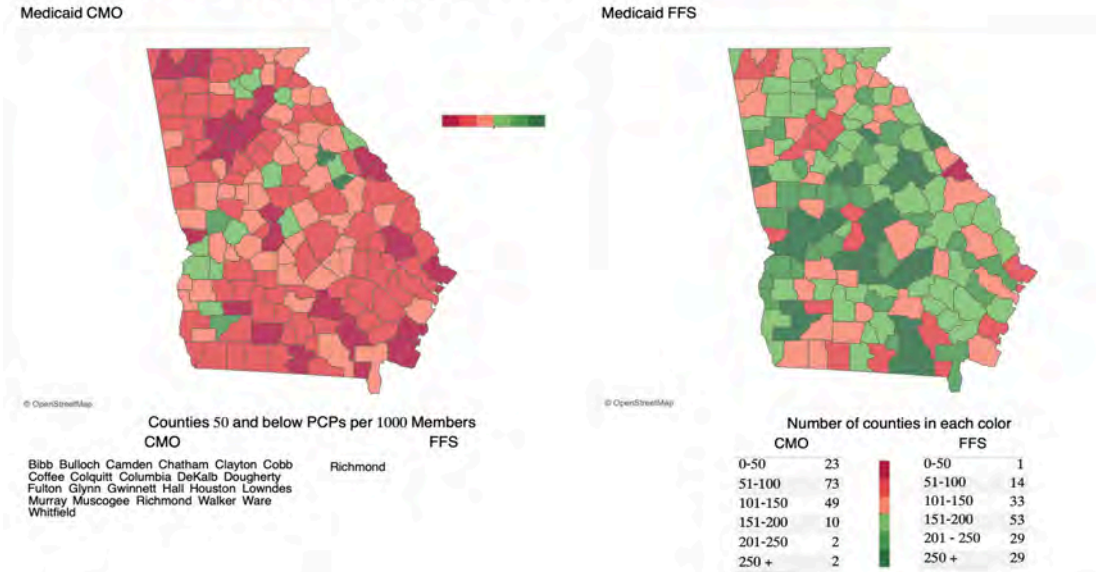


Number of Providers Serving Medicaid Members by Specialty

Provider Taxonomy	Number of Providers					
	CMO			FFS		
	Nov 2019 - Oct 2020	Nov 2020 - Oct 2021	% Change	Nov 2019 - Oct 2020	Nov 2020 - Oct 2021	% Change
Diagnostic Radiology	7,479	7,766	4%	7,024	7,757	10%
Internal Medicine	5,169	5,467	6%	4,897	4,996	2%
Nurse Practitioner, Family	4,284	4,658	9%	4,184	4,513	8%
Emergency Medicine	5,645	5,750	2%	2,777	2,749	-1%
Family Medicine	4,653	4,687	1%	3,683	3,725	1%
Physician Assistant	3,474	3,710	7%	3,358	3,592	7%
Nurse Anesthetist, Certified Registered	3,125	3,355	7%	3,036	3,186	5%
Nurse Practitioner	2,875	3,055	6%	2,810	3,003	7%
Pediatrics, Pediatrics	4,022	3,670	-9%	2,322	2,230	-4%
Anesthesiology	2,726	2,856	5%	2,263	2,296	1%
Internal Medicine, Cardiovascular Disease	2,197	2,242	2%	2,336	2,575	10%
Anesthesiologist Assistant	2,217	2,517	14%	1,739	1,752	1%
Obstetrics/Gynecology	2,605	2,497	-4%	1,611	1,635	1%
Speech-Language Pathologist	1,529	1,667	9%	1,461	1,564	7%
Surgery	1,470	1,564	6%	1,375	1,476	7%
Orthopaedic Surgery	1,419	1,452	2%	1,539	1,556	1%
Internal Medicine, Nephrology	791	818	3%	1,847	1,829	-1%
Pharmacy, Community/Retail Pharmacy	1,147	1,119	-2%	1,091	1,089	0%
Allopath/Osteopath, Neurology	844	975	16%	896	1,092	22%
Physician Assistant, Medical	1,032	1,052	2%	986	1,012	3%
Internal Medicine, Gastroenterology	918	893	-3%	1,095	1,116	2%
Ophthalmology	776	777	0%	1,001	1,018	2%
Hospitalist	826	976	18%	704	809	15%
General Acute Care Hospital	1,206	1,398	16%	401	377	-6%
Behavioral Analyst	515	822	60%	591	946	60%
Occupational Therapist	761	850	12%	780	896	15%
Physical Therapist	805	954	19%	674	749	11%
Urology	668	714	7%	947	968	2%
Dentist, General Practice	1,250	1,023	-18%	657	644	-2%
Pharmacy	877	850	-3%	822	813	-1%
Internal Medicine, Pulmonary Disease	700	784	12%	790	860	9%
Optometrist	828	819	-1%	748	779	4%
Internal Medicine, Hematology and Oncology	833	760	-9%	824	796	-3%
Psychiatry/Neurology, Psychiatry	765	842	10%	710	702	-1%
Specialist	915	816	-11%	700	643	-8%

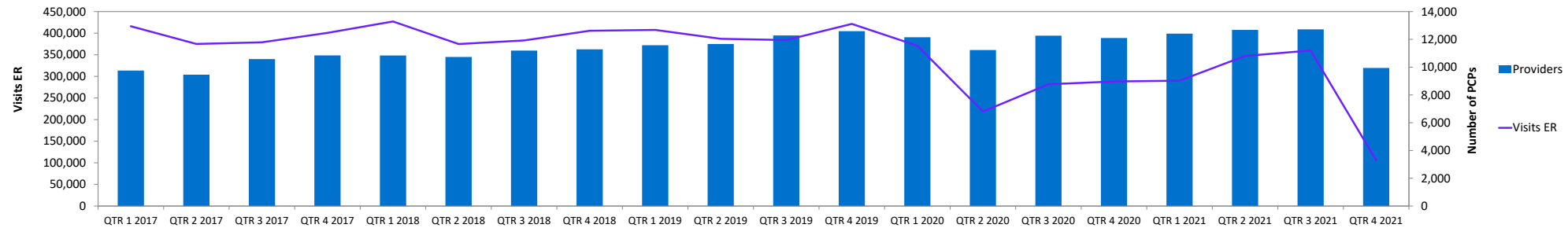
Primary Care* Providers per 1000 Members

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



Trending of Visits ER and Number of Primary Care Physicians 2017 to 2021

Quarter 4 2021 only includes one month of data.



