

Number of Providers Serving Medicaid Members by Specialty

Provider Taxonomy	Number of Providers					
	CMO			FFS		
	Oct 2019 - Sep 2020	Oct 2020 - Sep 2021	% Change	Oct 2019 - Sep 2020	Oct 2020 - Sep 2021	% Change
Diagnostic Radiology	7,391	7,734	5%	6,855	7,637	11%
Internal Medicine	5,165	5,418	5%	4,867	4,964	2%
Nurse Practitioner, Family	4,249	4,590	8%	4,185	4,456	6%
Emergency Medicine	5,582	5,730	3%	2,778	2,716	-2%
Family Medicine	4,645	4,641	0%	3,660	3,724	2%
Physician Assistant	3,449	3,695	7%	3,345	3,553	6%
Nurse Anesthetist, Certified Registered	3,156	3,304	5%	3,019	3,166	5%
Nurse Practitioner	2,862	3,046	6%	2,799	2,981	7%
Pediatrics, Pediatrics	4,007	3,656	-9%	2,332	2,201	-6%
Anesthesiology	2,745	2,836	3%	2,272	2,276	0%
Internal Medicine, Cardiovascular Disease	2,208	2,238	1%	2,331	2,570	10%
Anesthesiologist Assistant	2,234	2,510	12%	1,761	1,723	-2%
Obstetrics/Gynecology	2,593	2,483	-4%	1,614	1,629	1%
Speech-Language Pathologist	1,536	1,640	7%	1,455	1,556	7%
Orthopaedic Surgery	1,428	1,462	2%	1,535	1,550	1%
Surgery	1,475	1,540	4%	1,360	1,465	8%
Internal Medicine, Nephrology	801	811	1%	1,831	1,826	0%
Pharmacy, Community/Retail Pharmacy	1,154	1,119	-3%	1,094	1,087	-1%
Physician Assistant, Medical	1,042	1,042	0%	1,006	1,001	0%
Allopath/Osteopath, Neurology	834	946	13%	877	1,057	21%
Internal Medicine, Gastroenterology	925	886	-4%	1,075	1,103	3%
General Acute Care Hospital	1,204	1,391	16%	404	371	-8%
Ophthalmology	779	759	-3%	1,002	991	-1%
Hospitalist	815	949	16%	695	786	13%
Behavioral Analyst	495	798	61%	558	912	63%
Occupational Therapist	740	832	12%	755	872	15%
Dentist, General Practice	1,255	1,068	-15%	671	625	-7%
Physical Therapist	781	937	20%	667	740	11%
Urology	687	702	2%	935	967	3%
Pharmacy	881	847	-4%	822	813	-1%
Internal Medicine, Pulmonary Disease	699	792	13%	791	866	9%
Optometrist	824	811	-2%	745	775	4%
Internal Medicine, Hematology and Oncology	827	763	-8%	818	783	-4%
Psychiatry/Neurology, Psychiatry	755	835	11%	711	701	-1%
Specialist	920	835	-9%	715	649	-9%

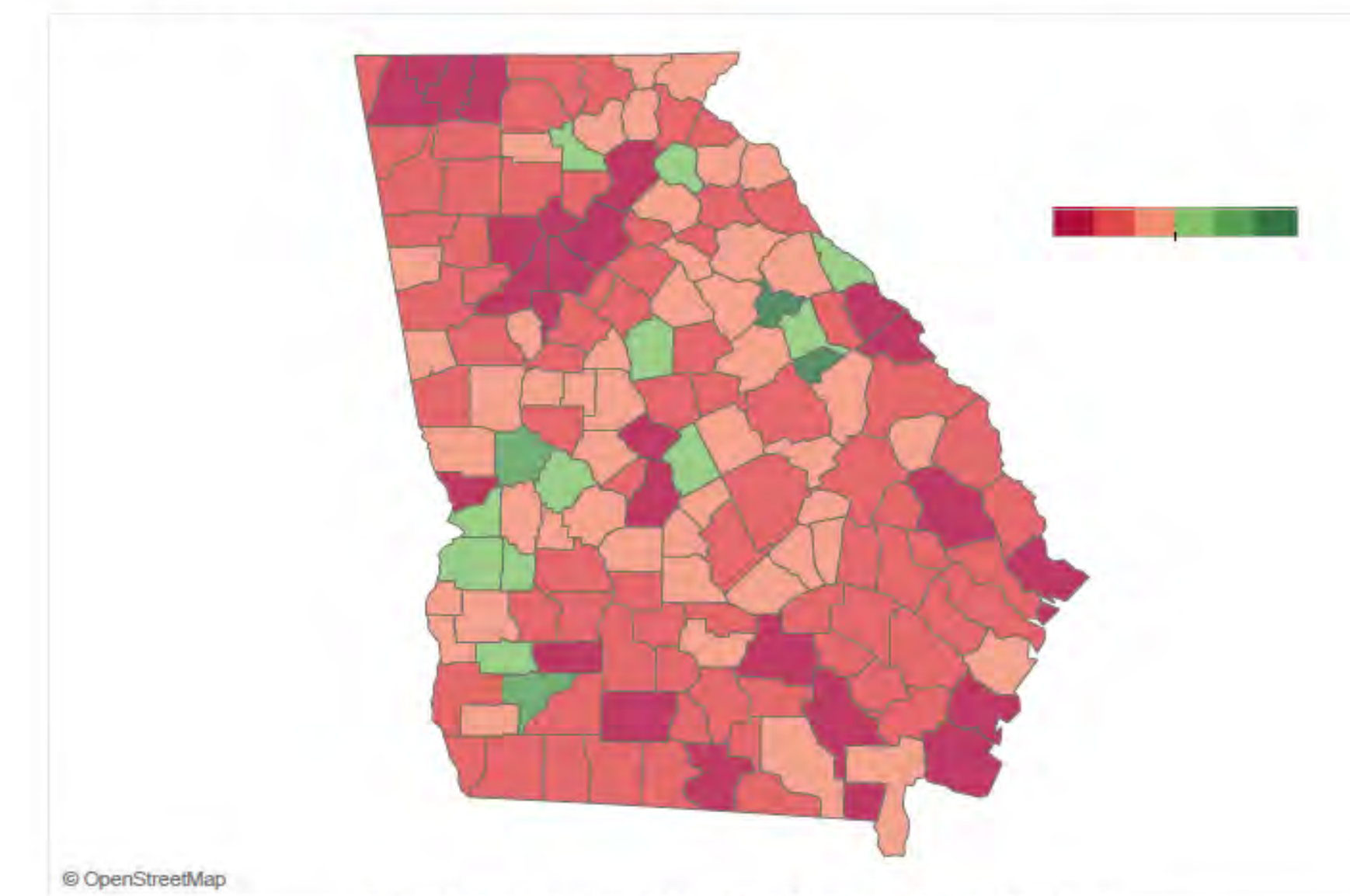
Note: Top 35 providers based on provider counts are presented. In some cases, physicians may be categorized as more than one specialty. Provider Specialty is defined by Provider Taxonomy field in Advantage Suite.

Providers with at least one claim in the time period specified were included in this analysis.

