Evaluation Design: Georgia Pathways Demonstration Program

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A. GENERAL BACKGROUND INFORMATION

1. DEMONSTRATION NAME AND TIMING

On October 15, 2020, The Centers for Medicare and Medicaid Services (CMS) approved the Georgia Pathways to Coverage application to expand the state's Medicaid program for a period of five years through the Social Security Act's section 1115(a)(2) waiver authority. The Georgia Department of Community Health (DCH) Division of Medical Assistance Plans administers the Georgia Medicaid program and is responsible for the implementation of the waiver.

2. DEMONSTRATION GOALS

The mission of Georgia DCH is to provide access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and underserved populations.[1] Georgia's overall aim to create "A Healthy Georgia" informs the demonstration goals of improved access, affordability, and quality 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 members 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; and
- Support the long-term, fiscal sustainability of the Medicaid program.

To achieve these goals, DCH developed "opt-in" criteria for eligibility including participation in qualifying hours and activities (QHA). These criteria are designed to strengthen individual earnings and employment which are in turn expected to result in higher levels of participation in employer-sponsored or commercial insurance along with improved financial security. Additionally, the demonstration will include health insurance premiums which include surcharges and incentives to reinforce healthy behavior and personal responsibility.

The state expects this demonstration to expand coverage beyond what is currently provided by Medicaid, improve the fiscal sustainability of the state's Medicaid program, and improve beneficiary health and well-being.

3. DESCRIPTION

Georgia Pathways expands Medicaid coverage for working Georgians with household incomes up to 100% of the Federal Poverty Level (FPL) who complete at least 80 hours of work or employment related activities per month. As of 2019, 18.9% of individuals between the ages of 19 and 64 and 39.9% of the state's adult population with an income below 100% of the FPL were uninsured.[2,3] Georgia Pathways was designed to provide coverage for the 60% of this group that is working at least part-time. The State of Georgia currently provides Medicaid coverage to non-disabled adults with incomes up to 35% of the FPL

[1] Georgia Department of Community Health, "About Us." dch.georgia.gov.
[2] Kaiser Family Foundation, Health Insurance Coverage of Adults 19-64, based on 2008-2019 ACS, 1-Year Estimates, 2019.
[3] Kaiser Family Foundation, Health Insurance Coverage of Adults 19-64 Living in Poverty (under 100% FPL) based on 2008-2019 ACS, 1-Year Estimates, 2019.

through its Medicaid managed care program, Georgia Families. During the Public Health Emergency (PHE), the Families First Coronavirus Response Act (FFCRA) provided for continuous coverage for individuals who were or became eligible, resulting in a steady increase in enrollment from 421,000 adults in 2019 to approximately 2.6 million adults as of March 2023. During the unwinding process, redeterminations will identify members who are no longer eligible for traditional Medicaid and evaluate their eligibility for Pathways. The Georgia Pathways to Coverage Demonstration program will provide a new eligibility pathway to working Georgians with household incomes up to 95% of the FPL, with a 5% income disregard, who previously could not obtain Medicaid coverage or were provided continuous coverage during the PHE and are no longer eligible for traditional Medicaid. Eligibility in Georgia Pathways is prospective only. Individuals aged 19 to 64 with incomes up to 95% of the FPL, with a 5% income disregard, who meet the required hours and activities threshold of 80 hours a month, will have access to the Pathways demonstration. At the time of applying for the Section 1115 demonstration waiver, the state projected that enrollment for demonstration year (DY) 1, DY2, DY3, DY4, and DY5 would be 25,028, 47,362, 48,782, 50,490, 52,509, respectively[4]. Table 2 illustrates what the distribution will look like for various enrollment numbers.

The implementation plan of the Georgia Pathways program is spread across three phases, as reflected in Table 1 below. The first phase began July 1st, 2023, and introduced the following core functionalities of the Georgia Pathways program:

- Pathways Eligibility
- Qualifying Hours and Activities
- Good Cause Exceptions
- Reasonable Accommodations and Modifications

The second phase, beginning on January 1st, 2024, introduced the mandatory (HIPP) program. The pending third phase includes premiums, copayments, tobacco surcharge, and MRA.

During phase two of implementation, Georgia Pathways will implement a mandatory Health Insurance Premium Payment (HIPP) program component, in which individuals who have access to Employer Sponsored Insurance (ESI) and become Medicaid-eligible through the Georgia Pathways program may obtain premium and cost-sharing assistance. For members who may have access to ESI, the state will determine whether paying premiums for the offered ESI is cost effective. If so, then the member is required to enroll in ESI, with premiums covered by Medicaid in lieu of receiving Medicaid benefits.

At the time of drafting this evaluation design, the implementation of phase three of the Georgia Pathways program is on hold. Phase three is intended to add consumer-engagement elements such as member premiums and copays, and Member Rewards Accounts (MRAs) to mimic private insurance and support a member's transition into the commercial health insurance market once their income exceeds 100% of the FPL. Due to the uncertainty of the start date and eventual implementation of phase three, this Evaluation Design does not include research questions, hypotheses, and analyses that will evaluate the outcomes and impacts of phase three components. The state will revisit and update the Evaluation Design once more information on this phase is available. As stipulated in the demonstration STCs, the Evaluation Design will integrate any applicable CMS guidance on relevant policy areas in revising the design if phase three is implemented. If phase three is not implemented, the evaluation will reflect phases one and two.

[4] See Section 2: Demonstration Eligibility, page 10 (https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathways-to-coverage-pa1.pdf)

TABLE 1 GEORGIA PATHWAYS IMPLEMENTATION PHASES

Phase	Start Date	Components
1	July 1st 2023	Core functionalities
2	January 1st 2024	Mandatory Health Insurance Premium Payment (HIPP) program
3	TBD	Premiums, copayments, tobacco surcharge policy and Member Rewards Account (MRA)

As part of the state's PHE unwinding plan, Georgia Medicaid delayed redeterminations until September 2023 for some beneficiaries who were identified, based on available information, as possibly no longer eligible for traditional Medicaid, and possibly eligible for Pathways. The purpose of the delay was that if redetermination found that an individual meets Pathways criterion, they may be moved directly into Pathways with no gap in coverage.[5] In this way, the state leveraged the PHE unwinding process to facilitate enrollment in Pathways.

4. POPULATION

The population studied will be adult Medicaid beneficiaries who are eligible through the Georgia Pathways program. This includes individuals aged 19-64 with household incomes up to 95% of the FPL with a 5% income disregard who are not otherwise eligible for Medicaid, and who are working or engaged in employment-related activities for at least 80 hours per month.

Because no true in-state comparison population is available for this demonstration, comparisons will be made of post-waiver trends to pre-waiver trends, and among subgroups within the Georgia Medicaid population, adjusted for demographic and other traits where possible. The population distribution percentages shown in

Table 2: Projected Enrollment are based on a snapshot of Medicaid members (taken in January 2023) that may have transitioned into Pathways. These numbers have been used to determine the potential demographic distribution of the Georgia Pathways population for three levels of enrollment (Table 2).

Also, individuals who were enrolled in Medicaid pre-demonstration and transition to Pathways during unwinding represent a group who have experienced traditional Medicaid (without qualifying hours and activities requirements). These individuals, referred to as the unwinding subgroup, will be used as a pre-demonstration comparison population. Because Pathways members under age 21 will be provided non-

[5] Georgia Department of Human Services, Medicaid Unwinding. https://dhs.georgia.gov/medicaid-unwinding Accessed 04/20/2023.

emergency medical transportation (NEMT), they will be used as a comparison group for research questions regarding the waiver of NEMT.

TABLE 2: PROJECTED ENROLLMENT

Population Distribution Estimates				
	Percent of total[6]	**If 100,000 Individuals Enroll**	**If 50,000 Individuals Enroll**	**If 10,000 Individuals Enroll**
Age bands				
19-20	34%	34,000	17,000	3,400
21-34	47%	47,000	23,500	4,700
35-54	17%	17,000	8,500	1,700
>54	2%	2,000	1,000	200
Gender				
Male	41%	41,000	20,500	4,100
Female	59%	59,000	29,500	5,900
Other/NA	NA	Not Available	Not Available	Not Available
Race				
White	42%	42,000	21,000	4,200
Black	47%	47,000	23,500	4,700
Asian	2%	2,000	1,000	200
Other	9%	9,000	4,500	900
Ethnicity				
Hispanic	21%	21,000	10,500	2,100
Not Hispanic	79%	79,000	39,500	7,900
Residence				
Urban/Suburban	19%	19,000	9,500	1,900
Rural	81%	81,000	40,500	8,100
Income				
< 50% FPL	54%	54,000	27,000	5,400
50-95% FPL	46%	46,000	23,000	4,600

[6] These percentages were based on a snapshot of existing Medicaid members that may transition into Pathways as of January 2023

5. CONTEXT

During the 2019-2020 Georgia General Assembly's Regular session, Senate Bill 106 the *Patients First Act* was passed to enable DCH to submit a Section 1115 Demonstration waiver to CMS requesting to increase the income threshold for eligibility to 95% of the FPL, with a 5% income disregard.[7] Senate Bill 106 also allows the Governor of Georgia to submit a demonstration application related to health insurance coverage and health insurance plans. The demonstration is intended to provide Georgians with improved access to affordable healthcare coverage and ultimately result in improved health and well-being.[8] The program expansion, named Georgia Pathways to Coverage, was approved by CMS on October 15, 2020, originally for a five-year period. Implementation was delayed, resulting in a shortened demonstration period covering July 1, 2023 through September 30, 2025.

[7] In 2023 100% FPL was approximately $14,580 for an individual and $30,000 for a family of four. https://www.healthcare.gov/glossary/federal-poverty-level-fpl/

[8] Georgia Section 1115 Demonstration Waiver Application dated December 23, 2019.

