

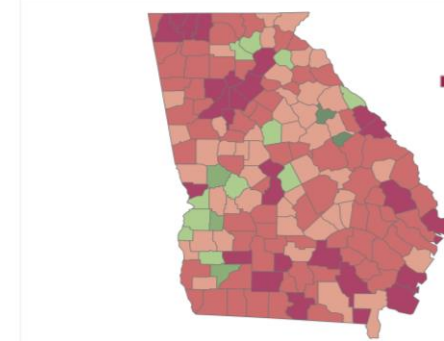
Number of Providers Serving Medicaid Members by Specialty

Provider Taxonomy	Number of Providers					
	CMO			FFS		
	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021	% Change	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021	% Change
Diagnostic Radiology	7,289	7,650	5%	7,052	7,772	10%
Internal Medicine	4,982	5,501	10%	4,854	5,054	4%
Nurse Practitioner, Family	4,199	4,750	13%	4,138	4,660	13%
Emergency Medicine	5,308	5,725	8%	2,731	2,793	2%
Family Medicine	4,431	4,688	6%	3,660	3,703	1%
Physician Assistant	3,351	3,786	13%	3,380	3,683	9%
Nurse Anesthetist, Certified Registered	3,001	3,400	13%	3,027	3,234	7%
Nurse Practitioner	2,825	3,073	9%	2,802	3,057	9%
Pediatrics, Pediatrics	3,816	3,662	-4%	2,266	2,224	-2%
Anesthesiology	2,624	2,842	8%	2,255	2,318	3%
Internal Medicine, Cardiovascular Disease	2,081	2,233	7%	2,385	2,585	8%
Anesthesiologist Assistant	2,228	2,553	15%	1,724	1,811	5%
Obstetrics/Gynecology	2,523	2,507	-1%	1,609	1,602	0%
Speech-Language Pathologist	1,521	1,664	9%	1,468	1,572	7%
Surgery	1,428	1,569	10%	1,374	1,489	8%
Orthopaedic Surgery	1,359	1,458	7%	1,548	1,583	2%
Internal Medicine, Nephrology	759	810	7%	1,841	1,838	0%
Pharmacy, Community/Retail Pharmacy	1,124	1,115	-1%	1,092	1,092	0%
Allopath/Osteopath, Neurology	833	1,010	21%	931	1,143	23%
Physician Assistant, Medical	979	1,052	7%	978	1,007	3%
Internal Medicine, Gastroenterology	861	902	5%	1,096	1,138	4%
Behavioral Analyst	538	911	69%	650	1,011	56%
General Acute Care Hospital	1,167	1,451	24%	398	375	-6%
Hospitalist	838	975	16%	718	822	14%
Ophthalmology	741	757	2%	999	1,023	2%
Occupational Therapist	743	854	15%	779	899	15%
Physical Therapist	805	968	20%	667	754	13%
Urology	630	709	13%	944	973	3%
Pharmacy	687	855	24%	821	810	-1%
Internal Medicine, Pulmonary Disease	686	781	14%	800	852	6%
Dentist, General Practice	1,241	958	-23%	646	641	-1%
Optometrist	797	803	1%	744	778	5%
Psychiatry/Neurology, Psychiatry	749	851	14%	701	715	2%
Internal Medicine, Hematology and Oncology	818	754	-8%	823	800	-3%
Specialist	877	791	-10%	687	632	-8%

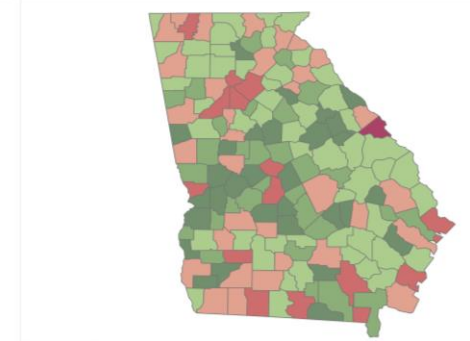
Primary Care* Providers per 1000 Members