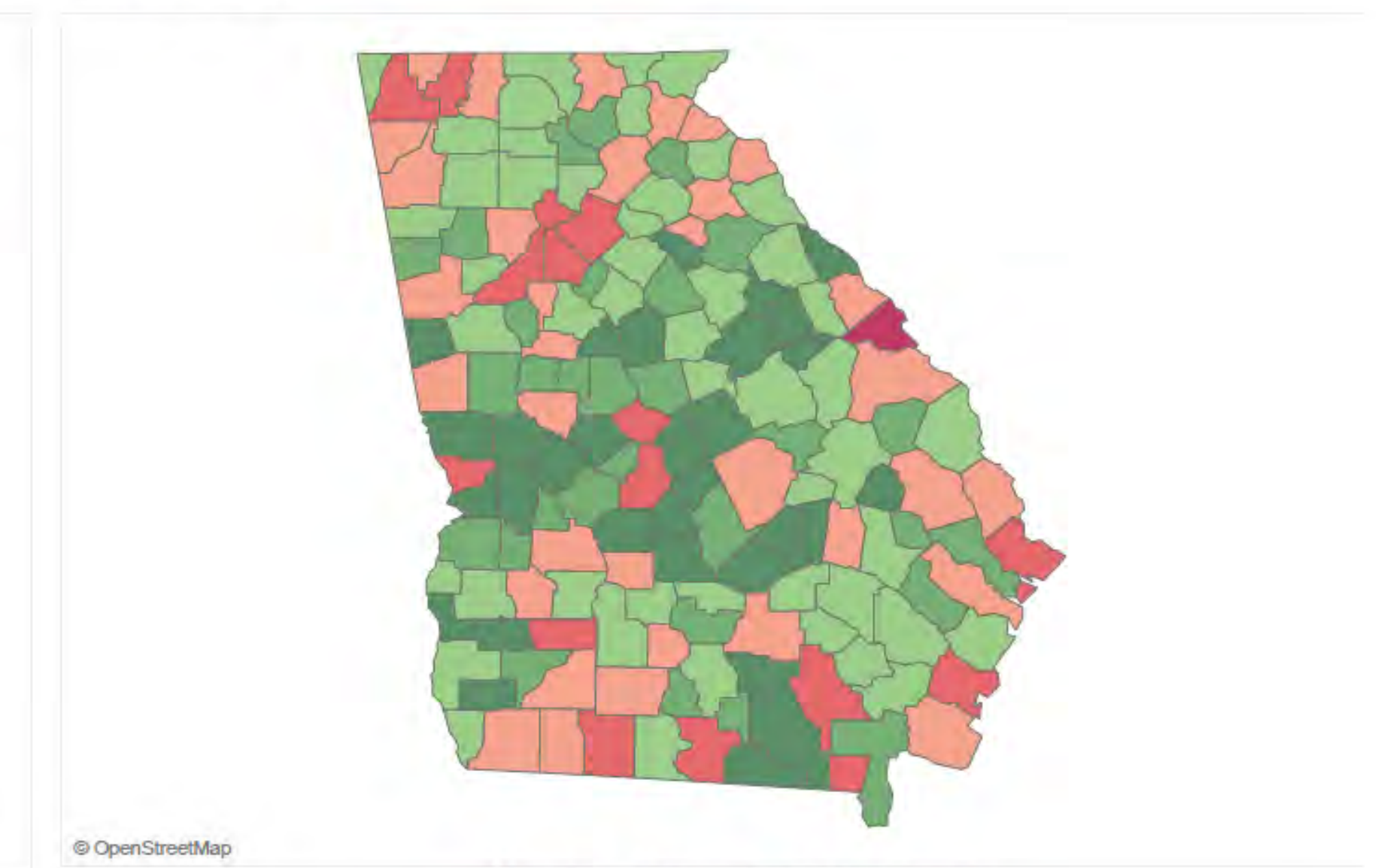
Primary Care* Providers per 1000 Members

* Primary Care includes Internal Medicine, Family Medicine, General Practice, Pediatric doctors as defined by provider taxonomy.

Medicaid CMO



Medicaid FFS



Counties 50 and below PCPs per 1000 Members

- CMO: Bibb, Bulloch, Camden, Catoosa, Chatham, Clayton, Cobb, Coffee, Colquitt, Columbia, DeKalb, Dougherty, Fulton, Glynn, Gwinnett, Hall, Houston, Lowndes, Murray, Muscogee, Richmond, Walker, Ware, Whitfield
- FFS: Richmond

Number of counties in each color

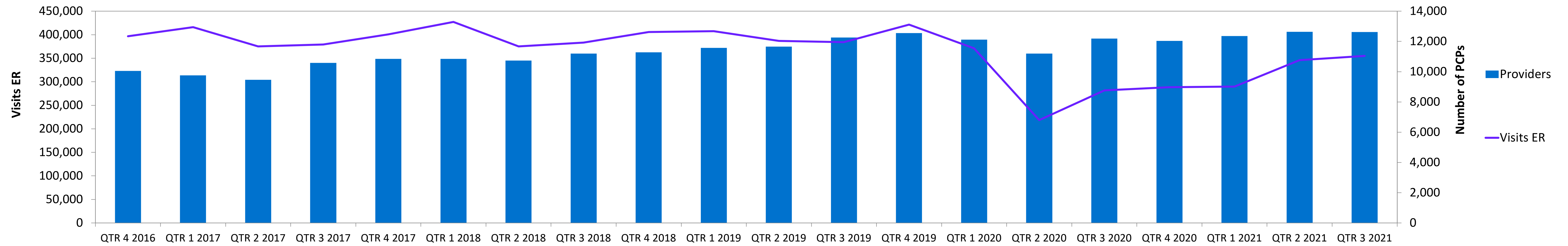
CMO		FFS	
0-50	24	0-50	1
51-100	71	51-100	14
101-150	51	101-150	34
151-200	9	151-200	49
201-250	2	201 - 250	30
250 +	2	250 +	31

Georgia Department of Community Health

Provider Report

Claims Incurred through September 2021 and Paid through December 2021

Trending of Visits ER and Number of Primary Care Physicians 2016 to 2021



Providers with at least one claim in the time period specified were included in this analysis.

Top 10 Hospitals Based on Inpatient Admissions (Jul 2021 - Sep 2021)

Excludes members with Medicare coverage. Sorted by Payments.

CMO						
Rank	Hospital Name	# of Inpatient Admissions	Average Length of Stay (ALOS)	ALOS Medicaid MarketScan Benchmark*	Readmission Rate**	CMO Plan Paid Amount Fac per Admit***
1	NORTHSIDE HOSPITAL	1,893	3.93	3.43	2%	\$4,248
2	EMORY UNIVERSITY HOSPITAL MIDTOWN	1,667	3.52	3.98	3%	\$4,968
3	SAVANNAH HEALTH SERVICES, LLC	1,442	5.29	5.43	6%	\$9,222
4	CHILDRENS HEALTHCARE OF ATLANTA	1,337	5.56	4.87	8%	\$18,656
5	NORTHEAST GEORGIA MEDICAL CENTER IN	1,295	3.57	4.48	2%	\$4,987
6	WELLSTAR KENNESTONE HOSPITAL	1,250	3.16	3.73	2%	\$5,503
7	GRADY MEMORIAL HOSPITAL	1,087	4.91	4.49	4%	\$9,854
8	DEKALB MEDICAL CENTER	994	3.48	3.12	1%	\$3,958
9	NORTHSIDE HOSPITAL, INC.	944	3.36	3.80	2%	\$5,065
10	PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.	863	4.80	5.63	2%	\$6,773
	All Other	29,001	4.23	4.30	3%	\$6,237
	Total	41,773	4.21	4.29	3%	\$6,561

FFS						
Rank	Hospital Name	# of Inpatient Admissions	Average Length of Stay (ALOS)	ALOS Medicaid MarketScan Benchmark*	Readmission Rate**	Net Pay Fac Per Admit
1	NORTHSIDE HOSPITAL	1,257	3.95	3.60	3%	\$4,931
2	GRADY MEMORIAL HOSPITAL	1,206	6.44	5.62	11%	\$12,662
3	NORTHEAST GEORGIA MEDICAL CENTER IN	593	5.80	5.92	7%	\$9,817
4	CHILDRENS HEALTHCARE OF ATLANTA AT	570	6.41	5.84	12%	\$24,802
5	WELLSTAR KENNESTONE HOSPITAL	562	5.11	4.90	6%	\$7,974
6	CHILDRENS HEALTHCARE OF ATLANTA	559	7.58	5.90	7%	\$21,950
7	NORTHSIDE HOSPITAL, INC.	503	4.54	4.68	6%	\$8,493
8	SAVANNAH HEALTH SERVICES, LLC	470	6.30	6.85	11%	\$13,049
9	EMORY UNIVERSITY HOSPITAL MIDTOWN	465	7.07	6.27	15%	\$12,292
10	WELLSTAR COBB HOSPITAL	457	4.80	5.24	7%	\$6,909
	All Other	11,304	6.23	5.91	11%	\$10,577
	Total	17,946	6.02	5.68	10%	\$10,978

*Benchmarks are based on MarketScan 2019 Medicaid Data.

**Readmission rate is based on readmissions for any diagnosis within 15 days. This is the standard used as an indicator of quality of care by Medicare Payment Advisory Committee.

***CMO Plan Paid Amount is the amount the plan pays to providers.

Georgia Department of Community Health

Provider Report

Claims Incurred through September 2021 and Paid through December 2021

Top 10 Hospitals Based on Emergent Visits (Jul 2021 - Sep 2021)

Excludes members with Medicare coverage.

