



Provider Frequently Asked Questions

- 1. What is Pathways?** Georgia Pathways to Coverage™, or Pathways, is a program to help low-income Georgians qualify for Medicaid who otherwise would not qualify for traditional Medicaid.
- 2. When did Pathways start?** Pathways launched on July 1, 2023. Coverage will start on the 1st of the month after they get approved. If they apply in July and get approved in August, their coverage will start September 1.
- 3. How do I know if I am eligible for Pathways?** To be eligible for Pathways, an individual should:
 - Be a Georgia resident
 - Be a U.S. citizen or legally residing non-citizen
 - Be between 19 and 64 years of age
 - Have a household income of up to 100% of the Federal Poverty Level (FPL). For example, in 2024, this equals:
 - \$15,060 per year or \$1,255 on average per month for one person
 - \$25,820 per year or \$2,151 on average per month for a family of three
 - Prove that they are doing at least 80 hours of qualifying activities per month
 - Not qualify for any other type of Medicaid
 - Not be incarcerated
- 4. What are acceptable qualifying activities I can do to be eligible for Pathways?** To be eligible for Pathways, a potential member can perform one or more qualifying activities for 80 hours each month. Qualifying activities include:
 - Full-time or part-time employment
 - On-the-job training
 - Job readiness assistance programs
 - Community service
 - Vocational educational training
 - Enrollment in the Vocational Rehabilitation program of the Georgia Vocational Rehabilitation Agency (GVRA)
 - Higher education through enrollment in public and private universities and technical colleges

Qualifying activity requirements will only apply to Pathways and not to those who are enrolled under traditional Medicaid programs.



5. What benefits does Pathways cover? Pathways covers many of the same medical services as Medicaid, including:

- Doctor visits
- Hospital stays
- Emergency services
- Prescriptions
- Laboratory and x-rays
- Family planning services
- Mental health services
- Preventive and wellness services
- Chronic disease management services

Pathways does not cover non-emergency medical transportation except for members ages 19-20 as required by Medicaid for children under 21. This means the members will need to cover the costs of transportation for medical visits. Pathways is available to cover ambulance transportation for medical emergencies.

6. Are Pathways members covered through managed care or fee-for-service?

Pathways members will be covered through the Georgia Families® managed care program. This means they will be enrolled for services with a Georgia Medicaid care management organization (CMO) for their coverage.

7. How can patients tell if a provider accepts Pathways? If a provider accepts Medicaid or PeachCare for Kids®, that provider also accepts Pathways.

8. Can a provider opt out of Pathways? Pathways providers are Medicaid providers. If a provider is accepting Medicaid patients, the provider should treat a Pathways member the same as a member in other Medicaid programs.

9. Can patients get a past medical bill covered through Pathways? No, Pathways does not cover past medical bills from before they were covered by Pathways. If they are already enrolled in Pathways, there are times when a past bill might be covered.

- If they report their qualifying activities by the 17th of the month by mail, they are still covered by Pathways for healthcare services provided during coverage because they reported on time.
- They can appeal a coverage decision or request a hearing to review the decision. If they are already enrolled in Pathways, they can request that their coverage continue during their appeal and hearing.



10. If a patient sees a doctor but doesn't report their 80 hours that month, are they covered? A member's coverage stops at the end of the month they did not meet their reporting requirement. So, if the member sees the doctor in the same month they did not report, their visit would be covered. If the member sees the doctor the month after they did not report, their coverage would already be suspended. If a member's coverage is suspended, the member will receive a suspension notice.

11. Do Pathways members need to pay a co-pay? No, Pathways members will not need to pay a co-pay at this time for covered services they receive while they are enrolled in Pathways.

12. Can providers send bills or invoices to patients with Pathways coverage? No, providers cannot bill or invoice patients who have Pathways coverage. Providers should use their existing Medicaid billing processes for Pathways patients.

13. If someone gets disenrolled from their current Medicaid coverage, do they automatically get approved for Pathways? No. They must apply for Pathways and meet its requirements to be approved.

14. How can a provider share information about Pathways to patients who may be eligible? The easiest way to share information about Pathways with patients is by visiting pathways.georgia.gov. **The easiest way to apply is online at gateway.ga.gov.**

Individuals can also apply:

- In-person at their local Division of Family & Children Services (DFCS) office. To find the location and business hours for a DFCS office, visit: dfcs.ga.gov/locations.
- By mail to their local DFCS office.
- By phone at 1-877-423-4746 or 711 for those who are deaf, hard of hearing, deaf-blind or have difficulty speaking.

The Pathways page on the DCH website at pathways.georgia.gov has extensive information about Pathways, including ready-to-use stakeholder toolkits for providers which include informational one-pagers, infographics and imagery, and FAQs.

15. How can providers assist patients with a disability? Patients with a disability could still be eligible for Pathways. If they need help doing 80 hours of qualifying activities per month, they can ask for a Reasonable Modification when they apply such as a referral to GVRA or the option for extra time to do their 80 hours.