



REUTERS/Ilya Naymushin

Georgia Department of Community Health Aged, Blind and Disabled (ABD) Profiles

April 10, 2012



THOMSON REUTERS

Project Background

- The Georgia Department of Community Health (DCH) is conducting a comprehensive assessment and recommended redesign of Georgia's Medicaid Program and Children's Health Insurance Program.*
- DCH convened an Aged, Blind and Disabled (ABD) Task Force to provide input into the Medicaid and CHIP Redesign Initiative.*
- The ABD Task Force will provide feedback about the delivery system needs for the Aged, Blind and Disabled populations enrolled in Medicaid. *
- Thomson Reuters was engaged to complete a detailed profile for the Aged Blind and Disabled (ABD) population.

*http://dch.georgia.gov/00/channel_title/0,2094,31446711_175210527,00.html

*http://dch.georgia.gov/00/channel_title/0,2094,31446711_180745698,00.html

Study Design – Aged, Blind and Disabled (ABD) Population

- This analysis uses claims data for services incurred in Fiscal Year 2011 (FY 2011), paid through December 2011 except otherwise noted.
- The ABD Medicaid population includes:
 - Aged
 - Blind and Disabled
 - Deeming Waiver
 - Medically Needy
 - Specified Low-Income Medicare Beneficiaries (SLMB) and Qualified Individual – 1 (QI-1)
 - Qualified Medicare Beneficiaries (QMB)
 - Emergency Medical Assistance

How much did Georgia DCH spend in FY 2011?

Georgia DCH spent over \$7 Billion delivering healthcare services to over 1.6 million (average) members for the entire Medicaid population.

Population	Descriptions	Average Members	Total Cost of Coverage*
Aged, Blind & Disabled (ABD) Population	Aged	55,703	\$1,035,828,757
	Blind and Disabled	242,366	\$2,848,887,902
	Emergency Medical Assistance	2	\$63,731
	Deeming Waiver	3,112	\$27,669,043
	Medically Needy	4,669	\$100,930,986
	Specified Low-Income Medicare Beneficiaries (SLMB) and Qualified Individual (QI-1)	58,097	\$427,322
	Qualified Medicare Beneficiary (QMB)	67,606	\$82,838,396
Low Income Medicaid (LIM) Population*	Low Income Medicaid (LIM), Right From the Start Medicaid (RSM), Breast and Cervical Cancer (BCC), Foster Care & Adoptions, Planning for Healthy Babies (P4HB), Refugee	1,065,143	\$3,242,624,234
PeachCare (PCK) Population	PeachCare for Kids	199,520	\$317,649,840
TOTAL Medicaid Population		1,696,216	\$7,656,920,211

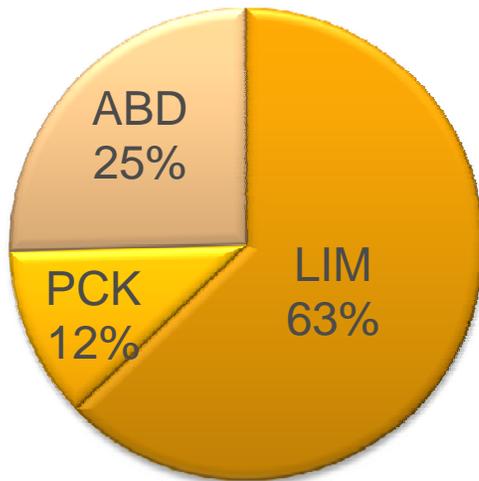
* Total Cost of Coverage includes Net Payment, Capitation Amount and Admin Fees

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through December 2011 and includes crossovers.

How much did Georgia DCH spend in FY 2011?

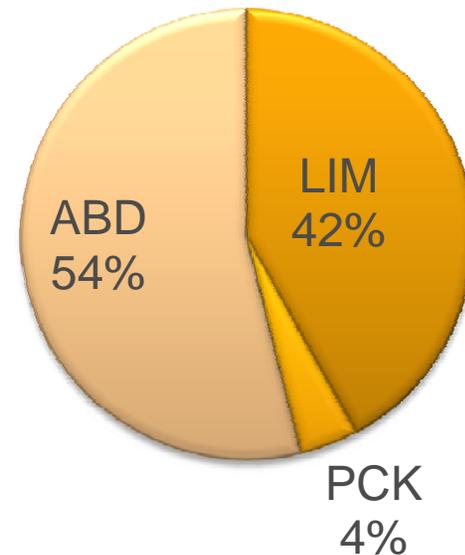
- The ABD Population accounts for 25% of Medicaid enrollment, but 54% of Medicaid spending in FY 2011.

FY 2011 Enrollment
1.6 Million Average Members



FY 2011 Total Cost of Coverage*
\$7.6 Billion

ABD FY 2011
Total Cost of
Coverage *
= \$4.1B



*Total Cost of Coverage includes Net Payment, Capitation Amount and Admin Fees

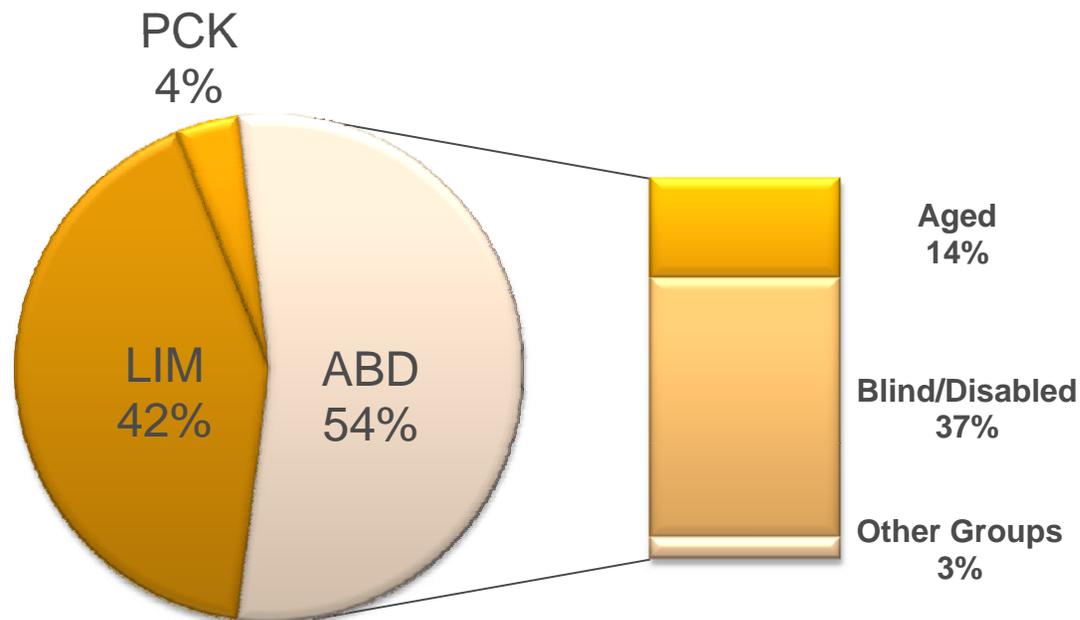
Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through December 2011 and includes crossovers.

Aged, Blind and Disabled - OVERVIEW

How much did Georgia DCH spend on the ABD Population in FY 2011?

- Georgia DCH spent over \$4 billion delivering healthcare services to over 430,000 (average) ABD members in FY 2011.

FY 2011 ABD Net Payment* (\$4.05 Billion)

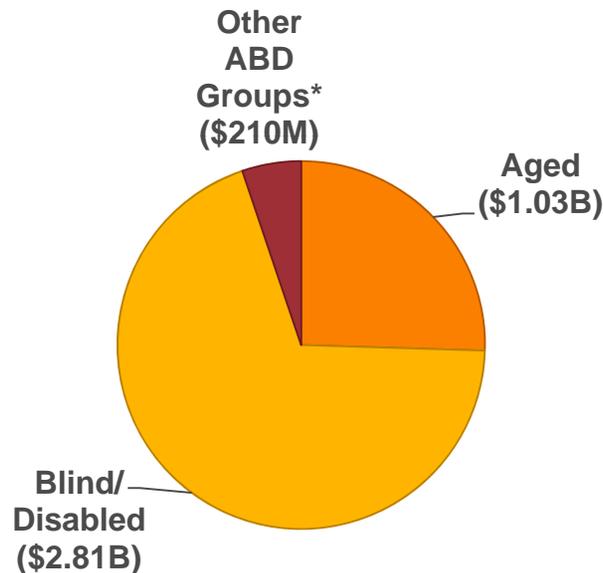


*Net Payment excludes capitation amounts and admin fees

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through December 2011 and includes crossovers.

How much does Georgia DCH spend on the ABD?

FY 2011 ABD Net Payment* (\$4.05 Billion)



*Net Payment excludes capitation amounts and admin fees

Other ABD Groups include Deeming Waiver, Medically Needy, QMB, SLMB/QI-1 and Emergency Medical Assistance enrollees.

- ABD population consists of 3 groups:
 - Aged
 - Blind/Disabled
 - Other ABD Groups
- Healthcare cost for the Blind and Disabled accounts for 69% of total ABD net payments, while cost for the Aged accounts for 25% and costs for the Other ABD Groups account for 6% of total ABD net payments.
- The average payment per member per year (PMPY) for the ABD was \$9,524** compared to \$3,011** for mothers and children (Low Income Medicaid and Right From the Start Medicaid groups).

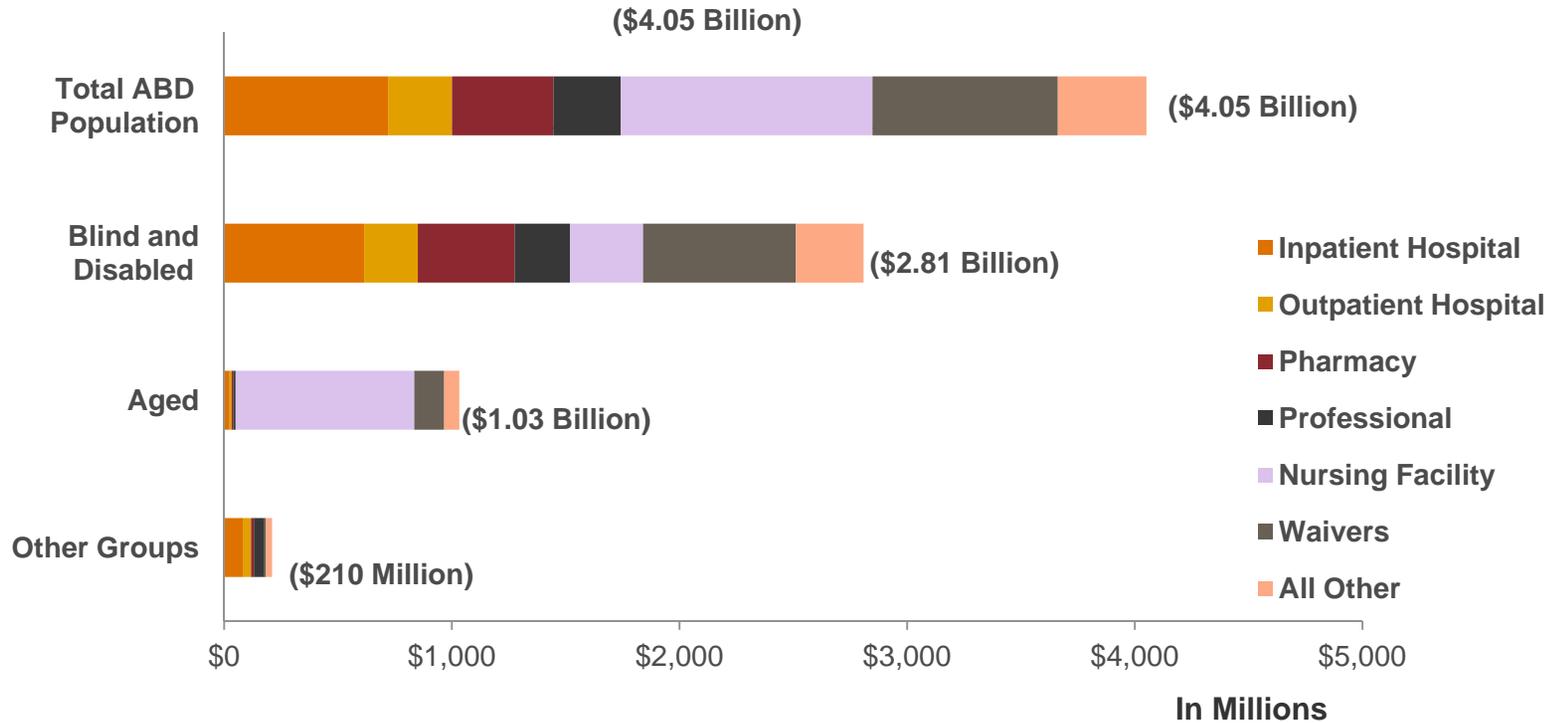
**Data highlighted with an asterisks is the Total Cost of Coverage PMPY and includes claims paid through January 2012.

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through December 2011 and includes crossovers.

What services did the ABD receive in FY 2011?

- Majority of the spending for the ABD population is on Nursing Facility, Inpatient Hospital and Waiver services.

