. Annual reports for this decade-old program show progress towards meeting stated objectives of increasing family planning and contraception usage, and decreasing unintended and high-risk pregnancies and births.



**Continuing recent legislative efforts** to include Georgians living with human immunodeficiency virus (HIV) in Medicaid eligibility to allow such individuals earlier access to a suite of treatment options.



**Examining improvements to the Georgia Pathways to Coverage™** program during the waiver renewal process, including improvements aimed at easing the administrative burden on participants. Several other human services programs require an annual verification of eligibility, so aligning the reporting of qualifying activities to a similar timeline could improve participant user experience.



**Conducting additional provider reimbursement rate and parity studies** to identify current average rates, target rates, and market needs, so that any future rate increases implemented through state action may be targeted to those services and specialties that are most needed.



**Exploring ways to expand Georgia's healthcare workforce** including through graduate medical education opportunities and other policy options, to ensure a qualified and ready workforce exists to provide quality care to Georgia's uninsured population.



**Examining ways to incent Medicaid member and provider participation** may also prove helpful in further increasing access to care. Programs or mechanisms to incent Medicaid beneficiaries to play an active role in their healthcare and provider incentives designed to encourage providers to accept Medicaid patients and payments are worth further exploration. As was noted by a Commission member, Medicaid coverage is only valuable to the patient if he or she can locate a participating provider.

In addition to these options and others that will be evaluated by the Commission, there may also be opportunities worth further consideration that result in savings to the state to fund program changes, such as opportunities to leverage federal match for state-funded services and additional efforts targeting fraud, waste, and abuse.

#### **Additional consideration**

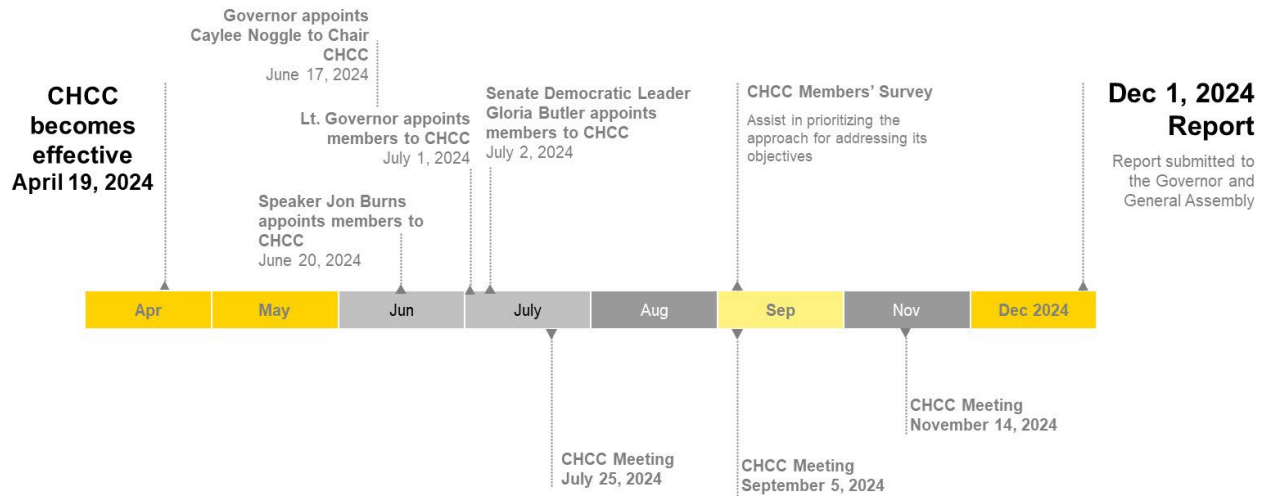
As a result of the recent Presidential election and the changing federal landscape, opportunities for states to engage and leverage Medicaid funding may also shift. As the Centers for Medicare and Medicaid Services (CMS) and the Medicaid and Children's Health Insurance Program (CHIP) establish new policy directions and guidance under President-elect Trump's administration, the CHCC will undoubtedly look for ways that Georgia can continue to develop and advance innovative programs and policies that benefit Georgia's uninsured population and the providers who provide healthcare services

across our state. The shifting landscape creates some level of uncertainty that must be considered as we progress our evaluation. Options that exist today may no longer be available next year, but other promising options may emerge in their place. Medicaid is constantly changing so we must remain flexible and open to new ideas. A core tenant remains though: we believe in continuing to improve health care in Georgia for every Georgian.