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

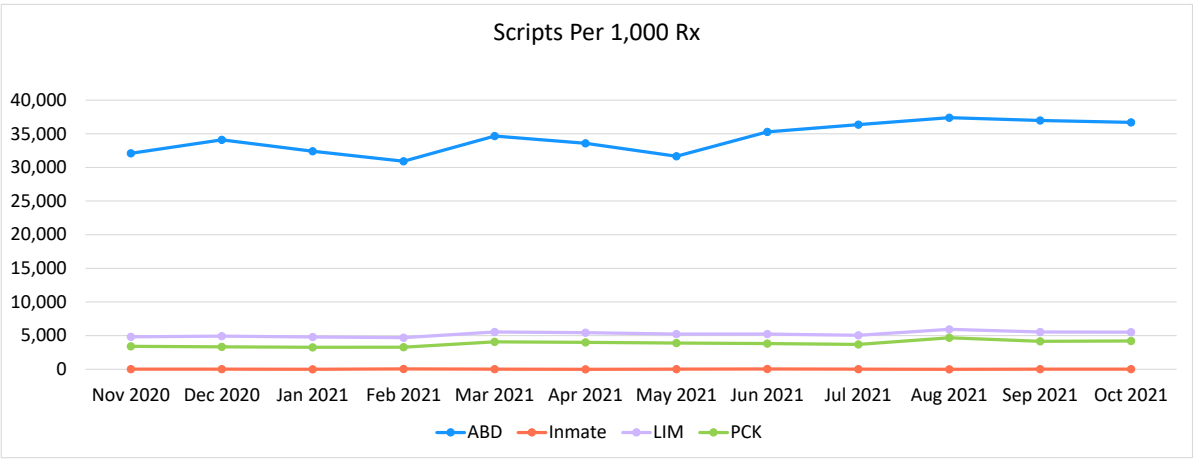
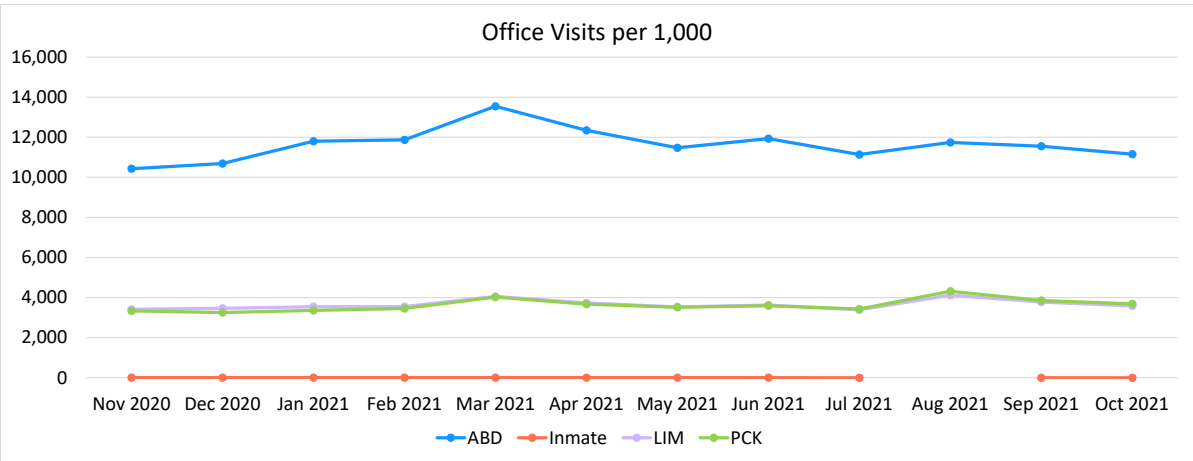
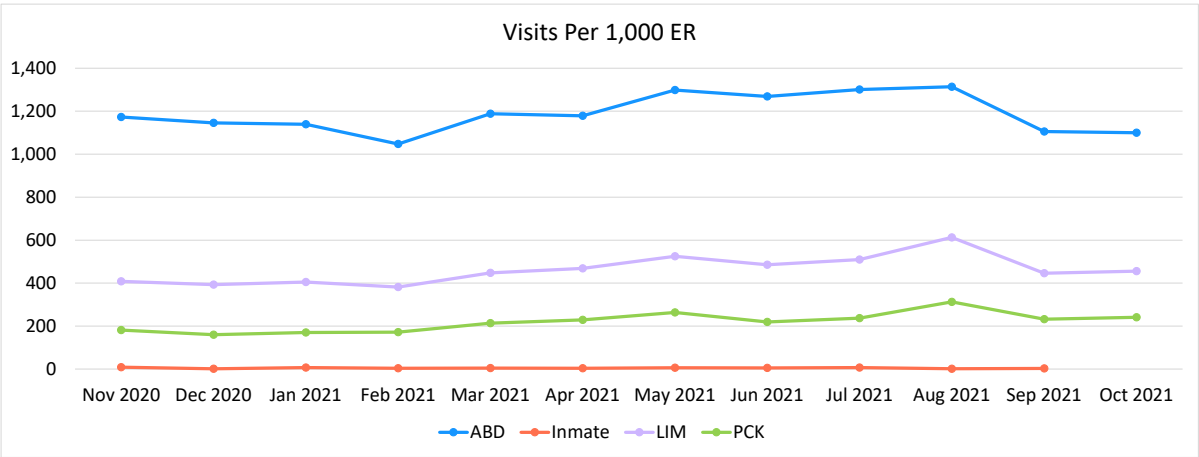
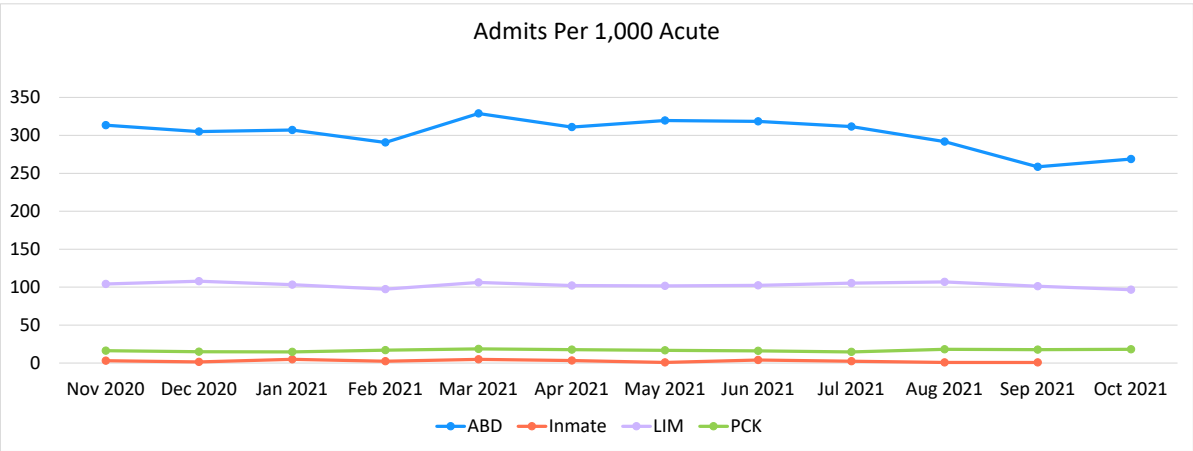
Georgia Department of Community Health

Provider Report

Claims Incurred through October 2021 and Paid through January 2022

Monthly Trends per 1,000 Annualized

Excludes members with Medicare coverage.



Georgia Department of Community Health

Provider Report

Claims Incurred through October 2021 and Paid through January 2022

Top 10 Hospitals Based on Inpatient Admissions (Aug 2021 - Oct 2021)

Excludes members with Medicare coverage.

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	1,860	3.94	3.38	2%	\$4,235
2	EMORY UNIVERSITY HOSPITAL MIDTOWN	1,604	3.64	4.03	3%	\$5,194
3	SAVANNAH HEALTH SERVICES, LLC	1,487	5.04	5.29	6%	\$9,204
4	CHILDRENS HEALTHCARE OF ATLANTA	1,419	5.27	4.78	7%	\$18,271
5	NORTHEAST GEORGIA MEDICAL CENTER IN	1,279	3.53	4.35	1%	\$5,242
6	WELLSTAR KENNESTONE HOSPITAL	1,222	3.06	3.77	2%	\$5,440
7	GRADY MEMORIAL HOSPITAL	1,089	5.05	4.69	3%	\$9,650
8	DEKALB MEDICAL CENTER	966	3.19	3.06	1%	\$3,706
9	NORTHSIDE HOSPITAL, INC.	935	3.22	3.54	2%	\$4,889
10	PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.	906	4.64	5.39	2%	\$6,529
	All Other	29,301	4.17	4.31	3%	\$6,282
	Total	42,068	4.15	4.28	3%	\$6,604

*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.