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

Medicaid CMO



Medicaid FFS



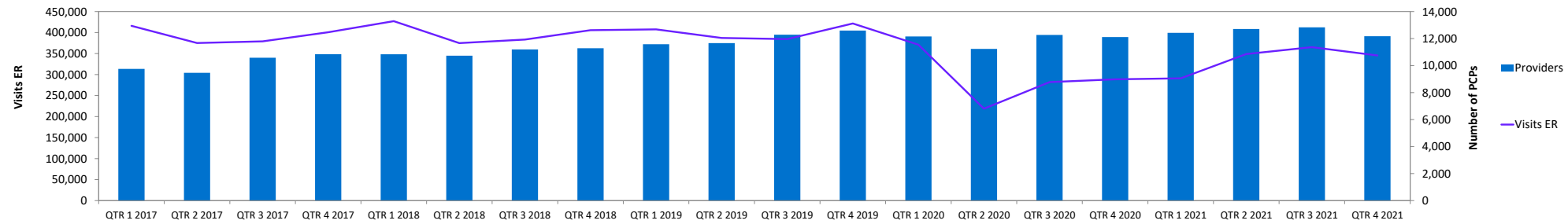
Counties 50 and below PCPs per 1000 Members

- CMO**
 Bibb Bulloch Camden Catoosa Chatham Clayton
 Cobb Coffee Colquitt Columbia DeKalb
 Dougherty Fulton Glynn Habersham Hall Houston
 Lowndes Murray Muscogee Richmond Tift
 Walker Ware Whitfield