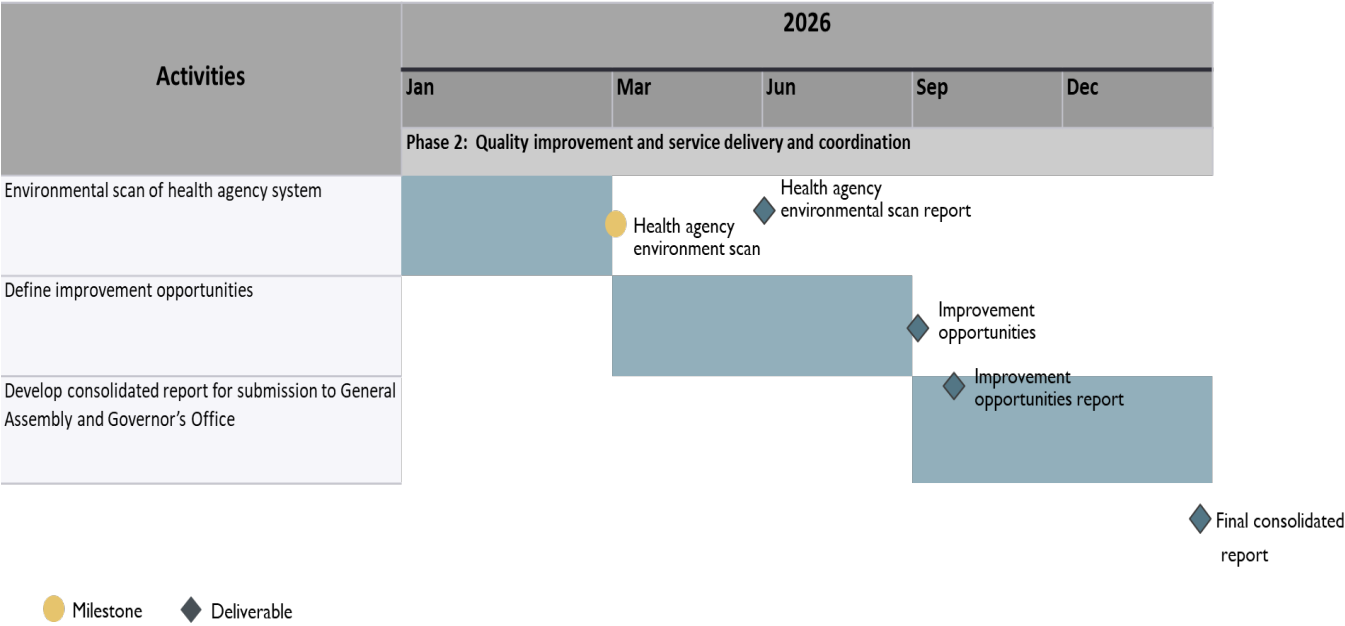
## Commission Workplan and Timeline

The work of the CHCC will take place over the next two years with the final report due to the Governor and General Assembly on December 1, 2026. Since July 1, 2024, members have been appointed to the CHCC, meetings conducted, survey developed and disseminated to members, and the initial report created to distribute to the Governor and General Assembly.



A detailed work plan outlining activities, timeframe, dependencies, and individuals who will be responsible for completion of activities is under development and will be informed within the anticipated timeline that is reflected below:

Activities	2024		2025				
	Nov	Dec	Jan	Mar	Jun	Sep	Dec
Phase 1: Increasing coverage options for uninsured/low-income Georgians							
Develop project plan and stakeholder engagement plan		◆ Strategic roadmap					
Preparation of December 1, 2024, report		◆ Dec 1, 2024 Report					
Coverage options environmental scan					◆ Coverage options environmental scan		
CHCC and DCH MAP key informant interviews					● Interviews complete		
Coverage options selection							
Impact analysis							
Health agency interviews							
Stakeholder interviews							● Interviews complete



## Commission Meeting Summaries

### July 25, 2024 Meeting

During the inaugural meeting, Lynnette Rhodes, Chief Health Policy Officer, Department of Community Health (DCH, or the department), provided an overview of the Medicaid landscape in Georgia. The presentation covered the following topics:

- Overview of Medicaid and CHIP Programs
- Georgia Medicaid and PeachCare for Kids programs
- 1915 (c) HCBS Waivers
- 1115 Demonstration Waivers

The Department is federally designated as Georgia's single-state Medicaid agency and is responsible for maintaining the State Plan, which details Georgia's Medicaid plan design and coverage. As a jointly funded federal and state program providing medical assistance to low-income individuals and families, Georgia's Medicaid program, as a payor of last resort, is administered by the department within broad federal guidelines. Numerous state agencies and departments assist the Department of Community Health, including the Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Public Health (DPH), Department of Juvenile Justice (DJJ), Department of Human Services/Division of Family and Children Services, and Department of Education.

The State Plan covers basic eligibility, coverage and limitations, reimbursement methodology, and administrative policies; the plan is amended periodically, particularly following Georgia's legislative sessions. Like other states, Georgia's plan includes certain mandatory services that must be covered, and other optional services it elects to cover. The Aged, Blind and Disabled (ABD) population is the smallest and most costly population within the program given expenses of long-term care services. More Medicaid members are eligible on the basis of their income, through the Low-Income Medicaid (LIM) program. Resultingly, the majority of Medicaid members in Georgia are low-income mothers and children. A single mother with two kids who makes less than \$6600 annually is eligible for Medicaid in Georgia. Georgia's Medicaid matching rate for federal financing of healthcare expenditures is 65.89% in FFY24, and will be 66.04% in FFY25.



Under Georgia's Children's Health Insurance Program (CHIP), PeachCare for Kids, which is also administered by the department, coverage is available for children aged 18 and younger in households whose income is too high for Medicaid but too low to afford private coverage. It is also jointly funded, but it is not an entitlement

program in which there is a right to appeal termination of coverage.

Health expenditures in the LIM program are covered under a managed care program design, with approximately 1.7 million of the 2.3 million members being served by care management organizations. Payments for managed care services are paid on a per member per month basis. The remaining members receive services under a fee-for-service model. In future years, it is intended that more members will be served by managed care.

The Governor and General Assembly have supported and expanded the Medicaid program in recent years through a number of changes, including:

- Express lane eligibility (wherein individuals in other social programs are referred for Medicaid, unless the individual opts out)
- 12 months continuous coverage for children (which became effective January 1, 2024 to ensure any child under 19 remains covered for 12 months to minimize loss of coverage concerns)
- 12 months postpartum coverage (allows pregnant moms to receive services for 12 months after pregnancy ends)
- Coverage of clinical trials
- New service types and provider types added
- Provider rate increases

In SFY 2023, there were approximately 2.6 million members with an average cost per member per month of \$410.33, which is a decrease from SFY 2020. Utilization dropped during the COVID-19 pandemic, lowering costs. Capitation payments to care management organizations totaled over \$6 billion for almost 61 million claims. Other services such as nursing home, pharmacy, waivers, hospital, and equipment and devices comprise a portion of the remaining costs.

In PeachCare for Kids, the average cost in SFY 2023 was \$189 per member per month for about 204,304 members; utilization decreased during the public health emergency but has rebounded. \$446 million in SFY 2023 was paid to the care management organizations, comprising most of the \$463 million in payments, as most members are covered by managed care.

Georgia has several Medicaid waivers, which grant states with authority to waive compliance with certain requirements set forth in rules outlined in the Social Security Act to demonstrate whether alternative, innovative delivery and reimbursement designs for health care services work for the population.