CMO						
Rank	Facility Name	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	CMO Plan Paid Amount Facility*
1	CHILDRENS HEALTHCARE OF ATLANTA	27	42%	5,163	7,081	\$11,958,479
2	HUGHES SPALDING CHILDRENS HOSP	24	37%	4,170	6,976	\$8,626,806
3	SAVANNAH HEALTH SERVICES, LLC	18	41%	3,117	4,526	\$2,506,795
4	EGLESTON CHILDRENS HOSPITAL AT EMORY	14	45%	2,818	3,456	\$6,278,424
5	MIDTOWN MEDICAL CENTER	12	38%	1,956	3,216	\$1,595,336
6	CHILDRENS HEALTHCARE OF ATLANTA AT	10	45%	2,132	2,582	\$4,935,404
7	NORTHEAST GEORGIA MEDICAL CENTER IN	9	51%	2,096	2,029	\$2,189,364
8	AU MEDICAL CENTER, INC	9	46%	1,759	2,064	\$1,285,977
9	WELLSTAR KENNESTONE HOSPITAL	8	45%	1,563	1,889	\$1,747,298
10	WELLSTAR PAULDING HOSPITAL	8	46%	1,552	1,836	\$1,429,574
	All Other	N/A	49%	73,739	77,935	\$56,284,646
	Total	N/A	47%	99,725	113,425	\$98,838,104

* Includes both emergent and non-emergent ER visits payments, facilities with at least one emergent visit, out of state locations, and urgent care centers. CMO Plan Paid Amount is the amount the plan pays to providers. Net Payment is the amount DCH pays providers.

Note: Emergent and Non-emergent visits are defined by diagnosis codes. ER visits are a count of unique patient and service day combinations. Unique count total may be different from the sum of the ER visits from the individual hospitals, if individuals went to multiple hospitals on the same day. All COVID-19 related diagnosis for 2020 and 2021 are considered Emergent.

Top 10 Principal Diagnosis in Emergency Room (Jul 2021 - Sep 2021)

Emergent & Non-Emergent Visits are defined by Diagnosis codes.

CMO						
Rank	Diagnosis*	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	CMO Plan Paid Amount Facility**
1	J06 Acute upper respiratory infections of multiple and unspecified sites	36	100%	17,237	0	\$7,439,111
2	R10 Abdominal and pelvic pain	10	0%	0	16,085	\$2,259,297
3	H66 Suppurative and unspecified otitis media	14	0%	0	9,031	\$3,508,035
4	B34 Viral infection of unspecified site	6	93%	6,376	491	\$956,010
5	J02 Acute pharyngitis	33	0%	0	6,668	\$5,543,986
6	R50 Fever of other and unknown origin	5	0%	0	5,140	\$833,165
7	R07 Pain in throat and chest	5	0%	0	540	\$737,141
8	R11 Nausea and vomiting	1	100%	4,910	0	\$374,598
9	O26 Maternal care for other conditions predominantly related to pregnancy	3	97%	4,693	129	\$665,937
10	S01 Open wound of head	8	4%	152	3,921	\$1,529,397
	All Other	N/A	48%	66,433	71,518	\$74,991,427
	Total	N/A	47%	99,725	113,425	\$98,838,104

* Diagnosis refers to the principal diagnosis.

** Includes both emergent and non-emergent ER visits payments, facilities with at least one emergent visit, out of state locations, and urgent care centers. CMO Plan Paid Amount is the amount the plan pays to providers. Net Payment is the amount DCH pays providers.

Note: Emergent and Non-emergent visits are defined by diagnosis codes. ER visits are a count of unique patient and service day combinations. Unique count total may be different from the sum of the ER visits from the individual hospitals, if individuals went to multiple hospitals on the same day. All COVID-19 related diagnosis for 2020 and 2021 are considered Emergent.

FFS						
Rank	Facility Name	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	Net Payment Facility*
1	GRADY MEMORIAL HOSPITAL	41	62%	1,427	883	\$2,377,600
2	SAVANNAH HEALTH SERVICES, LLC	21	51%	613	581	\$537,160
3	CHILDRENS HEALTHCARE OF ATLANTA AT	18	50%	517	508	\$932,157
4	AU MEDICAL CENTER, INC	18	51%	517	489	\$744,944
5	CHILDRENS HEALTHCARE OF ATLANTA	17	50%	475	468	\$1,099,114
6	MIDTOWN MEDICAL CENTER	16	47%	416	465	\$653,762
7	PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	16	58%	499	368	\$587,794
8	WELLSTAR ATLANTA MEDICAL CENTER, INC	15	55%	477	387	\$476,663
9	EMORY UNIVERSITY HOSPITAL MIDTOWN	15	56%	481	379	\$613,437
10	SOUTH GEORGIA MEDICAL CENTER	14	54%	419	354	\$490,155
	All Other	N/A	54%	19,820	16,556	\$21,957,099
	Total	N/A	54%	25,544	21,381	\$30,469,886

FFS						
Rank	Diagnosis*	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	Net Payment Facility**
1	U07 Emergency use of U07	43	100%	2,644	0	\$1,479,461
2	R07 Pain in throat and chest	39	99%	2,360	25	\$2,084,352
3	R10 Abdominal and pelvic pain	34	96%	1,984	74	\$1,653,198
4	M54 Dorsalgia	23	0%	0	1,400	\$573,296
5	J06 Acute upper respiratory infections of multiple and unspecified sites	19	0%	0	1,168	\$400,922
6	M25 Other joint disorder, not elsewhere classified	18	0%	1	1,073	\$345,858
7	M79 Other and unspecified soft tissue disorders, not elsewhere classified	17	81%	846	197	\$437,291
8	D57 Sickle-cell disorders	17	94%	959	64	\$758,030
9	R45 Symptoms and signs involving emotional state	16	8%	76	878	\$528,448
10	R11 Nausea and vomiting	13	3%	27	796	\$478,329
	All Other	N/A	51%	16,683	15,742	\$21,730,700
	Total	N/A	54%	25,544	21,381	\$30,469,886

Georgia Department of Community Health

Member Report

Claims Incurred through September 2021 and Paid through December 2021

Medicaid Enrollment by CMO and FFS Health Plan

Plan	Rolling Quarter Enrollment* (Members Avg)				% Change in Recent 2 Qtrs	Trend (Unique Members) (Jul 21 to Aug 21)		
	Sep 2020 - Nov 2020	Dec 2020 - Feb 2021	Mar 2021 - May 2021	Jun 2021 - Aug 2021		Members Added	Members Dropped	Net Difference
Georgia Families Amerigroup	479,006	499,675	528,654	553,249	5%	8,880	3,159	5,721
Georgia Families Peach State	449,218	470,481	809,459	982,046	21%	9,951	4,543	5,408
Georgia Families Wellcare	525,866	525,150	173,844	0	-100%	0	0	0
Georgia Families CareSource	319,907	339,139	369,170	395,965	7%	8,101	2,722	5,379
Medicaid CMO	1,773,997	1,834,446	1,881,127	1,931,260	3%	26,932	7,221	19,711
Medicaid FFS	253,596	248,821	246,255	245,164	0%	12,083	15,262	-3,179
Total	2,027,593	2,083,266	2,127,382	2,176,425	2%	22,804	9,475	13,329

* Excludes members with Medicare coverage

Note: Plan totals may not add to the CMO total as there may be movement across Plans. In addition, Wellcare members moved to other plans in May 2021 due to merger with PeachState.