B. EVALUATION QUESTIONS AND HYPOTHESES

1. LOGIC MODEL

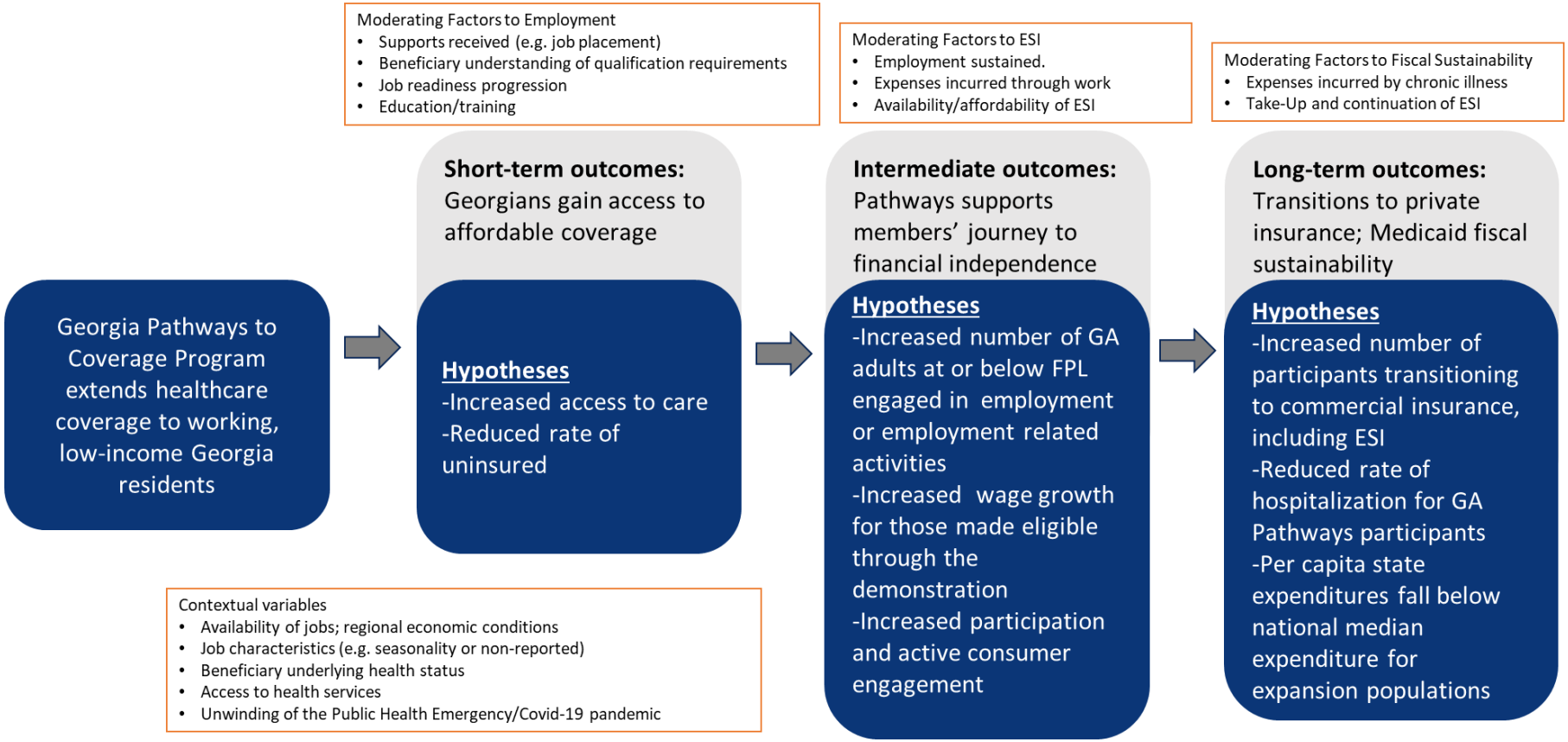


FIGURE 1: GEORGIA PATHWAYS LOGIC MODEL

2. HYPOTHESES AND RESEARCH QUESTIONS

The aims of the Georgia Pathways program are to improve access to affordable health coverage, to support members' financial independence, to help members transition to commercial insurance, and to ensure the fiscal sustainability of the state Medicaid program. The logic model in Figure 1, above, represents these goals as a natural progression from the proximate to distal outcomes the state expects to achieve through program elements. Each outcome corresponds to a testable hypothesis of the impact of the demonstration, as shown in Table 3. **Error! Reference source not found.** specifies the measures that will be used to assess each hypothesis.

The immediate aim of the Georgia Pathways program is to improve access to affordable health coverage for members by increasing healthcare coverage to working, low-income Georgia residents. The first evaluation hypothesis that addresses this aim is that the Georgia Pathways Program policies will increase access to health care, reflected in increased engagement in primary care, and improvement in self-reported access and health status. The second evaluation hypothesis is that Georgia Pathways will reduce the prevalence of being uninsured among Georgia residents with incomes up to 95% of the FPL, with a 5% income disregard.

The intermediate aim of the Georgia Pathways program is to support members' financial independence by incentivizing them to engage in qualifying employment related activities. Individuals aged 19 to 64 with incomes up to 95% of the FPL, with a 5% income disregard, who meet the required hours and activities threshold of 80 hours per month, will have access to the Pathway demonstration.

The state anticipates that more Georgia residents will participate in employment or related activities, and that these individuals' income will increase as a result. Evaluation hypothesis six, addressing this objective, is that Georgia Pathways will increase the number of adults with incomes below and up to 100% of the FPL who are engaged in at least 80 hours a month of employment or employment related activities. Evaluation hypothesis seven states that Georgia Pathways will increase income growth for employed individuals who are enroll in the Pathways program. The independent evaluator (IE) will measure growth in working hours as well as growth in income for Georgians engaging in the required employment related activities as part of the Pathways demonstration.

In addition, the state hypothesizes Georgia Pathways will increase members' engagement in their own care, which is the fourth evaluation hypothesis, as reflected in member participation in recommended preventive care and disease management.

The final aim, and expected long-term outcome, of the Georgia Pathways program is to promote the fiscal sustainability of the state Medicaid program, both through cost containment and through transitions to ESI. The state hypothesizes (evaluation hypothesis eight) that costs will be contained because access to affordable coverage will improve the health of members and enable them to receive care in appropriate and cost-effective settings, reflected in reduced hospitalizations. The state further anticipates (evaluation hypothesis five) that many Georgia Pathways members will, over time, transition to ESI, with the state paying less in premium support than the cost of providing traditional Medicaid benefits. Because Georgia Pathways will use a fully capitated payment model, the state will not pay claims directly for members. Therefore, cost containment will be estimated based on encounter data using average encounter costs. These cost estimates will be compared to CMS estimates of Medicaid expenditures by states to test the hypothesis that the per capita state expenditure for Georgia Pathways members will remain below the national median expenditure for Medicaid adult expansion populations.

Furthermore, the state anticipates that increased engagement in work and ESI (through HIPP) will lead to more transitions from Georgia Pathways to unsubsidized enrollment in employer sponsored insurance or

individual health plan marketplace insurance (evaluation hypothesis three). The evaluation will assess the number of individuals who report having made this transition, and whether enrollment in private coverage is sustained over time.

GA Pathways Program

TABLE 3 GOALS AND RESEARCH QUESTIONS

Goals and Hypotheses	Research Questions
Goal 1: Improve the health of low-income Georgians through increased access to affordable health care. Hypothesis 1: The demonstration will improve the health care access of low-income Georgians.	RQ1. Did Georgia Pathways Improve the access to health care of low-income Georgians? 1. *Primary research question 1.1:* Did the percent of adult members with a primary care or ambulatory visit in the last 12 months change? 2. *Primary research question 1.2:* Did members' self-report of ability to obtain care change? 3. *Primary research question 1.3:* Did members' self-report of overall health status change? 4. *Primary research question 1.4:* What was the outcome of redetermination for members who were identified during unwinding as possibly eligible for Pathways? 5. *Primary research question 1.5:* What was the outcome of new applications to Pathways? 6. *Primary research question 1.6*: Were Pathways members able to meet qualifying hours and activities (QHA) requirements and sustain coverage?
Goal 2: Reduce the number of uninsured Georgians. Hypothesis 2: The demonstration will reduce the number of uninsured in Georgia residents with incomes up to 100% of FPL.	RQ2. Did Georgia Pathways Reduce the number of uninsured Georgians? 1. *Primary research question 2.1:* Did the number of uninsured adults aged 19-64 in GA change? 2. *Primary research question 2.2:* Did trends in the uninsured rate vary by geographic areas? 3. *Primary research question 2.3:* Did trends in the uninsured rate vary by age group? 4. *Primary research question 2.4:* Did trends in the uninsured rate vary by race/ethnicity group?
Goal 3: Promote member transition to commercial health insurance. Hypothesis 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.	RQ3. Did Georgia Pathways Promote member transition to commercial health insurance? 1. *Primary research question 3.1:* Did the number of members who lose eligibility due to gained income change?[9] 2. *Primary research question 3.2:* Did the number of former Georgia Pathways members who successfully transitioned to commercial health insurance coverage change?[9] 3. *Primary research question 3.3:* What is the pattern of coverage of members who transition to ESI?[9] 4. *Primary research question 3.4:* What occupational or other characteristics are associated with transitioning to ESI?

[9] The administrative data necessary to answer these research questions was not available at the time this EDD was written. If the data become available, these topics will be explored.

	Primary research question 3.5: What is the coverage status by payer type of former Georgia Pathways members after separating from Medicaid?
Goal 4: Empower Georgia Pathways members to become active participants and consumers of their healthcare. Hypothesis 4: The demonstration will increase member engagement in health care.	RQ4. Did Georgia Pathways Empower Georgia Pathways members to become active participants and consumers of their healthcare? 1. *Primary research question 4.1:* To what extent and in what ways did members feel informed about their coverage and benefits, and engaged in their own healthcare decisions?
Goal 5: 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. Hypothesis 5: The demonstration will increase the number of Georgia residents below and up to 100% of the FPL enrolled in employer sponsored insurance.	RQ5. Did Georgia Pathways Support member enrollment in employer-sponsored insurance by providing premium assistance for qualifying employer-sponsored health plans? 1. *Primary research question 5.1:* Did the percentage of members with income below and up to 100% of the FPL enrolling in the ESI through mandatory HIPP change? 2. *Primary research question 5.2:* Did the percentage of premium paid for by premium assistance for qualifying ESI health plans change?
Goal 6: Increase the number of persons who become employed or engaged in employment-related activities. Hypothesis 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.	RQ6. Did Georgia Pathways Increase the number of members who become employed or engaged in employment-related activities? 1. *Primary research question 6.1:* Did the average hours worked by employed individuals change? 2. *Primary research question 6.2:* Do members who initially participate in qualifying hours and activities other than employment gain employment within some defined time period (i.e., is there evidence of job-readiness progression?) 3. *Primary research question 6.3:* What are the characteristics of new jobs gained by qualifying hours and activities participants? 4. *Primary research question 6.4:* Is employment among individuals subject to qualifying hours and activities requirements sustained over time?
Goal 7: Increase wage growth for those who are employed. Hypothesis 7: The demonstration will increase wage growth for those made eligible for Medicaid through the Demonstration.	RQ7. Did Georgia Pathways Increase wage growth for those who are employed? 1. *Primary research question 7.1:* Did member earnings change at annual redetermination?
Goal 8: Support the long-term, fiscal sustainability of the Medicaid program. Hypothesis 8: The Georgia Pathways demonstration will improve the fiscal	RQ8. Did Georgia Pathways Support the long-term, fiscal sustainability of the Medicaid program? 1. *Primary research question 8.1:* Did the demonstration contain cost growth for Georgia Pathways members? 2. *Primary research question 8.2:* Did the rate of hospitalization decrease for Georgia Pathways members?

sustainability of the GA Medicaid program.	3. *Primary Research Question 8.3:* Did enrollment of members in ESI reduce costs for the Medicaid program? 4. *Primary Research Question 8.4:* What was the administrative cost of implementing and operating the demonstration?