Georgia administers 1915(c) Home & Community Based Waivers (HCBS), which include, Elderly & Disabled, Comprehensive Supports (COMP), New Options (NOW), and Independent Care (ICWP) which serve unique populations. Overall, HCBS waivers allow persons to receive services in the home setting, are required to meet a certain institutional level of care (hospital or nursing facility), not exceed the cost that Medicaid would reimburse in an institution, and may have certain other characteristics. The EDWP is administered by the department and includes both the Community Care Services Program (CCSP) and Service Options Utilizing Resources in a Community Environment (SOURCE) for the elderly and disabled. The NOW/COMP waivers are administered by DBHDD and provide home and community-based services to members with intellectual or developmental disabilities. The ICWP is administered by the department for persons with physical disabilities or traumatic brain injury who are aged 21-64.

Georgia also administers two 1115 waivers: Planning for Healthy Babies and Georgia Pathways to Coverage. P4HB generally covers uninsured women otherwise ineligible for Medicaid or CHIP, aged 18 through 44, and includes family planning related services.

Georgia Pathways to Coverage 1115 waiver is an innovative Georgia-specific program that provides coverage for persons aged 19-64 who are not eligible for traditional Medicaid and meet certain income and qualifying activities criteria<sup>1</sup>.

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<sup>1</sup> Refer to the detailed summary of Georgia Pathways to Coverage in this report under the Commission's meeting held September 5, 2024.

During this meeting, the Commission members noted numerous policy considerations when addressing access to care for Georgians. Among them are access to providers and their reimbursement rates, improved health outcomes, member incentives to motivate participation in their own health care, provider incentives to improve quality of care and service to members, behavioral health and other priority health concerns, the use of technology to assist with care, the integration of physical and behavioral health care models, policy criteria such as utilization measures and prior authorizations, and making varied services available to members according to Georgia's unique population.

The Commission expressed interest in further exploration of the Medicaid eligibility and enrollment process. It was noted that the process of "Medicaid Redeterminations" resulted in 600,000 Georgians no longer being enrolled in Medicaid. Data was provided to the Commission that showed many of those Georgians were transitioned to marketplace plans. CHCC members also noted interest in discussing accountability of care management organizations and requirements to provide members with a full span of available services. Ms. Rhodes explained that the use of apps, telehealth, and non-emergency medical transportation are a few available options that help individuals connect with needed care.

Commissioner John King of the Office of the Commissioner of Insurance and Safety Fire (OCI) provided the second presentation to the Commission and focused on the Georgia Access program. The overview included the following points:

- Health Insurance Exchanges
- Consumer Enrollment Options
- Overview and Implementation of Georgia Access

Under the Affordable Care Act (ACA), health insurance exchanges were established for consumers to shop and enroll in qualified health plans, made available federal premium tax credits to lower monthly premiums, and introduced other cost-sharing reductions to lower total out-of-pocket costs. Exchanges typically support consumers aged 19-64 years old who are not eligible for Medicaid or CHIP, Medicare, or employer-sponsored coverage, and whose income is above 100%<sup>2</sup> of the FPL.

In 2019, through Georgia's Patients First Act, Georgia pursued a section 1332 waiver to establish innovative strategies to provide Georgians with access to high quality, comprehensive, affordable health insurance coverage. Through these efforts, Georgia's state-based exchange and reinsurance program were established.

Georgia Access will go live on November 1, 2024<sup>3</sup> as the state-based exchange for open enrollment 2025. Georgia Access is supported by the Georgia Access Division which was established in 2023 within OCI, and the state-based exchange on the federal platform which was also launched in 2023 for open enrollment in 2024.

The goals of Georgia Access are three-fold:

1. Increase the number of insured Georgians
2. Improve the shopping and enrollment experience for consumers
3. Strengthen competition, innovation, and private sector investment in Georgia's market

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<sup>2</sup> In a Medicaid expansion state, above 138% of the FPL.

<sup>3</sup> As of the date of this report, Georgia Access successfully launched on November 1, 2024.

OCI began its marketing and outreach efforts in November 2022 for open enrollment in 2023. Georgia's on-exchange enrollment in 2022 increased 25% from over 701,000 in 2022 to almost 880,000 in 2023. During the 2024 open enrollment period, enrollment increased an additional 48% to over 1.3 million insureds, which exceeded the national average of 30%.

Georgia Access is the first state-based exchange to also certify private sector partners and provides a state-run consumer portal for private entity shopping and enrollment options. Consumers can enroll directly with insurers; web brokers may tailor services to certain populations, like gig-workers or Spanish speaking Georgians. Those eligible to shop for options are US citizens or lawfully present residents, not receiving employer-sponsored insurance and not eligible for other assistance. Persons with incomes between 100-150% of the FPL are eligible for \$0 premium coverage. Consumer premiums are federally subsidized but increase with higher incomes.

The federal government pays all consumer subsidies (i.e., federal premium tax credits and the cost share reductions), the state funded the costs associated with standing up the state-based exchange, and insurance companies selling on the state-based exchange will fund ongoing Georgia Access operations through user fees.

Marketing is extensive across the state. The Georgia Access Division is also holding 31 focus groups statewide to gauge consumer experience.

A key component of Georgia's approach to Medicaid includes the companion program to Georgia Access and Georgia Pathways: Georgia's Reinsurance program. The reinsurance program was designed to provide insurers reimbursement against high-cost claims, thereby reducing their overall risk. This program has resulted in a decrease in premiums by an average of 12% statewide and an increase in carriers available in Georgia's counties.

Some Commission members noted their desire to focus on the consumer experience while seeking both coverage and care, and the consumers' perceptions of the quality of care they are receiving from exchange plans. The Georgia Access Division is paying attention to these areas, particularly given OCI's regulatory and oversight role and can enforce measures to ensure compliance and delivery of services promised. Additionally, Commission members noted that increased federal subsidies played a role in lowering premiums and that, currently, those premiums are set to expire at the end of 2025 unless they are extended by Congress.

During the unwinding, 366,000 members formerly on Medicaid enrolled in marketplace plans between March 2023 and March 2024.<sup>4</sup> Commission members noted that no concise set of data exists that accurately depicts how Georgians are currently enrolled in health coverage and indicated that a clearer understanding of the current insurance market is necessary in order to identify the true size and impact of any gaps. Commission members also expressed interest in exploring metro/urban and rural area variations to understand the various challenges of coverage to formulate recommendations from the Commission. Understanding coverage that is being offered was also noted as another area of possible exploration, acknowledging that insurers must meet minimum federal criteria while being able to offer other enhancements. Commission members noted that a study of claims data focused on low income,

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<sup>4</sup> <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>

uninsured populations in Georgia may provide insights. Members also noted that some effort should be devoted to forecasting and predictive modeling to determine the healthcare needs of Georgians in future years.

