



ACUMEN

**Estimating the Coverage Impact of Georgia's  
Section 1332 Waiver with the Georgia Access  
Model**

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## EXECUTIVE SUMMARY

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Beginning in 2023, Georgia plans to transition the state’s individual market away from the Federally-facilitated Exchange (FFE) and to the Georgia Access Model as part of the state’s section 1332 waiver application approved on November 1, 2020. Under the Georgia Access Model, consumers seeking to enroll in individual market coverage must do so through issuers or brokers, and the state government and private entities are solely responsible for marketing and outreach to consumers. This report analyzes the potential impact of the Georgia Access Model on the non-group market<sup>1</sup> by examining how the following three components will affect non-group enrollment:

- **Changes in advertising spending<sup>2</sup>** – Under the Georgia Access Model, federal advertising spending will no longer occur in Georgia and the state plans to allocate state funding towards marketing and outreach during the transition year. At the time of the waiver application and approval in 2020, national federal spending on advertising was only \$10 million, however federal government advertising spending increased substantially since then and higher advertising spending levels are expected to continue into 2023 and future years.<sup>3,4</sup> This analysis focuses on estimating the impact of changes in federal and state government advertising due to Georgia’s Access Model and examines a specific private entity advertising response, by assuming that private entity advertising does not change in response to the Georgia Access Model
- **Attrition due to changes in the available enrollment pathways<sup>5</sup>** – The elimination of the federal marketplace enrollment pathways is likely to result in some enrollees leaving the market due to confusion or preference for the federal enrollment pathways.
- **Changes in Medicaid enrollment due to changes in the number of non-group applications** – A fraction of current non-group applicants are identified as Medicaid-eligible. Any changes in the number of non-group applicants is likely to affect the number of consumers identified as Medicaid-eligible, and subsequent Medicaid enrollment levels. This analysis assumes that implementation of the Georgia Access

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<sup>1</sup> The non-group market refers to the individual market and Medicaid-eligible consumers. Consumers who are eligible for Medicaid may find themselves on the Georgia Access Model platform seeking health insurance coverage.

<sup>2</sup> In this analysis, advertising is defined as total media spend on marketing (e.g. TV, radio, social, digital, etc.).

<sup>3</sup> Keith, Katie, 2019. “Window Shopping and Updates on HealthCare.gov.” Health Affairs. <https://www.healthaffairs.org/doi/10.1377/forefront.20191028.759213/full/>

<sup>4</sup> Centers for Medicare and Medicaid Services, *Request for Comment on the Georgia Access Model* (2021), <https://www.cms.gov/files/document/1332-ga-access-public-comment-request.pdf>

<sup>5</sup> Federal marketplace enrollment pathways that will no longer operate under the Georgia Access Model include the HealthCare.gov website and associated marketplace call center.

Model does not affect the fraction of enrollees who are already identified as Medicaid-eligible.

The impact of advertising on total non-group enrollment was combined with three attrition scenarios to create three scenarios for enrollment under the Georgia Access Model in 2023. Table 1 below lists the non-group enrollment and average premium projections for the baseline and with Georgia Access Model scenarios.

**Table 1: 2023 Projected Enrollment and Premiums, With and Without Georgia Access Model**

	Baseline	With Georgia Access Model		
		Scenario 1	Scenario 2	Scenario 3
Total Non-Group Enrollment	542,623	518,693	508,112	497,531
Average Annual Combined Metal Tier Premium	\$7,417	\$7,416	\$7,416	\$7,416

In 2023 across the three scenarios with the Georgia Access Model, the estimated non-group enrollment losses are between 23,930 and 45,092 individuals, relative to the baseline. The attrition and advertising responses are likely to differ across demographic groups as healthier enrollees with lower demand for insurance coverage may be more likely to leave the market. However, the lack of literature on such differences makes it difficult to estimate these impacts. Therefore, this analysis assumes that non-group enrollment changes are uniform across demographic groups and, as a result, premiums do not change in the Georgia Access Model scenarios relative to the baseline. The likely differential impact on non-group enrollment from advertising and attrition would cause premiums to increase relative to the baseline. Medicaid enrollment in 2023 is estimated to decline between 0.1% and 0.2% when compared to the baseline due to changes in the overall number of non-group applications.

This analysis also estimates the impact of the Georgia Access Model for 2024-2027, assuming the state government does not allocate funding for advertising during these years, private entity advertising remains constant, and the attrition rate due to the loss of HealthCare.gov is set at zero. In these later years, non-group enrollment is estimated to decrease by 8.4% in each year relative to each year’s baseline, and Medicaid enrollment is expected to decrease by 0.2% each year relative to each year’s baseline.

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# 1 INTRODUCTION

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This report examines the impact of the Georgia Access Model on the non-group market in Georgia.<sup>6</sup> The Georgia Access Model removes the federal marketplace enrollment pathways such that the state government, issuers, and brokers are responsible for all marketplace advertising and outreach activities. This analysis first projects baseline enrollment for 2023 in the absence of the Georgia Access Model by incorporating recent premiums and trends observed in Georgia's non-group market between 2020 and 2022, and accounting for the impact of the American Rescue Plan's (ARP) increased subsidies expiring in 2022, as well as the impact of Georgia's reinsurance program on enrollment and premiums.<sup>7</sup> The impact of the Georgia Access Model on non-group enrollment relative to the baseline is then estimated by examining three factors: (1) the expected changes in government spending on advertising, under the assumption that private entity advertising spending does not change in response to the Georgia Access Model; (2) potential increases in enrollee attrition during the transition to the Georgia Access Model due to confusion from enrollment pathway changes; and (3) possible subsequent losses in Medicaid enrollment as the number of potential non-group applicants declines and fewer consumers are identified as Medicaid-eligible.

The loss of federal advertising spending, combined with enrollee confusion due to the changes in available enrollment pathways, is projected to result in lower enrollment under the Georgia Access Model relative to the baseline enrollment. This analysis does not project any resulting premium increases when enrollment declines. It is likely that potential enrollees with lower expected spending are also likely to have lower demand for insurance, and lower advertising and higher confusion on proper enrollment channels would increase their probability of leaving the market compared to sicker and more expensive enrollees. This higher probability of exit for healthier enrollees could translate to higher premiums. However, scarcity of empirical estimates in the literature precludes an estimate of potential increases in the premiums.