Medicaid Enrollment by Aid Category Group

Aid Category Group	Average Age (Current Quarter)	Rolling Quarter Enrollment* (Members Avg)				% Change in Recent 2 Qtrs	Trend (Unique Members) (Jul 21 to Aug 21)		
		Oct 2020 - Dec 2020	Jan 2021 - Mar 2021	Apr 2021 - Jun 2021	Jul 2021 - Sep 2021		Members Added	Members Dropped	Net Difference
Aged	72	1,143	1,144	1,088	1,039	-5%	4,765	2,011	2,754
Blind and Disabled	35	181,604	181,300	179,297	176,629	-1%	4,454	3,619	835
Breast and Cervical Cancer	51	2,101	2,128	2,178	2,204	1%	37	38	-1
Emergency Medical Services	31	3	1	2	3	50%	44	43	1
Foster Care and Adoptions	11	31,204	31,424	31,657	31,872	1%	501	1,756	-1,255
Inmate	33	15,339	14,812	14,734	15,391	4%	54	11	43
Katie Beckett	9	3,854	3,950	4,070	4,124	1%	1,138	1,353	-215
LIM Adult	35	228,626	237,154	245,523	254,333	4%	300	389	-89
LIM Child	10	469,869	485,036	502,696	518,659	3%	519	413	106
Medically Needy	61	5,564	5,867	6,200	6,187	0%	11,841	6,693	5,148
Medicare	63	329	322	325	365	12%	3	1	2
PeachCare	10	160,908	169,918	176,563	181,218	3%	8	15	-7
Planning for Healthy Babies	30	78,465	78,808	77,774	77,531	0%	19	16	3
QMB	58	503	516	546	582	7%	626	493	133
RSM Child	9	774,393	788,700	794,950	809,326	2%	4,394	2,508	1,886
RSM Mother	28	73,545	82,029	89,568	96,682	8%	42	7	35
Refugee	34	143	156	208	281	35%	16,842	12,892	3,950
Total	16	2,027,593	2,083,266	2,127,382	2,176,425	2%	22,804	9,475	13,329
Dual Eligible	65	363,401	369,210	374,237	379,773				

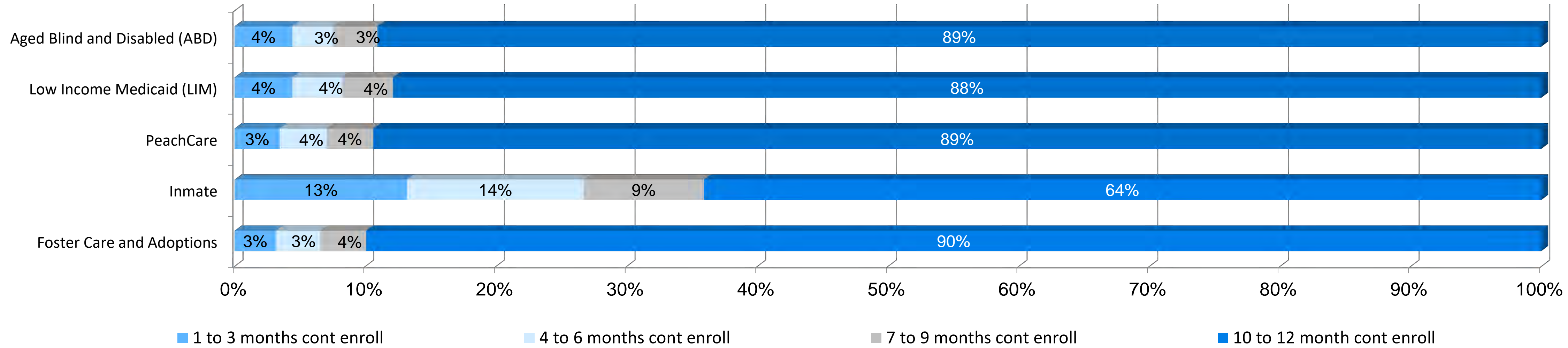
* Excludes members with Medicare coverage

Note: Aid Category Group totals may not add to the total as there may be movement across aid categories.

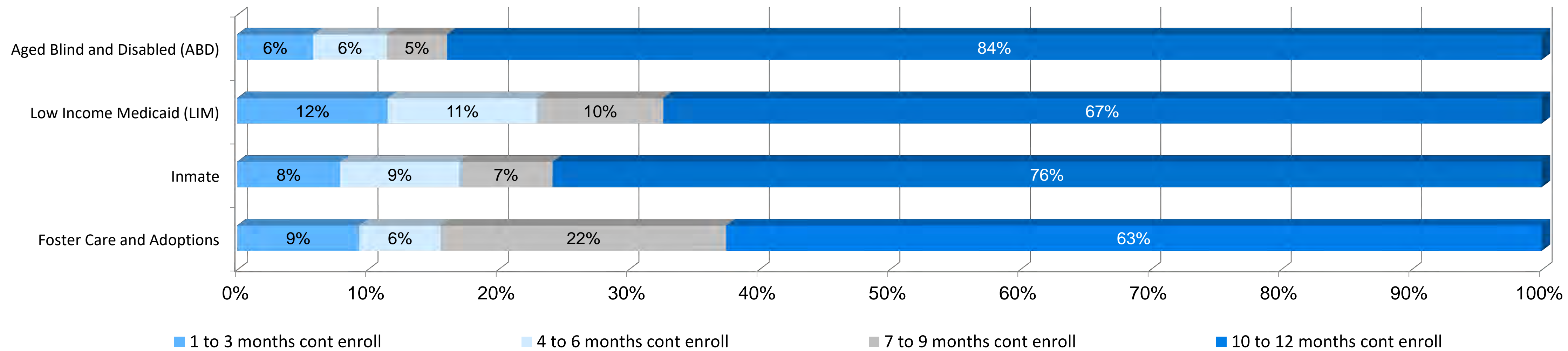
Continuous Enrollment for **Non-Medicare Enrollees*** in Rolling Previous 12 Months

**Excludes members with Medicare coverage*

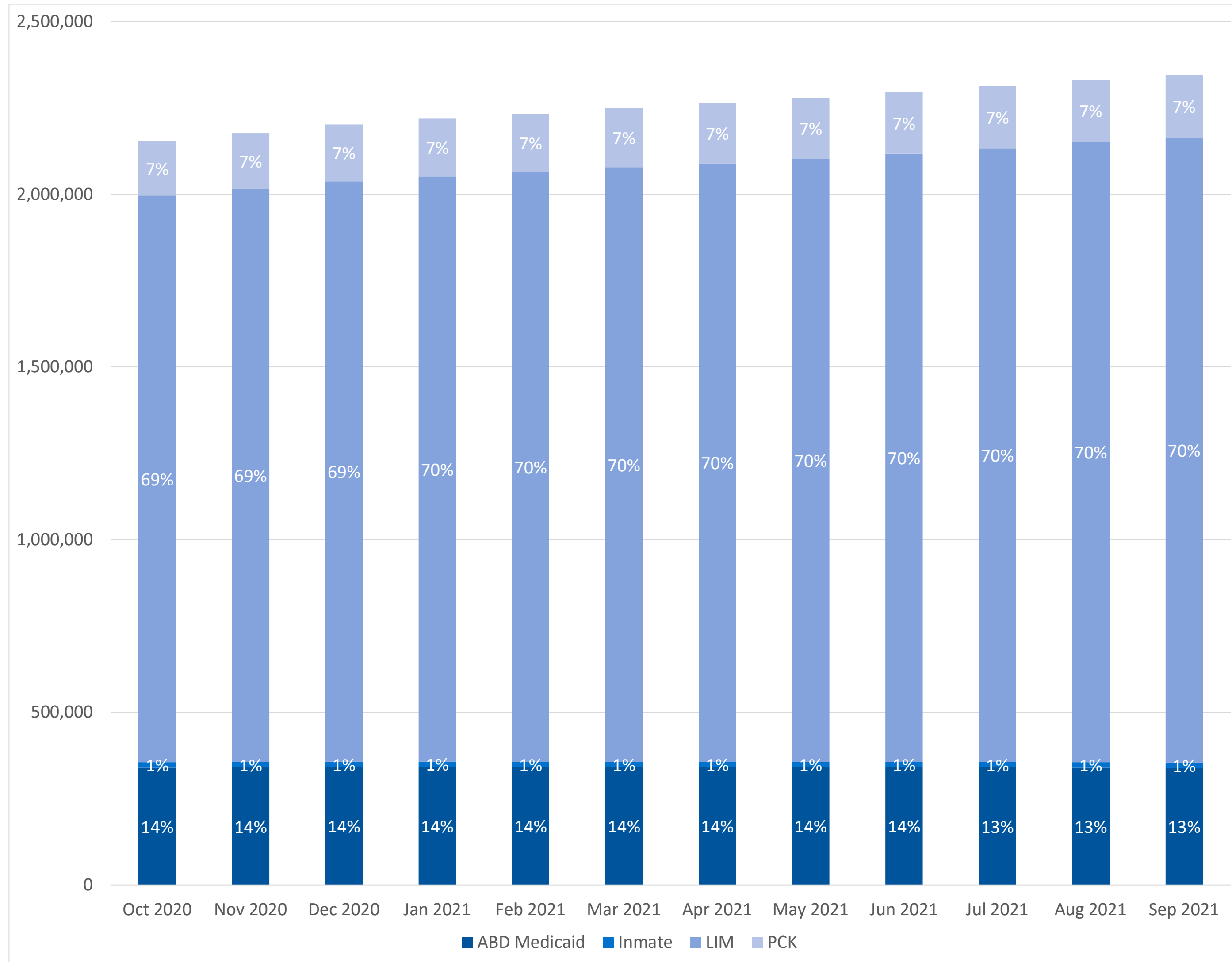
Note: ABD includes Aged, Blind and Disabled, Emergency Medical Services, Katie Beckett, Medically Needy. LIM Includes LIM adults, LIM children, RSM mother, RSM children, Breast and Cervical Cancer, Planning for Healthy Babies, Refugee.