Chair Noggle summarized several areas of focus noted by members and reiterated the potential need to narrow the Commission's focus to ensure thorough analysis and to achieve its stated objectives.

### September 5, 2024 Meeting

The Commission's second meeting focused on Georgia Pathways to Coverage™ ("Georgia Pathways"), presented by Grant Thomas, Deputy Commissioner of the Department of Community Health. Georgia Pathways is a Medicaid option which originated from Georgia's Patients First Act of 2019, authorizing the state to seek a section 1115 waiver. The program was approved by the Centers for Medicaid and Medicare Services (CMS), and was launched statewide on July 1, 2023.

The program was originally planned to begin July 2021, but was delayed due to litigation. Implementation was also impacted by the CMS requirement for all states to unwind continuous eligibility requirements mandated during the COVID-19 pandemic beginning April 2023. States were required to complete a redetermination of all Medicaid member eligibility during a 14-month period following the end of the federal Public Health Emergency declaration. When Georgia Pathways launched in July 2023, the state's processing efforts were primarily dedicated to Medicaid unwinding.

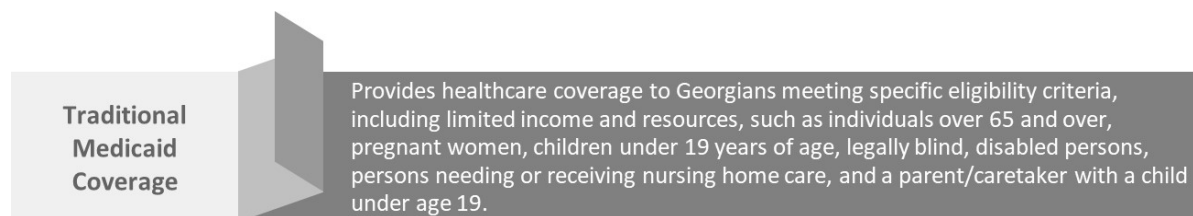
In January 2024, the mandatory Health Insurance Premium Payment program (HIPPP) was initiated for Georgia Pathways. It requires that if an individual applies for and is determined eligible for Pathways who also has access to employer-sponsored insurance, the state will pay the insurance premium for the individual's employer-sponsored insurance if determined financially advantageous for the state.

The waiver supporting Georgia Pathways is set to expire September 30, 2025, and the department is exploring its renewal options, including opportunities for public comment.

The presentation provided an overview of Georgia Pathways on the following topics:

- Historical Uninsured Population Overview
- 2022 Uninsured Data Overview
- 2024 Marketplace Population Overview
- Georgia Pathways Overview and Timeline

The landscape of Georgia's continuum of coverage<sup>5</sup> for persons not covered by employer-sponsored insurance include traditional Medicaid coverage, Georgia Pathways, and Georgia Access:



<sup>5</sup> See Exhibit 1: Healthcare Coverage Options in Georgia | 2024.

## Georgia Pathways

An option for individuals aged 19-64 to become eligible for Medicaid having household income up to 100% of the Federal Poverty Level ("FPL"), who meet certain qualifying activities requirements, and are not eligible for traditional Medicaid. Georgia Pathways covers almost all services of traditional Medicaid, such as doctors' visits, hospital stays, prescriptions, and chronic disease management services, except for non-emergency medical transportation.

With Georgia Pathways, individuals with a household income of up to 100% of the FPL are eligible if their household income does not exceed, as an example, \$15,060 per year for one person (\$1,255 per month on average), or \$25,820 per year for a family of three (\$2,151 per month on average) in the year 2024. The individual would also participate in qualifying activities such as full or part-time employment, on-the-job training, job readiness assistance programs, community service, vocational educational training, enrollment in the Vocational Rehabilitation program through the Georgia Vocational Rehabilitation Agency, or higher education through enrollment in public and private universities and technical colleges. Documentation of a minimum of 80 hours per month of qualifying activities is required to be submitted to qualify for eligibility.

Furthermore, an eligible individual between ages 19 and 64 must be a Georgia resident, a U.S. citizen or legally residing non-citizen, and not incarcerated.

## Georgia's Patients

First Act also permitted the creation of Georgia Access, which was authorized through a section 1332 waiver for a state-based exchange to move the

## Georgia Access

If an individual is not eligible for traditional Medicaid coverage or Georgia Pathways, Georgia Access, as the state's health insurance marketplace operated through a state-based exchange, is available to Georgians having a household income above 100% of the FPL who do not qualify for any type of Medicaid and who do not have access to employer-sponsored or school-based coverage.

enrollment process in-state from the federal marketplace. Georgia Access also established a reinsurance program, through which the State covers a portion of high-cost claims for insurance carriers on the state-based exchange in order to lower the risk those plans face and to lower premiums.

Using 2017 Census data which was available in 2019<sup>6</sup>, Georgia's uninsured population who were potentially marketplace eligible with FPLs higher than 100 numbered around 994,000. Using 2019 Census data, a little over 1 million uninsured Georgians were potentially marketplace eligible, and using 2022 Census data, an estimated 963,000 uninsured Georgians were potentially marketplace eligible.

## Georgia's Uninsured Population

When the Georgia Pathways waiver was developed in 2019, the most recently available census data was from 2017. At that time, almost 1.5 million Georgians, approximately 14.9%, were uninsured, of which 478,117 (approximately 32%) were under 100% FPL. Of the 14.9% uninsured, there were 408,381 individuals potentially eligible for either traditional Medicaid or Georgia Pathways based on age

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<sup>6</sup> Source: United States Census Bureau | American Community Survey



parameters for Georgia Pathways (between the ages of 19 and 64). This was the largest group of uninsured Georgians in 2017 among three age bands of under 19, between 19 and 64, and over 65 years old.