Number of counties in each color

CMO	FFS
0-50	25
51-100	72
101-150	47
151-200	10
201-250	3
250 +	2

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



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

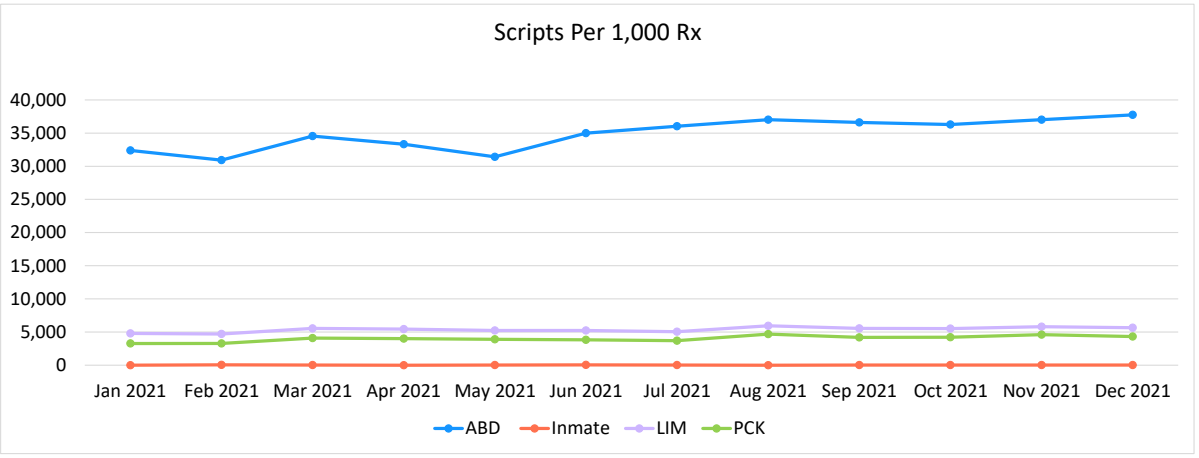
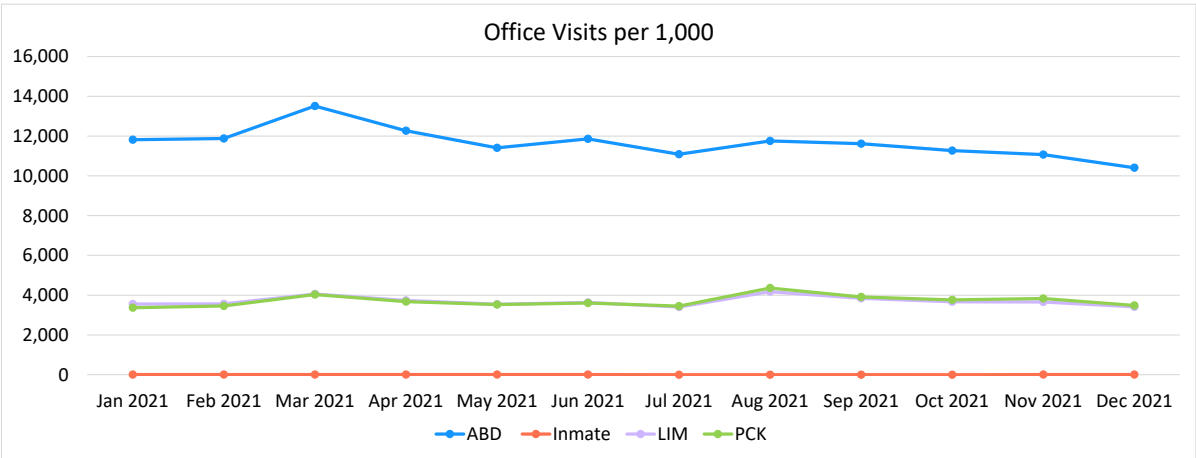
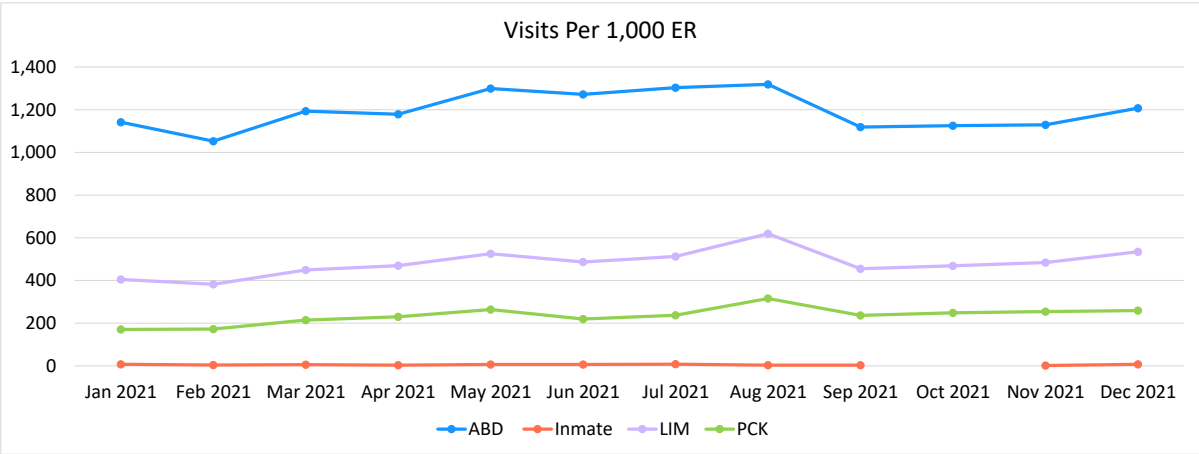
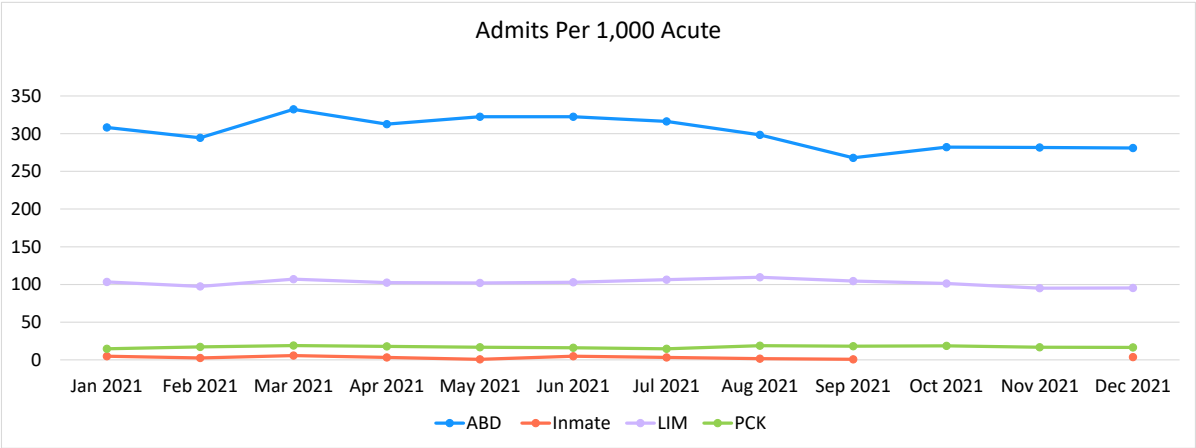
Georgia Department of Community Health