Top 10 Hospitals Based on Emergent Visits (Aug 2021 - Oct 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	44%	5,404	6,982	\$12,252,887
2	HUGHES SPALDING CHILDRENS HOSP	23	39%	4,224	6,533	\$8,649,824
3	SAVANNAH HEALTH SERVICES, LLC	17	41%	3,006	4,338	\$2,412,959
4	EGLESTON CHILDRENS HOSPITAL AT EMORY	14	46%	3,010	3,543	\$6,815,670
5	MIDTOWN MEDICAL CENTER	12	37%	1,944	3,264	\$1,650,659
6	NORTHEAST GEORGIA MEDICAL CENTER IN	9	51%	2,064	1,999	\$2,214,582
7	CHILDRENS HEALTHCARE OF ATLANTA AT	9	46%	1,863	2,195	\$4,469,959
8	AU MEDICAL CENTER, INC	9	47%	1,770	1,999	\$1,333,005
9	WELLSTAR PAULDING HOSPITAL	8	45%	1,559	1,922	\$1,492,229
10	WELLSTAR KENNESTONE HOSPITAL	8	46%	1,596	1,846	\$1,772,300
	All Other	N/A	49%	72,344	76,720	\$56,174,897
	Total	N/A	47%	98,441	111,182	\$99,238,972

* 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 (Aug 2021 - Oct 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	35	0%	0	17,133	\$5,864,603
2	R10 Abdominal and pelvic pain	33	100%	15,989	0	\$7,003,029
3	H66 Suppurative and unspecified otitis media	19	0%	0	9,251	\$3,236,821
4	B34 Viral infection of unspecified site	14	93%	6,558	461	\$3,713,304
5	J02 Acute pharyngitis	14	0%	0	6,850	\$2,176,099
6	R50 Fever of other and unknown origin	10	0%	0	5,076	\$1,491,610
7	R07 Pain in throat and chest	10	97%	4,679	129	\$2,288,604
8	R11 Nausea and vomiting	10	0%	0	458	\$1,322,073
9	O26 Maternal care for other conditions predominantly related to pregnancy	9	100%	4,574	0	\$1,923,821
10	S01 Open wound of head	9	99%	4,498	34	\$3,544,007
	All Other	N/A	46%	62,228	71,856	\$66,675,002
	Total	N/A	47%	98,441	111,182	\$99,238,972

* 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	Hospital Name	# of Inpatient Admissions	Average Length of Stay (ALOS)	ALOS Medicaid MarketScan Benchmark*	Readmission Rate**	Net Pay Fac Per Admit
1	NORTHSIDE HOSPITAL	1,221	4.14	3.57	3%	\$5,201
2	GRADY MEMORIAL HOSPITAL	1,156	6.80	5.70	11%	\$13,084
3	NORTHEAST GEORGIA MEDICAL CENTER IN	569	6.27	6.17	6%	\$10,782
4	CHILDRENS HEALTHCARE OF ATLANTA AT	552	6.63	6.11	11%	\$26,727
5	CHILDRENS HEALTHCARE OF ATLANTA	541	6.79	5.67	9%	\$21,771
6	WELLSTAR KENNESTONE HOSPITAL	539	5.16	5.08	5%	\$8,357
7	NORTHSIDE HOSPITAL, INC.	501	4.55	4.56	4%	\$8,153
8	SAVANNAH HEALTH SERVICES, LLC	484	6.67	7.01	10%	\$14,009
9	EMORY UNIVERSITY HOSPITAL MIDTOWN	443	7.25	6.63	17%	\$13,233
10	WELLSTAR COBB HOSPITAL	411	4.57	5.34	5%	\$6,959
	All Other	11,110	6.32	5.93	11%	\$10,713
	Total	17,527	6.13	5.72	10%	\$11,254

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	63%	1,382	808	\$2,377,600
2	SAVANNAH HEALTH SERVICES, LLC	21	53%	616	554	\$537,160
3	CHILDRENS HEALTHCARE OF ATLANTA AT	18	52%	507	473	\$932,157
4	AU MEDICAL CENTER, INC	18	54%	513	433	\$744,944
5	CHILDRENS HEALTHCARE OF ATLANTA	17	52%	491	451	\$1,099,114
6	MIDTOWN MEDICAL CENTER	16	48%	410	452	\$653,762
7	EMORY UNIVERSITY HOSPITAL MIDTOWN	16	59%	498	345	\$587,794
8	WELLSTAR ATLANTA MEDICAL CENTER, INC	15	54%	437	370	\$476,663
9	PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	15	57%	452	342	\$613,437
10	SOUTH GEORGIA MEDICAL CENTER	14	54%	399	345	\$490,155
	All Other	N/A	55%	18,713	15,598	\$21,140,882
	Total	N/A	55%	24,302	20,113	\$29,523,728

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	42	100%	2,582	0	\$1,476,283
2	R07 Pain in throat and chest	37	99%	2,267	23	\$2,000,153
3	R10 Abdominal and pelvic pain	31	97%	1,829	58	\$1,526,268
4	M54 Dorsalgia	21	0%	0	1,125	\$539,330
5	J06 Acute upper respiratory infections of multiple and unspecified sites	19	0%	0	1,194	\$410,760
6	D57 Sickle-cell disorders	17	95%	973	53	\$779,008
7	M25 Other joint disorder, not elsewhere classified	17	0%	1	1,024	\$349,513
8	M79 Other and unspecified soft tissue disorders, not elsewhere classified	16	81%	802	189	\$416,270
9	R45 Symptoms and signs involving emotional state	15	8%	74	866	\$563,136
10	N39 Other disorders of urinary system	12	0%	0	746	\$453,335
	All Other	N/A	52%	15,809	14,864	\$21,009,672
	Total	N/A	55%	24,302	20,113	\$29,523,728

Georgia Department of Community Health

Member Report

Claims Incurred through October 2021 and Paid through January 2022

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	486,259	505,389	540,787	559,197	3%	8,739	3,087	5,652
Georgia Families Peach State	456,623	476,683	974,139	987,321	1%	9,770	4,379	5,391
Georgia Families Wellcare	525,893	523,726	0	0		0	0	0
Georgia Families CareSource	326,644	344,452	382,664	401,672	5%	7,992	2,489	5,503
Medicaid CMO	1,795,419	1,850,250	1,897,591	1,948,190	3%	26,501	6,913	19,588
Medicaid FFS	253,895	249,167	246,985	245,454	-1%	10,753	14,695	-3,942
Total	2,049,314	2,099,418	2,144,575	2,193,644	2%	21,672	9,068	12,604

* 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)		
		Nov 2020 - Jan 2021	Feb 2021 - Apr 2021	May 2021 - Jul 2021	Aug 2021 - Oct 2021		Members Added	Members Dropped	Net Difference
Aged	72	1,160	1,135	1,082	1,043	-4%	4,539	1,887	2,652
Blind and Disabled	35	181,767	181,612	179,587	176,793	-2%	4,622	3,345	1,277
Breast and Cervical Cancer	51	2,113	2,135	2,184	2,209	1%	60	37	23
Emergency Medical Services	31	2	3	2	4	120%	42	51	-9
Foster Care and Adoptions	11	31,246	31,505	31,692	31,963	1%	541	1,707	-1,166
Inmate	33	15,125	14,656	15,102	15,518	3%	28	15	13
Katie Beckett	9	3,886	3,988	4,103	4,166	2%	1,054	1,265	-211
LIM Adult	35	231,792	240,023	248,271	257,427	4%	298	336	-38
LIM Child	10	475,625	490,673	507,295	524,185	3%	504	446	58
Medically Needy	61	5,699	6,002	6,234	6,210	0%	11,773	6,574	5,199
Medicare	63	327	318	326	363	11%	3	2	1
PeachCare	10	164,897	172,252	178,342	182,747	2%	11	14	-3
Planning for Healthy Babies	30	78,757	78,464	77,630	77,314	0%	31	22	9
QMB	58	513	516	544	577	6%	621	478	143
RSM Child	9	779,889	791,311	799,746	813,809	2%	4,276	2,544	1,732
RSM Mother	28	76,366	84,658	92,204	98,988	7%	92	9	83
Refugee	34	150	168	231	327	42%	15,820	12,979	2,841
Total	16	2,049,314	2,099,418	2,144,575	2,193,644	2%	21,672	9,068	12,604
Dual Eligible	65	365,837	370,881	376,324	381,381				