By 2019, Census data demonstrated a decrease in the number of uninsured Georgians, at 1.4 million Georgians, or approximately 13.4%. 345,336 (25%) were under 100% FPL. Similarly, the largest group of uninsured were between the ages of 19 and 64 who were potentially eligible for traditional Medicaid or Georgia Pathways at 290,232 individuals.

The most recent available Census data in 2022 now shows approximately 1.2 million Georgians, approximately 11.7%, were uninsured, of which 280,496 (22%) were under 100% FPL.<sup>7</sup> The largest group of uninsured were between the ages of 19 and 64 who were potentially eligible for traditional Medicaid or Georgia Pathways at 240,485 individuals. This is the target Georgia Pathways population based on age and income, although some could be eligible for traditional Medicaid. If they apply for traditional Medicaid and are not eligible, they could be considered for Georgia Pathways also.

For individuals applying through Georgia Access for marketplace coverage, if their income falls under 100% FPL, both the individual would be notified and an electronic referral made to the Medicaid program of the individual's potential eligibility for either traditional Medicaid coverage or Georgia Pathways. If the individual is enrolled in traditional Medicaid or Georgia Pathways and their income rises above the 100% FPL, they will be referred to Georgia Access for potential coverage.

Given these approximate data points that should be further verified, the Commission should continue working toward a current data source of Georgia's uninsured population as it would be critical for the Commission's focus, given our Census data reflects Georgia's uninsured between 19 and 64 as 240,485 individuals as of 2022.

During his presentation, Mr. Thomas also noted the extensive marketing and outreach campaign planned through January 2025 to actively identify, inform, and encourage application submissions from college students, jobseekers, and others who may be eligible. Numerous organizations have been engaged so that the department's vendor can join existing outreach efforts statewide.

During the meeting, Chair Noggle noted the need for additional data to fully understand Georgia's total population and coverage distribution between Medicaid, Medicare, and Employer-sponsored insurance.

Other areas of consideration were also discussed concerning express lane eligibility and continuous enrollment for children. It was noted that beginning January 1, 2024, children on Medicaid and CHIP will be eligible for 12 months of continuous enrollment, even if there are changes in income or FPL. With express lane eligibility, the state has been moving this forward for several years. Initially SNAP and TANF were added to express-enroll individuals for Medicaid, and most recently in the 2023 budget, WIC, CAPS and Refugee System were added as part of this effort. Express lane eligibility allows the state to use information from one program to determine eligibility for Medicaid or other eligibility programs significantly decreasing their administrative burden, but giving individuals the ability to opt-out if they do not want to be considered.

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<sup>7</sup> See Exhibit 2: Georgia Uninsured and Marketplace Population Data

Commission members raised several questions related to the efficacy of Georgia Pathways, as well as the waiver renewal process. Mr. Thomas highlighted efforts to improve enrollment and summarized the renewal process, noting that the current waiver expires in September 2025.

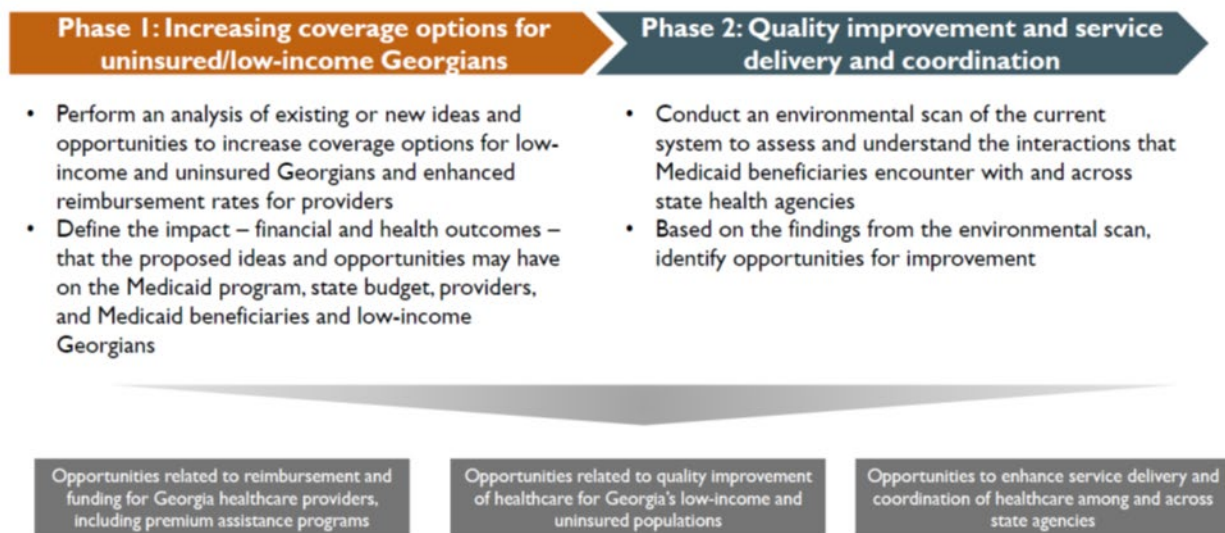
Additional topics raised for further exploration included ensuring a robust provider participation network, streamlining enrollment, and other systems from the consumers' perspective, understanding experience of the navigators and caseworkers who support customers, and understanding how state and federal dollars work in supporting and reimbursing our safety net providers.

### November 14, 2024 Meeting

Chair Noggle introduced lead team members of the Commission's selected consultant, Ernst & Young (EY) who will support efforts over the next two years. Using information from the Commission's prior meetings covering the Medicaid Landscape, Georgia Access, and Georgia Pathways to Coverage, the groundwork has been laid for EY to review options, opportunities, and input previously raised.

In its presentation, EY explained the two phases of the project intended to support the statutory objectives in exploring the three areas of opportunities in the order identified by the Commission.

## PROJECT OBJECTIVES



The high-level project approach was also explained to demonstrate key activities – ranging from conducting environmental scans, impact analyses of financial and health outcomes, and interviews to reviewing program documents, policies and strategies within Georgia, its agencies and certain other states, assessing beneficiary interactions, and identifying improvement opportunities – linked to milestones and issuance of deliverables resulting in the development of semi-annual and annual reports. The activities, milestones and deliverables will be tracked against a timeline and strategic roadmap.