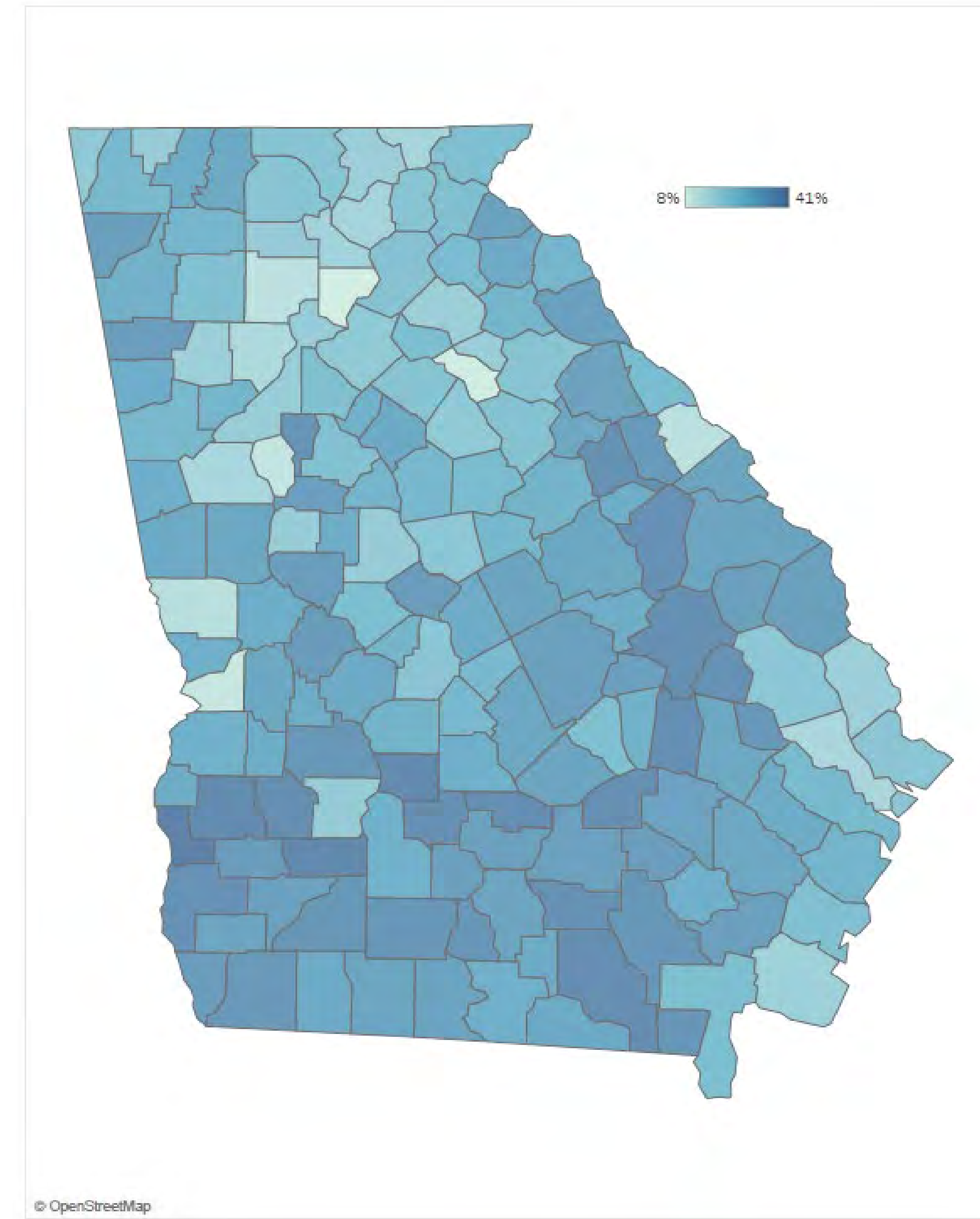
Continuous Enrollment for **Dual Eligible Enrollees** in Rolling Previous 12 Months



Monthly Enrollment for Rolling Previous 12 Months



Percent of Medicaid Members by County Population*



*County Population totals are from <https://www.census.gov/>

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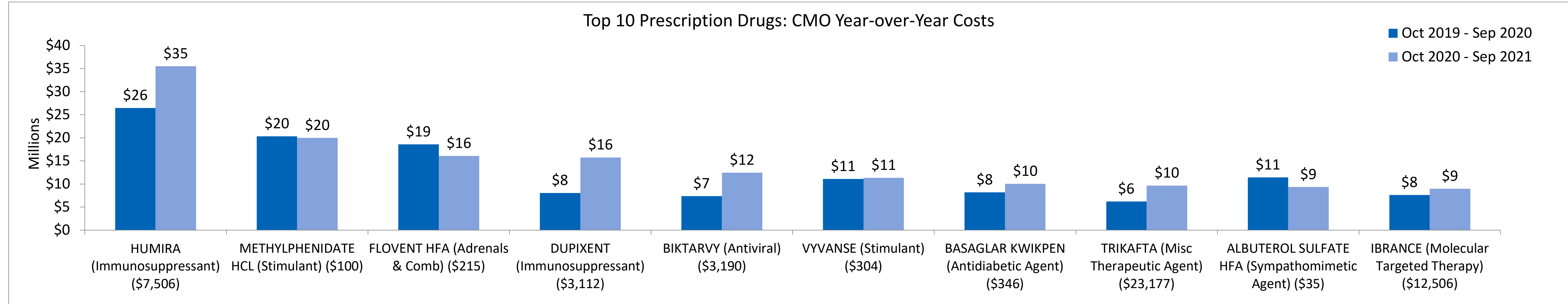
Member Report

Claims Incurred through September 2021 and Paid through December 2021

Top 10 Prescriptions (CMO Plan Paid Amount)

Excludes members with Medicare coverage

CMO

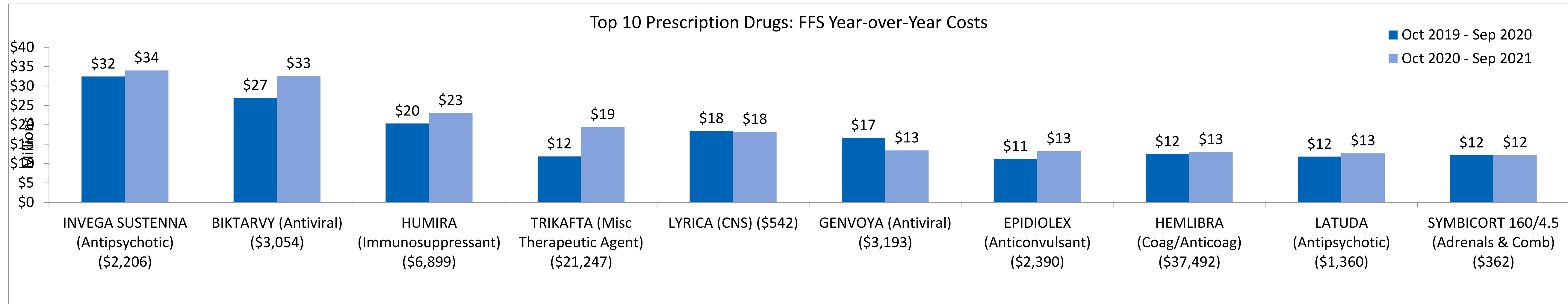


Cost per Script is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions.