Provider Report

Claims Incurred through December 2021 and Paid through March 2022

Monthly Trends per 1,000 Annualized

Excludes members with Medicare coverage.



Georgia Department of Community Health

Provider Report

Claims Incurred through December 2021 and Paid through March 2022

Top 10 Hospitals Based on Inpatient Admissions (Oct 2021 - Dec 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	1,858	3.84	3.35	1%	\$4,386
2	CHILDRENS HEALTHCARE OF ATLANTA	1,507	3.42	3.81	3%	\$5,059
3	EMORY UNIVERSITY HOSPITAL MIDTOWN	1,431	5.15	4.81	8%	\$17,894
4	SAVANNAH HEALTH SERVICES, LLC	1,422	4.36	5.11	5%	\$8,398
5	NORTHEAST GEORGIA MEDICAL CENTER IN	1,253	3.35	4.14	1%	\$5,094
6	WELLSTAR KENNESTONE HOSPITAL	1,164	2.90	3.71	2%	\$5,242
7	GRADY MEMORIAL HOSPITAL	1,061	4.93	4.46	4%	\$9,395
8	NORTHSIDE HOSPITAL, INC.	967	3.28	3.44	2%	\$4,856
9	DEKALB MEDICAL CENTER	921	4.20	5.22	2%	\$6,064
10	EGLESTON CHILDRENS HOSPITAL AT EMORY	915	2.96	3.05	1%	\$3,548
	All Other	28,344	4.04	4.27	3%	\$5,480
	Total	40,823	4.04	4.24	3%	\$6,447

*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 (Oct 2021 - Dec 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	46%	5,605	6,578	\$12,205,828
2	HUGHES SPALDING CHILDRENS HOSP	22	40%	4,033	6,170	\$8,288,490
3	EGLESTON CHILDRENS HOSPITAL AT EMORY	15	46%	3,275	3,807	\$7,592,758
4	SAVANNAH HEALTH SERVICES, LLC	14	37%	2,454	4,192	\$2,146,848
5	MIDTOWN MEDICAL CENTER	11	36%	1,836	3,208	\$1,694,181
6	NORTHEAST GEORGIA MEDICAL CENTER IN	9	50%	2,049	2,030	\$2,283,890
7	WELLSTAR PAULDING HOSPITAL	8	47%	1,733	1,972	\$1,618,069
8	AU MEDICAL CENTER, INC	8	48%	1,586	1,741	\$1,267,483
9	WELLSTAR KENNESTONE HOSPITAL	7	48%	1,599	1,745	\$1,775,163
10	NORTHSIDE HOSPITAL, INC.	7	57%	1,677	1,246	\$1,420,156
	All Other	N/A	48%	71,676	78,936	\$61,426,369
	Total	N/A	47%	97,150	111,496	\$101,719,234