Following EY's presentation, Chair Noggle opened for Commission members' questions and comments. Members expressed appreciation for EY's roadmap. Also, members noted external work products that may be helpful to minimize redundancies, expressed reminders to ensure options to fill coverage gaps and provider reimbursement are distinguished, to consider perspectives of both the consumer and

provider within the financial analyses, to include beneficiary perspectives of those facing barriers to entry and engagement, to ensure our focus on impacted populations in Georgia when reviewing options of other states, to utilize ground level resources to highlight care for those in need, and to consider public health concerns as we explore options the Commission identifies when engaging with other state agencies.

## Survey to Members on CHCC Priorities

In September 2024, Chair Noggle administered a survey to Commission members to assist in prioritizing the approach for addressing its objectives. Based upon survey results, the Commission prioritized its opportunities as follows for the next two years:



1. Opportunities related to reimbursement and funding for Georgia healthcare providers, including premium assistance programs
2. Opportunities related to quality improvement of healthcare for Georgia's low-income and uninsured populations.
3. Opportunities to enhance service delivery and coordination of healthcare among and across state agencies.

The survey also asked Commission members to provide areas of interest for each of the opportunities ranked above. A full list of these ideas is included in Attachment A with a few summarized below:

### Opportunities related to reimbursement and funding for Georgia healthcare providers, including premium assistance programs

- Overview of financing and reimbursement for safety net providers (with a focus on Medicaid, Marketplace, and uninsured), including reimbursement rates for Medicaid and Marketplace and funding for uncompensated care
- Explore cost burden and quality outcomes for high-risk/need conditions and population, i.e., mental health to inform development of service models with appropriate rate models.
- Strategies to increase enrollment for current low-income Georgians, especially children, who are eligible for Medicaid, but unenrolled—i.e. auto-enrollment through other programs, continuous enrollment from birth to age 3, and others
- Relative levels of provider reimbursement among various programs, state, federal and private pay

### Opportunities related to quality improvement of healthcare for Georgia's low-income and uninsured populations

- Adequacy of both Medicaid and Marketplace provider networks
- DCH focused performance measure targets
- Analysis of prevalent conditions/diagnoses and migration patterns for this population to inform preventive strategies as well as strengthen safety net.
- Improved systems to ensure safe and high-quality care is provided by Medicaid CMOs—what are current systems to ensure accountability and track outcomes; where are examples of best practices nationally?
- Coordination of care---can it be improved among providers

Opportunities to enhance service delivery  
and coordination of healthcare among and  
across state agencies

- Explore ways to make online interfaces much more “consumer friendly” and easy to navigate rather than the typical clunky, confusing websites of government agencies.
- Related to the managed care system, curious as to the balance between utilization management and access to medically necessary care, accountability, and how we can align CMO contract oversight practices with the state’s goals and desired outcomes
- Technology Management Services Available (AI Technology, Generative AI)- Interphase approach to the coordination of efforts

To assist the Commission with ultimately formulating recommendations benefitting Georgia’s low income and insured populations, EY will support the Commission as its consultant.<sup>8</sup>

Using the prioritized opportunities from the survey, EY will support the Commission in two distinct project phases or years:

- (A) Phase 1 will be focused on opportunities related to reimbursement and funding for Georgia healthcare providers, including premium assistance programs. This phase would likely include an analysis of existing or new ideas and opportunities to increase coverage options for low-income and uninsured Georgians and reimbursement rates for providers. An impact analysis should include the impact to the state (including to the Medicaid program and state budget), providers, and Medicaid and low-income Georgians and beneficiaries. Impact may include both Medicaid financial impact and health outcomes for members. Additionally, EY will meet the following reporting deadlines:
- a. Prepare and submit a draft of its findings to the Commission for review in advance of the semi-annual report date of July 1, 2025 to allow the Commission to meet its reporting deadline to the Governor and General Assembly. The report shall include an executive summary and meet other specifications as directed by the Commission.
  - b. Prepare and submit a draft of its recommendations to the Commission for review in advance of the annual report date of December 31, 2025 to allow the Commission to meet its reporting deadline to the Governor and General Assembly. The report shall include an executive summary and meet other specifications as directed by the Commission.
- (B) Phase 2 will focus on quality improvement and service delivery and coordination among the state Medicaid agency and other health and human services programs and delivery systems. This phase should include a thorough landscape of the current system in how Medicaid beneficiaries interact with the state’s health agencies and opportunities for improvement. EY will meet the following reporting deadlines:
- a. Prepare and submit a draft of its findings to the Commission for review in advance of the semi-annual report date of July 1, 2026 to allow the Commission to meet its reporting deadline to the Governor and General Assembly. The report shall include an executive summary and meet other specifications as directed by the Commission.

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<sup>8</sup> EY was selected from the existing list of pre-awarded vendors under contract with the Georgia Department of Administrative Services. State agencies, including the Commission as an attached agency to DCH, may select contractor(s) from this list for support in the areas of operations, human resources, strategic planning, and procurement.

- b. Prepare and submit a draft of its recommendations to the Commission for review in advance of the final report date of December 31, 2026 to allow the Commission to meet its reporting deadline to the Governor and General Assembly. The report shall include an executive summary and meet other specifications as directed by the Commission. The final report shall incorporate activities, findings and recommendations of the Commission beginning with its statutory creation through the conclusion of the Commission's work.

Working with EY, the Commission seeks to provide a strategic roadmap that outlines an effective approach to achieving objectives which satisfy the statutory requirements of O.C.G.A. § 49-4-156, supported by research and analyses. The Commission's exploration is expected to evolve over time given its statutory two-year span to seek options specific to Georgia's low-income and uninsured populations.

Initially, however, these are a few areas in which EY will be able to assist the Commission to identify the needs of the segments of Georgia's populations who would be impacted by any recommendations implemented. EY will be expected to advise the Commission regarding possible impact of implementing new or modified mechanisms to address healthcare coverage for Georgia's low-income and uninsured populations. Such reviews may include but are not limited to:

- An exploration of existing Medicaid services and waiver programs and improvements thereto to reach additional uninsured and low-income Georgians
- Analyses of Medicaid provider funding within certain parameters
- Anticipated impact of varied provider reimbursement mechanisms to support Medicaid services
- Analyses of opportunities and programs (including waivers), and policy options implemented in other states and whether they could be beneficial or modified for Georgia's uninsured and low-income populations
- Exploration(s) of policy and modeling around Medicaid waivers
- Exploration(s) of policy and modeling around certain health outcomes prevalent in Georgia's low-income and uninsured populations; and,
- Potential improvements in coordinating healthcare quality and service delivery among the state's public health agencies.