Exploratory Research Questions

Primary research question 9: Was the demonstration implemented effectively?

a. Subsidiary research question 9a: *How did the Public Health Emergency/Covid-19 pandemic impact implementation and evaluation of the demonstration?*
   - Was the Public Health Emergency/COVID-19 pandemic a barrier to the demonstration implementation?
   - To what extent did the state's unwinding efforts interact with the implementation of the demonstration?
   - Were there additional unforeseen challenges due to the timing of the implementation in the backdrop of the unwinding activities, and how did the state overcome such challenges?

Primary research question 10: What barriers to meeting qualifying hours and activities requirements are experienced by demonstration participants and those interested in Pathways?

a. *Subsidiary Research Question 10a*: Do members understand the qualifying hours and activities requirements and how to satisfy them?
b. *Subsidiary Research Question 10b:* What are the common barriers to initial compliance with the qualifying hours and activities requirement as well as initial enrollment?
c. *Subsidiary Research Question 10c:* What are the underlying reasons for post-enrollment noncompliance with the qualifying hours and activities requirement, potentially leading to suspensions and disenrollments from the demonstration? Examples of such barriers and underlying reasons could include family caregiving obligations (including childcare), transportation hurdles, medical frailty and other medical conditions, administrative challenges of gathering documentation.
d. *Subsidiary Research Question 10d*: Did Pathways members utilize community supports and other services to satisfy the qualifying hours and activities requirement? Did the demonstration's intended, current and former participants perceive availability of such supports and services adequate?

Primary research question 11: What are the characteristics of members who meet or fail to meet qualifying hours and activities requirements? How do the characteristics change over time?

a. *Subsidiary Research Question 11a:* What are the characteristics of individuals who experience coverage suspension or disenrolled due to not meeting qualifying hours and activities requirement?
b. *Subsidiary Research Question 11b:* What is the average duration of coverage gap for individuals who experience coverage suspension or disenrollments?

Primary research question 12: Did members not eligible for NEMT experience any challenges with accessing care because of lack of transportation?

a. *Subsidiary Research Question 12a:* Do Pathways members over 21 report missing appointments due to lack of transportation?
b. *Subsidiary Research Question 12b:* Do Pathways members over 21 report that they would use NEMT if it were available?
c. *Subsidiary Research Question 12c:* Do Pathways members who are 21 or younger, or who were previously eligible for NEMT (due to being under 21, or having been traditional Medicaid beneficiaries previously), report using NEMT to access services?

C. METHODOLOGY

1. EVALUATION DESIGN SUMMARY

The IE will use a mixed-methods evaluation approach that will combine encounter data, administrative data, and survey data as well as qualitative methods to address the goals and hypotheses presented in the waiver application and answer all research questions in the evaluation design.

Because of the shortened demonstration period, the Interim Evaluation Report will focus on analyzing patterns of application, enrollment, suspension, disenrollment, and qualifying hours and activities in the first 13 months of the demonstration. The Summative Evaluation Report will continue this analysis and add analysis of each of the goals of the demonstration (Table 4).

2. TARGET AND COMPARISON POPULATIONS

In-State Comparison Groups

The population studied will be individuals who are eligible, or potentially eligible, for the Georgia Pathways program. This includes individuals aged 19-64 with household incomes up to 95% of the FPL, with a 5% income disregard, who are not otherwise eligible for Medicaid, and who are working or engaged in employment-related activities for at least 80 hours per month. Where data is available, the IE will report on applications, denials, and disenrollments for individuals who apply and are denied enrollment or disenrolled due to failing to satisfy or document qualifying hours and activities.

Because no true in-state comparison population is available for the demonstration population, comparisons will be made of the demonstration period to a two-year pre-demonstration baseline of Medicaid members who were previously enrolled in traditional Medicaid and transitioned to Pathways at redetermination. The analysis of claims and administrative data will include all individuals enrolled in HIPP or Medicaid with no minimum enrollment period.

Within the demonstration population, the IE will stratify by age, gender, race/ethnicity, and rural/urban residence when feasible in order to examine any differential impact of the demonstration.

Other-State Comparison Groups

For additional context, comparisons of statewide outcomes to other states will be made, using the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) and American Communities Survey Public Use Microdata Sample (PUMS), or ACS-PUMS, data. States that have expanded Medicaid and states that have not will form separate comparison groups, approximating two different counterfactuals, where the state either implements no additional coverage, or implements a full Affordable Care Act (ACA) Medicaid expansion.

3. EVALUATION PERIOD

The evaluation will include the demonstration period, from July 1st, 2023, through September 2025. Historical data on individuals who were enrolled in traditional Medicaid and transferred to Pathways at redetermination will be used as the pre-demonstration baseline for analyses of Medicaid encounter and administrative data. For out-of-state comparisons based on national survey data, the two years prior to demonstration launch will serve as the baseline.

Research Questions to be Addressed in Interim and Summative Evaluation Reports

The interim report will cover the first 13 months of the demonstration, July 1st 2023 to July 31st, 2024. Therefore, in the Interim Evaluation Report, the IE will rely on administrative data provided by Gateway, the state's vendor. As summarized in Table 4, the Interim Evaluation Report will focus on patterns of

enrollment, disenrollment, suspension, and satisfaction of qualifying hours and activity requirements. The IE anticipates that 13 months of data will be available for use in the Interim Evaluation Report. More rigorous analyses, such as interrupted time series (ITS) will be considered, however, with a limited amount of data available, such analyses may not be feasible. In addition to tracking all Pathways applicants, the IE will separate out the group of individuals who were previously enrolled in traditional Medicaid and applied to Pathways as part of redetermination, in order to investigate patterns of failure to enroll in Pathways, including individuals who may be denied enrollment due to not meeting qualifying hours and activities requirements, or who may not complete the enrollment process. Where numbers are sufficient for subgroup analysis, results will be stratified as discussed in Methodology, to investigate differences by age, gender, race/ethnicity, and urban/rural residence.

The Summative Evaluation Report will update these findings using encounter data, will incorporate survey results and qualitative findings, and will also use a quasi-experimental approach, employing difference-in-differences (DiD) analysis and synthetic control methods to evaluate the impact of the demonstration. Using BRFSS and ACS-PUMS through 2025, the Summative Evaluation Report will include DiD analysis covering pre-demonstration years, and the demonstration period. The Summative Evaluation Report will include findings for all hypotheses and research questions.

TABLE 4: ANALYSES TO BE INCLUDED IN INTERIM VERSUS SUMMATIVE EVALUATION REPORT

	Interim Evaluation Report (Due Sept 30, 2024 to CMS)	**Summative Evaluation Report (Due March 31, 2027 to CMS)**
Time period covered	July 1, 2023 – July 31, 2024	July 1, 2023 – Sept 30, 2025
Data sources	• Administrative Data (e.g., enrollment, suspension, qualifying hours and activities, etc.)	• Administrative Data (e.g., enrollment, suspension, qualifying hours and activities, etc.) • Medicaid Encounters (MMIS) • Beneficiary Survey and focus groups • BRFSS • ACS-PUMS • Key Informant Interviews (KII)
Analyses	• Trend over time • Subgroup analyses	• Trend over time • Subgroup analyses • Interrupted Time Series (ITS) • Difference-in-differences and synthetic control methods (SCM) comparison to other states population in the same income range (BRFSS and ACS-PUMS data) • Qualitative analysis
Approach	Descriptive	Quasi-experimental and Descriptive

Findings	Trends in enrollment, disenrollment, suspension, and satisfaction of qualifying hours and activities during the first 13 months of the demonstration.	• Trends in enrollment, disenrollment, suspension, and satisfaction of qualifying hours and activities during the demonstration. • Impact of demonstration

4. DATA SOURCES

The evaluation will use the following quantitative and qualitative data sources:

- Primary Survey Data and Focus Group Data
- National Survey Data
  - BRFSS
  - ACS-PUMS
- Key Informant Interviews (KIIs)
- Administrative Data (e.g., enrollment, suspension, qualifying hours and activities, etc.)
- Medicaid Encounters (MMIS)

The measures used for evaluation are listed in Table 10. Most are derived from claims and administrative data and will be reported to CMS as part of the approved GA Pathways waiver monitoring protocol. Wherever possible the Evaluation Design aligns measures with CMS monitoring metrics to ease administrative burden, but also includes additional measures to support robust econometric methods.

Primary Survey and Focus Group Data

In addition to the use of claims, administrative data and national surveys, the IE will collect primary data through a member survey, focus groups, and KIIs with providers/practice site administrators. Survey instruments will be tailored for this evaluation but will include questions from published validated surveys, where appropriate, to enable comparisons to national benchmarks.

The member survey will provide a fuller picture of members' access to affordable coverage and to health care services, and their employment status and trajectory.

Beneficiary Surveys

The member survey will be applied to previously enrolled as well as current Pathways members. Survey data will enable the evaluation to capture the impact of Georgia Pathways more fully on access to affordable coverage, supporting members' financial independence, and promoting transition into private coverage.

Beneficiaries will be surveyed between August 2025 and October 2025 during the evaluation period, to ensure that there is a sufficient population of current and former Pathways members available to sample from and that members have had experience with the program to be able to give informed responses to the survey. Survey topics are summarized below in Table 5: Beneficiary Survey Topics.