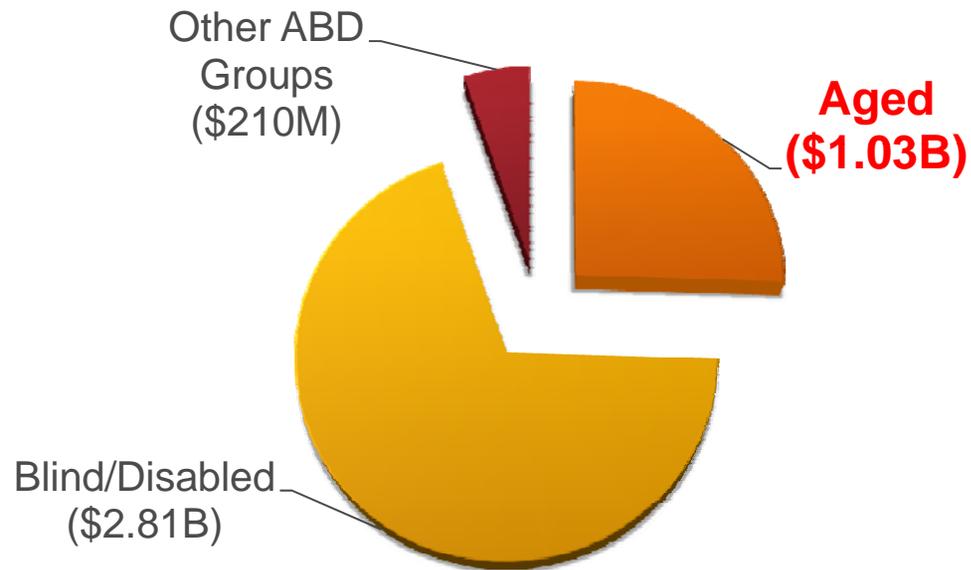
Net Payments by Service Type



Aged, Blind and Disabled - AGED

Aged Population

FY 2011 ABD Net Payments



In FY 2011, Georgia Medicaid paid over \$1 billion for services provided to the Aged population.

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through December 2011 and includes crossovers.

Who are the Aged?

- Low income elderly gain eligibility primarily through:
 - SSI Related
 - Nursing Facility
 - Resource Transfer / Spend-down
 - Spousal Impoverishment
 - Home and Community-based services
 - Poverty Level
- In FY 2011, the average annual payment per Aged member (PMPY) was \$18,532, which is almost double the combined ABD PMPY.

Enrollment & Costs by Eligibility Category

Eligibility Category	Members Average	Net Payment*
ABD Medicaid	29,737	\$919,396,922
SSI Ex Parte Determination	251	\$1,441,462
SSI – Federally Qualified Receiving SSI Benefits	25,714	\$111,467,547
Total	55,703	\$1,032,305,967

*Net Payment does not include Capitation Amount and Admin Fees.

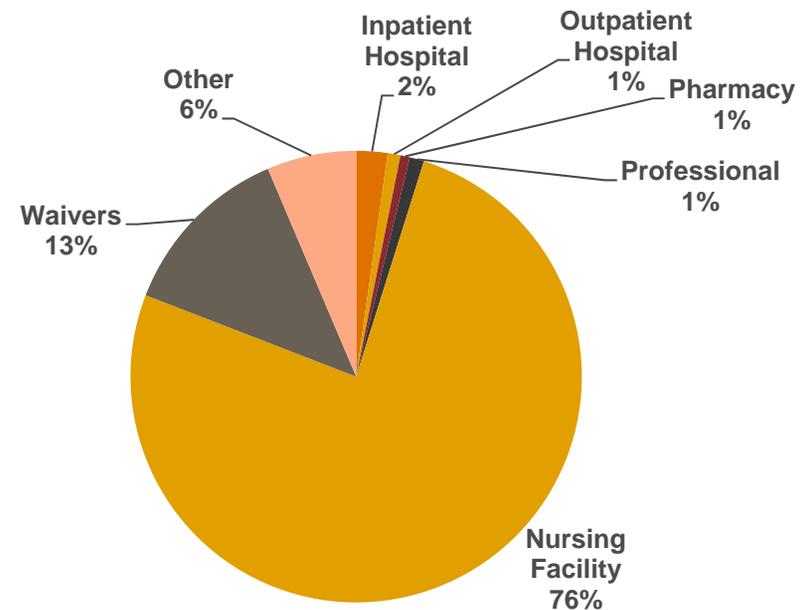
Aged Population: FY 2011 Types of Service

% of Net Payments by Service Type

All Aged Members

(\$1.03 Billion Net Payments)

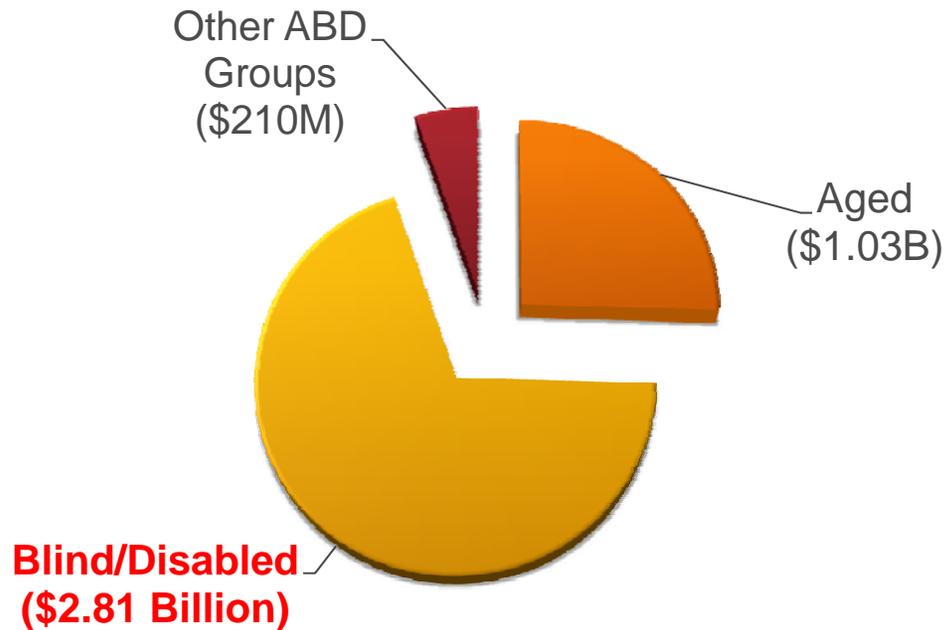
- Medicaid paid over 76% (\$784 million) for Nursing Facility services for the Aged; this was the highest expenditure for the Aged in FY 2011.
- The second highest expenditure were costs for Waiver services, which accounts for 13% of payments (with an annual average payment of \$10,534 recipient).



Aged, Blind and Disabled - BLIND AND DISABLED

Blind & Disabled Population

FY 2011 ABD Net Payments



In FY 2011, Georgia Medicaid paid over \$2.8 billion for services delivered to the Blind and Disabled.

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through December 2011 and includes crossovers.

Who are the Blind & Disabled?

- Most disabled members gain eligibility primarily through:
 - SSI Related
 - Spousal Impoverishment
 - Home and Community-based services
 - Poverty Level
- In FY 2011, the average annual payment per Blind and Disabled member (PMPY) was \$11,586, which is slightly above the combined ABD PMPY.

Enrollment & Costs by Eligibility Category

Eligibility Category	Members Average	Net Payment
ABD Medicaid	10,898	\$356,915,163
SSI Ex Parte Determination	1,981	\$14,595,848
SSI – Federally qualified receiving SSI Benefits	229,486	\$2,436,644,158
Total	242,366	\$2,808,160,059

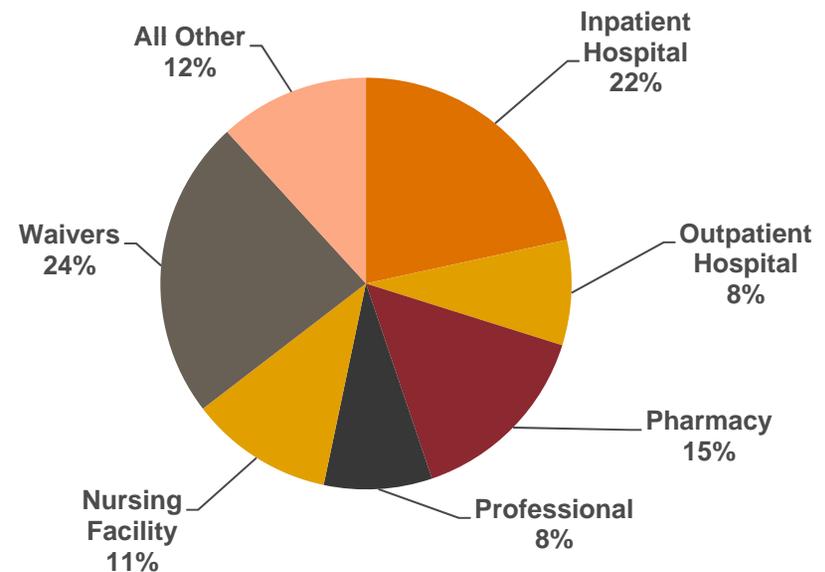
*Net Payment does not include Capitation Amount and Admin Fees.

Blind & Disabled: FY2011 Types of Service

- Waiver and Inpatient Hospital services account for 46% of total net payments for the Blind and Disabled.
- Prescription drug expenditures account for 15% of total net payments for the Blind/Disabled.
- 39% of the Blind and Disabled population were between the age of 45 and 64 and account for 50% of net payments.

% of Net Payments by Service Type

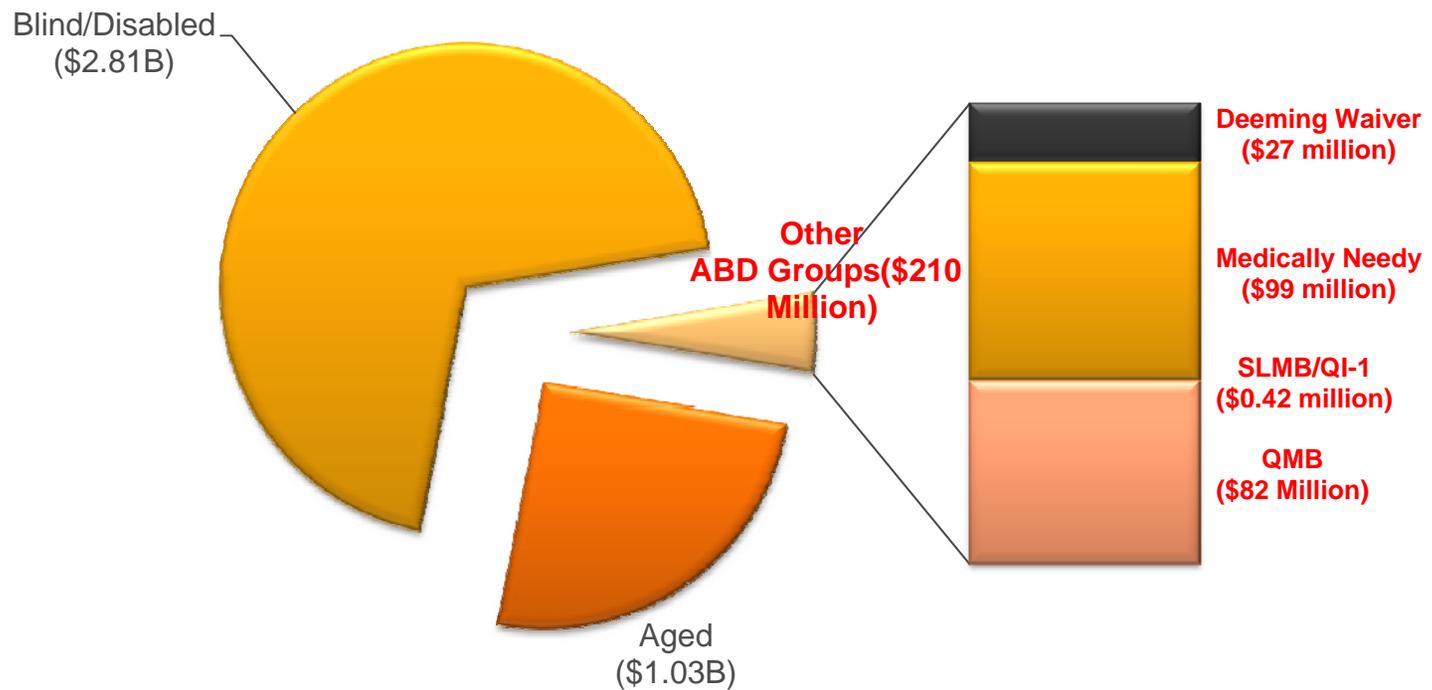
All Blind/Disabled Members
(\$2.81 Billion Net Payments)



Aged, Blind and Disabled – OTHER GROUPS

Other ABD Groups

FY 2011 ABD Net Payments



In FY 2011, Georgia Medicaid paid over \$210 million for services delivered to members in the Other ABD Groups.

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through December 2011 and includes crossovers.

Who are in the Other ABD Groups?

- The Other Groups within the ABD Population include:
 - Qualified Medicare Beneficiaries (QMBs) and Specified Low-Income Beneficiaries (SLMBs)
 - Medically Needy
 - Deeming Waiver
 - Emergency Medical Services
- In FY 2011, the average annual payment per member for the Other ABD Group (PMPY) was \$1,575, which is significantly lower than the combined ABD PMPY.