It is also possible that the movement of consumers away from HealthCare.gov towards issuers and brokers under the Georgia Access Model will increase consumers' exposure to Short-Term Limited Duration Insurance (STLDI) plan marketing, as these plans are not currently offered on the HealthCare.gov platform. This increased exposure to STLDI plan marketing may affect the number of consumers who choose to enroll in STLDI plans under the Georgia Access Model, because STLDI plans tend to cost much less than other non-group, ACA-compliant plans (i.e., plans that are required to comply with all of the ACA market reform requirements) that are available on the market (in this case, not including grandfathered or grandmothersed plans). An

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<sup>6</sup> The non-group market refers to the individual market and Medicaid-eligible consumers. Consumers who are eligible for Medicaid may find themselves on the Georgia Access Model platform seeking health insurance coverage.

<sup>7</sup> In line with current federal law, the ARP's increased subsidies are not effective in 2023 and beyond.

additional set of results that explore the potential impact of consumers switching to STLDI plans under the Georgia Access Model is included in Appendix D.

The remainder of this reports is organized as follows: Section 2 discusses the process and assumptions used to develop the baseline scenario without the Georgia Access Model, Section 3 describes the methodology used to estimate the impact of the Georgia Access Model and presents the modeling results, and the Appendices include additional information on the scenario development and with Georgia Access Model estimates and alternative results that estimate the impact of consumers switching to STLDI plans.

## 2 DEVELOPMENT OF BASELINE SCENARIO WITHOUT THE GEORGIA ACCESS MODEL

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This section provides a description of the assumptions and parameters used to estimate enrollment, premiums, and state and federal expenditures under the baseline scenario without the Georgia Access Model. The baseline scenario assumes that subsidies in the American Rescue Plan (ARP) will expire at the end of 2022, in line with current law, and includes Georgia’s reinsurance program.<sup>8</sup> Section 2.1 lists the data utilized for this scenario, section 2.2 describes the assumptions and parameters used to create the baseline scenario, and section 2.3 compares the baseline scenario results and assumptions to Georgia’s actuarial analysis.

### 2.1 Data and Model

Several data sources were utilized to develop the baseline scenario. Table 2 below lists the data sources and years of data used in the baseline scenario.

**Table 2: Baseline Scenario Data Sources**

Source	Years	Premiums	Enrollment
CPS March ASEC	2007-2020	X	X
MIDAS	2016-2022	X	X
Risk Adjustment	2015-2020	X	X
National Health Expenditure (NHE) Growth Projections for Direct Purchase Insurance	2023-2027	X	
Enrollment Payment Data	2016-2021	X	
Second Lowest Cost Silver Plan Premiums by Rating Area, With and Without Reinsurance	2022	X	

<sup>8</sup> The baseline scenario assumes that the Public Health Emergency (PHE) is no longer in effect in 2023. During the PHE states suspended Medicaid and CHIP eligibility reviews which prevented some people with Medicaid and CHIP who no longer qualify from losing their health coverage during the pandemic. The analysis assumes no impact of Medicaid and CHIP continuous coverage unwinding on the baseline scenario in 2023 as this change has not yet taken place.

Unified Rate Review Table (URRT) Rate Filings	2021-2022	X	
Exchange Enrollment by Channel	2018-2021		X
Open Enrollment Tables	2021-2022		X

These data sources are used as inputs to a micro-simulation model that predicts insurance status for a representative sample of households given various policy parameters, such as Advance Premium Tax Credit (APTC) subsidy levels. The data related to premiums are used to calculate historical average and second lowest cost silver premiums, develop future premium trends, and estimate the impact of Georgia’s reinsurance program on premium levels. Enrollment data sources are used to develop enrollment levels by premium subsidy status and enrollee income distributions for the baseline scenario. The Current Population Survey (CPS) March supplement samples are used to develop a representative sample of households whose insurance status is predicted in future years under different policy scenarios. The steps involved in creating the baseline scenario are discussed in more detail in the following section.

## 2.2 Baseline Scenario with ARP Expiring in 2022

The baseline scenario assumes that the ARP will expire at the end of 2022 and the APTC structure will revert back to the subsidy structure in place prior to the implementation of the ARP. This section describes the methodology used to estimate premiums, enrollment, and expenditures for this scenario. The following three steps were used to create this scenario for 2023-2027:

- (1) Estimate non-group premium levels for 2023-2027;
- (2) Estimate APTC levels and enrollee net expenditures;
- (3) Estimate enrollment, total APTC, and expenditures.

Step (1) uses a combination of observed data and national premium growth projections to estimate non-group premium levels. The non-group average metal tier premiums were first benchmarked to 2020 state level average premiums using Risk Adjustment data for both on and off-exchange enrollment, excluding catastrophic plans. These 2020 premiums were then trended forward to estimate state level average metal tier premiums for 2021-2027, including an adjustment to account for changes in the risk pool due to the expiration of the ARP. State level average trends based on rate filings from the URRT were used to trend premiums from 2020 to 2021 and 2022, as these reflect actual rate changes for these years. The premium trends for 2021 and 2022 are 4.9% and -2.4%, respectively.<sup>9</sup>

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<sup>9</sup> Note that the 2022 premium trend reflects the implementation of the state reinsurance program in Georgia in that year.

For future years where there are no empirical premium trend data available, national premium growth projections were used to trend premiums. The 2022 premiums were trended to 2027 using the NHE premium growth projections for direct purchase insurance. The NHE trends for 2023-2025 were also adjusted to account for the expected deterioration of the risk pool due to the expiration of ARP subsidies after 2022. The adjustment factors were developed in consultation with CCIIO and it is assumed that the risk pool will stabilize after 2025 and premiums will grow at the NHE trend for 2026-2027. Table 3 below lists the premium trends for each year for this baseline scenario.