## **Closing**

In closing, CHCC is committed to researching opportunities that may address the health care needs and help improve health outcomes of Georgia's low-income and uninsured populations. Our initial efforts have laid a strong foundation for identifying and exploring opportunities to improve health care access, quality, and service delivery across the state. The Commission's work over the next two years will be guided by a strategic roadmap developed in collaboration with our consultant, EY, to ensure that the options presented are well-informed and impactful.

The Commission recognizes the importance of leveraging innovative approaches and best practices from other states to enhance the effectiveness of Georgia's health care programs. However, our focus will remain on evaluating sustainable options that address the unique challenges faced by Georgia's diverse populations.

As we move forward, the Commission will prioritize opportunities related to provider reimbursement and funding, quality improvement, and service delivery coordination, as outlined in the Commission's authorizing legislation. By addressing these key areas, we aim to explore ways in which Georgia may create a more efficient health care system that meets the needs of low-income and uninsured residents. We are confident that our collaborative efforts will lead to the consideration of meaningful improvements in health outcomes and access to care for the state's most vulnerable residents.

We extend our gratitude to Governor Kemp, the Georgia General Assembly, and all stakeholders for their continued support and commitment to this important work. The CHCC looks forward to continuing to carry out our mission, and we remain dedicated to improving health care for Georgia's low-income and uninsured citizens. Together, we can make a significant difference in the lives of those we serve.

# Attachments

## Attachment A: Survey Responses

### **Opportunities related to reimbursement and funding for Georgia healthcare providers, including premium assistance programs**

- Encourage the migration of surgical procedures to the lower cost Ambulatory Surgery Center environment by increasing the reimbursement to the centers and the operating Surgeons to a minimum of Medicare rates.
- Overview of financing and reimbursement for safety net providers (with a focus on Medicaid, Marketplace, and uninsured), including reimbursement rates for Medicaid and Marketplace and funding for uncompensated care
- Federal financing or waiver options we might not be maximizing or tapping into at all
- Supplemental Quality Incentive Payment
- SFY 2025 Reimbursement Rates
- Explore cost burden and quality outcomes for high-risk/need conditions and population, i.e., mental health to inform development of service models with appropriate rate models.
- Opportunities to close the coverage gap for low-income Georgians with incomes <100% FPL, beyond our current 1115 waiver—i.e.: Arkansas-style Medicaid Waiver that leverages both private plans and Medicaid Population-focused Medicaid waivers targeted to vulnerable low-income Georgians (i.e. people living with HIV/AIDS, people with chronic mental health and substance use disorders, women of child-bearing age who are high-risk (i.e. medical comorbidities, history of low-birth-weight baby, or history of maternal complications), but fail to meet current P4HB requirements,
- Strategies to increase enrollment for current low-income Georgians, especially children, who are eligible for Medicaid, but unenrolled—i.e. auto-enrollment through other programs, continuous enrollment from birth to age 3, and others
- Relative levels of provider reimbursement among various programs, state, federal and private pay
- What is Ga leaving on the table by not adopting full Medicaid expansion from fed.

### **Opportunities related to quality improvement of healthcare for Georgia's low-income and uninsured populations.**

- The difference in quality measures and outcomes in the ASC environment vs other sites and the value that provides.
- Adequacy of both Medicaid and Marketplace provider networks
- Overview of Georgia's Medicaid quality strategy as well as anything that is collected/available regarding quality and outcome measures in marketplace plans. I would be very interested in an overview from out states where quality and payment connect, for example alternative payment models that incentive quality outcomes.
- DCH focused performance measure targets
- Plan to Address Health Disparities



- Analysis of prevalent conditions/diagnoses and migration patterns for this population to inform preventive strategies as well as strengthen safety net.
- Improved systems to ensure safe and high-quality care is provided by Medicaid CMOs—what are current systems to ensure accountability and track outcomes; where are examples of best practices nationally?
- Opportunities to increase the primary care and obstetrical workforce to improve healthcare access and quality for low-income Georgians to include: expanded scope of practice for advanced practice nurses, certified nurse midwives, and nurse midwives; streamlined pathways for international medical graduates; improved mechanisms to help international medical graduates completing residency in Georgia to remain in Georgia (and practice in medically underserved areas); coverage of doula care in Medicaid
- Coordination of care---can it be improved among providers
- An "out of the box" incentives that could be offered to population to improve their state of health?

**Opportunities to enhance service delivery and coordination of healthcare among and across state agencies.**

- Explore ways to make online interfaces much more “consumer friendly” and easy to navigate rather than the typical clunky, confusing websites of government agencies.
- Related to the managed care system, curious as to the balance between utilization management and access to medically necessary care, accountability, and how we can align CMO contract oversight practices with the state’s goals and desired outcomes
- Related to enrollment, how income/employment/life changes impact coverage and options for streamlining enrollment or movement between Medicaid/Marketplace/etc. (including possibilities like continuous enrollment for 0-5, becoming a determination state, etc.)
- Technology Management Services Available (AI Technology, Generative AI)- Interphase approach to the coordination of efforts
- Digital Healthcare, Clinical Mobility, Telehealth Solutions- Bring healthcare to the year 2050 today
- While we hope the redetermination effort brought on by a global pandemic was a once in a lifetime event; unquestionably, multiple challenges were exposed in the process. As this learning and gap identification is fresh, it is an opportune time to evaluate and streamline the eligibility process across all enterprises.
- Opportunities for increased accountability (both financial and care-related) for non-profit hospitals in Georgia. Most Georgia hospitals are not living up to their requirements to provide a community benefit commensurate with their tax savings or meaningfully addressing priority health issues highlighted in their Community Health Needs Assessments.
- Opportunities to improve coordination and improve efficiencies between health care providers and local public health, including models that leverage community health workers in both public health and health care settings to improve health outcomes for low-income communities
- Simple omnibus approach---one call that's all.