Enrollment & Costs for Other ABD Groups

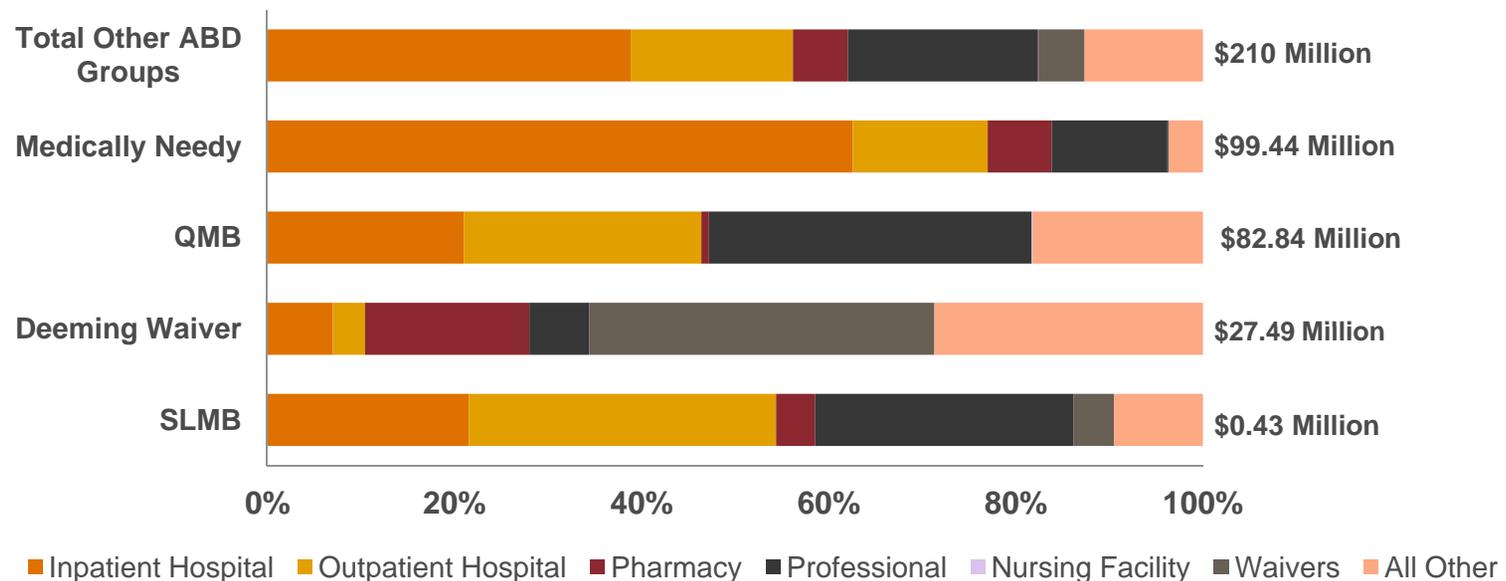
Other ABD Groups	Members Average	Net Payment
Emergency Medical Services	2	\$63,731
Deeming Waiver	3,112	\$27,489,212
Qualified Medicare Beneficiary (QMB)	67,606	\$82,837,725
Medically Needy	4,669	\$99,441,480
Specified Low-Income Medicare Beneficiaries (SLMB) and Qualified Individual – 1 (QI-1)	58,097	\$426,138
Total	133,486	\$210,258,286

*Net Payment does not include Capitation Amount and Admin Fees.

Other ABD Groups: FY 2011 Types of Service

- Inpatient Hospital and Professional services account for 59% of the spending for the Other ABD Groups.
- Costs for Medically Needy and QMB groups account for \$182.28 million (over 85%), while Deeming Waiver and SLMB/QI-1 groups account for \$27.92 million of total net payments for the Other ABD Groups.

Net Payments by Service Type



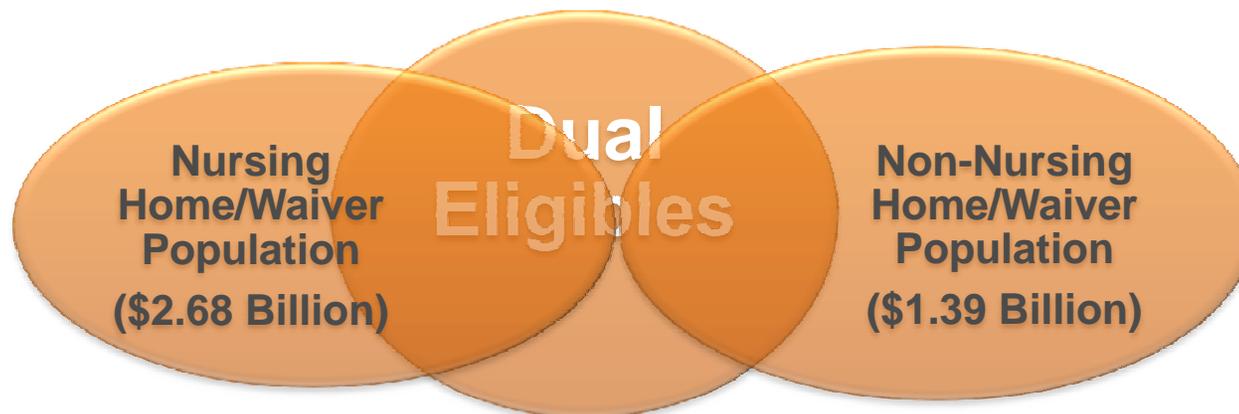
Aged, Blind and Disabled –

FURTHER ANALYSIS

Note: The subsequent analysis is based on claims paid through January 2012.

ABD Nursing Home/Waiver, Non-Nursing Home/Waiver and Dual Eligibles

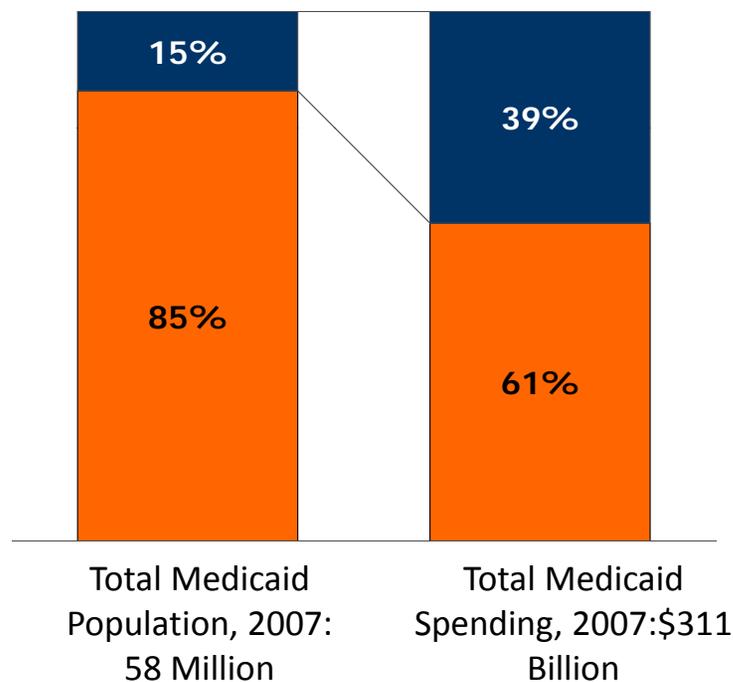
- For the purpose of this additional analysis the ABD population was classified as Dual Eligibles, Nursing Home/Waiver and Non-Nursing Home/Waiver populations.
 - **Dual Eligibles** consists of ABD enrollees who receive healthcare coverage through both Medicare and Medicaid. These members also receive services within the Nursing Home/Waiver and Non-Nursing Home/Waiver populations.
 - **Nursing Home/Waiver** population consists of ABD enrollees who received services through Nursing Facilities, Hospice, Home Health or Waiver programs.
 - **Non-Nursing Home/Waiver** population consists of ABD enrollees who did not receive services through Nursing Facilities, Hospice, Home Health or Waiver programs.



Background: Dual Eligibles

- Duals' share of Medicaid enrollment varies significantly across states (10%-25%).*
- Duals account for 39% of all Medicaid expenditures, despite comprising only 15% of the beneficiary population.*
- In FY 2011, over 260,000 or 15% of Medicaid enrollees in Georgia were also eligible for Medicare Benefits.
- Georgia Medicaid Dual Eligibles account for 38% of expenditures in FY 2011.

*Dual Eligibles as a Share of the Medicaid Population and Medicaid Spending, 2007**



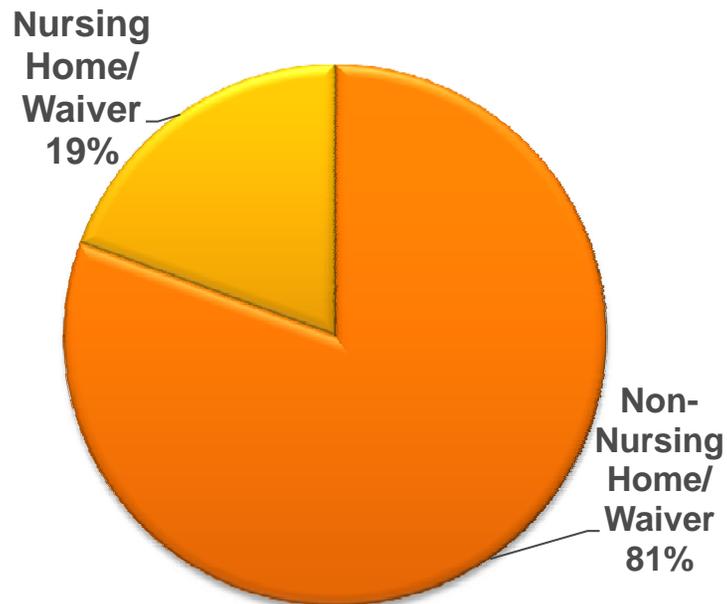
*Kaiser Family Foundation, "The Role of Medicare for the People Dually Eligible for Medicare and Medicaid", January 2011. <http://www.kff.org/medicare/upload/8138.pdf>

Background: Nursing Home/Waiver & Non-Nursing Home/Waiver Population

- Non-Nursing Home/Waiver population account for 81% of the ABD enrollment, but their healthcare cost was only 34% of total ABD net payments.

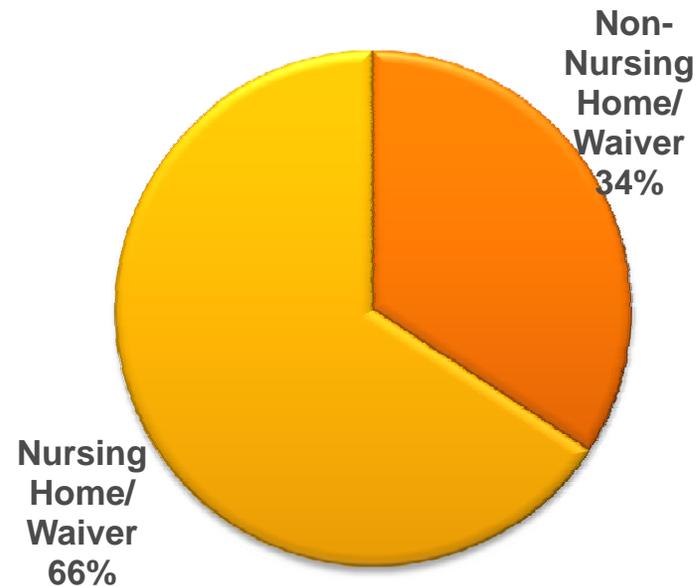
FY 2011 ABD Enrollment

Over 430,000 average members



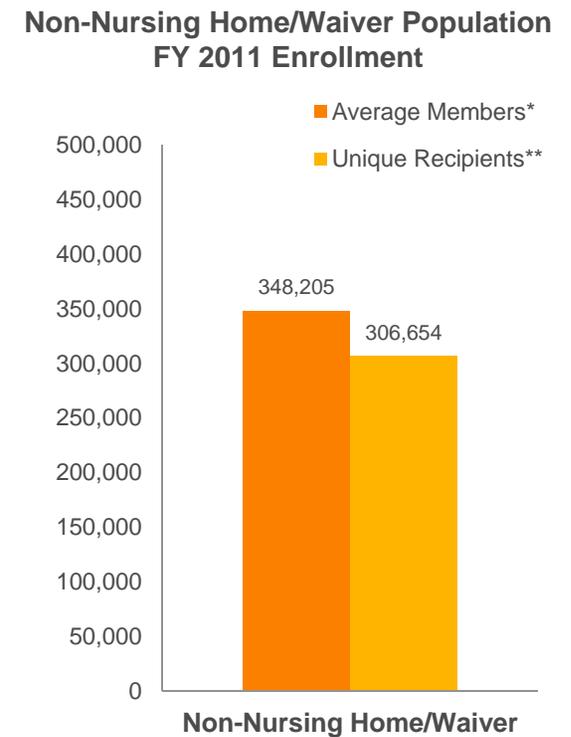
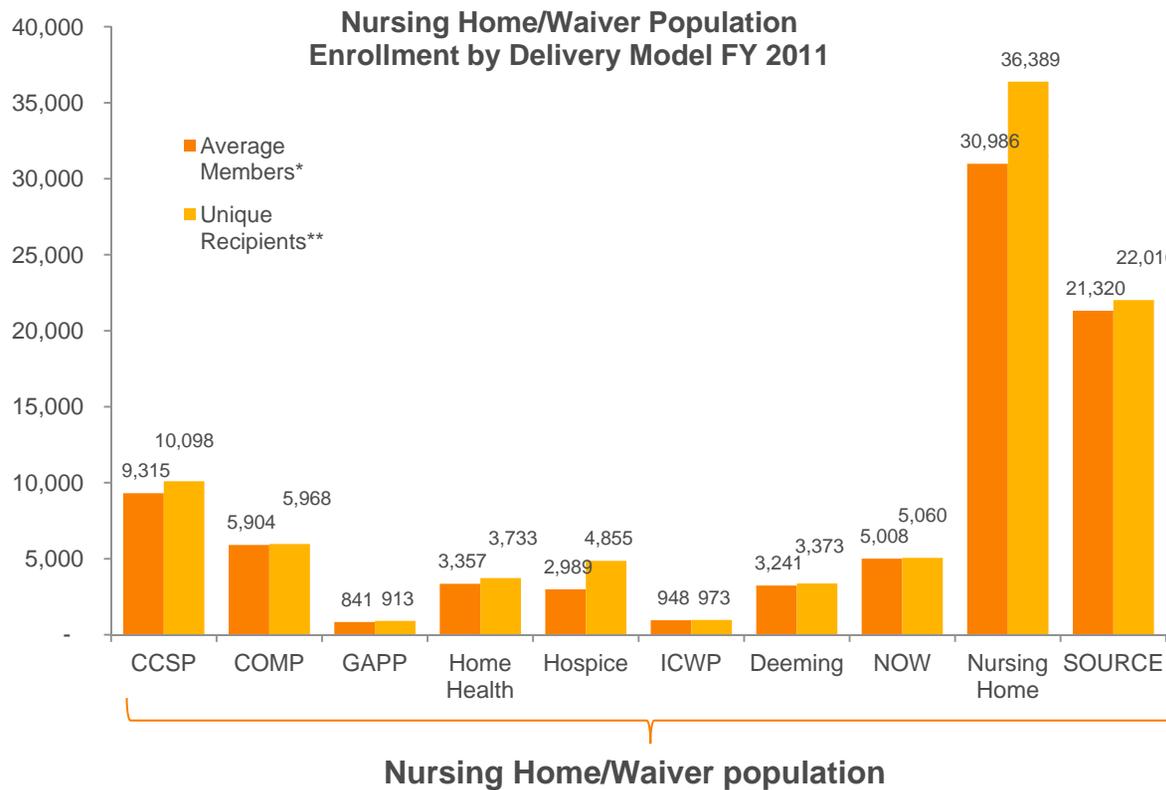
FY 2011 ABD Net Payment

Over \$4 Billion



Background: Nursing Home/Waiver & Non-Nursing Home/Waiver Population

- Of the Nursing Home/Waiver population, the largest group is the Nursing Home followed by the SOURCE waiver.