*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 (Oct 2021 - Dec 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	39	0%	0	19,212	\$6,502,493
2	R10 Abdominal and pelvic pain	18	100%	8,717	0	\$4,411,508
3	H66 Suppurative and unspecified otitis media	17	0%	0	8,294	\$2,999,573
4	B34 Viral infection of unspecified site	15	93%	6,795	493	\$4,181,673
5	J02 Acute pharyngitis	14	0%	0	7,125	\$2,025,030
6	R50 Fever of other and unknown origin	12	0%	0	6,129	\$1,884,107
7	R07 Pain in throat and chest	10	99%	5,116	33	\$3,909,821
8	R11 Nausea and vomiting	10	4%	165	4,546	\$1,911,429
9	O26 Maternal care for other conditions predominantly related to pregnancy	9	98%	4,483	99	\$2,183,814
10	S01 Open wound of head	8	100%	4,107	0	\$1,863,433
	All Other	N/A	51%	67,863	65,627	\$69,846,353
	Total	N/A	47%	97,150	111,496	\$101,719,234

* 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	1,272	4.48	3.60	2%	\$5,416
2	GRADY MEMORIAL HOSPITAL	1,173	7.30	5.89	13%	\$13,786
3	CHILDRENS HEALTHCARE OF ATLANTA AT	586	6.42	6.13	11%	\$26,149
4	CHILDRENS HEALTHCARE OF ATLANTA	560	6.54	5.89	10%	\$20,851
5	WELLSTAR KENNESTONE HOSPITAL	537	4.96	5.25	7%	\$8,220
6	NORTHEAST GEORGIA MEDICAL CENTER IN	534	6.35	5.95	7%	\$10,586
7	SAVANNAH HEALTH SERVICES, LLC	516	6.21	6.72	11%	\$12,121
8	EMORY UNIVERSITY HOSPITAL MIDTOWN	509	6.92	6.40	18%	\$12,072
9	NORTHSIDE HOSPITAL, INC.	503	4.79	4.34	6%	\$7,498
10	AU MEDICAL CENTER, INC	426	7.88	6.72	14%	\$15,757
	All Other	11,237	5.89	5.78	11%	\$9,843
	Total	17,853	5.96	5.66	10%	\$10,845

FFS						
Rank	Facility Name	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	Net Payment Facility*
1	GRADY MEMORIAL HOSPITAL	37	51%	585	551	\$2,502,179
2	SAVANNAH HEALTH SERVICES, LLC	20	53%	541	476	\$483,351
3	CHILDRENS HEALTHCARE OF ATLANTA AT	18	52%	497	465	\$1,006,038
4	CHILDRENS HEALTHCARE OF ATLANTA	17	47%	429	488	\$1,180,894
5	MIDTOWN MEDICAL CENTER	17	59%	505	353	\$618,681
6	EMORY UNIVERSITY HOSPITAL MIDTOWN	16	56%	452	361	\$614,661
7	AU MEDICAL CENTER, INC	15	57%	457	340	\$672,444
8	WELLSTAR ATLANTA MEDICAL CENTER, INC	14	53%	419	365	\$481,459
9	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	14	53%	401	357	\$513,999
10	SOUTH GEORGIA MEDICAL CENTER	14	58%	432	315	\$474,765
	All Other	N/A	54%	18,725	15,660	\$23,937,487
	Total	N/A	54%	23,342	19,678	\$30,501,014