Top 10 Prescriptions (Net Payments)

Excludes members with Medicare coverage

FFS



Cost per Script is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

Georgia Department of Community Health

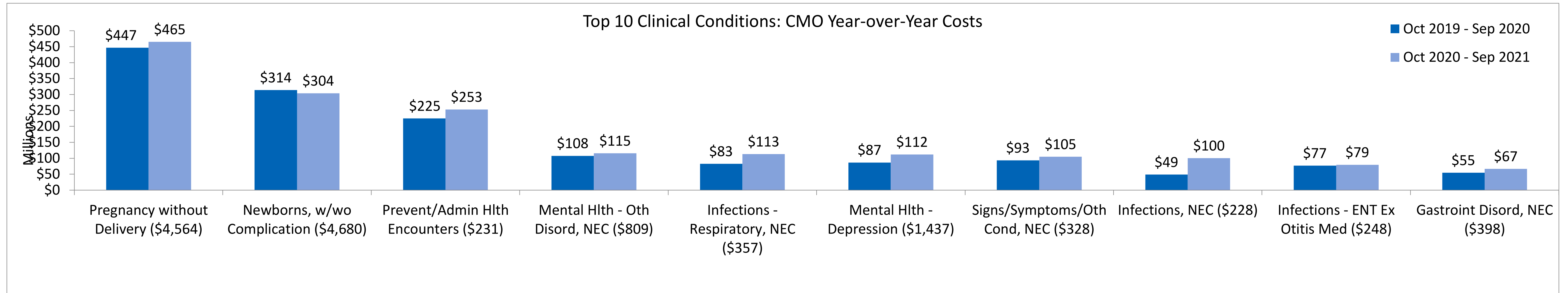
Member Report

Claims Incurred through September 2021 and Paid through December 2021

Top 10 Clinical Conditions for Non-Medicare Enrollees (CMO Plan Paid Amount)

Excludes members with Medicare coverage

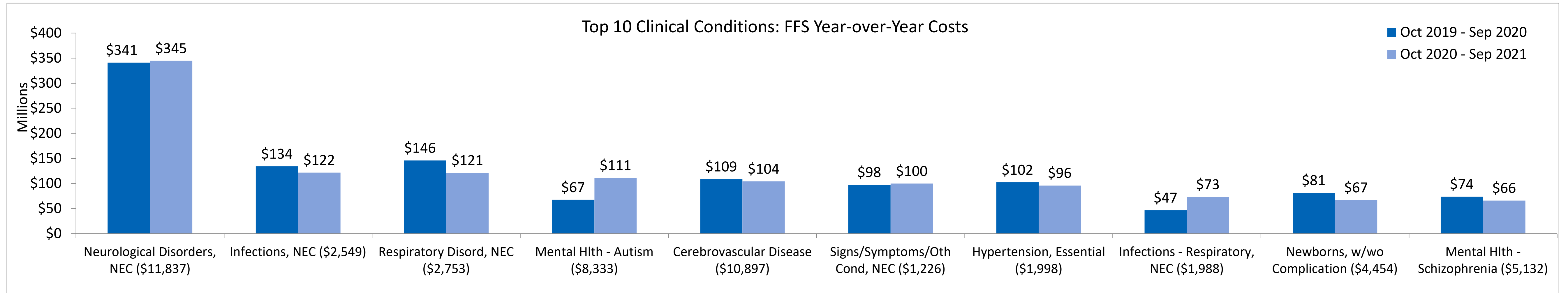
CMO



Cost per Patient is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions.

Top 10 Clinical Conditions (Net Payments)

FFS



Cost per Patient is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

Note: Deliveries in FFS likely occurred while members were in their choice period before they were enrolled in a CMO.

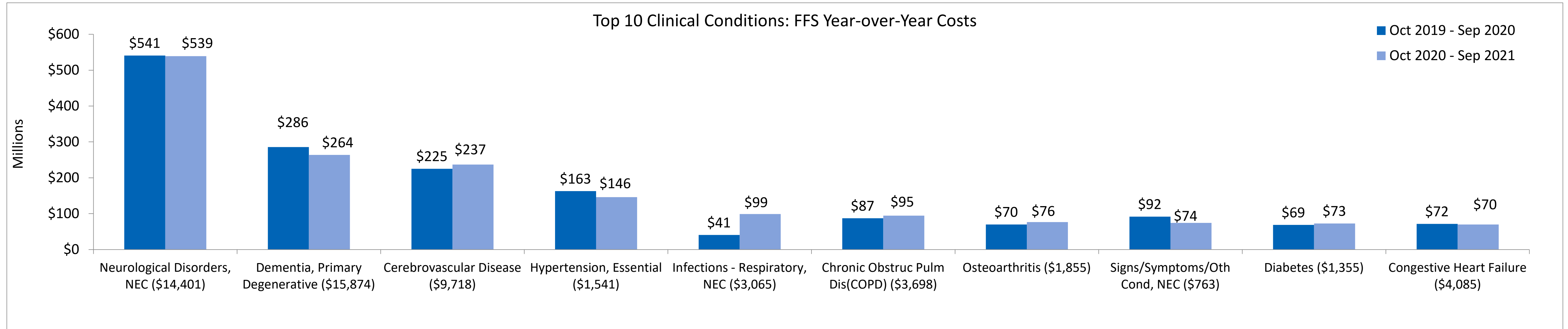
Georgia Department of Community Health

Member Report

Claims Incurred through September 2021 and Paid through December 2021

Top 10 Clinical Conditions for Dual Eligible Enrollees (Net Payments)

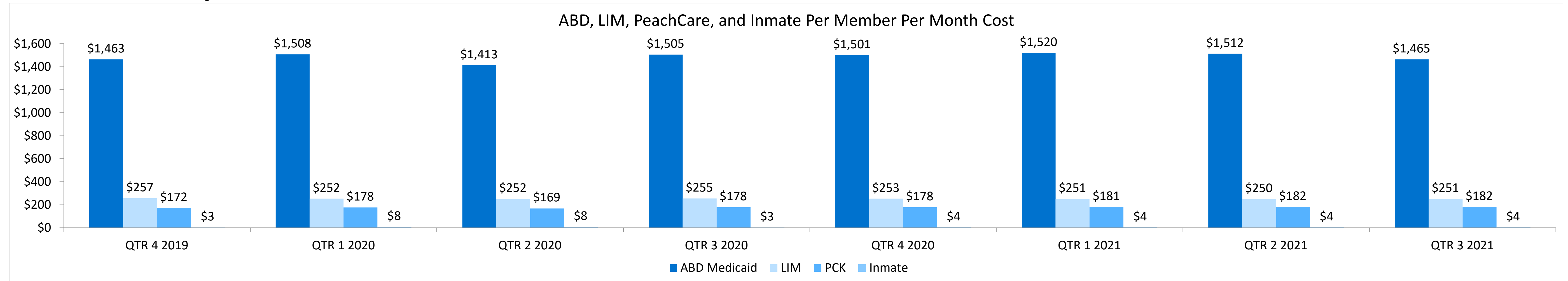
FFS



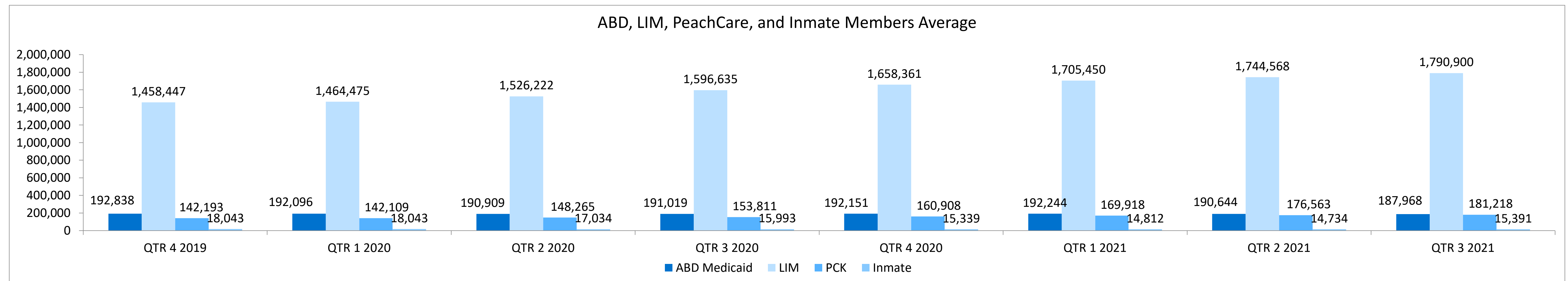
Cost per Patient is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

Financial Results by Aid Category

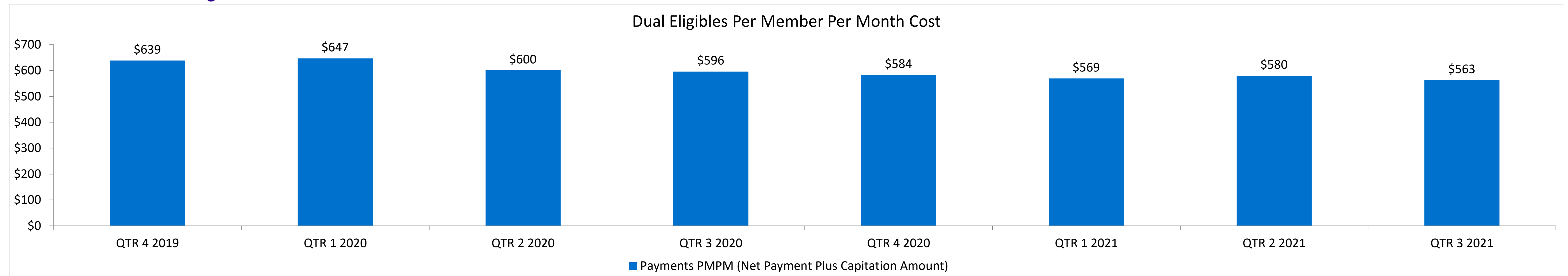
Excludes members with Medicare coverage



Payments includes Net Payments and Capitation Amount. Net Payments include payments for FFS claims. Capitation Amount includes payments to non-emergency transportation (NEMT) brokers and CMO plans to administer benefits.