Can we get more "boot on the ground". This population needs clear pathways to care, not more computer issues.

# EXHIBITS

# Healthcare Coverage Options in Georgia | 2024

Georgia has a variety of state programs to encourage access to affordable, quality health care for its residents and reduce the uninsured population.



## EXHIBIT 1

1a

### Georgia Medicaid

#### Traditional Medicaid Coverage

A **medical assistance program** that provides healthcare coverage to Georgians who meet specific eligibility criteria, including limited income and resources



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

**Medicaid coverage may be available to different groups of individuals, including:**

- Pregnant Women
- Children under 19
- Individuals 65 and over
- Legally Blind
- Individuals with a disability
- Individuals needing or receiving nursing home care
- Parent or caretaker with child under 19

1b

#### Georgia Pathways to Coverage™

A category of Medicaid coverage that helps low-income Georgians who meet qualifying activities requirements and are not otherwise eligible for traditional Medicaid coverage



**Pathways coverage may be available to individuals who:**

- Are between 19-64 years old
- Have a household income of **up to 100%** of the Federal Poverty Level (FPL). For example, in 2024, this equals:
  - \$15,060/year or \$1,255 on average per month for one person
  - \$25,820/year or \$2,151 on average per month for a family of three
- Are completing at least 80 hours of qualifying activities per month

**Qualifying activities include:**

- Full-time or part-time employment
- On-the-job training
- Job readiness assistance programs
- Community service
- Vocational Educational training
- Enrollment in the Vocational Rehabilitation program through GVRA
- Higher education through enrollment in public and private universities and technical colleges

Visit [pathways.georgia.gov](https://pathways.georgia.gov) to learn more.

**Individuals can apply for Medicaid coverage, including Pathways**

**ONLINE**  
at [gateway.ga.gov](https://gateway.ga.gov)

**IN-PERSON**  
at a DFCS office location,  
listed on [dfcs.ga.gov/locations](https://dfcs.ga.gov/locations)

**BY MAIL**  
to a local DFCS office

**BY PHONE** at 1-877-423-4746 or  
711 for those who are deaf, hard of  
hearing, or have difficulty speaking

2

### Georgia Access

The State's program for Georgians to shop for and enroll in high-quality, comprehensive, and affordable private health insurance



**Georgia Access is available to all Georgians, but is intended for individuals who:**

- Have a household income **above 100%** of the FPL, which equals:
  - More than \$15,060/year or \$1,255 on average per month for one person
  - More than \$25,820/year or \$2,151 on average per month for a family of three
- Do not qualify for any type of Medicaid
- Do not already receive coverage through their employer or school

**Georgians can enroll\* in coverage through Georgia Access:**

- With an agent who can provide personalized support
- With a web broker who can help with online enrollment
- Directly with an insurance company

Individuals under 150% of the FPL, or those who have experienced certain life events, may qualify for a Special Enrollment Period and can enroll at anytime. Some individuals may be eligible to receive financial assistance.

Visit [georgiaaccess.gov](https://georgiaaccess.gov) to learn more.

Uninsured Population Data

Georgia Uninsured by Age Below 100% FPL (2022) <sup>1</sup>	
<b>Under 19</b> <i>Potentially eligible for traditional Medicaid</i>	37,278
<b>19 – 64</b> <i>Potentially eligible for traditional Medicaid or Pathways</i>	240,485
<b>65+</b> <i>Potentially eligible for traditional Medicaid and/or Medicare</i>	2,733
<b>Total</b>	280,496

The largest group of uninsured Georgians below 100% FPL is **between the ages of 19 – 64**

Georgia % Uninsured by FPL (2022) <sup>1</sup>		
Category	GA Uninsured Population	% of GA Uninsured Population
Potentially Medicaid Eligible		
<b>Below 100% FPL</b>	280,496	23%
Potentially Marketplace Eligible		
<b>100% – 137% FPL</b>	134,018	11%
<b>138% – 399% FPL</b>	607,637	49%
<b>Above 399% FPL</b>	221,379	18%
<b>Total</b>	1,243,530	100%

As of the 2022 Census data, there are an estimated **1,243,530 uninsured Georgians**, of which 280,496 (23%) are under 100% of the FPL<sup>1</sup>

Marketplace Population Data

\$0 Premium Eligible	Marketplace Plan Selection by Income (2024) <sup>2</sup>		
	Income (FPL)	Count	% of Total*
	<100%	16,977	1%
	100% – 138%	709,984	54%
	138% – 150%	124,074	10%
	>150% – 200%	195,566	15%
	>200% – 250%	87,098	7%
	>250% – 300%	50,904	4%
	>300% – 400%	47,648	4%
	>400% or unknown	72,863	4%
	<b>Total</b>	1,305,114	100%

Of the 1.3 million Georgians receiving Marketplace coverage, **96% are receiving financial assistance**

If the consumer earns <sup>3</sup> : Their expected premium contribution is:	
<b>100 – 150% of FPL</b>	0% of income (i.e., the benchmark plan will have no premium)
<b>150 – 200% of FPL</b>	0 - 2% of income
<b>200 – 250% of FPL</b>	2 - 4% of income
<b>250 – 300% of FPL</b>	4 - 6% of income
<b>300 – 400% of FPL</b>	6 – 6.5% of income
<b>400% of FPL or higher</b>	8.5% of income

Consumers between **100% – 150% of the FPL are eligible for a \$0 premium silver plan on the Marketplace**

*Consumers <100% FPL may still purchase a Marketplace plan, but are ineligible for premium subsidies*

Data Sources

(1) [United States Census Bureau | American Community Survey: Health Insurance Coverage Status by Ratio of Income to Poverty Level in the Past 12 Months by Age](#)  
(2) [CMS, 2024 Marketplace Open Enrollment Period Public Use Files \(as of March 22, 2024\)](#)  
(3) [ASPE 2023 Poverty Guidelines: 48 Contiguous States \(all states except Alaska and Hawaii\)](#)  
(4) [Health Insurance Premium Tax Credit and Cost-Sharing Reductions Updated February 14, 2024](#)