FFS						
Rank	Diagnosis*	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	Net Payment Facility**
1	R07 Pain in throat and chest	38	99%	2,285	17	\$2,226,912
2	R10 Abdominal and pelvic pain	31	96%	1,838	68	\$1,613,174
3	J06 Acute upper respiratory infections of multiple and unspecified sites	23	0%	0	1,415	\$532,456
4	M54 Dorsalgia	22	0%	0	787	\$572,048
5	U07 Emergency use of U07	21	100%	1,294	0	\$858,447
6	M25 Other joint disorder, not elsewhere classified	18	0%	1	1,084	\$384,353
7	D57 Sickle-cell disorders	17	95%	1,010	51	\$856,142
8	M79 Other and unspecified soft tissue disorders, not elsewhere classified	16	84%	841	165	\$449,541
9	R45 Symptoms and signs involving emotional state	16	8%	78	870	\$611,814
10	N39 Other disorders of urinary system	13	0%	0	819	\$505,914
	All Other	N/A	53%	16,027	14,430	\$21,890,212
	Total	N/A	54%	23,342	19,678	\$30,501,014

Georgia Department of Community Health

Member Report

Claims Incurred through December 2021 and Paid through March 2022

Medicaid Enrollment by CMO and FFS Health Plan

Plan	Rolling Quarter Enrollment* (Members Avg)				% Change in Recent 2 Qtrs	Trend (Unique Members) (Oct 2021 to Nov 2021)		
	Jan 2021 - Mar 2021	Apr 2021 - Jun 2021	Jul 2021 - Sep 2021	Oct 2021 - Dec 2021		Members Added	Members Dropped	Net Difference
Georgia Families Amerigroup	499,690	528,681	553,280	570,079	3%	9,362	2,917	6,445
Georgia Families Peach State	470,487	809,456	982,061	997,566	2%	10,189	4,186	6,003
Georgia Families Wellcare	525,142	173,836	0	0		0	0	0
Georgia Families CareSource	339,141	369,182	395,977	411,922	4%	8,449	2,544	5,905
Medicaid CMO	1,834,460	1,881,155	1,931,317	1,979,566	2%	28,000	6,530	21,470
Medicaid FFS	249,980	249,624	249,591	245,523	-2%	13,182	15,584	-2,402
Total	2,084,440	2,130,779	2,180,908	2,225,089	2%	24,552	8,601	15,951

* 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) (Oct 2021 to Nov 2021)		
		Jan 2021 - Mar 2021	Apr 2021 - Jun 2021	Jul 2021 - Sep 2021	Oct 2021 - Dec 2021		Members Added	Members Dropped	Net Difference
Aged	72	1,158	1,129	1,076	1,043	-3%	4,269	1,933	2,336
Blind and Disabled	35	182,120	181,824	179,663	176,592	-2%	6,297	3,244	3,053
Breast and Cervical Cancer	51	2,123	2,164	2,190	2,234	2%	64	44	20
Emergency Medical Services	31	2	3	4	4	8%	36	46	-10
Foster Care and Adoptions	11	31,410	31,619	31,817	32,186	1%	450	1,507	-1,057
Inmate	33	14,842	14,833	15,508	15,736	1%	47	14	33
Katie Beckett	9	3,949	4,065	4,162	4,252	2%	1,100	1,013	87
LIM Adult	35	237,223	245,664	254,541	262,849	3%	352	302	50
LIM Child	10	484,776	501,965	518,426	534,191	3%	499	439	60
Medically Needy	61	5,886	6,266	6,300	6,319	0%	11,044	6,801	4,243
Medicare	63	318	315	343	377	10%	0	5	-5
PeachCare	11	169,896	176,885	181,543	186,725	3%	22	18	4
Planning for Healthy Babies	30	78,781	77,747	77,433	77,006	-1%	26	16	10
QMB	58	508	528	559	586	5%	517	422	95
RSM Child	9	789,235	795,857	809,820	820,949	1%	4,742	2,305	2,437
RSM Mother	28	82,057	89,706	97,242	103,543	6%	136	11	125
Refugee	32	156	208	281	496	77%	16,725	12,255	4,470
Total	16	2,084,440	2,130,779	2,180,908	2,225,089	2%	24,552	8,601	15,951
Dual Eligible	66	369,377	374,779	380,515	384,414				