*Average Members refers to the average number of members per month in FY 2011.

**Unique recipients refers to the unique count of members who services.

Aged, Blind and Disabled – DUAL ELIGIBLES

Study Design: Dual Eligibles

- The Dual Eligible population consists of ABD enrollees with any type of Medicare Coverage.
- Medicare Coverage plans used to define the Dual Eligible population include:
 - Medicare Part A
 - Medicare Part B
 - Medicare Parts A and B
 - Medicare Part D
 - Medicare Parts A and D
 - Medicare Parts B and D
 - Medicare Parts A, B and D

Who are the Dual Eligibles?

- Some of the costs covered by Medicaid for dual eligibles include:
 - Monthly Medicare Part B Premiums (SLMB)
 - Cost sharing for most Medicare services (QMB)
 - Coverage for a range of key benefits such as long term care and dental care
- In FY 2011, the average annual payment per Dual Eligible member was \$6,863.

Enrollment & Costs by Eligibility Category

Eligibility Category	Members Average	Net Payment*
ABD Medicaid	39,881	\$1,186,461,538
SSI	93,653	\$509,524,925
SSI Ex Parte	1,658	\$7,324,225
Q Track (QMB, SLMB)	125,201	\$83,658,534
Total	260,394	\$1,786,969,221

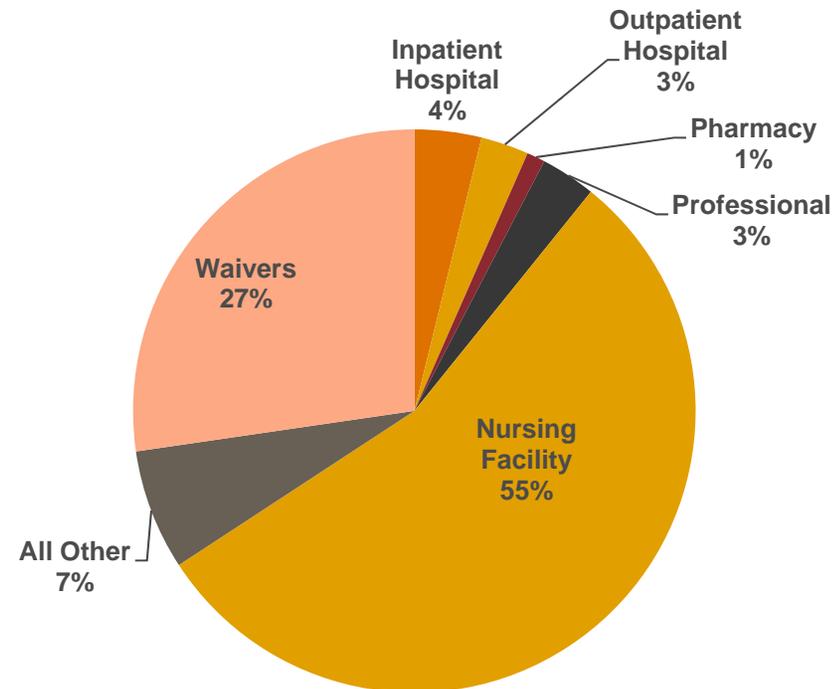
*Net Payment does not include Capitation Amount and Admin Fees.

Dual Eligibles: FY 2011 Types of Service

- Nursing Facility services account for 55% of the total net payments for ABD Dual Eligibles.
- Waiver services account for 27% of the total net payments for ABD Dual Eligibles.
- Prescription drugs account for 1% of the total net payments for ABD Dual Eligibles. This is lower than the prescription costs in FY 2005 due to the implementation of Medicare Part D.

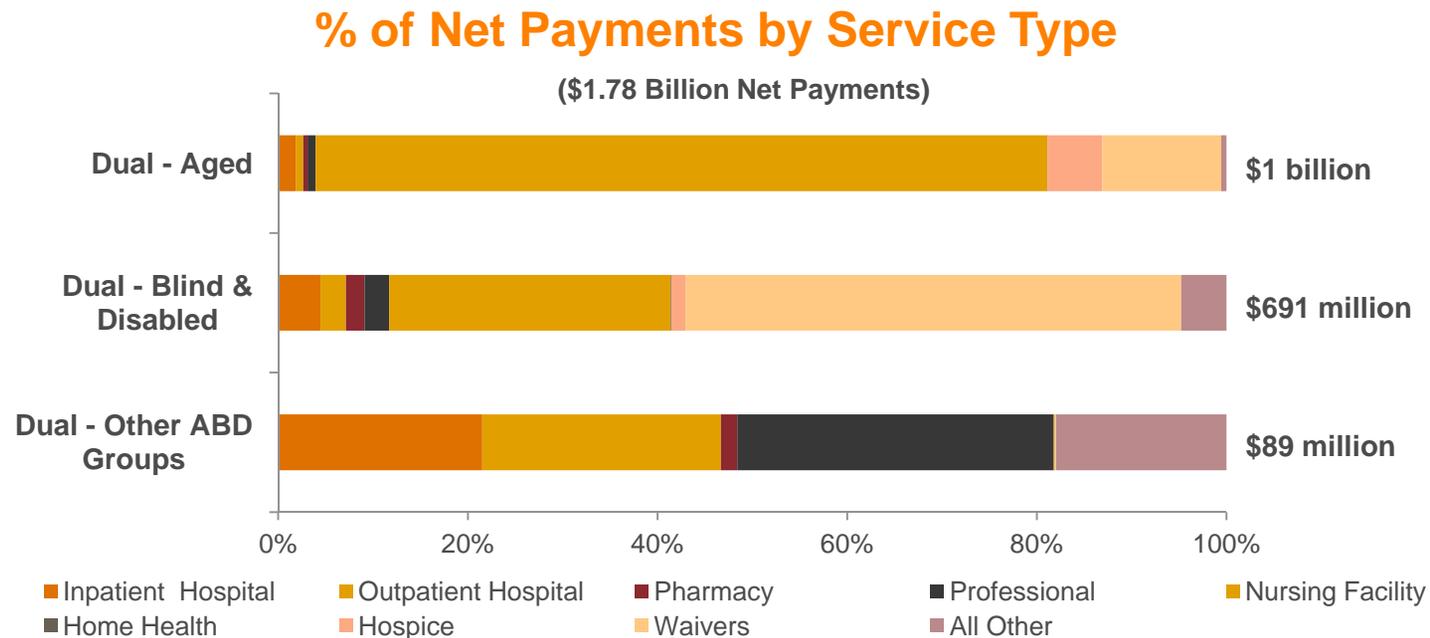
% of Net Payments by Service Type Dual Eligibles

(\$1.78 Billion Net Payments)



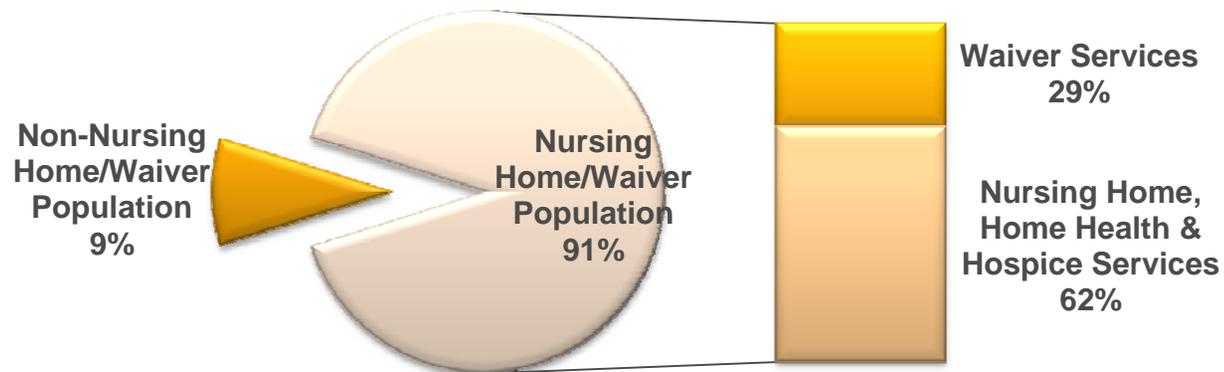
Dual Eligibles: FY 2011 Types of Service

- 77% of the cost for Aged Dual Eligibles were for Nursing Facility services.
- 52% of the cost for Blind/Disabled Dual Eligibles were for Waiver services.
- 33% of the costs for Dual Eligibles within the Other ABD Groups were for Professional services.



Dual Eligibles: Nursing Home/Waiver vs. Non-Nursing Home/Waiver Population

FY 2011 Net Payment (\$1.78 Billion)



In FY 2011, Georgia Medicaid paid over \$1.7 billion for services provided to the ABD Dual Eligible population.

\$1.62 billion (91%) was spent on the ABD Dual Nursing Home/Waiver population and \$168 million (9%) on the ABD Dual Non-Nursing Home/Waiver population.

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

Dual Eligibles: Impact on Non-Nursing Home/Waiver Population

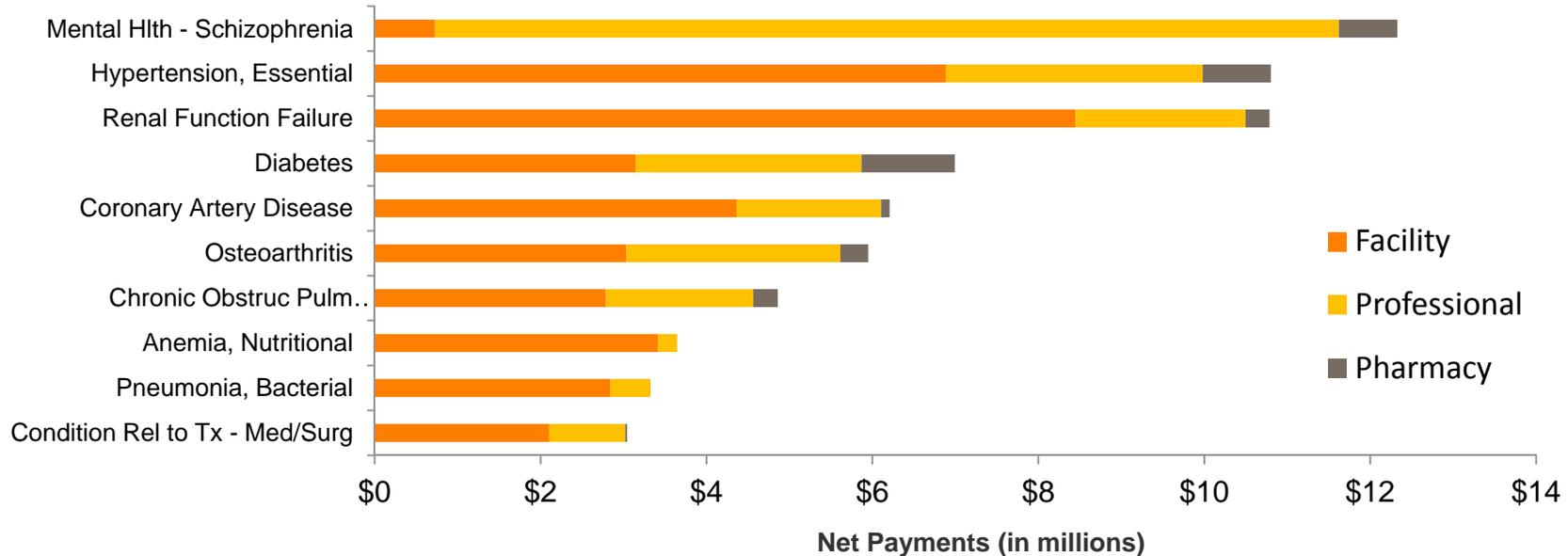
- DCH spent \$168M on Dual Eligibles in the Non-Nursing Home/Waiver group , which represents 9% of the total cost for Dual Eligibles.
- Costs per recipient is \$1,066 per year, which is four times lower than the total cost per recipient for the Non-Nursing Home/Waiver population .
- Costs per member per month (PMPM) is \$69, which is significantly lower than the total PMPM of \$333 for the Non-Nursing Home/Waiver population.