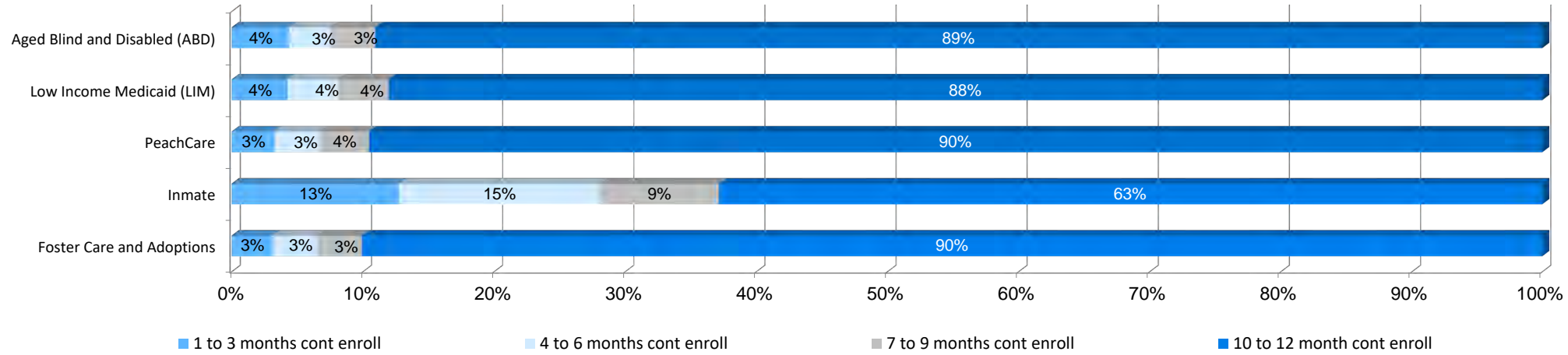
* Excludes members with Medicare coverage

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

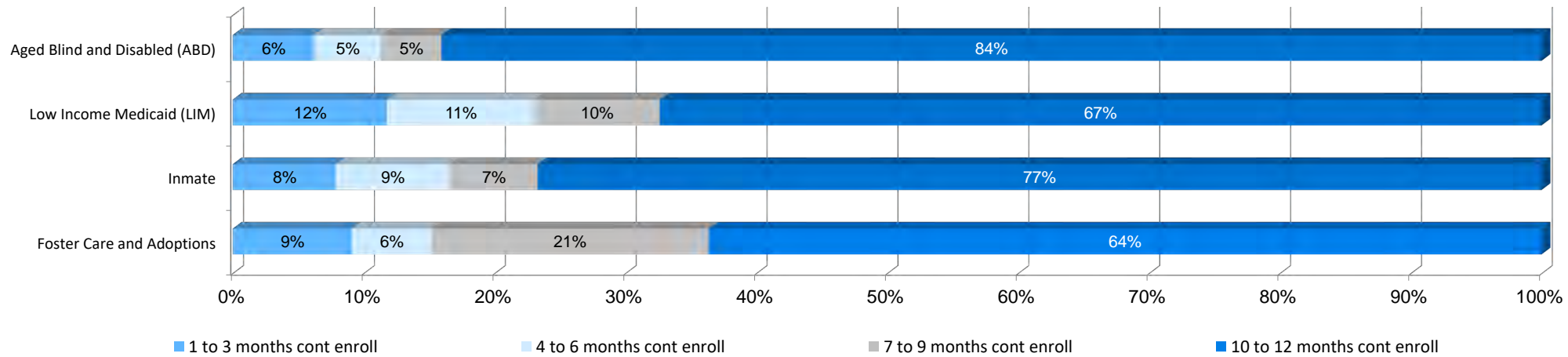
Continuous Enrollment for **Non-Medicare Enrollees*** in Rolling Previous 12 Months

**Excludes members with Medicare coverage*

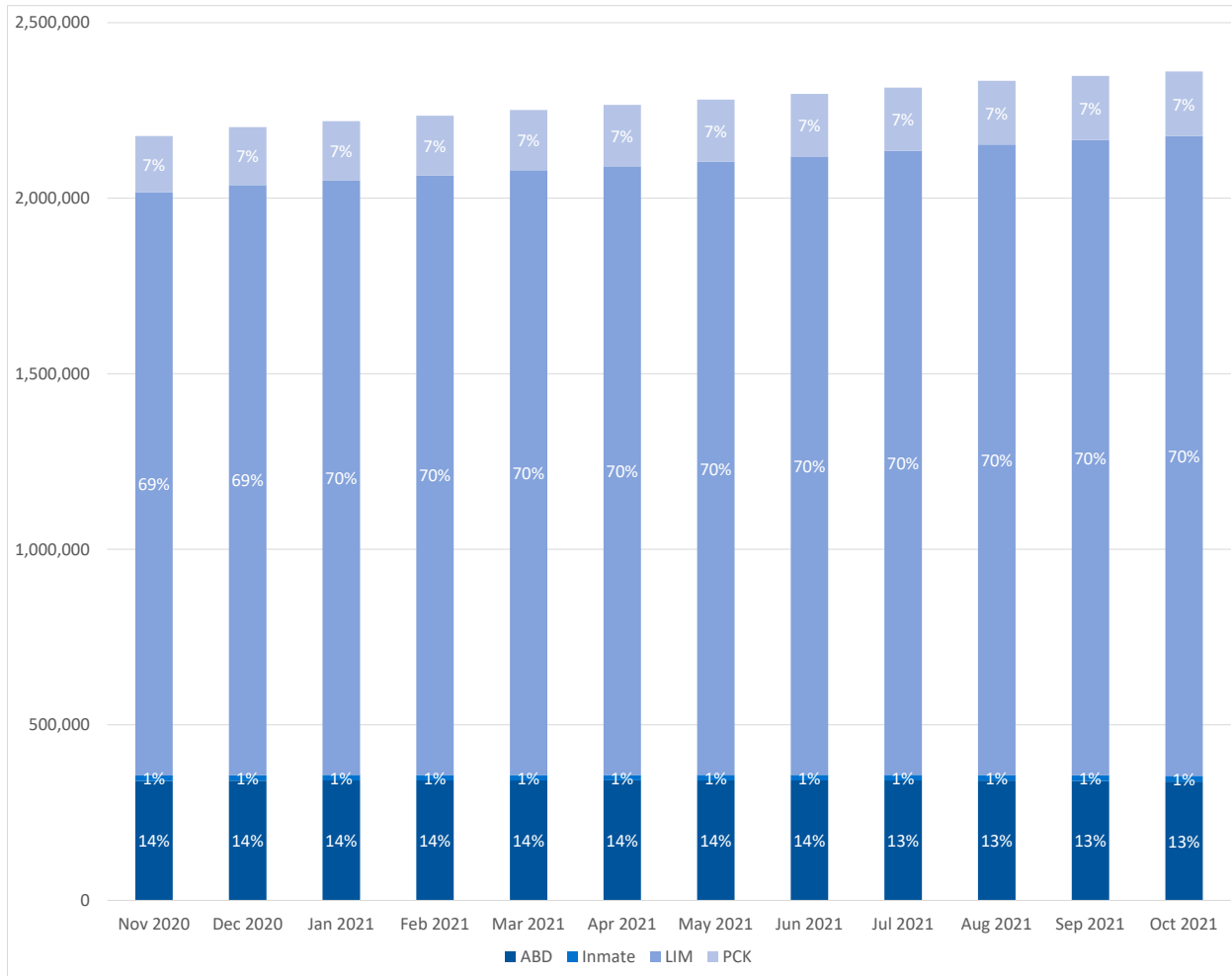
Note: ABD includes Aged, Blind and Disabled, Emergency Medical Services, Katie Beckett, Medically Needy. LIM Includes LIM adults, LIM children, RSM mother, RSM children, Breast and Cervical Cancer, Planning for Healthy Babies, Refugee.