TABLE 5: BENEFICIARY SURVEY TOPICS

Research Question	Example topics
Primary research question 1.2: Did members' self-report of ability to obtain care change?	• Perceived impact of coverage on the ease of obtaining care

Primary research question 1.3: Did members' self-report of overall health status change?	• Perceived impact of coverage on health status • Perceived impact of qualifying hours and activities on health status[10] • Perceived impact of wage growth on health status
Primary research question 3.5: What is the coverage status by payer type of former Georgia Pathways members after separating from Medicaid?[9]	• Coverage status of Former Pathways members
Primary research question 3.4: What occupational or other characteristics are associated with transitioning to ESI?	• Occupation, job type, and demographic factors associated with transitioning to ESI from Georgia Pathways
Primary research question: 6.2: Do members who initially participate in qualifying hours and activities other than employment gain employment within some defined time period (i.e., is there evidence of job-readiness progression?)	• Employment • Length of time to gain part- or full-time employment • Perceived impact of qualifying hours and activities on ability to gain employment
Primary research question 6.3: What are the characteristics of new jobs gained by qualifying hours and activities participants?	• Occupation/Industry categories • Full time, part time, seasonal employment • Salaried or hourly • Wage growth compared to previously held positions
Primary research question 6.4: Is employment among individuals subject to qualifying hours and activities requirements sustained over time?	• Length of time employed by same employer • Length of time continuously employed
Primary research question 10a: Do members understand the qualifying hours and activities requirements and how to satisfy them?	• Whether beneficiaries report clearly understanding the requirements of Georgia Pathways and how to meet them • Whether beneficiaries report clearly understanding administrative process of applying and documenting qualifying hours and activities
Primary research question 10b: What are the common barriers to initial compliance with the qualifying hours and activities requirement as well as initial enrollment?	• Personal and social factors (e.g., childcare, transportation) • Administrative challenges (e.g., documentation, phone/internet access) • Availability of jobs or opportunities for qualifying hours and activities

[10] The "perceived impact of qualifying hours and activities on health status" topic includes asking about impact of the requirement to satisfy qualifying hours and activities requirement, and the impact of working towards satisfying the qualifying hours and activities requirement.

Note: This table is a sampling, and not an exhaustive list, of the topics and questions that will be asked to Pathways members.

Survey Design

The IE will design the survey to assess the impact of the Pathways program on members' access to health care and ultimately on their transition to private coverage. The survey will cover key topic areas related to members' recent history of health care coverage (the coverage they had prior to being enrolled in Pathways), access to health care (whether they have a primary care provider, if they have seen a specialist when needed, the regularity with which they obtain preventive care, etc.), availability of employer-sponsored health insurance, and plans to transition to commercial health insurance. In addition to capturing the usual demographic variables, the survey will also capture members' employment profile, such as length of employment, type of employment (full time, part time, casual), and frequency of job changes. Being mindful of respondent burden, the IE aims for the survey length to not exceed 12 minutes when administered by phone.

Sample Frame Development and Sampling

The IE will work with DCH to obtain the necessary data and contact information for Pathways members, applicants that were denied Pathways coverage, and former Pathways members who lost coverage. From this frame the IE will select a sample of 6,000 individuals. To ensure that the sample accurately reflects the target population, the IE will conduct implicit random sampling using the appropriate variables available in the dataset, such as gender, age, race/ethnicity, income, geography, status in the program, and length of enrollment in the program.

Assuming an approximately 35% response rate, we expect n=2,100 completed surveys. The margin of sampling error at the 95% confidence level for the full sample of respondents is estimated to be +/-2.1 percentage points. Assuming equal propensity for non-response between subgroups, we expect that this sample size will allow for reliable estimates for some subgroups of interest within a margin of error of +/- 5 percentage points, including by age group (individuals aged 19-20 years, aged 21-34 years, and aged 35 years and over), gender (male/female), race/ethnicity (non-Hispanic White, non-Hispanic Black, and Hispanic- individuals), community type (residents of urban communities and of rural communities), and household income relative to the FPL.

The ability to detect a significant difference between two groups is in part dependent on the measured prevalence of an outcome, and it will vary for each variable captured in the survey. Generally, if the prevalence of an outcome is around 50% in one group, this study is powered to detect a difference of 6.4 to 9.9 percentage points between respondents of different age groups, genders, racial groups, ethnic groups, community type, and household income levels, with probability (power) of 80% at the 95% confidence level. If the prevalence of an outcome is very rare or very common (e.g., prevalence of 5% or 95%), this study is powered to detect smaller differences of 2.4 to 5.3 percentage points.

Survey Preparation

To maximize response rates, the IE will prepare the survey for three modes of data collection – mail, online (via smartphone/tablet device/PC), and phone. Each version will be thoroughly tested for quality control. The survey will also be translated into Spanish for interviewing respondents whose preferred language may be Spanish.

Survey Administration

The IE will send the survey by mail to all members in the selected sample together with a cover letter (which will include an online link to the survey), and postage paid business reply envelope. For beneficiaries for whom email addresses are available, we will also send an email invitation with a link to the survey, followed by weekly reminder emails. After 21 days from the mailing, the IE will begin phone follow-up to non-respondents to administer the survey over the phone. To maximize response rates, the IE will make up to five phone attempts to each non-respondent at different times of day and during different days of the week including weekdays and weekends.

Data Analysis and Reporting

The IE will apply weights to the survey data to ensure that the weighted distribution of survey respondents accurately reflects the distribution of the member population on key population metrics, including gender, age, race/ethnicity, income, geography (urban/rural), and length of enrollment in the program. Analysis of the survey data will focus on understanding members' access to health care, availability of employer-sponsored health insurance, and plans to transition to commercial health insurance. The IE will include analysis by key subgroups of interest, such as gender, age, and race/ethnicity.

Focus Groups

The beneficiary survey will invite respondents to participate in focus groups to share more about their experiences with the Pathways program. Those who are interested in participation will be asked to provide contact information, and time/date preferences. The IE will conduct 3-6 focus groups, with 4-8 participants each, depending on the level of interest. Where feasible, participants will be grouped together based on relevant characteristics, such as residing in rural counties. Focus groups will be held online, using a secure and user-friendly platform, and moderated by an experienced social science researcher. Participants will be thanked with a gift card in a small amount for a local retail chain that does not sell alcohol or cigarettes and will be offered the chance to be contacted when the evaluation report is publicly available.

Focus group discussion guides will be developed based on the evaluation research questions and will be informed by survey results. Example topics are provided below in Table 6.

TABLE 6 EXAMPLE TOPICS FOR FOCUS GROUPS BASED ON RESEARCH QUESTIONS

Research Question	Example topics
Primary research question 9: Was the demonstration implemented effectively?	• How well do individuals presented the opportunity to apply for Pathways, in addition to Pathways members, understand the Pathways program and its qualifying hours and activities requirement, and cost sharing?

Primary research question 10: What barriers to meeting qualifying hours and activities requirements are experienced by demonstration participants and those interested in Pathways?	• Why individuals who were interested in being screened for Pathways did not gain coverage? (e.g. understanding of the program requirements, challenges meeting the qualifying hours and activities requirement, and challenges verifying qualifying hours and activities reported.)
	• Among those who gained Pathways coverage, what are the challenges to retaining Pathways coverage? Such as:
	  ○ understanding of the program requirements
	  ○ challenges meeting the qualifying hours and activities requirements
	  ○ challenges verifying qualifying hours and activities reported
	  ○ childcare or transportation
	  ○ impact of variations in qualifying hours and activities, such as seasonality in employment hours
	• How available or useful were any supports provided by the Care Management Organizations (CMOs), such as job readiness?

	• What are member experiences like from not having retroactive eligibility (especially in the context of medical debt)?
Overall Experience **(Research Questions 1.2, 1.3, 3.2)**	• How do members describe the overall impact of Pathways on their health, financial stability, and well-being? • Do (former) members report transitioning to ESI or commercial coverage? • How satisfied are members with the Pathways demonstration?

Note: This table is a sampling, and not an exhaustive list, of the topics and questions that will be asked to Pathways members.

Participants will also be invited to share information about their previous experiences with Medicaid, private coverage, or being uninsured, and their recommendations for how the Pathways program could be improved.

Focus groups will be recorded with permission and privacy protections and transcribed for thematic qualitative analysis.

National Survey Data

The IE will use the ACS-PUMS data and the BRFSS data to conduct analyses related to certain research questions as shown in **Error! Reference source not found.**. Use of national survey data will allow quasi-experimental comparisons of Georgia to national and other states' trends.

The evaluator will utilize the ACS-PUMS to measure changes in the rate of uninsured, and in members' job-readiness, individual financial stability, and engagement in ESI as compared to beneficiaries and residents in other states. The BRFSS will be used to measure changes in access to preventive care and health status of low-income residents. Table 7 below outlines which survey questions will be referenced for the listed major topics.

The ACS-PUMS surveys more than 3.5 million households annually and collects data on employment status, health insurance, income, hours worked per week and industry and occupation. Due to the timing of demonstration start and Interim Evaluation Report deadlines, the IE will use the 1-year PUMS data for relevant years. The ACS-PUMS data will assist in identifying the effect of the demonstration on employment of Medicaid beneficiaries in the Summative Evaluation Report. The IE will create weighted population estimates using the ACS-PUMS data to identify changes in healthcare coverage status, employment status and income levels for Georgia residents.

BRFSS collects data on over 400,000 adult U.S residents' health related risk behaviors and events, chronic health conditions, and use of preventive service across all 50 states, the District of Columbia and three U.S territories. The IE anticipates leveraging the BRFSS data for Health-Related Quality of Life estimates. Specifically, the IE will use BRFSS to understand eligible Medicaid beneficiaries' general health status, physical health status, mental health status, and impact of health status on quality of life.

Measures employing national survey data for an out-of-state comparison for DiD analysis will use a two-year pre-demonstration baseline. The measurement period for national surveys does not align with the demonstration years or benefit periods, so the annual survey datasets will not perfectly represent the

demonstration timeline. For the two years[11] prior to demonstration launch, and for each demonstration year, the closest available datasets will be used.

TABLE 7: APPLICATION OF NATIONAL SURVEY DATA

Topic	Survey Name	Survey Questions
Work/Income	**ACS-PUMS**	• Any work for pay • Industry, type of work • Laid-off status. • Total income in the last year • Income sources (self-employed, social security, • etc.)
	BRFSS	• Employment loss • Work hours reduced • SNAP status • Ability to afford food, mortgage, rent, utility bills, transportation • Industry, type of work
Coverage	**ACS-PUMS** **BRFSS**	• Whether insured • Type of coverage • Source of coverage (employer-sponsored)
Health Status	**BRFSS**	• Healthy days • Anxiety/depression symptoms

Key Informant Interviews

Qualitative data on program implementation will be gathered through key informant interviews with providers and state administrators. Semi-structured KIIs lasting 30-45 minutes will be conducted by phone or videoconference, with privacy protections in accordance with CMS guidelines. Interviews will be recorded and transcribed. Interview guides will be developed by the IE in collaboration with DCH for providers, and for state administrators involved in implementation of the waiver demonstration.

As appropriate, interviews will explore program implementation, and topics drawn from the logic model; examples are shown in Table 8.

TABLE 8: TOPICS FOR KEY INFORMANT INTERVIEWS

Research Question	Example topics
RQ1. Did Georgia Pathways Improve the access to health care of low-income Georgians?	**In what ways did (or did not) the demonstration increase access to health care for members enrolled in Georgia Pathways?** • Perceived access to primary care • Perceived patterns of members seeking care at appropriate settings

[11] For the ACS-PUMs survey data, the 2021 5-year dataset will be used as a baseline to provide a larger baseline dataset, as described in Data Sources.