	Dual Eligibles Non-Nursing Home/Waiver	Total Non-Nursing Home/Waiver
Net Payments	\$168,177,260	\$1,392,249,831
Unique Recipients	157,806	306,654
Payments per Recipient	\$1,066	\$4,540
% of Members with Services	78.0%	88.1%
Pmts per Member per Month	\$69	\$333

Dual Eligibles: Top 10 Episodes for Non-Nursing Home/Waiver Population

- The top ten episodes account for 44% of total net payments for dual Non-Nursing Home/Waiver members.
- Chronic conditions related to mental health (i.e. schizophrenia) is the top condition for the dual Non-Nursing Home/Waiver population.

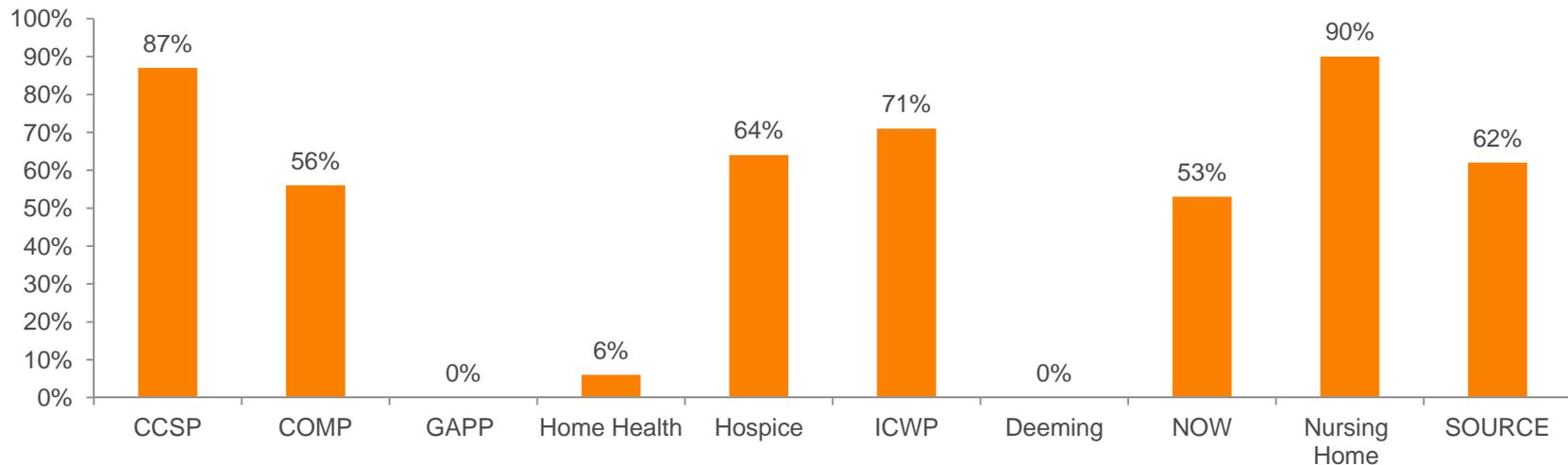
Dual Eligibles: Top 10 Episodes by Net Payment FY 2011



Dual Eligibles: Nursing Home/Waiver Population

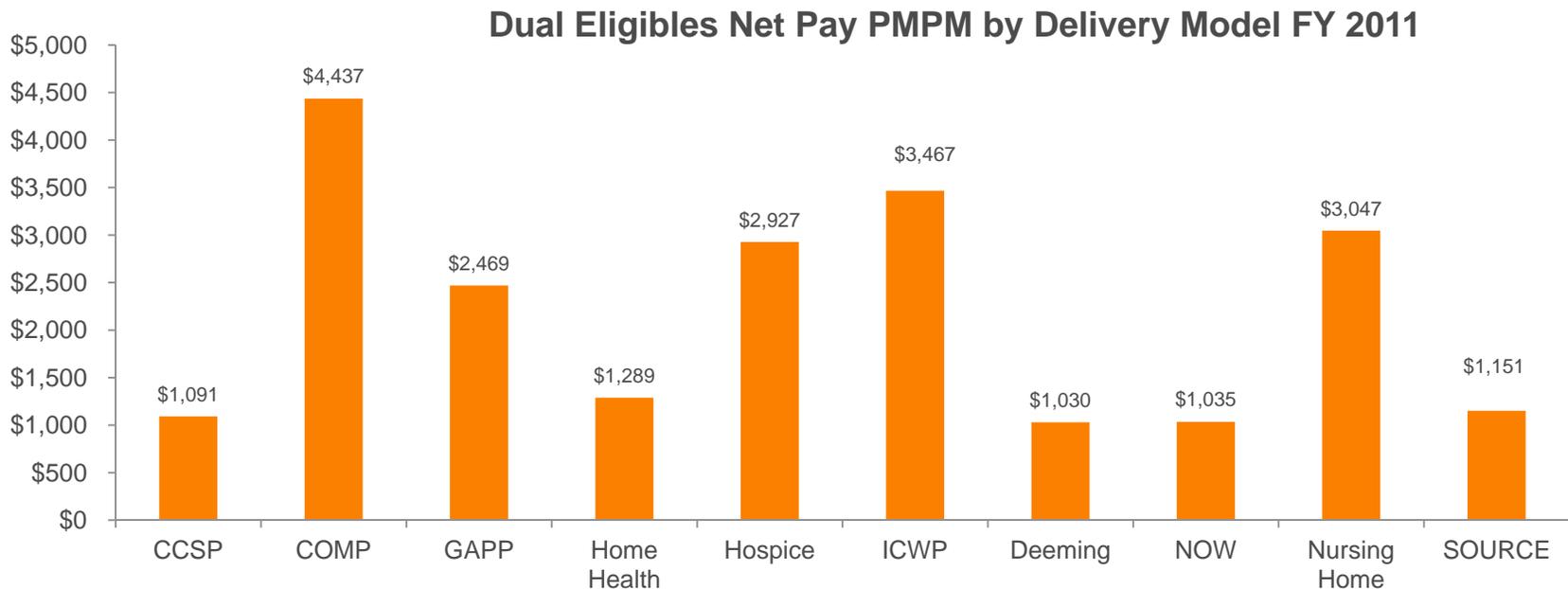
- Almost 90% of CCSP and Nursing Home members are dual eligibles.
- As expected, GAPP and Deeming Waivers have the less than 1% of Duals.

Percent Dual Eligible by Delivery Model – FY 2011



Dual Eligibles: Nursing Home/Waiver Population

- Duals have the greatest impact on COMP, Hospice, ICWP, and Nursing Home.
- The highest PMPM for the Nursing Home/Waiver Dual population are COMP waiver services.



Aged, Blind and Disabled – NURSING HOME/WAIVER POPULATION

Study Design: Nursing Home/Waiver Population

- ABD Disabled Waiver population are ABD enrollees who received Waiver Services in FY 2011.
- The ABD Nursing Home/Waiver population is defined by using the following Categories of Service (where applicable):

➤ Waiver Services:

- Community Care Services Program (CCSP)
- Comprehensive Supports Waiver (COMP)
- Deeming Waiver*
- Georgia Pediatric Program (GAPP)
- Independent Care Waiver Program (ICWP Waiver)
- New Options Waiver (NOW Waivers)
- Service Options Using Resources in a Community Environment (SOURCE Waivers)

➤ Nursing Home Services:

- Home Health
- Hospice
- Nursing Facility

*Deeming Waiver Is defined by Aid Category Group

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

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Nursing Home/Waiver Population

FY 2011 Net Payment (\$2.68 Billion)



In FY 2011, Georgia Medicaid paid over \$1.14 billion for ABD Waiver services and \$1.54 billion for ABD Nursing Home services including nursing home/waiver and non-nursing home/waiver costs.

Nursing Home/Waiver Population: Enrollment & Costs by Service Types

- The highest expenditure within Waiver Services was for SOURCE Waiver services (including waiver and non-wavier services), with over \$430 million in net payment, followed by COMP with \$329 million.
- The highest expenditure within Facility Services was for Nursing Facility.

Nursing Home/Waiver Population	Nursing Home/Waiver Services	Members Average	Net Payment*	Net Payment* PMPY
Waiver Services	Community Care Services Program (CCSP)	9,315	\$144,585,763	\$15,523
	Comprehensive Supports Waiver (COMP)	5,904	\$329,217,655	\$55,759
	Deeming Waiver**	3,241	\$29,353,522	\$9,058
	Georgia Pediatric Program (GAPP)	841	\$89,594,281	\$106,544
	Independent Care Waiver Program (ICWP)	948	\$44,406,898	\$46,830
	New Options Waiver (NOW)	5,008	\$71,283,167	\$14,233
	Service Options Using Resources in a Community Environment (SOURCE)	21,320	\$430,001,217	\$20,169
Nursing Home Services	Home Health	3,357	\$145,695,758	\$43,406
	Hospice	2,989	\$147,320,171	\$49,282
	Nursing Facility	30,986	\$1,244,262,700	\$40,156
	Total Nursing Home/Waiver Population	83,909	\$2,675,721,132	\$31,888

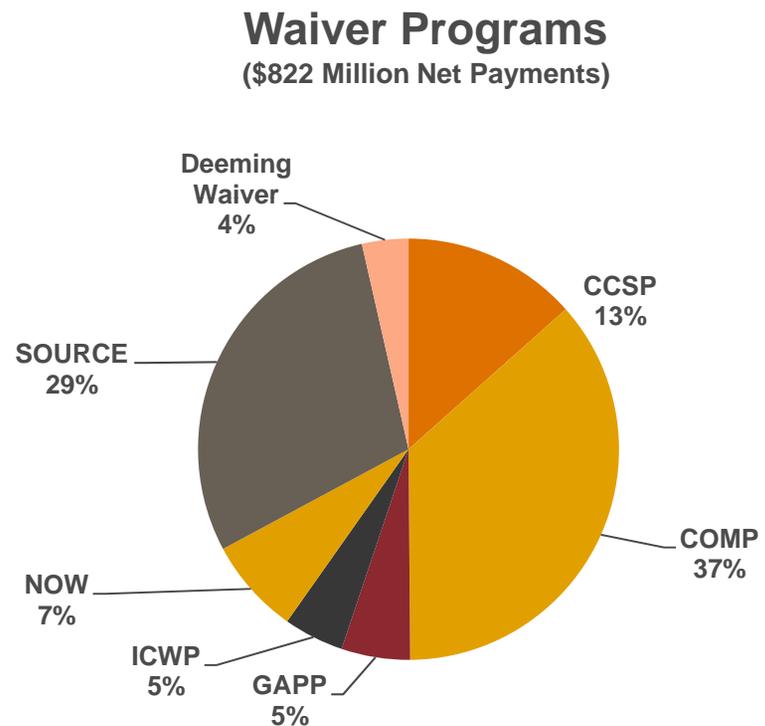
*Net Payment does not include Capitation Amount and Admin Fees. Net payment for Nursing Home/Waiver Population includes nursing home/waiver and non-nursing home/waiver costs.

**Deeming Waiver Is defined by Aid Category Group

Waiver Services: FY 2011 Types of Waiver Programs

- The Waiver population consists of services for all waivers.
- Waiver services account for 72% of costs for the entire Waiver population (\$822 million out of \$1.14 billion).
- 37% of Waiver service costs within the ABD population were for COMP Waiver services, while 29% were for SOURCE.

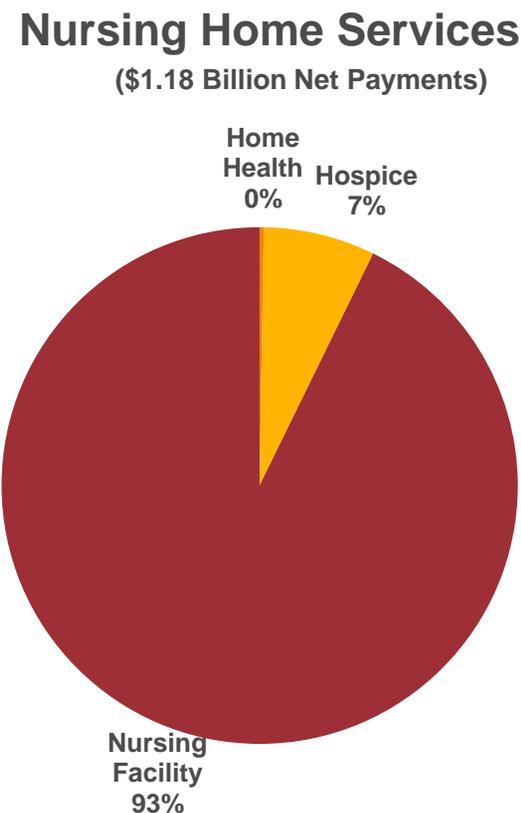
% of Net Payments by Service Type



Nursing Home Services: FY 2011 Types of Services

- The Nursing Home population consists of services for Nursing Home, Home Health and Hospice.
- Of the total \$1.54 billion for the Nursing Home population, \$1.18 billion, or 77%, was for nursing home, home health, and hospice services.
- 93% of net payments for nursing home, home health and hospice services was for Nursing Facility services, while 7% of the net payment was for Hospice services.