**Table 3: 2021-2027 State Level Premium Trends**

Year	Trend	Source
2021	4.9%	URRT
2022	-2.4%	URRT
2023	8%	NHE with 2% adjustment
2024	7%	NHE with 1% adjustment
2025	4.9%	NHE with .5% adjustment
2026	4.5%	NHE
2027	4.5%	NHE

To estimate APTC and potential enrollee net expenditures in step (2), the state-level average second lowest cost silver plan premiums were estimated. Federal Marketplace enrollment and premium data from the Multidimensional Information Data Analytics System (MIDAS) for 2022 was used to calculate the ratio between the average second lowest cost silver premium and average silver premium. This ratio was applied to the 2023 average silver premiums for all non-group enrollees (on and off-exchange) to estimate the 2023 second lowest cost silver premiums.<sup>10</sup> This methodology for estimating second lowest cost silver premiums assumes that the relationship between the average and second lowest cost silver premium remains constant over time.

The quantities estimated in steps (1) and (2) are used to estimate baseline enrollment, APTC, and state and federal expenditures in step (3). This baseline scenario also includes the following assumptions:

- **ARP Enrollment Retention** - In 2023, 25% of enrollees who enrolled in non-group coverage due to the ARP will remain in the non-group market after it expires.
- **Reinsurance** - The reinsurance program is expected to produce a 10.23% decrease in premium for 2022-2027. The estimated percent reduction is used to determine total reinsurance expenditures in each scenario. Second lowest cost silver plan premium data

<sup>10</sup> The ratio for 2023 is .9625 and is assumed to remain constant for 2024-2027.

by rating area with and without reinsurance submitted by Georgia for 2022 waiver pass-through calculations was used to calculate the expected state-level change in premiums.

- **Transitional/Grandfathered Plans** - There is no enrollment in transitional and grandfathered plans for all years. Enrollment in previous years for these plans has been close to zero and is likely to continue to decline in future years.
- **Income Distribution** - The non-group enrollment income distribution is benchmarked to the income distribution from MIDAS as of March 2021, prior to the implementation of the ARP, and is assumed to be the same for all future years. It is likely that the enrollment distribution will more closely resemble the pre-ARP distribution after the APR expires in 2022.

Total non-group enrollment is significantly higher in this scenario than in the baseline with reinsurance only scenario from Georgia’s actuarial analysis, with most of the enrollment differences coming from increases in the subsidized population. Table 4 in section 2.3 presents estimated enrollment, premiums and federal expenditures on APTC and reinsurance in 2023 for this scenario and compares these estimates to Georgia’s actuarial analysis.

## 2.3 Comparison to Georgia Waiver Actuarial Analysis with Reinsurance Scenario

Table 4 below summarizes the enrollment, premiums, and expenditures for the baseline scenarios compared to the Georgia waiver actuarial analysis with reinsurance-only scenario.

**Table 4: Baseline with Reinsurance Enrollment, Premiums and Expenditures**

Estimates	Georgia Analysis with Reinsurance Only	Baseline with Reinsurance
<b>Non-Group Enrollment</b>		
Total Non-Group Enrollment	388,630	542,623
Subsidized Enrollment	333,584	484,510
Unsubsidized Enrollment	55,046	58,113
<b>Average Premiums (Yearly)</b>		
Silver Premium	\$8,314	\$7,666
Combined Metal Tier Premium	\$8,136	\$7,417
<b>State and Federal Expenditures (in millions)</b>		
Total APTC	\$2,469	\$2,791
Total Reinsurance Expenditure	\$426 <sup>11</sup>	\$459

<sup>11</sup> The total reinsurance expenditure for 2023 was taken from Georgia’s waiver application.

The baseline scenario estimates differ from the Georgia actuarial analysis with reinsurance-only results because of differences in the underlying assumptions and modeling approaches. The differences in assumptions fall into the following three categories:

- **Policy Parameters** – The baseline scenario accounts for the impact of reinsurance on enrollment and the expected percent decrease in premiums due to reinsurance is almost identical to the overall decrease estimated in the reinsurance only scenario from Georgia’s actuarial analysis. However, Georgia’s analysis does not incorporate any impacts on premiums and enrollment due to the ARP which contributes to the lower enrollment levels and higher premium levels compared to the baseline scenario.
- **Premiums** - The baseline scenario produces 2023 premiums that are lower than those in Georgia’s actuarial analysis due to the availability of more recent years of empirical premium data. However, the state’s estimated premium growth for 2024-2027 is lower than premium growth in the baseline scenario. Despite the difference in growth rates, premiums in each year are lower in the baseline scenario relative to the Georgia baseline.
- **Enrollment** - Total non-group enrollment estimates slightly differ because the baseline scenario excludes catastrophic plan enrollment and assumes enrollment in grandfathered plans is equal to 0, while Georgia’s analysis assumes enrollment in these two groups to be about 3,700.

Table 8 in Appendix A compares the assumptions in all three categories in more detail.

### **3 DEVELOPMENT OF SCENARIOS WITH THE GEORGIA ACCESS MODEL**

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This section provides a description of the methodology and assumptions used to create the Georgia Access Model scenarios and estimate the Georgia Access Model’s impact on enrollment, premiums, and state and federal expenditures. Various factors were identified as most likely to determine the impact of the Georgia Access Model on enrollment and these factors were used to develop the modeling scenarios. Section 3.1 describes each of these factors, or enrollment levers, and discusses the methodology used to determine each of their impacts on enrollment under the Georgia Access Model. Section 3.2 shows the with Georgia Access Model results for several modeling scenarios.

#### **3.1 Factors Determining the Enrollment Response**

Under the Georgia Access Model, there are two significant changes that will affect the non-group market:

- (1) Removal of HealthCare.gov (and associated marketplace call center) as an enrollment pathway; and
- (2) Loss of federal funding for advertising.

Consumers are expected to respond to these market changes in a variety of ways that can then affect total non-group enrollment. Three factors were identified that are expected to be the main determinants of the enrollment response:

- **Advertising** - Changes in the entities responsible for marketing and outreach in the state are likely to impact total advertising expenditures, and in turn, non-group enrollment.
- **Attrition** - The transition to direct issuer and broker enrollment pathways only may result in a fraction of enrollees leaving the market due to consumer confusion and potential preferences for the federal marketplace enrollment channels.
- **Medicaid Enrollment** - The removal of the HealthCare.gov website as a pathway for consumers to determine their Medicaid eligibility may result in changes in Medicaid enrollment.

