Mission:
The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.
Today’s 1115 Waiver Public Hearing

1. Brief overview on the background and waiver design

2. Open to public comments  
   
3. Submit comments online through December 3, 2019 at:
   https://medicaid.georgia.gov/patientsfirst

4. Mail comments by December 3, 2019 to:
   Lavinia Luca  
c/o Board of Community Health  
Post Office Box 1966  
Atlanta, Georgia 30301-1966
Background Information
Patients First Act

Background

- Signed **March 27, 2019**
- Grants the Department of Community Health (DCH) authority to submit a Section 1115 waiver to the Centers for Medicare & Medicaid Services (CMS)

Key Points

- 1115 waiver must be submitted on or before **June 30, 2020**
- Allows increase in Medicaid eligibility to a **max of 100% of the Federal Poverty Level (FPL)**
- Grants **authority to implement** the 1115 waiver without further legislation

Source: Georgia General Assembly 2019-2020 SB 106
Purpose of 1115 Waivers

Purpose of the Demonstration Waivers

• Section 1115 of the Social Security Act grants the HHS Secretary authority to approve state waivers to implement demonstration projects that test different approaches promoting the objectives of the Medicaid program

Waiver Considerations for CMS Approval

• Waivers must be budget neutral for the federal government
• Waivers are typically approved for five years and often renewed
• Revised approval criteria in 2017 grants increased flexibility
Waiver Development Process

1. Completed Environmental Scan
   • Conducted review of state and national healthcare trends
   • Convened Georgia stakeholders from across the healthcare landscape

2. Developed and Modeled Potential Waiver Options
   • Established goals and identified potential waiver options
   • Developed actuarial models to assess financial and economic impact

3. Drafted Waivers
   • Drafted waivers and released for public comment November 4, 2019
   • Consulted with the Centers for Medicare & Medicaid Services (CMS)
   • Holding six public hearings across the state
   • Accepting public comments online or by mail until December 3, 2019
Draft 1115 Waiver Application
Goals of Georgia’s 1115 Waiver

Improve access, affordability, and quality of healthcare in Georgia with strategies to:

- **Improve the health of low-income Georgians** by increasing 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 be active participants and consumers of their healthcare
- Support newly eligible member enrollment in **employer sponsored insurance**
- Increase the number of persons who become **employed**
- **Increase wage growth** for those who are employed
- Ensure the **long-term, fiscal sustainability** of the Medicaid program
Key Features of the Program

- Provides **new pathways to Medicaid coverage** for Georgians who are not eligible for Medicaid today
- **Introduces elements of commercial health insurance**, helping members with the eventual transition to that market
- **Provides premium assistance** for eligible individuals with access to employer sponsored health insurance

New pathways begin July 1, 2021
Georgia residents now have a pathway to Medicaid coverage if they meet the following criteria:

- **Not currently eligible** for Medicaid in Georgia
- Ages **19 to 64**
- Income is **< 100% FPL**
- Working at least **80 hours / month** or engaged in another qualifying activity
- **American citizen** or documented, qualified alien
New Pathways to Coverage

Qualifying Activities

- ✓ Unsubsidized employment
- ✓ Subsidized private sector employment
- ✓ Subsidized public sector employment
- ✓ On-the-job training
- ✓ Job readiness
- ✓ Community Service
- ✓ Vocational educational training
- ✓ Full-time enrollment in an institution of higher education
Members 50 – 100% FPL will have Premiums, Copays, and Rewards Accounts

**Premiums**
- Monthly premium payments are based on income

**Copayments**
- Copayment amounts mirror the existing State Plan (with the addition of a copay for non-emergent visits to the Emergency Department)

**Member Rewards Account**
- Members earn points by engaging in healthy behaviors
- Rewards Accounts can be used to purchase items such as over the counter drugs, dental services, glasses, and contacts, as well as pay copayments
Employer Sponsored Insurance

Employer Sponsored Insurance (ESI)

• Georgia currently operates a voluntary Health Insurance Premium Payment (HIPP) program under the State Plan

• If an eligible individual gaining Medicaid coverage through Georgia Pathways has access to ESI, the State will assess if it is more cost-effective to enroll in Medicaid or pay the individual’s portion of the ESI premium and other cost-sharing obligations

• If it is more cost-effective, the individual will be required to enroll in their ESI plan instead of Medicaid

• Medicaid will reimburse the individual’s portion of the ESI premium
Open for Comment

You may also submit comments through Dec. 3, 2019 online:

https://medicaid.georgia.gov/patientsfirst

Or by mail to:

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c/o Board of Community Health

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Atlanta, Georgia 30301-1966
Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.