Financial Results for Dual Eligibles

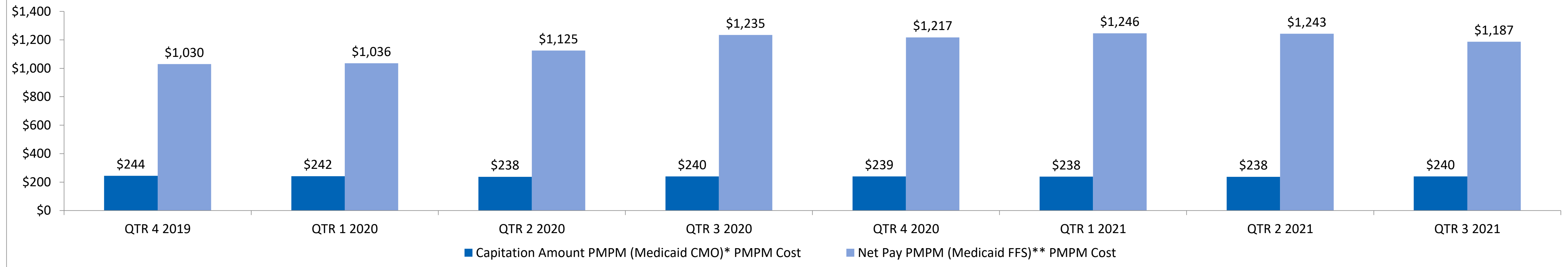


Payments includes Net Payments and Capitation Amount. Net Payments include payments for FFS claims. Capitation Amount includes payments to non-emergency transportation (NEMT) brokers and CMO plans to administer benefits.

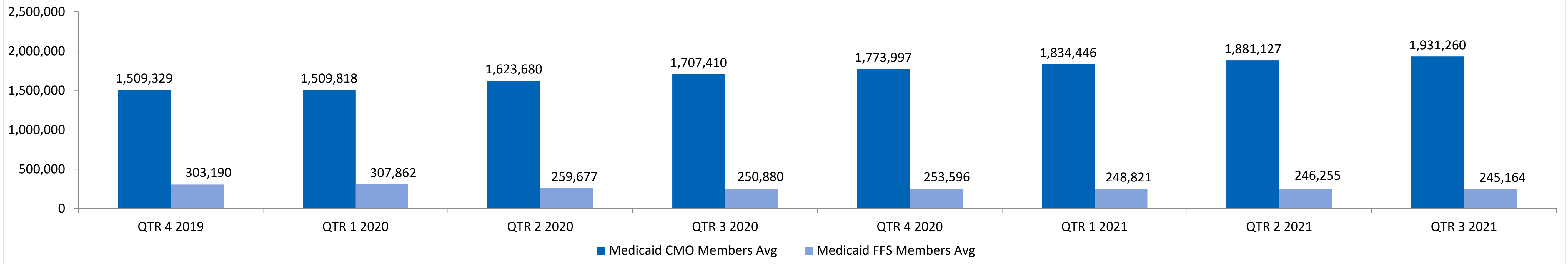
Financial Results by Plan Group

Excludes members with Medicare coverage

CMO and FFS Per Member Per Month Cost



CMO and FFS Members Average



* Capitation Amount is the amount Medicaid paid to the plan; this amount is used to calculate the CMO PMPM cost and includes payments to non-emergency transportation (NEMT) brokers and CMO plans.

**Net Payment is used to calculate PMPM cost for FFS plans.

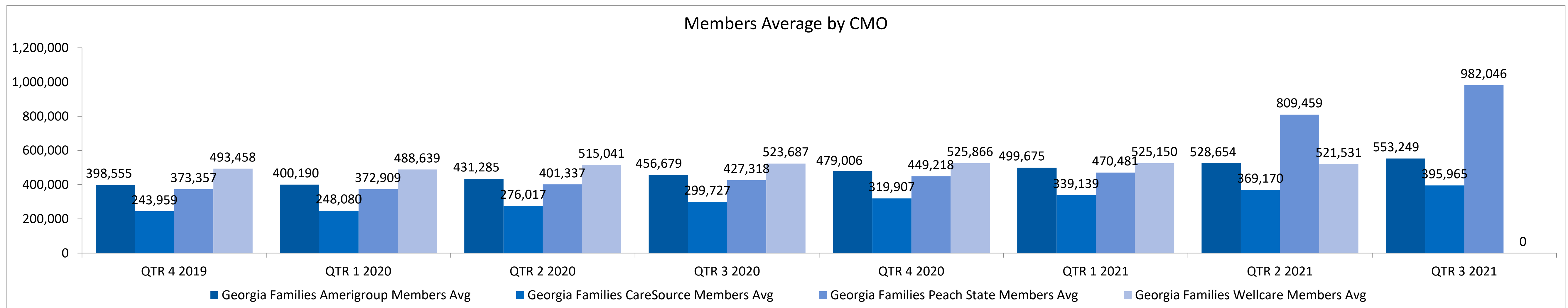
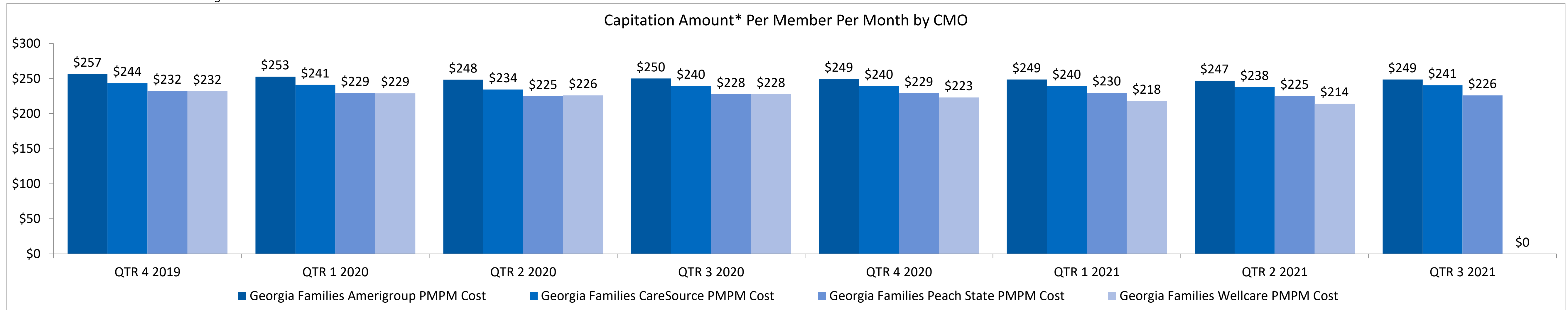
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Finance Report