These factors were used to create three Georgia Access Model scenarios for 2023, where each scenario includes a different attrition rate assumption, and one Georgia Access Model scenario for each year in 2024-2027. Each of the factors and the methodology used to estimate their impact on enrollment under the Georgia Access Model is described in more detail below.

### **3.1.1 Advertising**

Under the Georgia Access Model, federal advertising will no longer occur in Georgia and the state government and private entities will be solely responsible for marketing and outreach to consumers. Georgia expects to spend \$4 million on advertising during the transition to the Georgia Access Model in 2023, which is substantially lower than the projected federal spending on advertising in the baseline scenario; the state will also not perform advertising during future years.<sup>12</sup> While Georgia has assumed in its waiver application that private entities (agents, brokers, issuers, EDE partners) will increase their marketing and outreach to consumers under the Georgia Access Model, thereby increasing individual market enrollment, there is insufficient evidence from the state's waiver application to predict how private entities will respond to the Georgia Access Model. This analysis investigates one potential response of private entities by estimating the expected enrollment impact when federal and state advertising levels change under the Georgia Access Model, and assumes that private entities do not change their marketing and outreach in response to the Georgia Access Model.

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<sup>12</sup> Assumption based on the amount the state provided to CCHIO, March 15, 2022.

Estimates from a National Bureau of Economic Research working paper by Aizawa and Kim were relied upon to estimate the enrollment response due to changes in federal and state government advertising.<sup>13</sup> Aizawa and Kim’s analysis estimates the impact of per-capita TV advertising expenditures by the federal government, state governments, and private entities on total non-group enrollment shares.<sup>14</sup> The coefficient estimates were combined with the following assumptions to estimate the impact on enrollment:

- **State government advertising is equally as effective as the federal government advertising** – The coefficient estimate for the impact of state government advertising is nearly indistinguishable from zero and is statistically insignificant. However, it is unlikely that Georgia’s advertising expenditures in 2023 would have no effect on enrollment. Therefore, state government advertising is assumed to have the same impact on enrollment as federal government advertising dollars.
- **All other advertising channels have the same effect on enrollment as TV advertising** – Aizawa and Kim’s analysis only estimates the impact of TV advertising expenditures on enrollment shares. Governments and issuers use a variety of other advertising channels, such as print, radio, or electronic; however, there is insufficient evidence from literature on the impact of other advertising channels on individual marketplace enrollment. As such, in this analysis the advertising spending in other channels is assumed to have an equal effect to that of TV advertising.
- **Federal advertising spending remains constant** – Federal government spending in 2023 is assumed to be equal to the level of spending during the 2022 Open Enrollment period. Additionally, per-capita advertising dollars estimated in 2023 are expected to remain constant from 2023-2027.

The total estimated change in non-group enrollment—due to changes in federal and state government advertising and assuming no change in private entity advertising—in 2023 is -2.46% relative to the baseline scenario. Starting in 2024, the state government does not plan to allocate funding towards advertising, while private entity advertising is assumed to remain constant. The loss of state advertising from \$4 million to zero produces a larger enrollment decrease of 8.41% relative to the baseline scenario from 2024-2027.

### **3.1.2 Attrition**

The removal of the HealthCare.gov platform as an enrollment channel in Georgia is also likely to impact total non-group enrollment. Changes in available enrollment pathways are likely to cause

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<sup>13</sup> Aizawa, Naoki, and You Suk Kim. 2021. *Public and Private Provision of Information in Market-Based Public Programs: Evidence from Advertising in Health Insurance Marketplaces*. Cambridge: National Bureau of Economic Research (NBER). <https://www.nber.org/papers/w27695>

<sup>14</sup> Estimates are taken from table 4, column 3.

some level of enrollee confusion resulting in lower enrollment levels. Moreover, some consumers may have a strong preference for using the federal marketplace pathways, which could also result in a fraction of enrollees leaving the market when these pathways disappear. Three scenarios were used to estimate the potential impact of attrition on non-group enrollment in 2023.

The first scenario utilizes the attrition level from Georgia’s actuarial analysis and assumes that 2% of non-group enrollees will leave the market and become uninsured relative to the baseline scenario.<sup>15</sup> However, because it is possible that attrition levels may be higher than Georgia’s estimate, two alternative attrition scenarios that assume rates of 4% and 6% relative to the baseline scenario were examined to explore the impact of higher levels of attrition. It is assumed that attrition due to the removal of the HealthCare.gov platform will only affect enrollment during the transition to the Georgia Access Model in 2023 and will not impact enrollment in future years.

### **3.1.3 Medicaid**

Consumers who submit applications for non-group coverage through the federal marketplace enrollment channels will be notified if they are eligible for Medicaid coverage. It is likely that the number of consumers applying for non-group coverage will change under the Georgia Access Model depending on the advertising and attrition responses. Because a fraction of consumers who apply for non-group coverage are Medicaid-eligible, any changes in the number of non-group applicants may also affect the number of consumers who are identified as Medicaid-eligible and in turn, Medicaid enrollment levels. The number of Medicaid enrollees that are expected to exit the market was estimated for each of the Georgia Access Model scenarios using the following steps:

- (1) Estimate the total number of non-group applicants in the baseline scenario.
- (2) Estimate the change in total non-group applicants due to the Georgia Access Model.
- (3) Estimate the number of Medicaid eligible applicants expected to leave the market due to the Georgia Access Model.

The estimates in the steps listed above also incorporate the following assumptions:

- **The relationship between non-group enrollment and non-group applicants remains constant** – 2020 Open Enrollment (OE) data was used to estimate this relationship because it does not include the impacts of the ARP or the COVID-19 pandemic and is

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<sup>15</sup> Georgia Office of the Governor. 2020. “Georgia Section 1332 State Empowerment and Relief Waiver Application.” <https://medicaid.georgia.gov/document/document/modified-1332-waiver/download>

therefore most likely to resemble the market in 2023 after the ARP expires.<sup>16</sup> The relationship is expected to remain constant from 2023-2027.