RQ4. Did Georgia Pathways Empower Georgia Pathways members to become active participants and consumers of their healthcare?	**In what ways did (or did not) the demonstration encourage beneficiary engagement in their health care?** • Beneficiary understanding of their coverage and benefits • Beneficiary engagement in their own healthcare decisions
RQ9. Was the demonstration implemented effectively?	**In what ways did (or did not) implementation happen successfully?** • Perceived successes and challenges in implementation • Efforts undertaken by the state to facilitate more timely application processing, perceived results of such efforts
RQ9a. Was the Public Health Emergency/COVID-19 pandemic a barrier to the demonstration implementation? To what extent did the state's unwinding efforts interact with the implementation of the demonstration? Were there additional unforeseen challenges due to the timing of the implementation in the backdrop of the unwinding activities, and how did the state overcome such challenges?	**In what ways did (or did not) the unwinding of the Public Health Emergency have on implementation?** • Administrative challenges of launching Pathways • Perceived impact of the PHE/unwinding
N/A	**What changes might make the demonstration more effective in achieving program goals?** • Perceived administrative burden of the demonstration • Suggestions for improvements or course corrections

Administrative Data

The IE will have access to the Georgia Pathways' eligibility data which is being managed by the Georgia Department of Child and Family Services, through the vendor Gateway. Eligibility data will allow the IE to access member information at the time of enrollment. Examples of such data include employment status, income, and beneficiary compliance with qualifying hours and activities requirements.

Medicaid MMIS Encounter Data

The IE will have access to Claims/Encounter data called the Medicaid Management Information System (MMIS) from the state on an annual basis. Encounter data reported by plans is cleaned by the state's vendor and will also be checked for duplicates and missing fields by the IE. In addition, the IE will validate each batch of data received by checking counts of enrolled individuals, and key services against state analytics team estimates and monitoring metrics reported in aggregate. Encounter data will not include cost/charge, which is a noted limitation due to the fully capitated payment model used by DCH for the Managed Care Organizations (MCOs) covering beneficiaries.

5. ANALYTIC METHODS

Quantitative Analyses

In order to provide robust conclusions, the IE will employ multiple analytic strategies to answer the research questions. The IE will utilize statistical software packages including SAS, SQL, and Stata to analyze the data, generating descriptive statistics and assessing significant differences in comparisons of interest. Multivariate regression will be used to model outcomes over time, following individuals longitudinally. This approach allows for the trend over time to be adjusted for changes in the demonstration population as members enter and leave the Pathways program.

TABLE 9: SUMMARY OF ANALYTIC METHODS TO BE USED FOR EVALUATION OF THE GA PATHWAYS DEMONSTRATION

Method	Comparison	Data sources
Descriptive statistics Trend over time	Pre-demonstration comparison population Subgroups within demonstration population	Encounter data Administrative data Primary survey data
Linear Regression	Subgroups within demonstration population	Encounter data Administrative data
Interrupted Time Series	Pre-demonstration comparison population	Encounter data Administrative data
Regression discontinuity	Members enrolled in Pathways vs similar beneficiaries with incomes below the threshold for traditional eligibility categories	Encounter data Administrative data
Difference in difference	Pre/Post change in Georgia vs Pre/Post change in other states that have expanded Medicaid, and in those that have not expanded	National survey data
Synthetic Control Methods	Predicted outcomes for 'synthetic GA'	National survey data

Descriptive statistics and trend-over-time

The IE will use descriptive statistical methods to generate summary tables of population size and characteristics, outcomes for demonstration members and comparison groups where applicable, and distribution of outcomes by demographic characteristics and relevant subgroupings. Data will be analyzed using standard tests as rates, proportions, frequencies, and measures of central tendency (e.g., mean, median, mode). These tables will be used to develop a quantitative picture of the population, to describe raw trends, and to identify characteristics that will be included as covariates in regression modeling. The composition of the pre-demonstration comparison group will be compared to the enrolled Pathways population using t-tests to identify any significant differences in demographic or clinical characteristics. ANOVA/MANOVA tests will be used as a first pass comparison of mean outcomes for demonstration to pre-demonstration populations. Outcomes of interest will be plotted over time for the duration of the demonstration.

Multiple regression modeling with in-state comparison

The IE will employ quasi-experimental methods for outcomes that are based on Medicaid MMIS encounter data. The planned measures for regression analysis are Adults' Access to Preventative/Ambulatory Health Services (AAP), and Inpatient Days (IPU), as these include all or almost all Pathways members in the measure. Outcomes pertaining to behavioral health conditions (Follow-up After Emergency Department Visit for Mental Illness [FUM], Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence [FUA], and Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment [IET]) apply to a fraction of Pathways members, resulting in a smaller dataset; the IE will determine after data collection whether regression analysis is feasible for these outcomes.

For comparisons of the enrolled population to the pre-demonstration comparison group, ITS will be used to test for a change linked to the transition from traditional Medicaid to Pathways. The null hypothesis will be that the Pathways members who transitioned from traditional Medicaid experience the same trend in outcomes during the demonstration as during the pre-demonstration period.

For subgroup comparisons, the trend for each evaluation group will be modeled using multivariate linear regression and compared. For comparison of subgroups, the reference group will be the region with the highest number of members. The null hypothesis will be that the groups have identical trends. In order to account for demographic characteristics such as age and gender that may differ among the groups the IE will use inverse probability of treatment weighting. Individuals in each group will be assigned weights based on the composition of the reference group, producing groups that are equivalent for measurable characteristics and allowing any difference in outcomes to be attributed to the intervention.[12]

Subgroup analysis will compare rural to urban members, and will partition members by age, race/ethnicity and gender. Where possible, race will include White, Black, Asian, and Native American populations for stratification. Due to the low prevalence of some subgroups, it may be necessary to combine some racial groups into an “Other” category. Ethnicity will be characterized as Hispanic/Not Hispanic.

For additional insight, a regression discontinuity design (RDD) will be used to compare individuals on either side of the income threshold separating individuals eligible for traditional Medicaid and similar individuals eligible for Pathways. If sufficient data is available, the RDD method will also be used to compare members above and below the income threshold that triggers the premium requirement. The null hypothesis will be that the trend of outcome over income is the same above and below the eligibility threshold.

Difference-in-differences and synthetic control methods with out-of-state comparison

For some outcomes, national survey data will enable a quasi-experimental approach using other states as comparisons. The IE will use data from the ACS-PUMS survey for income and employment outcomes, and from the BRFSS for health outcomes. Demonstration members cannot be directly identified in national survey data, so Medicaid beneficiary status where possible, and income as a proxy otherwise, will be used to define the samples. Using DiD with inverse probability of treatment weighting (IPW), outcomes in GA will be compared to two groups of states, Medicaid expansion and non-expansion. The expansion group will be defined as those state which implemented Medicaid expansion under the ACA prior to the beginning of the baseline period defined above (two years prior to the launch of Georgia Pathways). The non-expansion group will be defined as those that did not implement Medicaid expansion

[12] Austin PC, Stuart EA. Moving towards best practice when using inverse probability of treatment weighting (IPTW) using the propensity score to estimate causal treatment effects in observational studies. Stat Med. 2015; 34(28):3661–79. Epub 2015/08/05. https://doi.org/10.1002/sim.6607 PMID: 26238958; PubMed Central PMCID: PMC4626409.

as of the end of the evaluation period (end date of Georgia Pathways). Any states that implemented Medicaid expansion during the evaluation period will be excluded, as they do not fit into either comparison group. A three-year, pre-demonstration baseline will be used to determine the pre-intervention trend, and to test whether the historic trends in the comparison group and target population were parallel.

In addition to DiD, the IE will use synthetic control methods (SCM) to estimate the association between implementation of the demonstration and the key outcomes. For each outcome of interest, the IE will use ACS-PUMS and BRFSS data for all other states for the three years prior to demonstration launch to construct a synthetic control representing GA's outcomes during the baseline period.[13] The weights derived empirically during this stage will allow the IE to generate a predicted outcome value for "synthetic Georgia" for each quarter during the demonstration period. This model will be used to find mean differences between actual GA outcomes and predicted outcome of the synthetic control during the demonstration period.

Qualitative analysis

Qualitative analysis will be used for key informant interviews and focus group transcripts. Thematic analysis using a coding tree derived from the demonstration logic model will be used to excerpt transcripts. Additional themes that arise during coding will be added to the analysis. Results of provider interviews will be used to add context to the quantitative findings regarding experience of care, beneficiary engagement, and barriers to engagement. Results of provider and administrator interviews will address implementation and will inform the Evaluation Report chapter on Lessons Learned and Recommendations.

D. METHODOLOGICAL LIMITATIONS

1. **Short demonstration period.** The demonstration period is now only 27 months long, which reduces the likelihood of detecting changes in outcomes. Descriptive analyses will be presented in the Interim Evaluation Repot that precludes causal interpretation. Results from quasi-experimental methods and descriptive analyses will be presented in the Summative Evaluation Report. The IE will use the most appropriate statistical techniques to analyze the data that is available at the time of the Interim and Summative Evaluation Reports. To generate the most meaningful evaluation feasible, the IE has added additional primary data collection, including survey and qualitative research, and additional questions focused on implementation.

2. **Self-reporting, selection, and attrition bias.** The evaluation of the Georgia Pathways program relies heavily on self-reported data collected by the ACS-PUMS and BRFSS, which are subject to participation bias. The planned Pathways beneficiary surveys could also be biased by characteristics or experiences of individuals who choose to complete the survey. In interpreting survey findings, the IE will consider the ways in which survey respondents' responses may be bias. Attrition bias may tend to select for individuals who experience fewer obstacles to employment; the IE will mitigate this bias by actively seeking to survey individuals who have been suspended or disenrolled, and to include these individuals in focus groups.

[13] CMS White Paper, October 2020, "Selection of Out-of-State Control Groups and the Synthetic Control Method.

3. **COVID-19 PHE.** During the COVID-19 PHE, from February 2020 to the end of March 2023, most eligibility redeterminations and potential disenrollments were paused. This continuous enrollment period likely impacted pre-demonstration data because the number of individuals enrolled in Medicaid increased temporarily, and individuals with incomes above the eligibility cutoff were maintained on the rolls. For analyses using pre-demonstration data, sensitivity analysis will be conducted to determine whether specific time periods should be eliminated from the analysis.