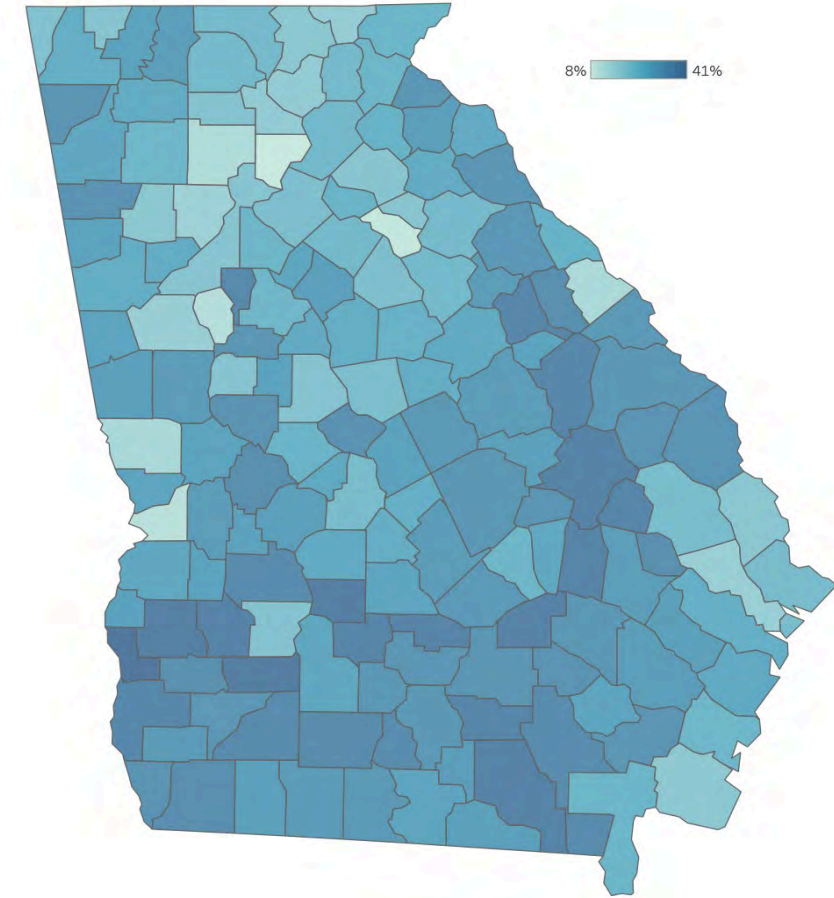
Continuous Enrollment for **Dual Eligible Enrollees** in Rolling Previous 12 Months



Monthly Enrollment for Rolling Previous 12 Months



Percent of Medicaid Members by County Population*



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

Georgia Department of Community Health

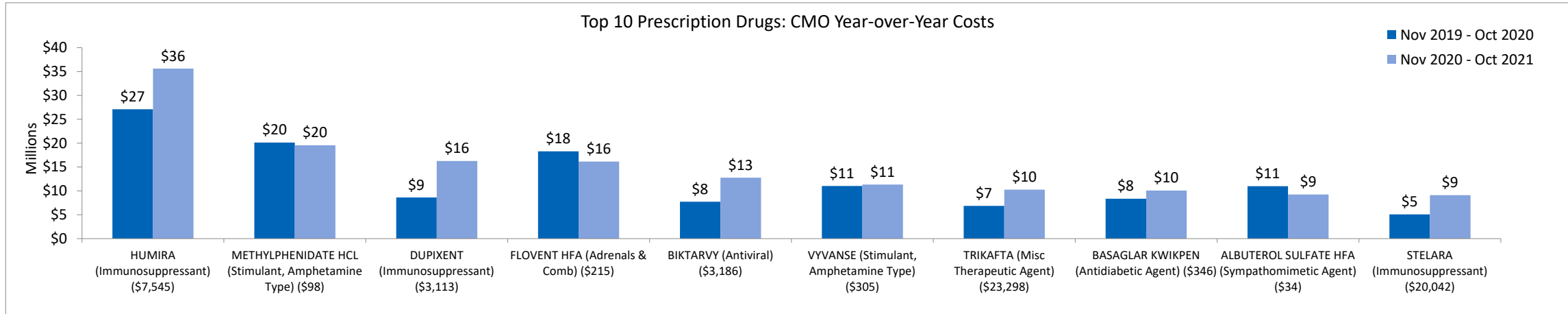
Member Report

Claims Incurred through October 2021 and Paid through January 2022

Top 10 Prescriptions (CMO Plan Paid Amount)

Excludes members with Medicare coverage

CMO

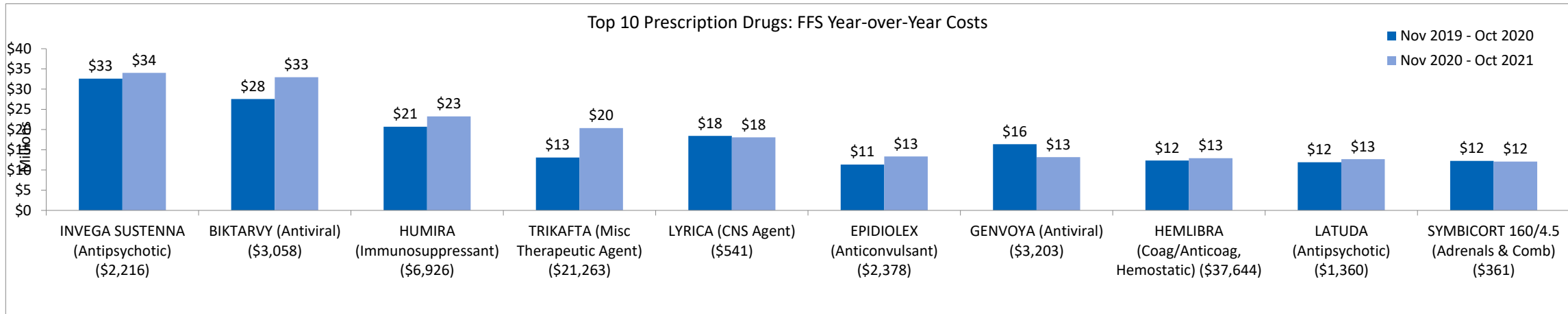


Cost per Script is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions.