- **The change in non-group applicants is equal to the change in non-group enrollment due to advertising and attrition** - The non-group enrollment response was used as a proxy because it is likely to be similar to the overall change in applicants. The total change in applicants ranges from -4.41% to -8.31% in 2023.
- **The fraction of Medicaid-eligible consumers out of the applicant population remains constant** – The fraction of Medicaid-eligible consumers out of the applicant population expected to leave the market is assumed to remain constant at 4%.<sup>17</sup>
- **All consumers identified as Medicaid-eligible during OE would have enrolled in Medicaid coverage** – Medicaid-eligible consumers are used as a proxy for Medicaid enrollees because data on the number of Medicaid-eligible consumers who enroll in Medicaid coverage was not available.

Under these assumptions, the percent change in Medicaid enrollment was estimated for each of the three with Georgia Access Model scenarios in 2023 and for the single with Georgia Access Model scenario for 2024-2027. The total estimated change in Medicaid enrollment relative to the baseline is between -0.09% and -0.16% in 2023 and is -0.16% for 2024-2027.

### 3.2 With Georgia Access Model Scenario Results

The three enrollment levers described above were combined to create the with Georgia Access Model scenarios. While it is possible that responses to advertising changes and attrition propensities will vary by demographic characteristics, there is no basis to make differentiated assumptions given the lack of empirical evidence in the literature. In this analysis enrollment is assumed to decrease uniformly across age and income groups in each with Georgia Access Model scenario relative to the baseline.

For 2023, the three assumptions for attrition rates were combined with the expected enrollment response due to advertising to estimate three total non-group enrollment responses. Changes in Medicaid enrollment were then estimated based on these total non-group responses for each scenario. The modeling results for the 2023 scenarios are in Table 5 below.

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<sup>16</sup> Centers for Medicare and Medicaid Services, *2020 OEP State-Level Public Use File* (2020), <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2020-Marketplace-Open-Enrollment-Period-Public-Use-Files>.

<sup>17</sup> Assumption based on historical eligibility data for Georgia consumers from internal CMS data.

**Table 5: 2023 with Georgia Access Model Scenario Results**

Estimates	Baseline	With Georgia Access Model					
		Scenario 1 – 2% Attrition		Scenario 2 – 4% Attrition		Scenario 3 – 6% Attrition	
	Total	Total	% Δ	Total	% Δ	Total	% Δ
<b>Non-Group Enrollment</b>							
Total Non-Group Enrollment	542,623	518,693	-4.4%	508,112	-6.4%	497,531	-8.3%
Subsidized Enrollment	484,510	462,698	-4.5%	453,054	-6.5%	443,410	-8.5%
Unsubsidized Enrollment	58,113	55,995	-3.6%	55,058	-5.3%	54,121	-6.9%
<b>Average Premium (Yearly)</b>							
Silver Premium	\$7,666	\$7,666	0.0%	\$7,665	0.0%	\$7,665	0.0%
Combined Metal Tier Premium	\$7,417	\$7,416	0.0%	\$7,416	0.0%	\$7,416	0.0%
<b>State and Federal Expenditures (in millions)</b>							
Total APTC	\$2,791	\$2,666	-4.5%	\$2,610	-6.5%	\$2,555	-8.5%
Total Reinsurance	\$459	\$438	-4.4%	\$429	-6.4%	\$420	-8.3%
<b>Medicaid</b>							
Enrollment	1,426,907	1,425,623	-0.1%	1,425,195	-0.1%	1,424,624	-0.2%

Total non-group enrollment is 542,623 in the baseline scenario and decreases between 23,930 and 45,092 individuals in the scenarios with the Georgia Access Model. Because the enrollment impact is uniform across demographic groups, the share of enrollees that are subsidized remains constant across all scenarios. Total reinsurance expenditures decrease between \$21 and \$39 million due to the decreases in enrollment. Medicaid enrollment in Georgia slightly decreases between 1,284 and 2,283 enrollees. Attrition and lower advertising are likely to have a higher impact on healthier potential enrollees. All else constant, individuals that are healthy are likely to be less motivated to seek out insurance when enrollment pathways change and there is less outreach. Therefore, it is possible that relative to the baseline the risk pool might deteriorate in the Georgia Access Model scenarios and premiums would actually increase.

Attrition due to changes in the available enrollment pathways under the Georgia Access Model is expected to only affect enrollment during the transition to the Georgia Access Model in 2023. Therefore, only one with Georgia Access Model scenario was created for each year in 2024-2027, based on the projected enrollment response due to advertising and changes in Medicaid enrollment. The enrollment and premiums without and with the Access Model for 2024-2027 are listed in in Table 6 below.

**Table 6: Enrollment and Premiums Without and With Georgia Access Model**

	2024	2025	2026	2027
<b>Total Non-Group Enrollment</b>				
Baseline	536,083	533,291	531,252	529,145
With Georgia Access Model	490,998	488,441	486,574	484,644
<b>Combined Metal Tier Premium (Yearly)</b>				
Baseline	\$7,925	\$8,301	\$8,662	\$9,036
With Georgia Access Model	\$7,924	\$8,299	\$8,660	\$9,034

Total enrollment decreases in each year from 2024-2027. Baseline premiums are trended using the premium trends listed in Table 3 in Section 2.2. Enrollment with the Georgia Access Model decreases by 8.4% relative to the baseline in each year. Detailed results for 2024-2027 are in Appendix C.

## **CONCLUSION**

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The Georgia Access Model will require consumers seeking non-group coverage to enroll through issuers or brokers and make the state government and private entities solely responsible for marketing and outreach. This analysis examined how changes in government advertising and potential attrition due to changes in available enrollment pathways may affect individual market and Medicaid enrollment.