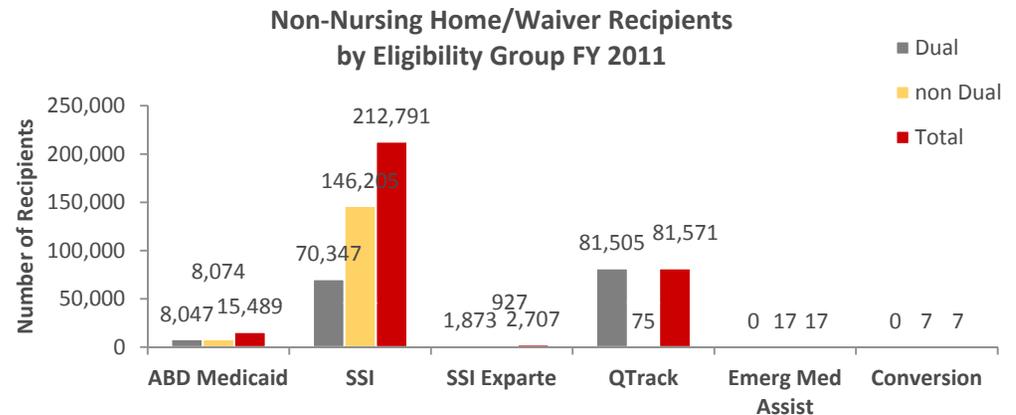
% of Net Payments by Service Type



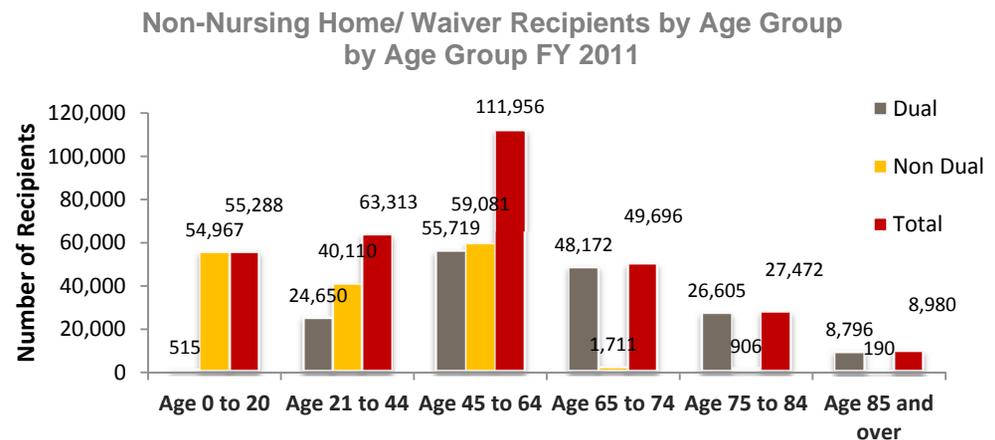
Aged, Blind and Disabled – NON-NURSING HOME / WAIVER POPULATION

In which Eligibility Groups do Non-Nursing Home/Waiver recipients belong?

- The Non-Nursing Home/Waiver population consists of ABD enrollees who did not receive services through Nursing Facilities, Hospice, Home Health or Waiver programs in FY 2011.
- 58% of Non-Nursing Home/Waiver members are also Dual Eligibles and 69% are eligible through SSI.
- The average annual months of enrollment for Non-Nursing Home/Waiver members is 12, indicating that recipients are continuously enrolled.



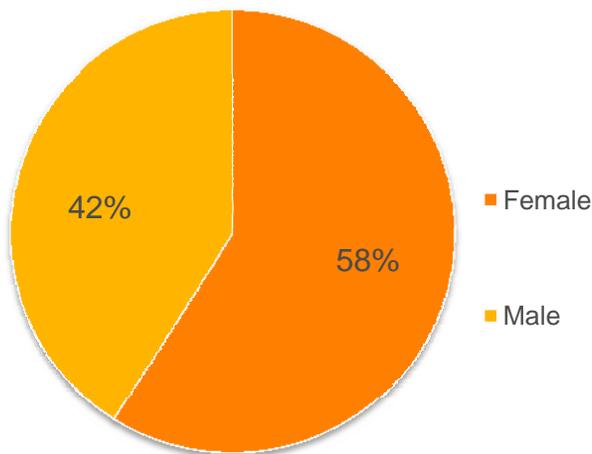
The unique total number of recipients are less than the sum identified in each eligibility category as recipients may be in more than one group during the year.



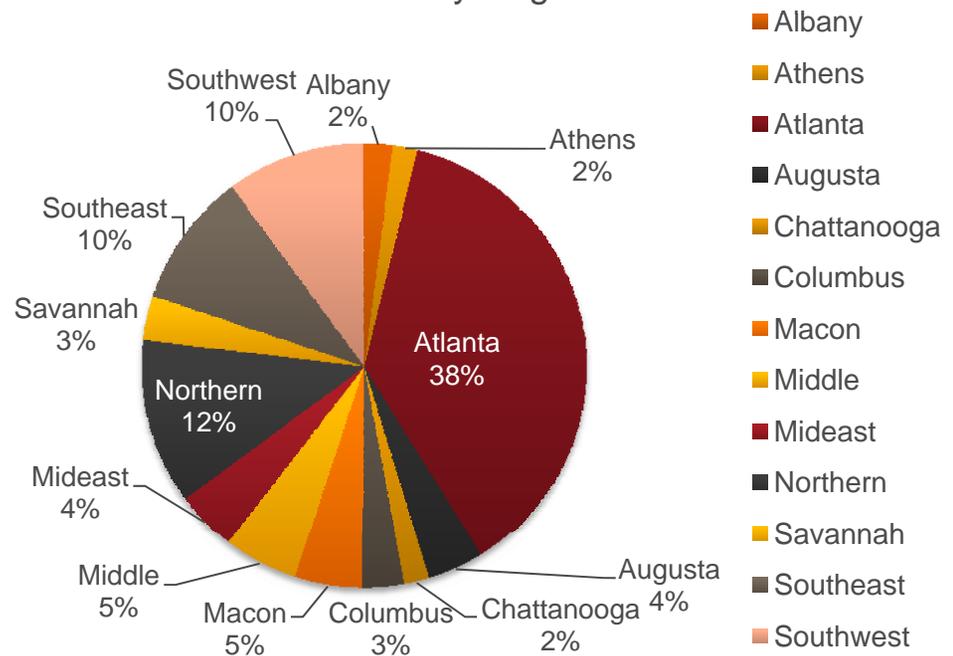
What is the gender of the Non-Nursing Home/Waiver and where do they live?

- The Non-Nursing Home/Waiver are mostly female and majority of them live outside the Atlanta area.
- The average age of the Non-Nursing Home/Waiver member is 53.

Members by Gender



Members by Region



Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

What is the cost of providing care to Non-Nursing Home/Waiver members?

- Total FY 2011 payments for Non-Nursing Home/Waiver members was \$1,392,249,831. Facility and professional claims accounted for 77% of all Non-Nursing Home/Waiver net payments.
- Average annual payments per Non-Nursing Home/Waiver recipient was \$4,540 in FY 2011. Payments per member per month was \$333 for Non-Nursing Home/Waiver members.

	Facility	Professional	Drug	Total
Net Payments	\$684,831,742	\$388,852,353	\$318,565,737	\$1,392,249,831
Percent of Total	49.2%	27.9%	22.9%	N/A
Unique Recipients	\$217,147	\$290,582	\$150,155	\$306,654
Payments per Recipient	\$3,154	\$1,338	\$2,122	\$4,540
Pmts per Member per Month	\$164	\$93	\$76	\$333

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

What is the impact of Non-Nursing Home/Waiver on Non-Dual eligible members?

- DCH spent over \$1.22 billion providing services to 153,766 Non-Dual Eligibles within the Non-Nursing Home/Waiver population.
- Costs per recipient per year is \$7,961, which is 75% higher than the total cost per recipient for the Non-Nursing Home/Waiver population .
- Costs per member per month (PMPM) is \$700, which is more than double the total PMPM of \$333 for the Non-Nursing Home/Waiver population.

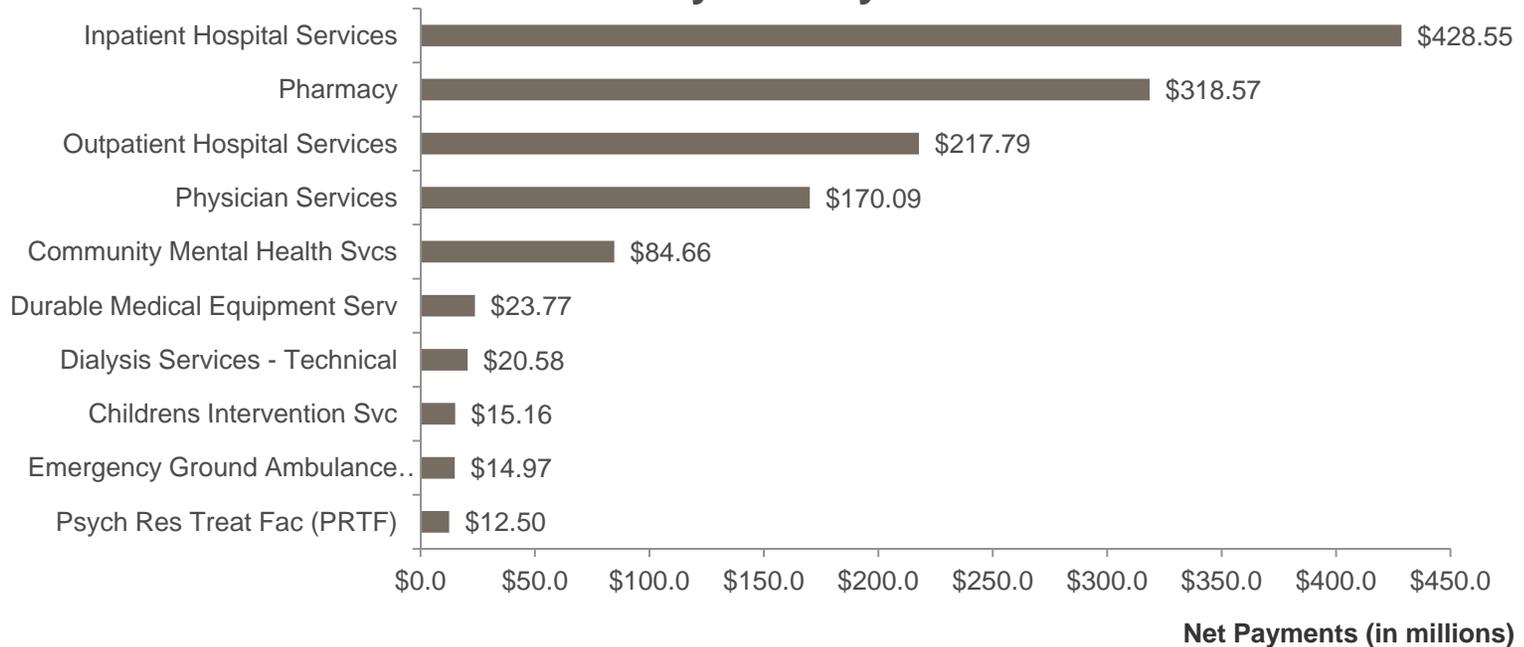
	Non-Dual Eligibles Non-Nursing Home/Waiver	Non-Nursing Home/Waiver
Net Payments	\$1,224,072,570	\$1,392,249,831
Unique Recipients	153,766	306,654
Payments per Recipient	\$7,961	\$4,540
% of Members with Services	100.0%	88%
Pmts per Member per Month	\$700	\$333

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

What services do Non-Nursing Home/Waiver members receive?

- Inpatient hospital services and pharmacy are the top service types used by Non-Nursing Home/Waiver members, accounting for \$428.55 million and \$318.57 million, respectively.

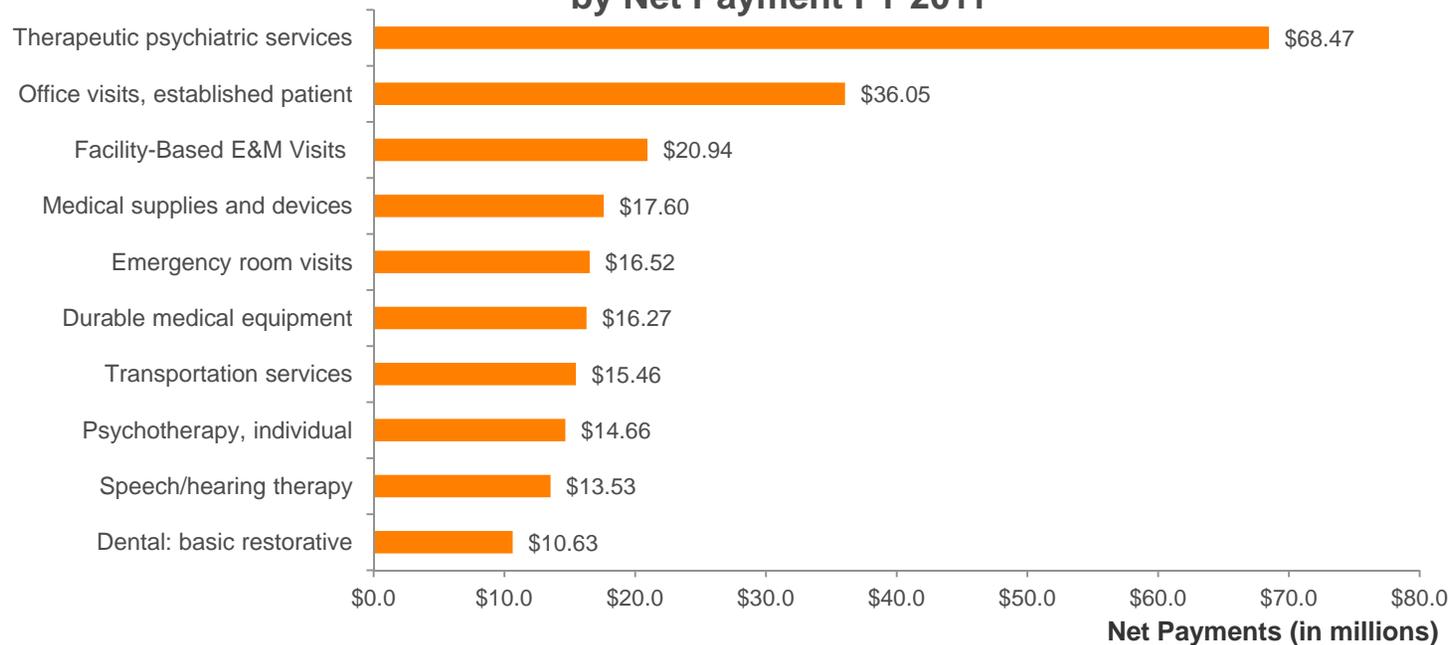
Top 10 Categories of Service for Non-Nursing Home/Waiver Members by Net Payment FY 2011



What type of care is provided for Non-Nursing Home/Waiver members?