4. **Lack of a true in-state comparison group.** The Georgia Pathways program includes individuals aged 19-64 with household incomes up to 100% of the FPL who are not otherwise eligible for Medicaid, and who are working or engaged in employment-related activities for at least 80 hours per month. As such, no true comparison group for this population exists. Other Medicaid beneficiaries are not subject to the qualifying hours and activities requirements of Pathways. To mitigate this limitation, the IE plans to use pre-demonstration data from members who were identified as likely to be eligible for Pathways at redetermination.

5. **Lack of historic data for newly eligible individuals.** Some Georgia Pathways members will be newly eligible, and no pre-demonstration data is available for these individuals. Some Pathways members will come from the pre-demonstration comparison group, and those individuals will be tracked longitudinally and reported as a distinct subgroup.

6. **Sample size.** By the end of the approved demonstration period Georgia Pathways is anticipated to enroll between 10,000 – 50,000 Medicaid beneficiaries[4]. However, the data set for specific outcomes may not have sufficient size for sufficiently powered statistical analysis on all subgroups of interest.

7. **Data availability for HIPP participants**. As members transition from Medicaid to ESI through the HIPP program, their claims will be paid by private insurance and the evaluator will lose access to their encounter data. Members surveys and administrative data form eligibility determinations will be used to assess this population where possible, but they will not be included in measures derived from encounter data.

8. **Uncertainty about phase three implementation plan.** Implementation plans have not been finalized for phase three at the time of drafting this Evaluation Design. It is unlikely that this phase will be fully implemented. Therefore, the research questions concerning copays, premiums, tobacco surcharge, and MRAs will not be applicable for the Interim Evaluation Report. Depending on implementation, these could be applicable for inclusion in the Summative Evaluation Report. If phase three is launched late, or involves too few members, it may not generate sufficient data to address these research questions, in which case the Summative Evaluation Report will provide a descriptive narrative of phase three components, with any available data. If phase three is fully implemented, the member survey and focus groups will include phase three components as topics, and Gateway data on enrollment, satisfaction of requirements, and MRA take-up will be analyzed for the Summative Evaluation Report. The IE will coordinate with the state to consult with CMS on the design, analysis, and content to be included in the Summative Evaluation Report pertaining to phase three, once implementation planning is known.

9. **Out of state comparisons.** The use of national survey data allows for out of state comparison groups but limits the ability to specifically identify individuals enrolled in the demonstration. An approximation will be achieved by using income and Medicaid enrollment to define a sample representing demonstration members as closely as possible.

10. **Lack of expenditure data**. As the state uses a fully capitated prospective payment model for the entirety of the demonstration, encounter data does not include cost/charge information. The independent evaluator will evaluate cost of care using proxies including hospital utilization and estimated cost derived from encounter data and average encounter costs.

11. **Historic effects.** The unwinding of the pandemic/PHE is expected to directly impact the ramp up of Pathways as described above, which means that enrollment will not reach steady state until delayed redeterminations have been processed. If the redetermination process occurs more slowly than expected, enrollments could be delayed. Ongoing economic trends may affect the job market in parts of GA differently. To mitigate this concern, the IE will stratify results by rural vs urban residents. If high unemployment rates lead to suspension of qualifying hours and activity requirements in some areas of the state but not others, the IE will compare results for members who are subject to qualifying hours and activities requirements with those who are not.

E. ATTACHMENTS

1. INDEPENDENT EVALUATOR

Procurement for an evaluation contractor to assist the state in executing its 1115 demonstration evaluation plan was accomplished pursuant to the State of Georgia procurement guidelines with resulting agreement contingent upon approval from Georgia's Governor. The state retains responsibility for monitoring the demonstration activities and providing oversight of the Evaluation Design and overall approach for the contractor. To mitigate any potential conflict of interest, the evaluation contractor is responsible for:

- Conducting an evaluation compliant with all requirements specified in the demonstration's Special Terms and Conditions;
- Developing the Evaluation Design;
- Leading the implementation of the evaluation and the evaluation itself;
- Conducting all analysis of the evaluation results in compliance with CMS timelines and deliverables;
- Ensuring the validity, reproducibility, and interpretation of the results;
- Collaborating with DCH through the implementation of the waiver and the duration of all evaluation activities; and
- Producing evaluation reports.

As part of the focused independent evaluation, the evaluator is responsible for final measure selection, identifying, if viable, other state systems that may serve as comparisons, conducting all data analysis, measuring change overtime and developing sensitivity models as necessary to address study questions.

The State issued one procurement for all evaluation activities and the production of required CMS reports. As the successful bidder, Public Consulting Group (PCG) demonstrated the following qualifications:

- Provision of a workplan that met the evaluation deliverables and deadlines required by CMS;
- An ability to comply with CMS' evaluation requirements, including a proposed method for measuring the impacts and goals of the Pathways program and a high-level vision of the evaluation approach;

- A cost proposal that included all proposed costs through 2026;
- A staffing plan that identified who would be responsible for the project components and who would be the project manager and point of contact for DCH;
- A proposed communication approach that met the requirements set forth by DCH; and
- Prior experience with similar evaluations.

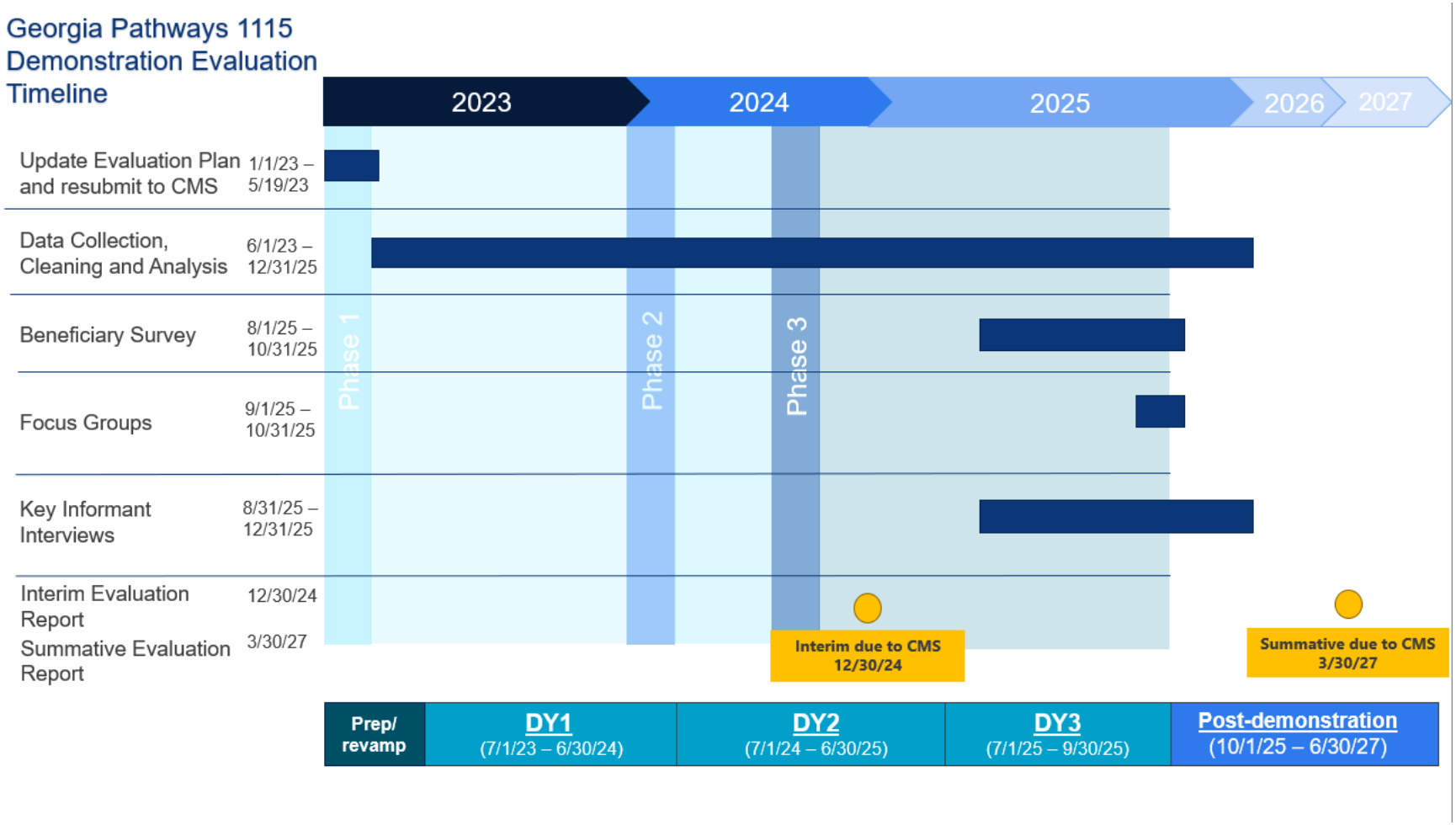
Consistent with the requirements of 42 CFR § 431.420, Georgia DCH selected and retained PCG as an independent evaluator to complete the independent evaluation of the demonstration required under 42 CFR § 431.424. DCH utilized the State of Georgia's procurement process to contract with this evaluator and promote an independent evaluation, through the general requirements for each state contractor as well as project-specific standards. DCH Procurement staff worked with the evaluator to identify and address concerns that might arise during the administration of the contract. By requiring initial satisfaction of these standards by the contracting party in order to be awarded the contract, as well as ongoing maintenance of the requirements during the term of service, DCH is in a position to receive an objective evaluation report that is the product of a fair, impartial, and conflict-free evaluation.

2.EVALUATION BUDGET

	Pre-Demonstration Dec 2020-6/30/23	DY1 7/1/23-6/30/24	DY2 7/1/24-6/30/25	DY3* 7/1/25-9/30/25	Post Demonstration 10/1/25-9/30/27	Total
Project Management	$ 45,149	$ 45,149	$ 45,149	$ 11,287	$ 67,723	$ 214,456
Evaluation Design Revised Design Due 5/19/23	$ 270,892					$ 270,892
Beneficiary & Provider Survey and Focus Groups			$ 120,000	$ 220,000	$ 77,000	$ 417,000
Key Informant Interviews			$ 90,297	$ -		$ 90,297
Quantitative Data Collection and Analysis		$ 225,743	$ 225,743	$ 225,743		$ 677,230
Interim Evaluation Report Due 12/30/24		$ 180,595	$ 45,149			$ 225,743
Summative Evaluation Report Due 3/30/27					$ 270,892	$ 361,189
Total	**$ 316,041**	**$ 451,486**	**$ 526,338**	**$ 547,328**	**$ 415,615**	**$ 2,256,807**

Note: * DY3 is not a full calendar year

3.TIMELINE AND MAJOR MILESTONES



The original demonstration period was scheduled to begin on July 1, 2021, but now will launch beginning July 1st, 2023, and will conclude September 30th 2025. The first major milestone of the Georgia Pathways Demonstration is to Update to the Evaluation Design, which PCG will deliver to Georgia DCH on May 19th 2023.