The state government plans to allocate funding for marketing and outreach during the transition to the Georgia Access Model, but the state's estimated advertising expenditures are not expected to fully offset the loss of federal advertising dollars. In addition, this analysis assumes that private entity advertising remains constant under the Georgia Access Model, which implies an overall decrease in advertising expenditures and in turn an expected 2.46% decrease in total non-group enrollment. The Georgia Access Model also involves a change in the available enrollment pathways and will likely result in some level of attrition during the transition year. Therefore, three attrition scenarios were developed and combined with the advertising response produce an estimated total non-group enrollment declines between -4.4% and -8.3% in 2023.

Lower enrollment levels are also likely to impact the Medicaid market. A fraction of consumers who apply for non-group coverage are identified as Medicaid eligible. A lower number of enrollees is likely to imply a lower number of applicants and lower applicant counts in turn

imply a lower number of Medicaid eligible applicants. This analysis estimates a change in Medicaid enrollment relative to the baseline between -0.09% and -0.16% in 2023.

The implementation of the Georgia Access Model may result in between 25,214 and 47,375 consumers losing insurance coverage if issuer and broker advertising spending levels remain unchanged compared to the baseline scenario. While this analysis was unable to estimate any premium changes, it is also possible that lower enrollment levels would lead to higher premiums if healthier and less expensive individuals exit the market at a higher rate when the Georgia Access Model is implemented.

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## APPENDIX A – BASELINE SCENARIO ASSUMPTIONS AND PARAMETERS

**Table 7: Baseline with Reinsurance Assumptions and Parameters**

Assumption Type	Assumption/Parameter	Source
<b>Premium Trends</b>		
2021	4.9%	URRT
2022	-2.4%	URRT
2023	8%	NHE with adjustment
2024	7%	NHE with adjustment
2025	4.9%	NHE with adjustment
2026	4.5%	NHE
2027	4.5%	NHE
<b>Other</b>		
Decrease in Premiums Due to Reinsurance	-10.23%	2022 SLCS Plan Premium Data with and without Waiver
ARP Retention Rate	25%	Developed in consultation with CCIIO
Income Distribution	0-100% FPL: 1.9% 100-250% FPL: 79.2% 250-400% FPL: 11.9% >400% FPL: 7.1%	MIDAS 2022 Enrollment as of January 2022

**Table 8: Comparison to Georgia Waiver Analysis with Reinsurance Only**

Assumption	Baseline with Reinsurance	Georgia Waiver Analysis with Reinsurance Only
<b>Policy Parameters</b>		
Decrease in Premiums Due to Reinsurance	-10.23%	-10.2%
ARP Retention Rate	25%	N/A
<b>Premiums</b>		
2021 Trend	4.9%	Non-Benefit Expense Trend: 5.1% Claim Trend: 4%
2022 Trend	-2.4%	
2023 Trend	8%	
2024 Trend	7%	
2025 Trend	4.9%	
2026 Trend	4.5%	
2027 Trend	4.5%	
MLR	N/A	82.4%
<b>Enrollment</b>		
Grandfathered Plan Enrollment	0	972
Catastrophic Plan Enrollment	N/A	2,684

## APPENDIX B – WITH GEORGIA ACCESS MODEL SCENARIO ASSUMPTION AND PARAMETERS

**Table 9: With Georgia Access Model Scenario Assumptions and Parameters**

	Assumption/Parameter	Source
<b>Advertising</b>		
Federal Government Advertising Effectiveness	.05	Aizawa & Kim, 2021
State Government Advertising Effectiveness	.05	Aizawa & Kim, 2021
Private Entity Advertising Effectiveness	.023	Aizawa & Kim, 2021
Federal Government Advertising Expenditure	\$7,602,163	CCIIO
State Government Advertising Expenditure	\$4,000,000	CCIIO
2023 Advertising Market Size	1,587,290	2023 baseline non-group enrollment plus uninsured
<b>Attrition</b>		
Attrition Rate	2%	Georgia waiver actuarial analysis access model scenario
Alternative Attrition Rates	4%, 6%	Developed in consultation with CCIIO <sup>18</sup>
<b>Medicaid</b>		
Application to Enrollment Ratio	1.27	2020 Open Enrollment
Fraction of Applicants that are Medicaid Eligible	4%	2020 Open Enrollment

<sup>18</sup> The low attrition rate of 2% was selected in consideration of Georgia’s estimated 2% attrition rate in its waiver application, and the high attrition rate of 6% was selected in consideration of the experiences of some states after transitioning to State-based Marketplaces. For example, Nevada’s enrollment fell 7% for the 2020 plan year after its transition to an SBE, compared to flat enrollment nationally.

## APPENDIX C – DETAILED WITH GEORGIA ACCESS MODEL RESULTS

Table 10: 2024-2027 Baseline and With Georgia Access Model Scenario Results

	2024	2025	2026	2027
<b>Baseline</b>				
<b>Non-Group Enrollment</b>				
Total Non-Group Enrollment	536,083	533,291	531,252	529,145
Subsidized Enrollment	478,739	476,178	474,281	472,309
Unsubsidized Enrollment	57,345	57,114	56,971	56,836
<b>Average Premiums (Yearly)</b>				
Silver Premium	\$8,192	\$8,580	\$8,954	\$9,342
Combined Metal Tier Premium	\$7,925	\$8,301	\$8,662	\$9,036
<b>State and Federal Expenditures (in millions)</b>				
Total APTC	\$2,953	\$3,070	\$3,185	\$3,300
Total Reinsurance	\$484	\$504	\$524	\$545
<b>Medicaid</b>				
Enrollment	1,427,140	1,426,784	1,426,220	1,426,159
<b>With Georgia Access Model</b>				
<b>Non-Group Enrollment</b>				
Total Non-Group Enrollment	490,998	488,441	486,574	484,644
Subsidized Enrollment	437,620	435,268	433,523	431,708
Unsubsidized Enrollment	53,378	53,173	53,051	52,936
<b>Average Premiums (Yearly)</b>				
Silver Premium	\$8,190	\$8,579	\$8,952	\$9,340
Combined Metal Tier Premium	\$7,924	\$8,299	\$8,660	\$9,034
<b>State and Federal Expenditures (in millions)</b>				
Total APTC	\$2,670	\$2,806	\$2,912	\$3,016
Total Reinsurance	\$443	\$462	\$480	\$499
<b>Medicaid</b>				
Enrollment	1,424,857	1,424,502	1,423,938	1,423,877
<b>Comparison</b>				
<b>Non-Group Enrollment</b>				
Total Non-Group Enrollment	-8.4%	-8.4%	-8.4%	-8.4%
Subsidized Enrollment	-8.6%	-8.6%	-8.6%	-8.6%
Unsubsidized Enrollment	-6.9%	-6.9%	-6.9%	-6.9%
<b>Average Premiums (Yearly)</b>				
Silver Premium	-0.0%	-0.0%	-0.0%	-0.0%
Combined Metal Tier Premium	-0.0%	-0.0%	-0.0%	-0.0%
<b>State and Federal Expenditures (in millions)</b>				
Total APTC	-8.6%	-8.6%	-8.6%	-8.6%
Total Reinsurance	-8.4%	-8.4%	-8.4%	-8.4%
<b>Medicaid</b>				
Enrollment	-0.2%	-0.2%	-0.2%	-0.2%