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

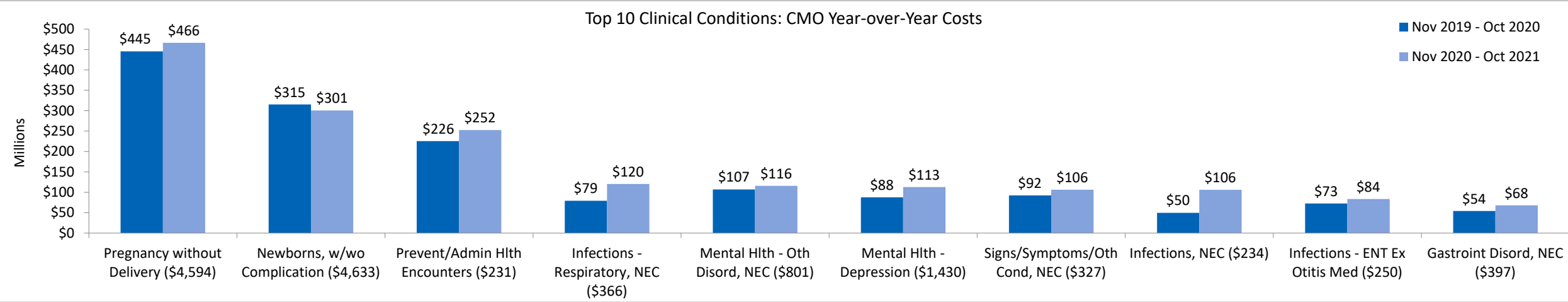
Member Report

Claims Incurred through October 2021 and Paid through January 2022

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

Excludes members with Medicare coverage

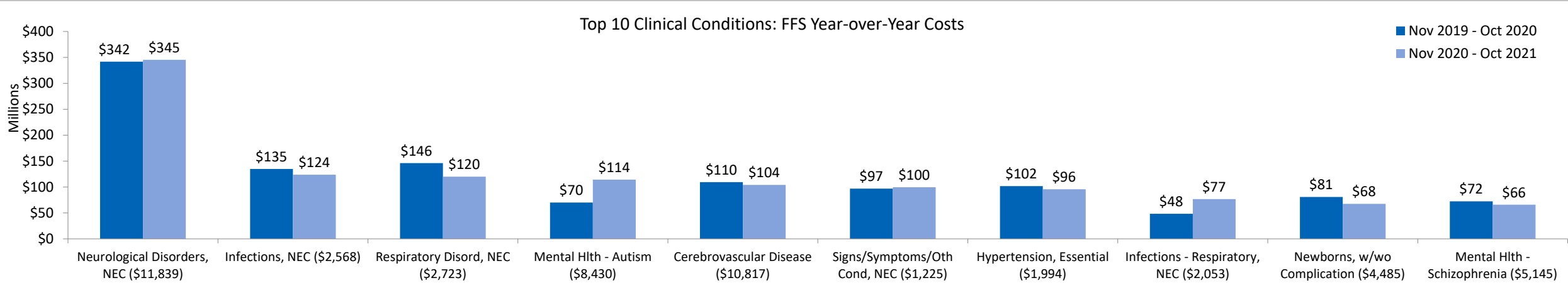
CMO



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

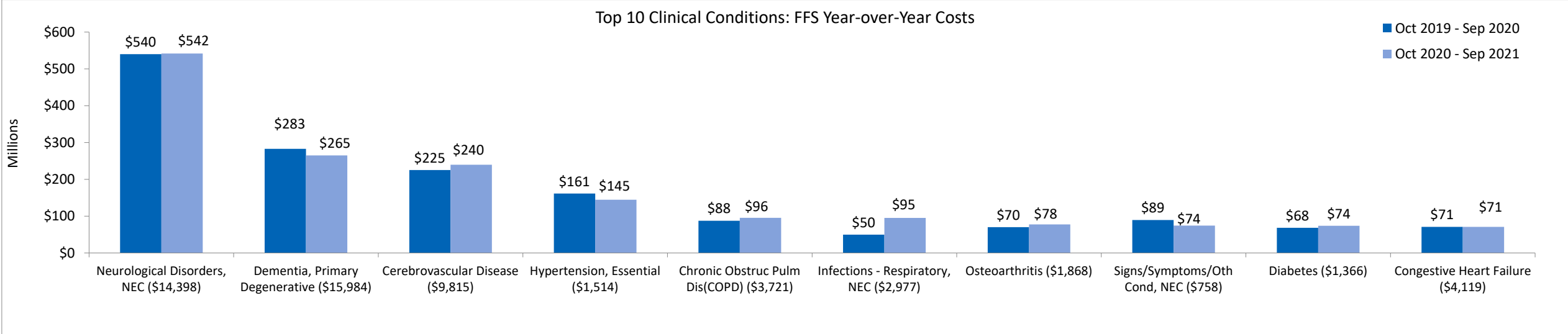


Cost per Patient is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

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

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.

Georgia Department of Community Health

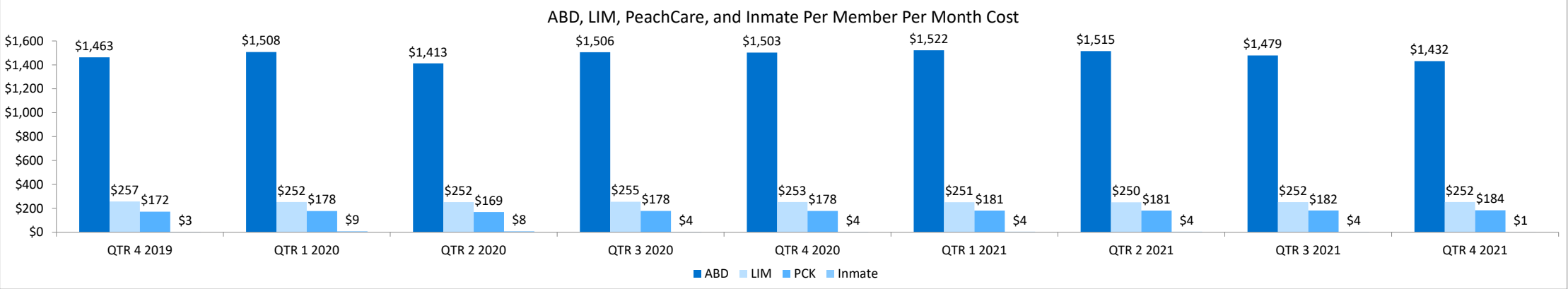
Finance Report

Claims Incurred through October 2021 and Paid through January 2022

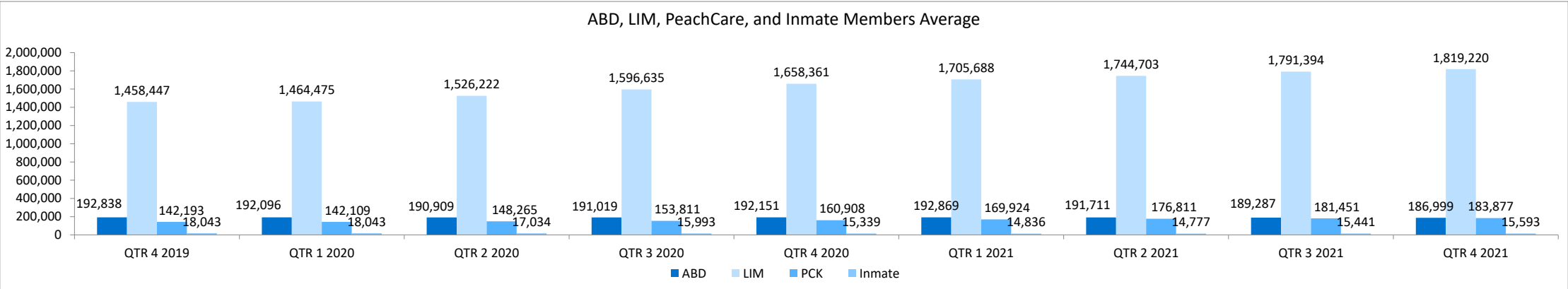
Financial Results by Aid Category

Excludes members with Medicare coverage

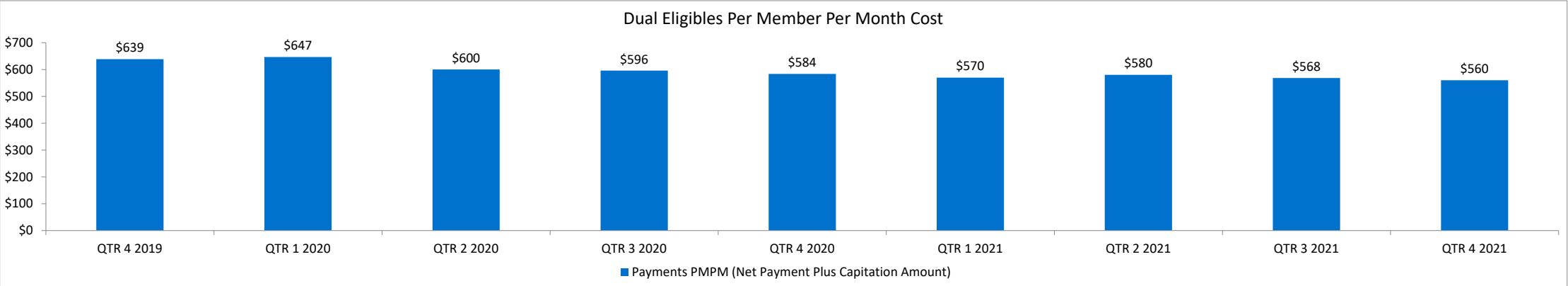
Quarter 4 2021 only includes one month of data.



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.