Claims Incurred through September 2021 and Paid through December 2021

Financial Results by CMO

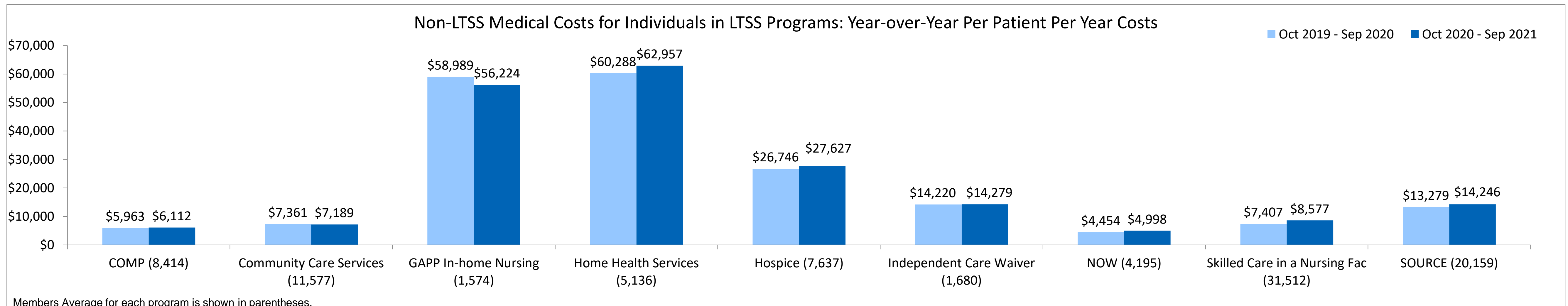
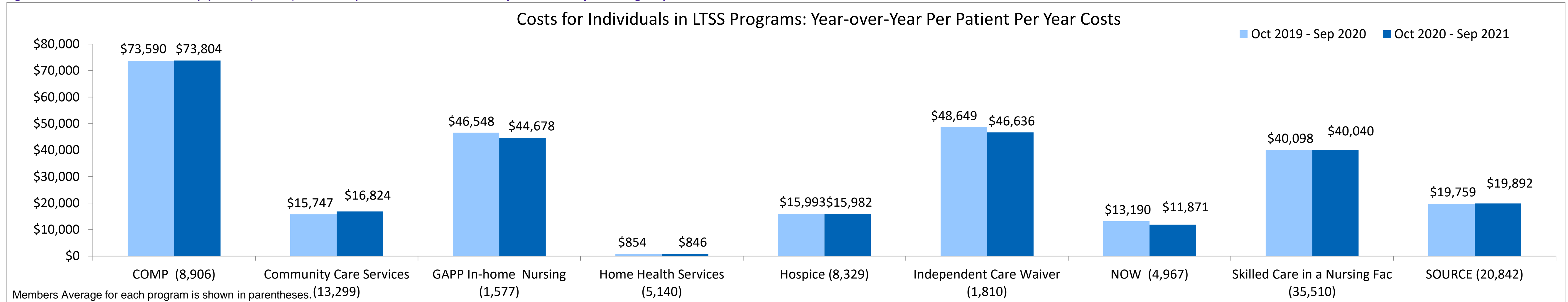
Excludes members with Medicare coverage



*Capitation Amount is what Medicaid paid and excludes NEMT. Wellcare members moved to other plans in May 2021 due to merger with Peach State, which accounts for the large increase in Peach State members average in Q2 2021.

Long Term Care (LTC) Services Summary

Long Term Service and Support (LTSS) Participation and Net Payments by Category of Service



Note: LTSS report includes members with Medicare coverage.

Georgia Department of Community Health

Finance Report

Claims Incurred through September 2021 and Paid through December 2021

Cost by Aid Category Group

Excludes members with Medicare coverage

Aid Category Group	Measures	Oct 2019 - Sep 2020	Oct 2020 - Sep 2021	% Change	Oct 2019 - Sep 2020	Oct 2020 - Sep 2021
					PMPM	PMPM
LIM	Net Pay Med	\$409,543,389	\$323,177,151	-21%	\$23	\$16
	Net Pay Rx	\$33,408,456	\$37,870,499	13%	\$2	\$2
	CMO Capitation Payments	\$4,002,306,491	\$4,638,113,182	16%	\$225	\$227
	P4HB Capitation Payments	\$22,846,110	\$25,969,716	14%	\$1	\$1
	NEMT Capitation Payments	\$88,019,767	\$104,674,126	19%	\$5	\$5
	Total Cost	\$4,556,124,214	\$5,129,804,673	13%	\$256	\$252
ABD	Net Pay Med	\$2,433,449,247	\$2,417,723,711	-1%	\$1,085	\$1,090
	Net Pay Rx	\$811,623,977	\$852,603,913	5%	\$362	\$384
	NEMT Capitation Payments	\$11,437,478	\$11,583,996	1%	\$5	\$5
	Total Cost	\$3,256,510,703	\$3,281,911,620	1%	\$1,452	\$1,480
PCK	Net Pay Med	\$13,156,440	\$6,907,663	-47%	\$7	\$3
	Net Pay Rx	\$2,561,813	\$2,895,432	13%	\$1	\$1
	CMO Capitation Payments	\$292,194,452	\$365,297,470	25%	\$166	\$177
	Total Cost	\$307,912,705	\$375,100,565	22%	\$175	\$182
Foster Care	Net Pay Med	\$25,917,968	\$25,391,986	-2%	\$69	\$67
	Net Pay Rx	\$8,434,804	\$8,105,310	-4%	\$23	\$21
	CMO Foster Care Capitation Payments	\$182,331,060	\$179,899,018	-1%	\$487	\$475
	NEMT Capitation Payments	\$1,975,075	\$1,999,021	1%	\$5	\$5
	Total Cost	\$218,658,908	\$215,395,335	-1%	\$583	\$569
Inmate	Net Pay Med	\$1,063,041	\$421,051	-60%	\$5	\$2
	Total Cost	\$1,063,041	\$421,051	-60%	\$5	\$2

Measures

Net Pay Med is the sum of facility and professional net payments.

Net Pay Rx is the net amount paid for prescriptions filled and exclude rebates and clawbacks.

CMO Capitation Payment is the capitation amount constrained to Category of Service code 830 (Managed Care Organization).

CMO Foster Care Capitation Payment is the capitation amount constrained to Category of Service code 815 (Managed Care Foster Care).

P4HB Capitation Payment is the capitation amount constrained to Category of Service code 810 (Managed Care Healthy Babies Waiver).

NEMT Capitation Payment is the capitation amount constrained to Category of Service code 381 (Non-Emergency Medical Transportation).

Total Cost is the sum of capitation amounts, net payment and administrative fees.

Georgia Department of Community Health

Finance Report

Claims Incurred through September 2021 and Paid through December 2021

Categories of Service Groupings

Excludes members with Medicare coverage

Category of Service	Patients	Payments	Cost Per Patient	Service Count	Cost Per Service	Claims Paid	Providers	Claims Per Provider
Inpatient Hospital Services	188,383	\$1,910,943,672	\$10,144	234,367	\$8,154	235,455	450	523
Outpatient Hospital Services	666,264	\$913,689,347	\$1,371	12,355,928	\$74	1,691,914	1,616	1,047
Professional Services	1,547,603	\$1,209,695,792	\$782	8,900,462	\$136	10,202,151	100,150	102
Pharmacy	1,270,141	\$1,554,370,762	\$1,224	16,184,135	\$96	16,219,552	2,445	6,634
Skilled Care in a Nursing Facility	3,953	\$180,382,504	\$45,632	876,039	\$206	124,954	324	386
Dental	783,579	\$255,632,640	\$326	1,582,259	\$162	1,653,733	3,019	548
Behavioral Health	92,559	\$322,922,542	\$3,489	7,224,004	\$45	2,042,582	1,669	1,224
Waiver	17,164	\$555,944,525	\$32,390	8,592,104	\$65	1,515,407	3,905	388
Other	1,453,100	\$839,801,639	\$578	20,100,401	\$42	7,560,217	35,540	213
Total	1,882,815	\$7,743,383,422	\$4,113	76,049,699	\$102	41,245,965	127,959	322

Category of Service Groupings

Inpatient services are identified by Category of Service codes 001 and 010. Service Count reflects Admits.

Outpatient services are identified by Category of Service code 070. Service Count reflects Service Count.

Professional services are identified by Category of Service codes 330, 400, 410, 420, 430, 431, 432, 470, 480, 490, 550, 560, 570, 721 and 740. Service Counts reflects Visits Patient

Skilled Care in a Nursing Facility services are identified by Category of Service codes 110,140,170 and 180. Service Count reflects Days Billed LTC Calculated Fac.

Pharmacy services are identified by category of service codes 300 and 321. Service Count reflects Scripts Rx. Payments exclude rebates and clawbacks.

Waiver services are identified by Category of Service codes 590, 660, 680, 681, 930, 971 and 972. Service Count reflects Service Count.

Dental services are identified by Category of Service codes 450, 460. Service Count reflects Visits Patient.

Behavioral Health services are identified by Category of Service codes 440, 442, 445. Service Count reflects Service Count.

All other services are identified by excluding the Category of Service codes used in aforementioned groups. Service Count reflects Service Count.

Payments = Net Payment + CMO Plan Paid Amount. CMO Plan Paid Amount is the amount the plan pays to providers.