## **APPENDIX D – IMPACT OF STLDI PLAN SWITCHING**

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In addition to impacts on advertising spending and attrition, the Georgia Access Model's changes in the available enrollment pathways for consumers may also impact the number of consumers who choose to enroll in Short-Term Limited Duration Insurance (STLDI) plans. The movement of consumers away from HealthCare.gov towards issuers and brokers under the Georgia Access Model is likely to increase their exposure to STLDI plan marketing, and this increased exposure may affect the number of consumers enrolling in STLDI plans. This Appendix includes alternative modeling results that incorporate the impact of potential switching to STLDI plans under the Georgia Access Model. Section D.1 discusses the methodology used for estimating the level of switching to STLDI plans under the Georgia Access Model, section D.2 presents the modeling results, and section D.3 provides additional information on the assumptions and parameters used to estimate the level of STLDI switching.

### **D.1 Estimating the Impact of STLDI Switching**

Currently, consumers using the federal marketplace channels to enroll in non-group coverage likely experience less STLDI plan marketing than those enrolling directly through issuers and brokers, as these plans are not offered on the HealthCare.gov platform. The Georgia Access Model will require all consumers seeking individual marketplace coverage to enroll directly through an issuer or broker, which will significantly increase the volume of enrollees using these channels. This shift in available enrollment pathways is likely to increase exposure to STLDI plans and may lead to more consumers enrolling in these plans compared to current policy. While the level of switching might also depend on the intensity with which these plans are marketed, this analysis builds on the assumption that issuers and brokers will not change their overall advertising levels and assumes that the marketing intensity of STLDI plans also does not change.

The approach to estimate the fraction of non-group enrollees that are expected to switch to STLDI plans under the Georgia Access Model is similar to the Congressional Budget Office (CBO) methodology for estimating the number of people who will switch to STLDI plans as a result of the 2018 STLDI regulation changes.<sup>19</sup> The following steps were used to estimate the fraction of enrollees expected to switch to STLDI plans:

- (1) Determine the population eligible to switch to STLDI plans;
- (2) Estimate the difference between non-group premiums and STLDI premiums;
- (3) Use the CBO elasticity estimate adjusted to account for consumers' knowledge of and availability of STLDI plans since the 2018 regulation changes, as well as the percent

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<sup>19</sup> Congressional Budget Office. 2019. *How CBO and JCT Analyzed Coverage Effects of New Rules for Association Health Plans and Short-Term Plans*. Congressional Budget Office. <https://www.cbo.gov/publication/54915>

difference in premiums calculated in step (2) to estimate the fraction of enrollees expected to switch.

Three restrictions were made on the non-group population to determine the population eligible to switch to STLDI plans in step (1). First, the enrollment channel preferences of enrollees were used to determine the size of the eligible population. Open Enrollment (OE) data from 2022 was used to estimate the share of enrollees in each pathway, as these shares reflect the preferences of consumers in the absence of the Georgia Access Model and are an indicator of their likely exposure to STLDI plans.<sup>20</sup> Enrollees were separated into three groups that are expected to respond differently to the Georgia Access Model:

- **Auto-re-enrollees** – These enrollees are expected to continue using the auto-reenrollment feature that Georgia plans to implement and it is therefore unlikely that these enrollees will switch to STLDI plans.
- **Enrollees with agent or broker assistance or using DE/EDE** – These enrollees interacted directly with agents or brokers or enrolled through an issuer or broker and therefore were likely exposed to STLDI marketing. Given their enrollment preference for a non-group plan, it is unlikely that these enrollees will switch to an STLDI plan under the Georgia Access Model, assuming the promotion intensity of these plans does not change.
- **All other enrollees** – These enrollees used other federal marketplace pathways such as healthCare.gov or the marketplace call center where STLDI plans are not offered and it is therefore unlikely they had the same exposure to STLDI plan marketing as the previous group. It is possible that when these enrollees move to issuer and brokers channels some of them may choose to enroll in an STLDI plan.

Second, enrollees receiving Advance Premium Tax Credits (APTCs) are not likely to switch to STLDI plans because they already have access to affordable premiums. Therefore, only low- and high-income enrollees (below 100% FPL or above 400% FPL) were considered eligible to switch. It is assumed that the fraction of enrollees in each of the three enrollment groups discussed above is constant across income groups and any enrollment changes due to consumers switching to STLDI plans are applied to the low- and high-income groups.

Third, STLDI plans are often medically underwritten and usually do not offer coverage for pre-existing conditions, therefore enrollees with pre-existing conditions are unlikely to switch to these plans.<sup>21</sup> The analysis estimated the size of the group of healthier enrollees likely to switch

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<sup>20</sup> 2022 Open Enrollment data by enrollment channel from CCHIO, March 1, 2022.

<sup>21</sup> Pollitz, Karen, Michelle Long, Ashley Semanskee, and Rabah Kamal. 2018. *Understanding Short-Term Limited Duration Health Insurance*. Kaiser Family Foundation. <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

by estimating the fraction of non-cost-sharing reduction (CSR) non-group enrollees with zero high-cost conditions (HCCs) in External Data Gathering Environment (EDGE) 2019 data. Non-CSR enrollees were used as a proxy for non-APTC enrollees because information on APTC enrollees was not available in the data and the non-CSR population was more representative of the non-APTC population likely to switch.