Georgia Department of Community Health

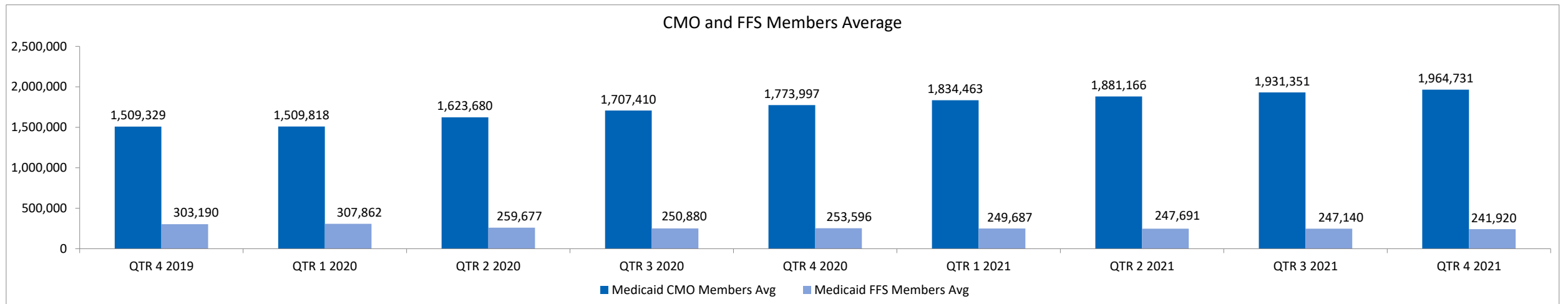
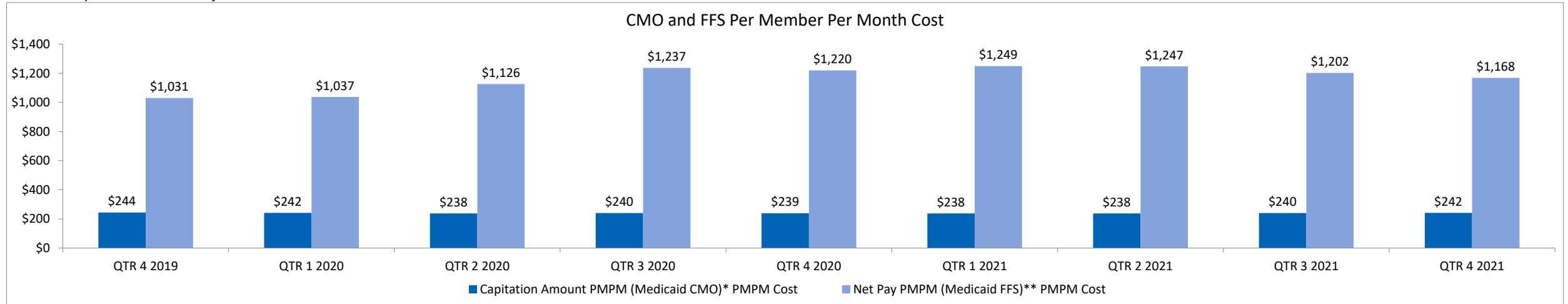
Finance Report

Claims Incurred through October 2021 and Paid through January 2022

Financial Results by Plan Group

Excludes members with Medicare coverage

Quarter 4 2021 only includes one month of data.



* 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.

Georgia Department of Community Health

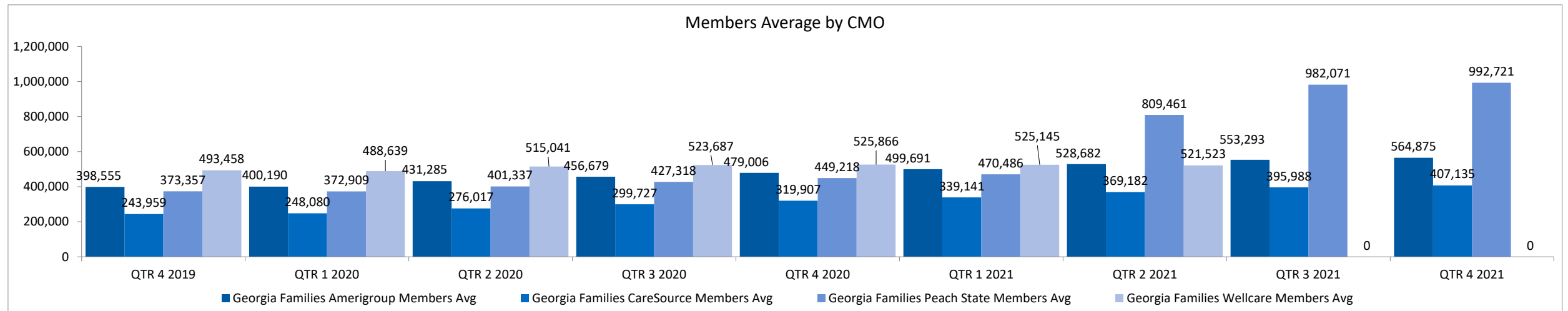
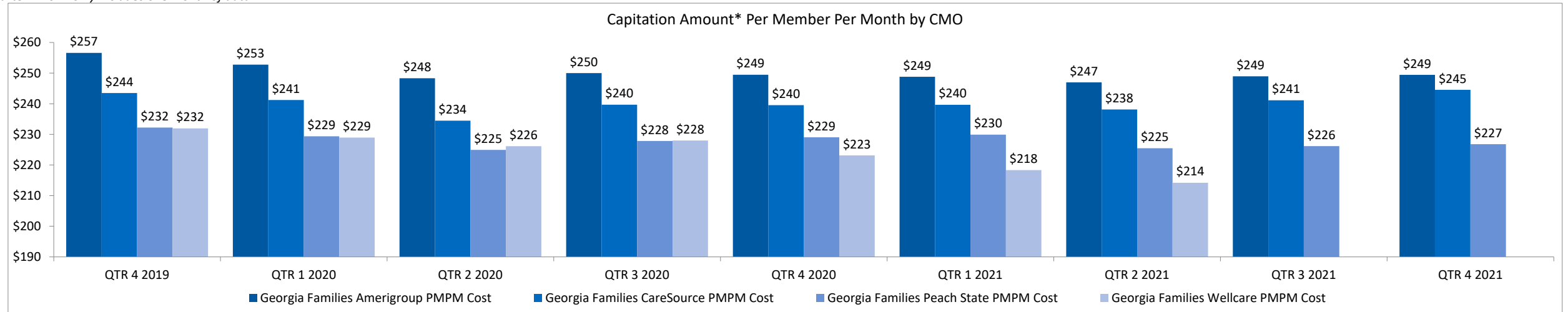
Finance Report

Claims Incurred through October 2021 and Paid through January 2022

Financial Results by CMO

Excludes members with Medicare coverage

Quarter 4 2021 only includes one month of data.



*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.