The Data Collection, Cleaning and Analysis phase will span the majority of the adjusted Demonstration period. The Beneficiary Survey and focus groups will take place around the close of the Demonstration.

Development of the Interim Evaluation Report, due to CMS December 30th 2024 will begin as soon as data becomes available from DCH's vendor, which is anticipated to be in September 2023.[14] The Interim Evaluation Report will describe patterns of application, enrollment, suspension, continuance, and qualifying hours and activities in the first 13 months of the demonstration.

Data collection and analysis for the Summative Evaluation Report will begin in parallel, including preparations for beneficiary survey and focus groups, KIIs, and analysis of encounter data and national survey data. PCG will submit a full draft report to DCH at least four weeks prior to CMS deadline for internal review and comment period. Once the details of the report are endorsed by DCH, PCG will complete any final edits and return the final document for submission at least 14 days prior to the March 30, 2027, CMS deadline.

[14] The draft Interim Evaluation Report was initially due on September 30th, 2024. On July 18, 2024, CMS approved a three-month extension to the due date in response to the state's request for an additional three months to produce a more thorough and meaningful Interim Evaluation Report.

4. EVALUATION TABLE

TABLE 10 EVALUATION TABLE

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Hypothesis 1: The demonstration will improve the health care access of low-income Georgians.						
Primary research question 1.1: Did the percent of adult members with a primary care or ambulatory visit in the last 12 months change?						
Pre-demonstration baseline	Claims/Encounter Data (MMIS)	Adults' Access to Preventative/Ambulatory Health Services (HEDIS AAP)	Percent of members who had an ambulatory or preventive care visit during the measurement year	Multiple linear regression; ANOVA/MANOVA; ITS; RDD	N	S
Pre-demonstration baseline	Claims/Encounter Data (MMIS)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (HEDIS FUA)	Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported: ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).	Multiple linear regression; ANOVA/MANOVA; ITS; RDD	N	S

[15] Where possible, we will include age, gender, race, ethnicity, and location (rural vs. urban) as subgroups. As discussed in Section D: Methodological Limitations, subgroup analysis may be limited by sample size, and it may not feasible to implement all analyses as intended.

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
			ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).			
Pre-demonstration baseline	Claims/Encounter Data (MMIS)	Follow-Up After Emergency Department Visit for Mental Illness (HEDIS FUM)	Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 and 30 days.	Multiple linear regression; ANOVA/MANOVA; ITS; RDD	N	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Pre-demonstration baseline	Claims/Encounter Data (MMIS)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS IET)	Percent with a new episode of alcohol or other drug dependence who: 1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis. 2) had two or more additional AOD services or MAT within 34 days of the Initiation visit.	Multiple linear regression; ANOVA/MANOVA; ITS; RDD	N	S
Primary research question 1.2: Did members' self-report of ability to obtain care change?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Member Survey; Focus groups	Perceived Access	Member reports of ease of access to needed care	t-test; ANOVA/MANOVA; other descriptive statistics; qualitative analysis	Y	S
Primary research question 1.3: Did members' self-report of overall health status change?						
Comparison states; synthetic GA	BRFSS	Health-Related Quality of Life	Derived from healthy days questions: 1) Would you say that in general your health is excellent, very good, good, fair or poor? 2) Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?	Difference-in-difference; synthetic control model	N	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
			3) Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?			
			4) During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?			
N/a	Member Survey; Focus groups	Self-reported health	Self-rating of overall health	t-test, ANOVA/MANOVA, other descriptive statistics; qualitative analysis	Y	S
Primary research question 1.4: What was the outcome of redetermination for members who were identified during unwinding as possibly eligible for Pathways?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Administrative Data	Outcome of redetermination	1) Percentage of individuals enrolled in another Medicaid eligibility category who were either up for renewal or reported a change in circumstance and became enrolled in Pathways[9]	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	N	S
			2) Percentage of individuals enrolled in another Medicaid eligibility category who were either up for renewal or reported a change in circumstance and became enrolled in Medicaid[9]			
			3) Percentage of individuals enrolled in another Medicaid eligibility category who were either up for renewal or reported a change in circumstance and were found ineligible for Medicaid[9]			
			4) Percentage of individuals enrolled in another Medicaid eligibility category who			

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
			were either up for renewal or reported a change in circumstance and did not complete redetermination[9]			
			5) Percentage of individuals enrolled in another Medicaid eligibility category who were either up for renewal or reported a change in circumstance and were denied Pathways due to unmet qualifying hours and activities requirement[9]			
			6) Percentage of individuals enrolled in another Medicaid eligibility category who were either up for renewal or reported a change in circumstance and were denied Pathways due to other reasons[9]			
Primary research question 1.5: What was the outcome of new applications to Pathways?						
N/a	Administrative Data	Outcome of new applications	1) Percentage of new Medicaid applicants who	Multiple linear regression;	N	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
			became enrolled in Pathways[9]	ANOVA/MANOVA; descriptive statistics		
			2) Percentage of new Medicaid applicants who became enrolled in Medicaid[9]			
			3) Percentage of new Medicaid applicants who were found ineligible for Medicaid[9]			
			4) Percentage of new Medicaid applicants who were denied Pathways due to unmet qualifying hours and activities requirement[9]			
			5) Percentage of new Medicaid applicants who were denied Pathways due to other reasons unrelated to the qualifying hours and activities requirement[9]			
Primary research question 1.6: Were Pathways members able to meet qualifying hours and activities (QHA) requirements and sustain coverage?						
N/a	Administrative Data	Outcome of qualifying hours and activities requirement	1) Percentage of Pathways members found exempt from reporting QHA after 6 months of reporting	Multiple linear regression; ANOVA/MANOVA;	N	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
			2) Percentage of Pathways members who verified QHA during an audit	descriptive statistics		
			3) Percentage of Pathways members who did not verify QHA during an audit			
			4) Percentage of Pathways members who requested an exception for good cause			
			5) Percentage of Pathways members who were approved for an exception			
			6) Percentage of individuals who requested reasonable modifications due to disability at application			
			7) Percentage of individuals granted reasonable modifications due to disability			
			8) Percentage of Pathways members suspended for noncompliance with the QHA requirement			

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
			9) Percentage of Pathways members disenrolled from the demonstration for noncompliance with the QHA requirement			
			10) Percentage of Pathways members reinstated after being in suspension status for noncompliance with the QHA requirement			
			11) Percentage of Pathways members re-enrolled in the demonstration after disenrollment for noncompliance with the QHA requirement			
Hypothesis 2: The demonstration will reduce the number of uninsured Georgia residents with incomes up to 100% of FPL.						
Primary research question 2.1: Did the number of uninsured adults aged 19-64 in GA change?						
Comparison states; synthetic GA	American Communities Survey	Health Insurance Coverage (Variable name: HICOV)	Percent of Georgian adults aged 16-64 who are uninsured	Difference-in-difference; synthetic control model	N	S
Primary research questions 2.2: Did trends in the uninsured rate vary by geographic areas?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Comparison states; synthetic GA	American Communities Survey	Public Use Microdata Area code	American Communities Survey geographic code (can be linked to counties, town and zip codes)	Difference-in-difference; synthetic control model	N	S
Primary research questions 2.3: Did trends in the uninsured rate vary by age group?						
Comparison states; synthetic GA	American Communities Survey	Health Insurance Coverage (Variable name: HICOV)	Percent of uninsured	Difference-in-difference; synthetic control model	N	S
Primary research questions 2.4: Did trends in the uninsured rate vary by race/ethnicity group?						
Comparison states; synthetic GA	American Communities Survey	Health Insurance Coverage (Variable name: HICOV)	Percent of uninsured	Difference-in-difference; synthetic control model	N	S
Hypothesis 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						
Primary research question 3.1: Did the number of members who lose eligibility due to gained income change?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Subgroup comparison	Administrative Data	Percentage of members determined ineligible for Medicaid after state processes a beneficiary-reported change in circumstance	Percent of Pathways members who were enrolled in the demonstration and lost eligibility for Medicaid during the measurement period because they were determined ineligible after the state processed a change in circumstance, such as income or family household[9]	Trend over time; ANOVA/MANOVA	Y	S
Subgroup comparison	Administrative Data	Percentage of members determined ineligible for the demonstration at renewal, disenrolled from Medicaid	Percent of members enrolled in the demonstration and due for renewal during the measurement period who completed the renewal process and were determined ineligible for Medicaid[9]	Trend over time; ANOVA/MANOVA	Y	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Subgroup comparison	Administrative Data	Percentage of members determined ineligible for the demonstration at renewal and transferred to another Medicaid eligibility category	Percent of members enrolled in the demonstration and due for renewal during the measurement period who completed the renewal process and moved from the demonstration to a Medicaid eligibility group not included in the demonstration[9]	Trend over time; ANOVA/MANOVA	Y	S
Subgroup comparison	Administrative Data	Percentage of members who retained eligibility for the demonstration after completing renewal forms	Percent of members enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices[9]	Trend over time; ANOVA/MANOVA	Y	S
Primary research question 3.2: Did the number of former Georgia Pathways members who successfully transitioned to commercial health insurance coverage change?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Subgroup comparison	Administrative Data	Members who lost Medicaid eligibility due to mid-year change in circumstance, and transitioned to a qualified health plan offered in the Marketplace	Percent of members who lost eligibility for Medicaid during the measurement period due to a change in circumstance who transitioned to a qualified health plan offered in the Marketplace (Health Insurance Exchange)[9]	Trend over time; ANOVA/MANOVA	Y	S
Subgroup comparison	Administrative Data	Members who lost Medicaid eligibility at renewal, and transitioned to a qualified health plan offered in the Marketplace	Percent of members who lost eligibility for Medicaid during the measurement period due to the outcome of eligibility renewal processes and transitioned to a qualified health plan offered in the Marketplace (Health Insurance Exchange)[9]	Trend over time; ANOVA/MANOVA	Y	S
Primary research question 3.3: What is the pattern of coverage of members who transition to ESI?						
N/a	Member Survey; Focus groups; Administrative Data	Patterns of ESI enrollment	Continuity and duration of ESI enrollment[9]	t-test, ANOVA/MANOVA, other descriptive	N	S
			Transition from Pathways to ESI[9]			