The percent difference in non-group and STLDI premiums was calculated in step (2). Issuer level premium data was used to estimate the average yearly STLDI premium in Georgia which was compared to the baseline average yearly bronze premium.<sup>22</sup> The premiums were also adjusted to account for differences in their actuarial values.<sup>23</sup> STLDI premiums were estimated to be 33% cheaper than a bronze plan in 2023.

The adjusted CBO estimate of cross-price elasticity was applied in step (3). The CBO estimated a cross-price elasticity of -1.18 based on the expected response to the 2018 rule change, which extended STLDI plans' allowed coverage periods up to 364 days and allowed enrollees to renew these plans for up to three years. STLDI plans with new coverage rules are already available in the baseline scenario and Georgia non-group enrollees, to various degrees, are already aware of their availability. Therefore, in consultation with CCHIO, the CBO estimate was adjusted to -0.59 for the purposes of this analysis.

The percent difference in premiums and adjusted elasticity were applied to the fraction of non-group enrollees in the third enrollment group that were estimated to have 0 HCCs to estimate the fraction of these enrollees expected to switch. Then, this percentage of enrollees expected to switch to STLDI plans was applied to only the low- and high-income groups. The fraction of total non-group enrollees expected to switch to STLDI plans is 0.5%.

## **D.2 With Georgia Access Model and STLDI Switching Results**

The estimated level of switching to STLDI plans was combined with the advertising and attrition impacts to estimate the total non-group enrollment response for the three with Georgia Access Model scenarios in 2023. Because only unsubsidized enrollees are expected to switch to STLDI plans under the Georgia Access Model, the non-group enrollment response varies by income groups. The model results for 2023 are listed in Table 11 below.

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<sup>22</sup> STLDI premiums estimated from internal CMS data on STLDI enrollment and premiums.

<sup>23</sup> Hansen, Dane, and Gabriela Dieguez. 2020. *The expansion of Short-Term Limited Duration Policies and Implications for Patients*. Milliman. <https://www.lls.org/sites/default/files/National/USA/Pdf/brief-patient-impact.pdf>

**Table 11: 2023 with Georgia Access Model and STLDI Switching Scenario Results**

Estimates	Baseline	With Georgia Access Model					
		Scenario 1 – 2% Attrition		Scenario 2 – 4% Attrition		Scenario 3 – 6% Attrition	
	Total	Total	% Δ	Total	% Δ	Total	% Δ
<b>Non-Group Enrollment</b>							
Total Non-Group Enrollment	542,623	515,876	-4.9%	505,349	-6.9%	494,820	-8.8%
Subsidized Enrollment	484,510	462,586	-4.5%	452,945	-6.5%	443,302	-8.5%
Unsubsidized Enrollment	58,113	53,290	-8.3%	52,404	-9.8%	51,518	-11.3%
<b>Average Premium (Yearly)</b>							
Silver Premium	\$7,666	\$7,673	0.1%	\$7,673	0.1%	\$7,672	0.1%
Combined Metal Tier Premium	\$7,417	\$7,423	0.1%	\$7,423	0.1%	\$7,423	0.1%
<b>State and Federal Expenditures (in millions)</b>							
Total APTC	\$2,791	\$2,668	-4.4%	\$2,613	-6.4%	\$2,557	-8.4%
Total Reinsurance	\$459	\$436	-4.9%	\$427	-6.8%	\$419	-8.7%
<b>Medicaid</b>							
Enrollment	1,426,907	1,425,337	-0.1%	1,424,624	-0.2%	1,424,053	-0.2%

Total non-group enrollment is 542,623 in the baseline scenario and decreases between 26,747 and 47,803 in the with Georgia Access Model scenarios. Accounting for a fraction of non-group enrollees switching to STLDI plans results in close to an additional 3,000 enrollees leaving the market in 2023 compared to the with Georgia Access Model results in Section 3. Total reinsurance expenditures decrease between \$22 and \$40 million due to the decreases in enrollment. Medicaid enrollment slightly decreases between 1,570 and 2,854 enrollees in these scenarios and these changes are slightly larger compared to the results in Section 3.

The changes in non-group enrollment vary by income level, which results in small changes to the enrolled age distribution and in turn a small increase in premiums of 0.1%. Because healthy non-group enrollees might be more likely to switch to STLDI plans than their sicker counterparts, the actual premium increases could be larger than the 0.1% estimated increase due to changes in the risk pool.

Consistent with the modeling results in Section 3, only one scenario was estimated for 2024-2027. The enrollment and premiums without and with the Georgia Access Model for 2024-2027 are listed in in Table 12 below.

**Table 12: Enrollment and Premiums Without and With Georgia Access Model**

	2024	2025	2026	2027
<b>Total Non-Group Enrollment</b>				
Baseline	536,083	533,291	531,252	529,145
With Georgia Access Model	488,317	485,772	483,913	481,990
<b>Combined Metal Tier Premium (Yearly)</b>				
Baseline	\$7,925	\$8,301	\$8,662	\$9,036
With Georgia Access Model	\$7,931	\$8,306	\$8,668	\$9,042

Total enrollment decreases in each year from 2024-2027. Baseline premiums are trended using the premium trends listed in Table 3 in Section 2.2. Enrollment with the Georgia Access Model decreases by 8.9% relative to the baseline in each year.

### D.3 STLDI Switching Assumptions and Parameters

**Table 13: STLDI Switching Assumptions and Parameters**

	Assumption/Parameter	Source
<b>Enrollment Channel Shares</b>		
Auto-Enrollees	7.0%	2022 Open Enrollment from CCIIO
Agent/Broker Assistance or DE/EDE	56.9%	
All Other	36.2%	
<b>Other</b>		
STLDI Premium AV	41%	Milliman 2020
2023 Estimated STLDI Yearly Premium	\$2,599	CCIIO with Table 3, Section 2.2 premium trends
Elasticity	-.59	CBO with adjustment
Share of non-CSR Enrollees with 0 HCCs	78.8%	EDGE 2019