Georgia Department of Community Health

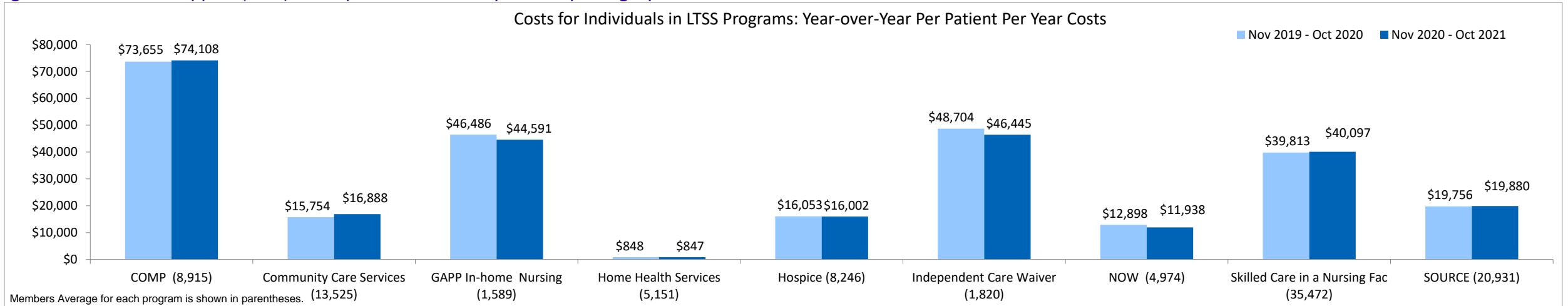
Finance Report

Claims Incurred through October 2021 and Paid through January 2022

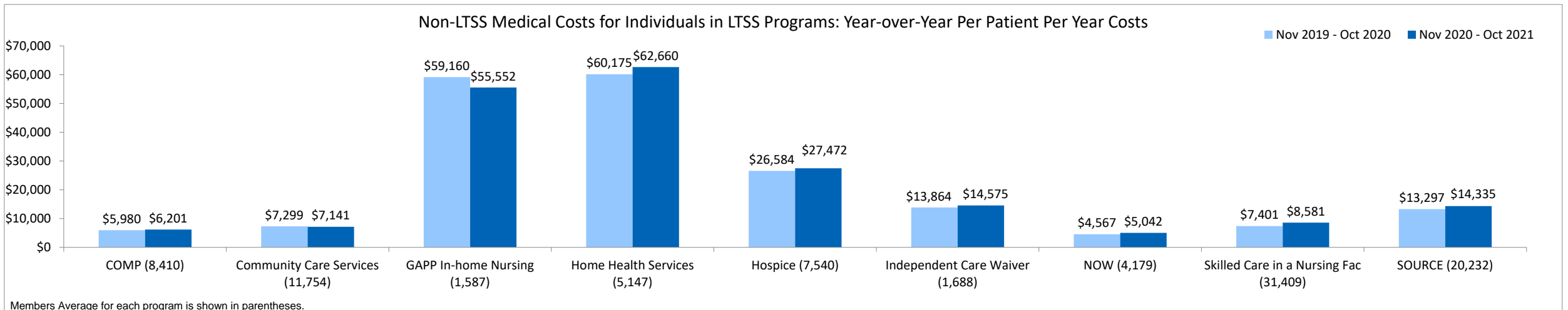
Long Term Care (LTC) Services Summary

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

Costs for Individuals in LTSS Programs: Year-over-Year Per Patient Per Year Costs



Non-LTSS Medical Costs for Individuals in LTSS Programs: Year-over-Year Per Patient Per Year Costs



Note: LTSS report includes members with Medicare coverage.

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Cost by Aid Category Group

Excludes members with Medicare coverage

Aid Category Group	Measures	Nov 2019 - Oct 2020	Nov 2020 - Oct 2021	% Change	Nov 2019 - Oct 2020 PMPM	Nov 2020 - Oct 2021 PMPM
LIM	Net Pay Med	\$405,874,939	\$325,487,517	-20%	\$23	\$16
	Net Pay Rx	\$32,950,533	\$38,265,901	16%	\$2	\$2
	CMO Capitation Payments	\$4,045,055,285	\$4,687,860,750	16%	\$225	\$228
	P4HB Capitation Payments	\$23,275,620	\$25,958,532	12%	\$1	\$1
	NEMT Capitation Payments	\$89,207,287	\$105,695,593	18%	\$5	\$5
	Total Cost	\$4,596,363,664	\$5,183,268,293	13%	\$255	\$252
ABD	Net Pay Med	\$2,431,883,627	\$2,414,802,717	-1%	\$1,085	\$1,087
	Net Pay Rx	\$814,354,946	\$853,817,973	5%	\$363	\$384
	NEMT Capitation Payments	\$11,440,700	\$11,600,039	1%	\$5	\$5
	Total Cost	\$3,257,679,273	\$3,280,220,729	1%	\$1,454	\$1,477
PCK	Net Pay Med	\$12,608,918	\$7,114,211	-44%	\$7	\$3
	Net Pay Rx	\$2,581,404	\$2,977,859	15%	\$1	\$1
	CMO Capitation Payments	\$295,903,815	\$370,766,849	25%	\$167	\$177
	Total Cost	\$311,094,137	\$380,858,919	22%	\$176	\$182
Foster Care	Net Pay Med	\$25,754,462	\$25,405,774	-1%	\$69	\$67
	Net Pay Rx	\$8,361,253	\$8,044,874	-4%	\$22	\$21
	CMO Foster Care Capitation Payments	\$181,877,275	\$180,013,966	-1%	\$486	\$475
	NEMT Capitation Payments	\$1,974,947	\$2,002,432	1%	\$5	\$5
	Total Cost	\$217,967,936	\$215,467,045	-1%	\$582	\$568
Inmate	Net Pay Med	\$1,149,205	\$382,150	-67%	\$6	\$2
	Total Cost	\$1,149,205	\$382,150	-67%	\$6	\$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.

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Claims Incurred through October 2021 and Paid through January 2022

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	188,953	\$1,912,845,486	\$10,123	234,729	\$8,149	235,890	451	523
Outpatient Hospital Services	674,046	\$916,432,369	\$1,360	12,384,377	\$74	1,702,469	1,633	1,043
Professional Services	1,559,117	\$1,214,527,368	\$779	8,974,011	\$135	10,281,195	101,054	102
Pharmacy	1,287,788	\$1,569,592,893	\$1,219	16,345,767	\$96	16,381,635	2,455	6,673
Skilled Care in a Nursing Facility	3,943	\$180,754,119	\$45,842	879,134	\$206	125,442	323	388
Dental	787,701	\$256,249,249	\$325	1,589,773	\$161	1,661,203	2,904	572
Behavioral Health	93,549	\$328,317,348	\$3,510	7,227,859	\$45	2,040,389	1,709	1,194
Waiver	17,218	\$557,978,897	\$32,407	8,735,822	\$64	1,515,090	3,934	385
Other	1,464,859	\$845,761,589	\$577	20,238,199	\$42	7,638,330	35,836	213
Total	1,896,324	\$7,782,459,318	\$4,104	76,609,671	\$102	41,581,643	128,977	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.

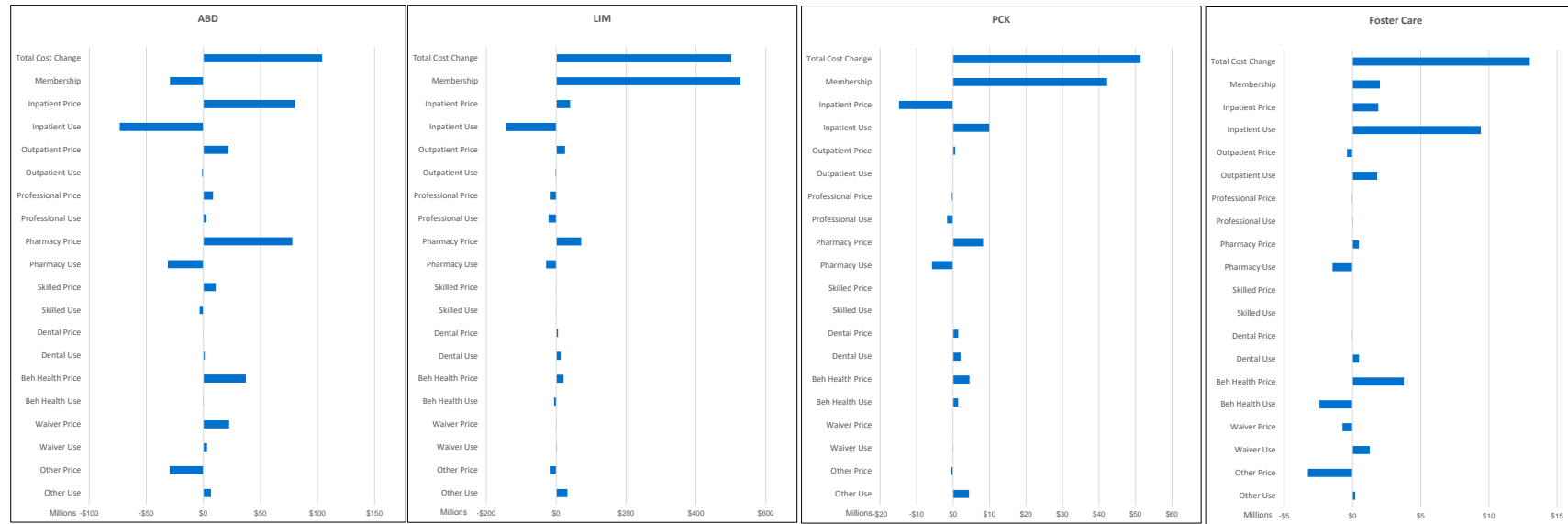
Georgia Department of Community Health

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Cost and Use Trends by Categories of Service Groupings

Excludes members with Medicare coverage



Category of Service Groupings

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