- The top 10 procedures account for 60% of net payments.
- Therapeutic psychiatric service is the top procedure provided to Non-Nursing Home/Waiver members.

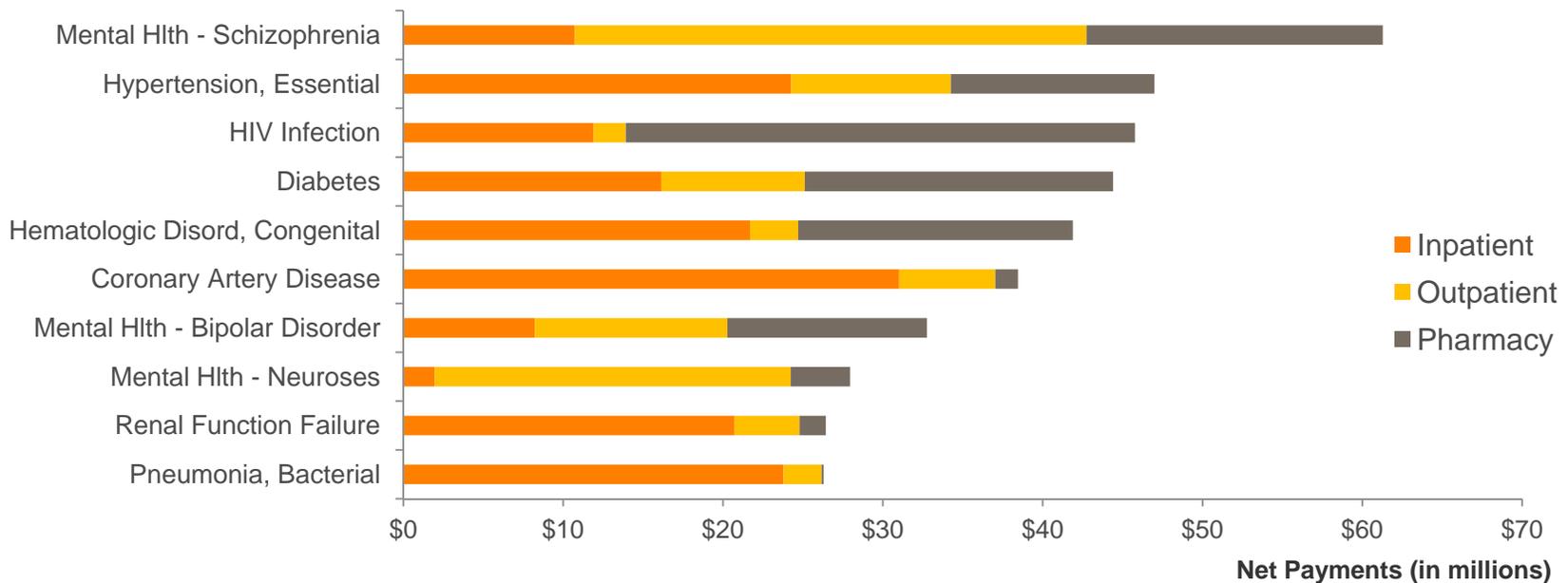
**Top 10 Procedures for Non-Nursing Home/Waiver Members
by Net Payment FY 2011**



What are the costs for conditions of Non-Nursing Home/Waiver members?

- The top ten episodes account for 35% of total net payments for Non-Nursing Home/Waiver members.
- Chronic conditions such as schizophrenia, hypertension and HIV infection are the top three.

Top 10 Episodes by Net Payment FY 2011

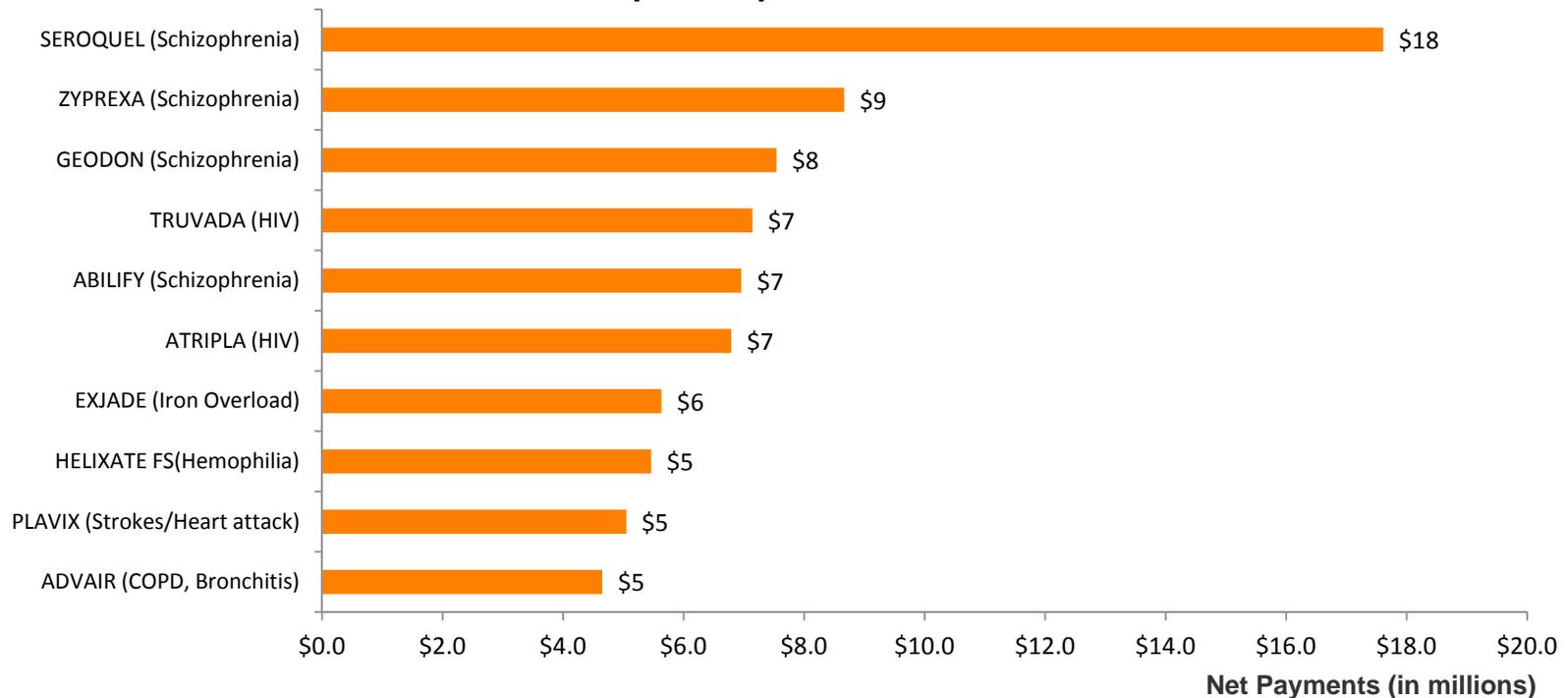


Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

Distribution of Prescription Drugs costs for the Non-Nursing Home/Waiver Population

- The top drugs used among the Non-Nursing Home/Waiver population are Seroquel and Zyprexa, accounting for \$18 million and \$9 million in payments respectively.

Top 10 Prescription Drugs for Non-Nursing Home/Waiver Members by Net Payment FY 2011



Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

Profile of the Non-Nursing Home/Waiver Population

- Non-Nursing Home/Waiver members are generally:
 - Female (58%)
 - Middle aged, average age of 53
 - Become eligible through SSI
 - Psychiatric patients, likely to be schizophrenic or have other chronic conditions
 - Receiving inpatient services and therapeutic psychiatric services
 - Live outside the Atlanta area

Aged, Blind and Disabled – HIGH COST POPULATION

High Cost Non-Nursing Home/Waiver Population

- The High Cost Non-Nursing Home/Waiver enrollees within the ABD population are members who incurred more than \$200,000 in net payments for FY2011.
- Only 124 Non-Nursing Home/Waiver recipients had annual payments greater than \$200,000 in FY 2011.
- The total net payment for the High Cost Non-Nursing Home/Waiver recipients was over \$45 million, which accounts for 3% of the net payments for the ABD Non-Nursing Home/Waiver population.

What services do the High Cost Non-Nursing Home/Waiver recipients receive?

- In FY2011, Inpatient Hospital services accounted for 87% of total payments for the High Cost Non-Nursing Home/Waiver population.
- The average annual cost per High Cost recipient was over \$360,000.

Top 5 Categories of Service by Net Payments

Category of Service		Net Payments	% of Total Payments
010	Inpatient Hospital Services	\$39,433,651	86.5%
300	Pharmacy	\$2,404,630	5.3%
430	Physician Services	\$2,136,281	4.7%
070	Outpatient Hospital Services	\$994,739	2.2%
370	Emergency Ground Ambulance Svc	\$156,205	0.3%
	Other Categories of Services	\$446,339	1.0%
	Total Payments, All COS	\$45,571,845	

*High Cost includes enrollee with Net Payments greater than \$200,000 per year

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

What conditions do High Cost Non-Nursing Home/Waiver recipients have?

- The top 10 Clinical Conditions account for over 60% of total net payment for the population.
- The treatment of Skin Burns was top Clinical condition for the High cost Non-Nursing Home/Waiver population.

Top 10 Conditions by Net Payments for High Cost Recipients*

Condition	Total Patients	Net Payments	% of All Payments	PPPY**
Skin Burns	7	\$5,757,124	13.34%	\$822,446
Respiratory Disorder	108	\$3,799,417	8.80%	\$35,180
Cancer - Leukemia	20	\$3,279,922	7.60%	\$163,996
Newborns, with/without Complication	17	\$3,012,672	6.98%	\$177,216
Condition Related to Tx - Med/Surgery	56	\$2,800,441	6.49%	\$50,008
Hematologic Disorder, Congenital	10	\$1,899,883	4.40%	\$189,988
Spinal/Back Disorder, Ex Low	12	\$1,599,215	3.70%	\$133,268
Gastroint Disorder	87	\$1,367,012	3.17%	\$15,713
Infections	56	\$1,158,528	2.68%	\$20,688
Chemotherapy Encounters	22	\$1,139,161	2.64%	\$51,780

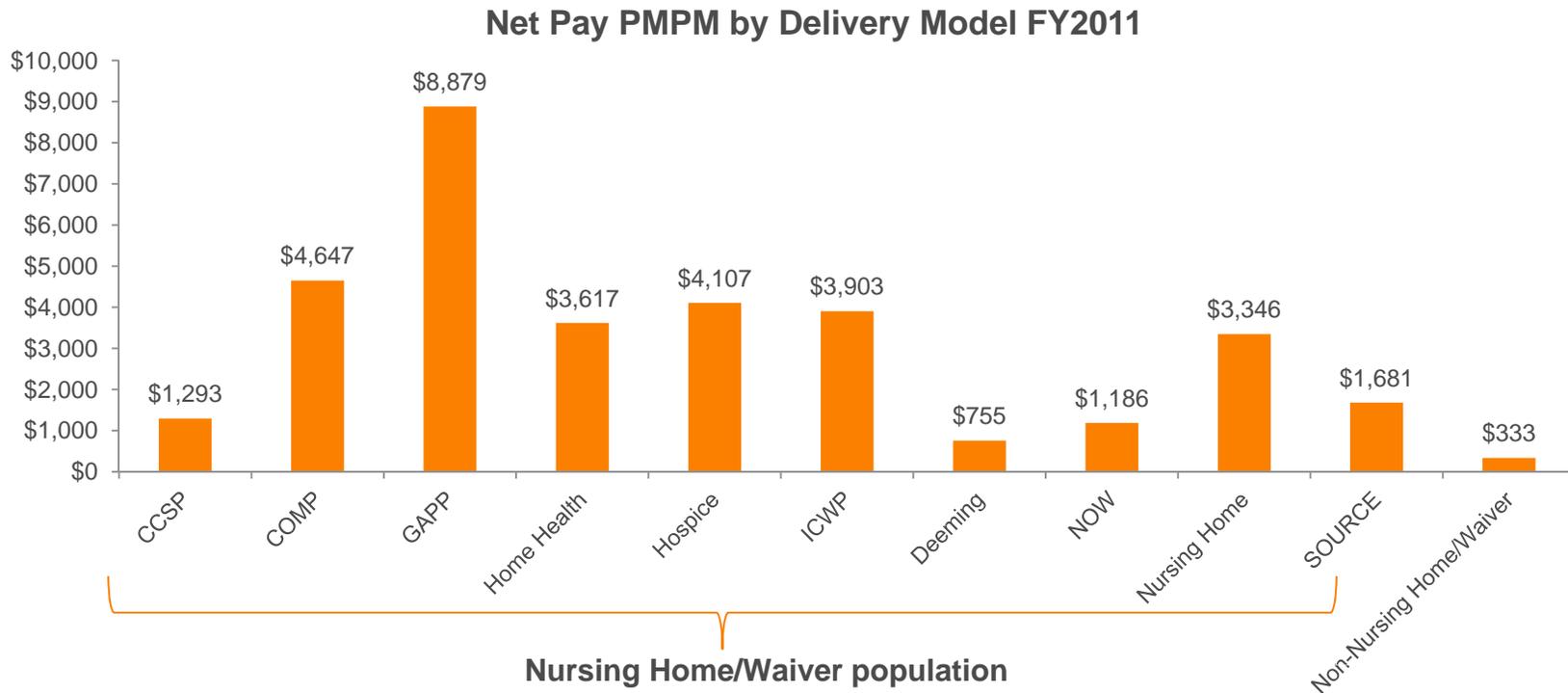
*High Cost includes recipients with Net Payments greater than \$200,000 per year

**PPPY refers to net payment per patient per year.

Aged, Blind and Disabled – NURSING HOME/WAIVER & NON-NURSING HOME/ WAIVER POPULATION COMPARISON

How do payments per member compare?