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
			Transition from ESI to Pathways[9]	statistics; qualitative analysis		
			Disenrolled from ESI[9]			
Primary research question 3.4: What occupational or other characteristics are associated with transitioning to ESI?						
Demonstration members not enrolled in ESI	Member Survey; Focus groups	ESI enrollment	Occupation, job type, and demographic factors associated with transitioning to ESI from Georgia Pathways	t-test, ANOVA/MANOVA, other descriptive statistics; qualitative analysis	Y	S
Primary research question 3.5: What is the coverage status by payer type of former Georgia Pathways members after separating from Medicaid?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Member Survey; Focus groups	Post-Medicaid coverage	Former Pathways members coverage status and source (e.g. employer sponsored, marketplace, uninsured)	t-test, ANOVA/MANOVA, other descriptive statistics; qualitative analysis	Y	S
Hypothesis 4: The demonstration will increase member engagement in care.						
Primary research question 4.1: To what extent and in what ways did members feel more informed about their coverage and benefits, and more engaged in their own healthcare decisions?						
Subgroup comparison	Member Survey; Focus groups	Members' understanding of coverage and benefits, self-reported	Members' understanding of coverage and benefits, self-reported by member	t-test; ANOVA/MANOVA; other descriptive statistics; qualitative analysis	Y	S
Subgroup comparison	Member Survey; Focus groups	Members' engagement in their own healthcare decisions, self-reported	Members' engagement in their own healthcare decisions, self-reported by member	t-test, ANOVA/MANOVA; other descriptive statistics; qualitative analysis	Y	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Hypothesis 5: The demonstration will increase the number of Georgia residents below and up to 100% of the FPL enrolled in employer sponsored insurance.						
Primary research question 5.1: Did the percentage of members enrolled in ESI through mandatory HIPP change?						
Subgroup comparison	Administrative Data	ESI enrollment	Percent of Pathways members who are enrolled in ESI through HIPP	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	Y	S
Primary research question 5.2: Did the percentage of premium paid for by premium assistance for qualifying ESI health plans change?						
Subgroup comparison	Administrative Data	Premium assistance	Average percentage of premium for HIPP members paid as premium assistance	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	Y	S
Hypothesis 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.						
Primary research question 6.1: Did the average hours worked by employed individuals change?						
Subgroup comparison	Administrative Data	Hours worked	Percent of uninsured; and then analysis by subgroup: Person's age (AGEP).	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	Y	S
Primary research question 6.2: Do members who initially participate in qualifying hours and activities other than employment gain employment within some defined time period (i.e., is there evidence of job-readiness progression?)						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Subgroup comparison	Administrative Data	Qualifying hours and activities, as determined	Qualifying hours and activities, as determined during eligibility verification	t-test, ANOVA/MANOVA, other descriptive statistics	Y	S
Subgroup comparison	Member Survey; Focus groups	Qualifying hours and activities, self reported	Qualifying hours and activities, self reported by member	t-test, ANOVA/MANOVA, other descriptive statistics; qualitative analysis	Y	S
Primary research question 6.3: What are the characteristics of new jobs gained by qualifying hours and activities members?						
N/a	Administrative Data	Job characteristics, as determined	Occupation/industry categories, as determined with eligibility	t-test, ANOVA/MANOVA, other descriptive statistics	N	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Member Survey; Focus groups	Job characteristics, self reported	Occupation/industry categories, self reported	t-test, ANOVA/MANOVA, other descriptive statistics; qualitative analysis	Y	S
Primary research question 6.4: Is employment among individuals subject to qualifying hours and activities requirements sustained over time?						
N/a	Member Survey; Focus groups	Employment duration	Self-reported duration of employment	t-test, ANOVA/MANOVA, other descriptive statistics; qualitative analysis	Y	S
Hypothesis 7: The demonstration will increase wage growth for those made eligible for Medicaid through the Demonstration.						
Primary research question 7.1: Did member earnings change at annual redetermination?						
Subgroup comparison	Administrative Data	Earned income	As determined during eligibility verification	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	Y	S
Hypothesis 8: The Georgia Pathways demonstration will improve the fiscal sustainability of the GA Medicaid program.						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Primary research question 8.1: Did the demonstration contain cost growth for Georgia Pathways members?						
Pre-demonstration baseline	Claims/Encounter Data (MMIS)	Per capita expenditure	Per capita health expenditure for demonstration members derived from encounter data and average encounter costs.	Multiple linear regression; ANOVA/MANOVA	N	S
Primary research question 8.2: Did the rate of hospitalization decrease for Georgia Pathways members?						
Pre-demonstration baseline	Claims/Encounter Data (MMIS)	Inpatient Days (HEDIS IPU)	Days as a hospital inpatient for demonstration members.	Multiple linear regression; ANOVA/MANOVA; ITS; RDD	N	S
Primary research question 8.3: Did enrollment of members in ESI reduce costs for the Medicaid program?						
Subgroup comparison	Administrative Data	Total Cost of Care	All costs (premium assistance and direct claims) for HIPP members compared to PMPM cost for non-demonstration Medicaid members.	Multiple linear regression; ANOVA/MANOVA	Y	S
Primary research question 8.4: What was the administrative cost of implementing and operating the demonstration?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Administrative Data	Administrative cost of demonstration operation	Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or retroactive eligibility waivers	Multiple linear regression; ANOVA/MANOVA	N	S
Exploratory Research Questions						
Primary research question 9: Was the demonstration implemented effectively?						
N/a	Focus groups; Key Informant Interviews	Implementation	Narrative of implementation, including successes and challenges.	Qualitative analysis	N	S
Subsidiary research question 9a: How did the Public Health Emergency/Covid-19 pandemic impact implementation and evaluation of the demonstration?						
N/a	Focus groups; Key Informant Interviews	Pandemic effect	Narrative of perceived impact of the pandemic	Qualitative analysis	N	S
Primary research question 10: What barriers to meeting qualifying hours and activities requirements are experienced by demonstration participants and those interested in Pathways?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Administrative Data	Members newly suspended for failure to complete QHA	The percent of demonstration members newly suspended, i.e., enrolled in the demonstration, but not actively receiving benefits, for noncompliance during the measurement period (if state has a suspension policy).	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	N	S
N/a	Administrative Data	Members newly disenrolled for failure to complete QHA	The percent of demonstration members newly disenrolled for noncompliance with QHA during the measurement period.	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	N	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Administrative Data	Total members whose benefits were reinstated after being in suspended status for noncompliance	The percent of demonstration members whose benefits were reinstated during the measurement period after suspension (i.e., enrolled in the demonstration, but not actively receiving benefits) in a prior month triggered by noncompliance with community engagement requirements, including those reinstated due to compliance, determination of exemption, successful appeal, or good cause circumstances.	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	N	S

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Administrative Data	Total members re-enrolling after disenrollment for noncompliance	Total percent of members re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy), including those re-enrolling after being determined exempt or after successful appeal.	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	N	S
Subsidiary Research Question 10a: Do members understand the qualifying hours and activities requirements and how to satisfy them?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Member Survey; Focus groups	Comprehension of requirements	Percent of members who report clearly understanding the requirements of Georgia Pathways and how to meet them	Descriptive statistics; Qualitative analysis	Y	S
Subsidiary Research Question 10b: What are the common barriers to initial compliance with the qualifying hours and activities requirement as well as initial enrollment?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Member Survey; Focus groups	Barriers to initial compliance with QHA requirement	Narrative of barriers to complying with the QHA requirement, such as childcare, transportation hurdles, medical frailty, and administrative challenges	Descriptive statistics; Qualitative analysis	Y	S
Subsidiary Research Question 10c: What are the underlying reasons for post-enrollment noncompliance with the qualifying hours and activities requirement, potentially leading to suspensions and disenrollments from the demonstration?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Member Survey; Focus groups	Reasons for post-enrollment noncompliance with QHA	Narrative of reasons for post-enrollment noncompliance with the QHA requirement, such as childcare, transportation hurdles, medical frailty, and administrative challenges	Descriptive statistics; Qualitative analysis	Y	S
Subsidiary Research Question 10d: Did Pathways members utilize community supports and other services to satisfy the qualifying hours and activities requirement? Did the demonstration's intended, current and former participants perceive availability of such supports and services adequate?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Member Survey; Focus groups	Community supports to satisfy QHA requirement	Narrative of community supports and services that contributed to satisfying the QHA requirement	Descriptive statistics; Qualitative analysis	Y	S
Primary research question 11: What are the characteristics of members who meet or fail to meet qualifying hours and activities requirements? Do these characteristics change over time? How do the characteristics change over time?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Focus groups	Characteristics of members	The percent of members enrolled in the demonstration who were subject to and met the community engagement requirement, and were self-employed or employed in subsidized and/or unsubsidized settings. Includes those who must report their hours to the state and those "deemed" compliant by the state because they are working more than the percent of required hours.	Qualitative analysis	N	S
Primary research question 11a: What are the characteristics of individuals who experience coverage suspension or disenrolled due to not meeting qualifying hours and activities requirement?						
Subgroup comparison	Administrative Data	Characteristics of members	Characteristics of individuals who experience coverage suspension or disenrollment due to unmet QHA requirements	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	Y	S
Primary research question 11b: What is the average duration of coverage gap for individuals who experience coverage suspension or disenrollments?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
Subgroup comparison	Administrative Data	Average duration of coverage gap	Average duration of coverage gap for individuals experiencing suspension/disenrollments	Multiple linear regression; ANOVA/MANOVA; descriptive statistics	Y	S
Primary research question 12: Did members not eligible for NEMT experience any challenges with accessing care because of lack of transportation*?*						
N/a	Member Survey; Focus groups	Challenges of access without NEMT	Narrative of health care access challenges as a result of not having NEMT	Descriptive statistics; Qualitative analysis	Y	S
Primary research question 12a: Do Pathways members over 21 report missing appointments due to lack of transportation?						
N/a	Member Survey; Focus groups	Appointments missed due to lack of transportation	Narrative of transportation challenges causing missed appointments	Descriptive statistics; Qualitative analysis	Y	S
Primary research question 12b: Do Pathways members over 21 report that they would use NEMT if it were available?						

Comparison strategy	Data Source	Measure Name	Measure Description	Analytic Approach	Subgroup Analysis (Y/N)[15]	Reporting (I = Interim Evaluation Report, S = Summative Evaluation Report)
N/a	Member Survey; Focus groups	Use of NEMT if available	Narrative of non-emergency medical transportation use	Descriptive statistics; Qualitative analysis	Y	S
Primary research question 12c: Do Pathways members who are 21 or younger, or who were previously eligible for NEMT (due to being under 21, or having been traditional Medicaid members previously), report using NEMT to access services?						
N/a	Member Survey; Focus groups	Youth eligible (age < 21) NEMT use	Narrative of non-emergency medical transportation use for those under the age of 21 (or those who recently aged out of NEMT use)	Descriptive statistics; Qualitative analysis	Y	S