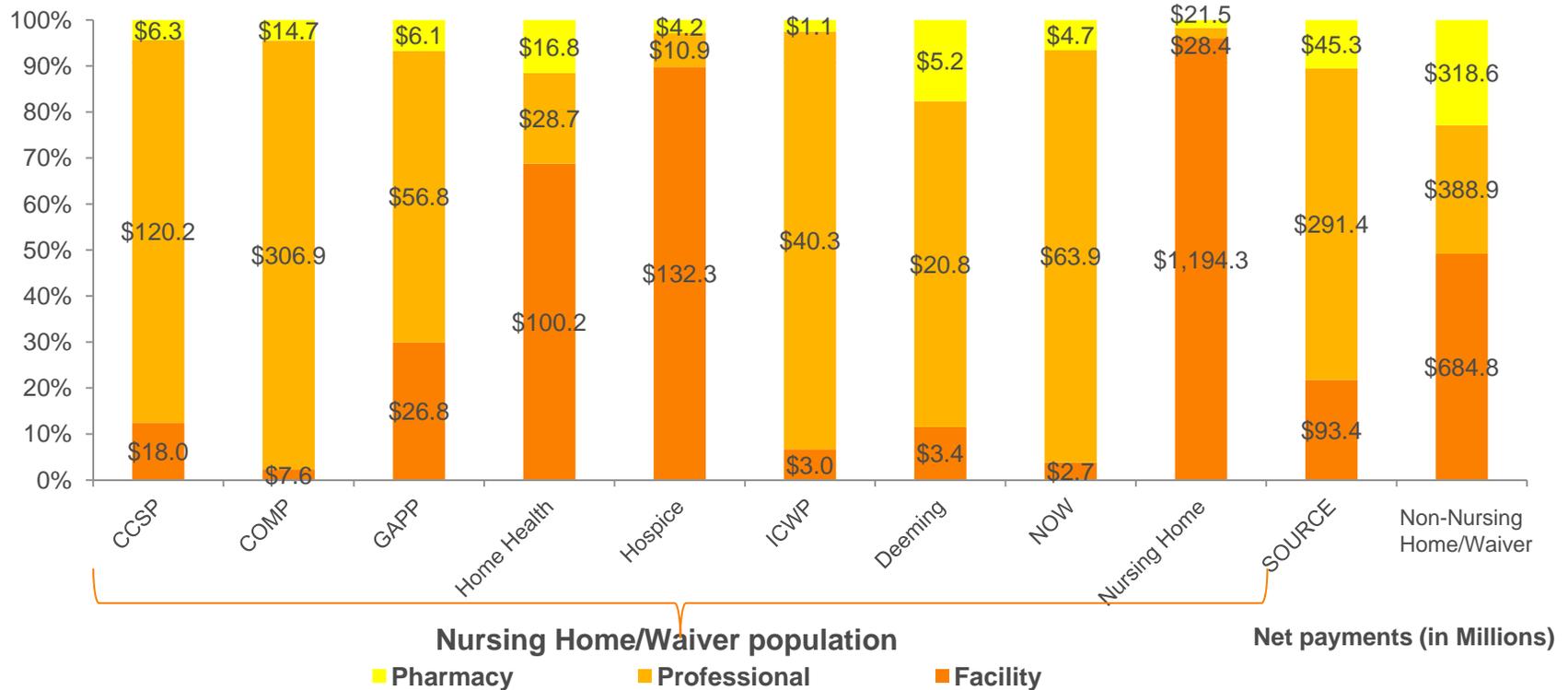
- Payments per Nursing Home/Waiver member per month (PMPM) are the highest with the GAPP model at \$8,879 followed by COMP at \$4,647.
- The Non-Nursing Home/Waiver PMPM was the lowest at \$333.



How do Payment Distributions compare?

- Nursing Home and the Non-Nursing Home/Waiver member ABD populations account for the highest facility payments across the total ABD population.
- COMP and SOURCE utilize the most professional services based on payment distribution.

Net Payment Distribution by Delivery Model FY2011



APPENDIX



APPENDIX:

How do Service Rates compare across populations?

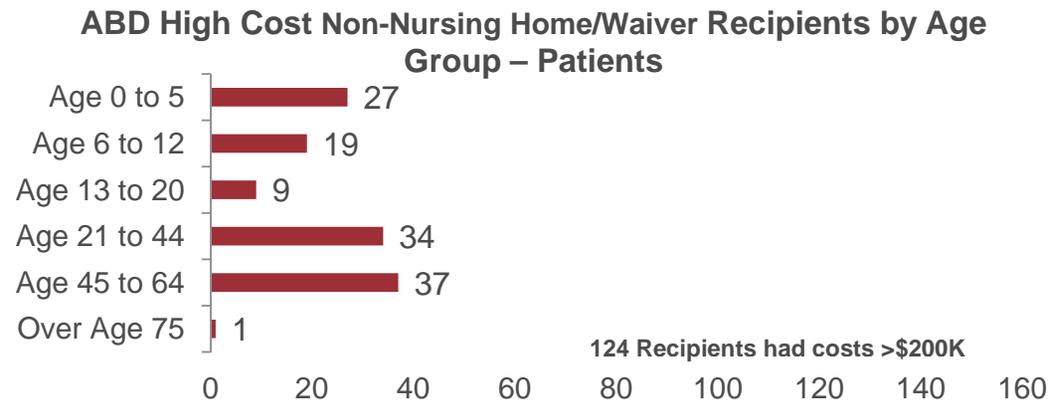
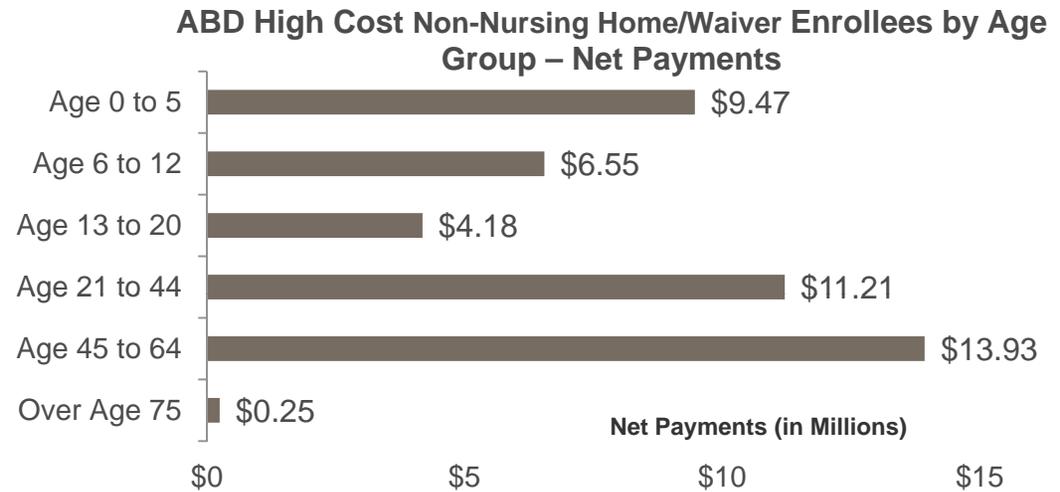
- Admits per 1,000 members are the highest for Hospice (2,580) and Home Health (2,069) non dual members, followed by Nursing Home (1,291) non duals.
- ER Visits per Member are highest for Hospice (4.3) and Home Health (4.2) non duals followed by GAPP non duals at 2.8.
- Deeming non dual members had the highest office visit per member rate at 22.8. GAPP and Home Health non dual members had the next highest rate at 16.2 and 15.0, respectively.
- Nursing Home non duals had the highest script rate at 93.8 followed by SOURCE non duals at 82.7.

Delivery Model		Admits per 1,000	ER Visits per Mbr	Office Visits per Mbr	Scripts per Mbr
CCSP	Duals	472.7	1.4	7.5	5.2
	Non Duals	648.3	1.8	9.5	75.9
COMP	Duals	132.2	0.7	6.4	6.5
	Non Duals	166.2	0.8	7.6	60.3
GAPP	Duals	0.0	0.5	4.9	29.3
	Non Duals	1,339.6	2.8	16.2	51.3
Home Health	Duals	1,317.9	2.8	11.5	26.5
	Non Duals	2,069.0	4.2	15.0	79.0
Hospice	Duals	335.4	0.7	1.4	6.2
	Non Duals	2,580.3	4.3	10.8	47.6
ICWP	Duals	378.7	1.3	6.8	5.2
	Non Duals	576.4	1.8	7.5	65.6
Deeming	Duals	515.3	0.7	1.0	13.9
	Non Duals	88.6	0.3	22.8	19.9
NOW	Duals	61.6	0.3	3.4	2.1
	Non Duals	70.2	0.4	5.5	27.8
Nursing Home	Duals	435.3	1.0	1.8	7.7
	Non Duals	1,291.4	2.5	3.7	93.8
SOURCE	Duals	444.2	1.6	9.4	6.0
	Non Duals	701.3	2.6	10.9	82.7
Non-Nursing Home/ Waiver	Duals	4.9	0.8	4.9	2.6
	Non Duals	8.8	1.4	7.4	1.0
All ABD	Duals	219.6	0.9	5.0	2.6
	Non Duals	359.7	1.5	8.0	35.0

Data Source: DSS, Claims Incurred July 1, 2010 through June 30, 2011; paid through January 2012 and includes crossovers.

APPENDIX: High Cost Non-Nursing Home/Waiver recipients

- 53% of the ABD High cost enrollees were over the age of 20.
- Total net payments for recipients between the ages of 45 and 64 was over \$13 million.
- 99% of the ABD High cost payments were for services provided to Non-Dual recipients.



APPENDIX: Definitions

- Aid Category Budget Groups ABD Medicaid and ABD Medicare includes:

Aid Category Group Code	Aid Category Group Description
13	Aged
14	Blind and Disabled
4	Deeming Waiver
3	Emergency Medical Assistance
17	Medically Needy
15	Specified Low-Income Beneficiaries (SLMB) and Qualified Individual (QI-1)
5	Qualified Medicare Beneficiaries (QMB)

APPENDIX

- **Nursing Home/Waiver Population Groupings**

Categories of Service (COS)	
Category of Service Code	Category of Service Description
590	Community Care Services Program (CCSP)
681	Comprehensive Supports Waiver (COMP)
971 & 972	Georgia Pediatric Program (GAPP)
200	Home Health
690	Hospice
660	Independent Care Waiver Program (ICWP Waiver)
680	New Options Waiver (NOW Waivers)
110, 140, 170, 180	Nursing Facility
851 & 930	Service Options Using Resources in a Community Environment (SOURCE Waivers)

APPENDIX

- **Service Types Groups**

Category of Service Groups	Category of Service with Code
Inpatient Hospital	001 Inpatient Hospital Encounter
	010 Inpatient Hospital Services
Outpatient Hospital	070 Outpatient Hospital Services
Pharmacy	300 Pharmacy
	321 Pharmacy DME Supplier
Nursing Facility	110 Skilled Care in a Nursing Fac
	140 Skilled Care in a State Owned
	170 State Owned Int Care for MR
	180 Int Care NF-Mental Retardation
Home Health	200 Home Health Services
Hospice	690 Hospice
Waiver	590 Community Care Services
	660 Independent Care Waiver Svc
	680 NOW eff 11/08 (previously MRWP)
	681 COMP eff 11/08 (previously CHSS)
	851 SOURCE Case Management Program
	930 Source
	971 GAPP In-home Priv Duty Nursing
	972 GAPP Medically Fragile Daycare

APPENDIX

Service Types Groups Continued...

Category of Service Groups	Category of Service with Code
Professional	330 Orthotics and Prosthetics/Hear
	410 Physical Therapy-Medicare Only
	420 Rehab Therapy-Medicare Only
	430 Physician Services
	431 Physician Assistant Services
	450 Hlth Chk Dental Pgm - under 21
	460 Adult Dental Program
	470 Vision Care
	480 Nurse Midwifery
	490 Oral Maxillofacial Surgery
	550 Podiatry
	560 Chiropractics - Medicare Only
	570 Psychological Services
	721 Dialysis Services - Profession
	740 Advanced Nurse Practitioners

APPENDIX

Service Types Groups Continued...

Category of Service Groups	Category of Service with Code
Other Services	080 Swing-bed Hospital Services
	019 Other Services Encounter
	230 Independent Laboratory Service
	231 Lab XRay Encounter
	320 Durable Medical Equipment Serv
	370 Emergency Ground Ambulance Svc
	371 Emergency Air Ambulance Svc
	381 Non-Emergency Transportation
	441 Mental health Svcs NOC Encounter
	455 Dental Adult Ped Encounter
	600 Health Check Services (EPSDT)
	670 Ambulatory Surgl Ctr / Birthng
	762 Targeted Case Management-Aids
	765 Adult Protective Services
	767 Disease State Management Pgm

APPENDIX

Service Types Groups Continued...

Category of Service Groups	Category of Service with Code
Other Services	790 Diagnostic Screening and Prev
	800 Early Intervention Case Mgt
	820 Licensed Clinical Social Work
	840 Childrens Intervention Svc
	011 Oth Pract Svcs Encounter
	440 Community Mental Health Svcs
	540 Federally Qualified Health Ctr
	541 Hospital-based Rural Hlth Ctr
	542 Free Stnding Rural Hlth Clinic
	720 Dialysis Services - Technical
	850 Georgia Better Health Care
	960 Childrens Intervention School
	990 Unknown
998 Unknown	