* Excludes members with Medicare coverage

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

Georgia Department of Community Health

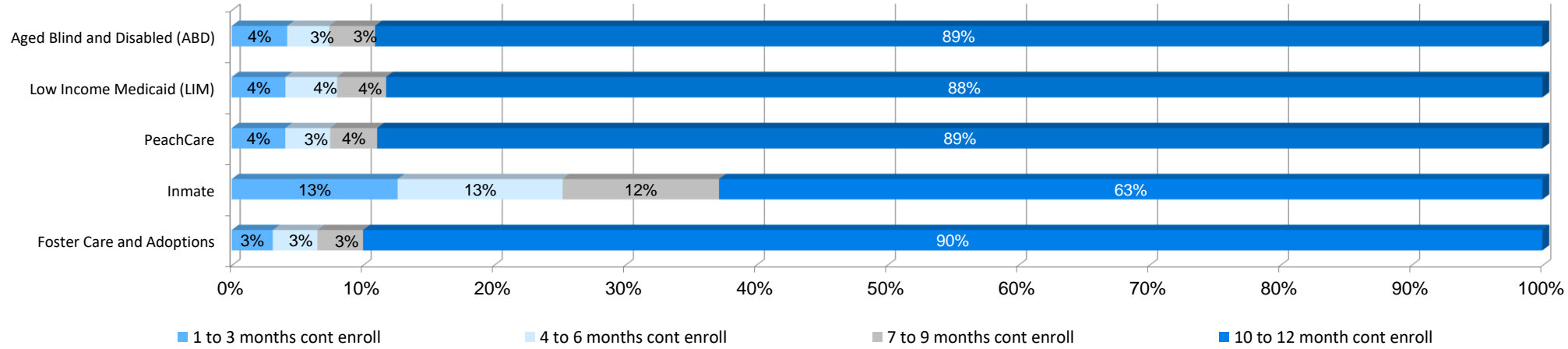
Member Report

Claims Incurred through December 2021 and Paid through March 2022

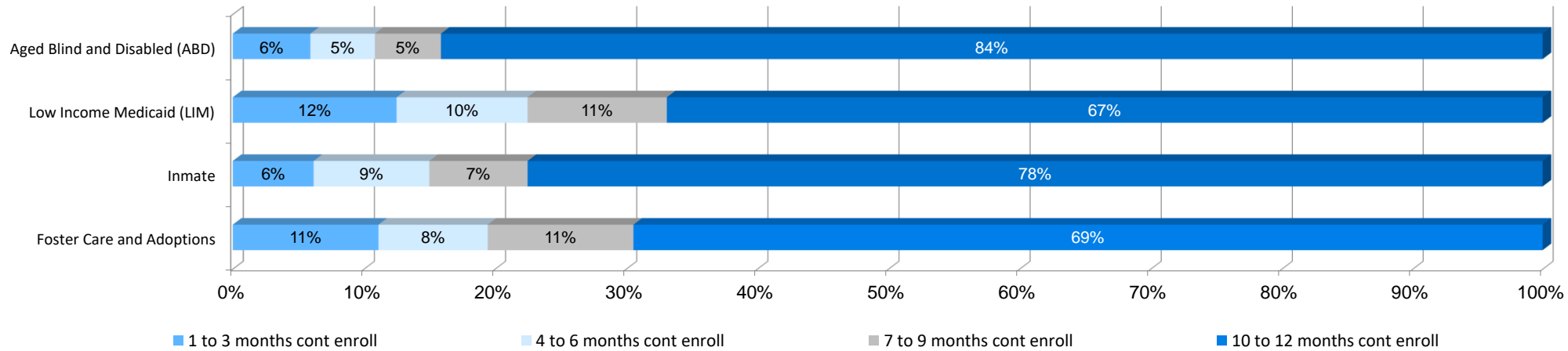
Continuous Enrollment for **Non-Medicare Enrollees*** in Rolling Previous 12 Months

*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

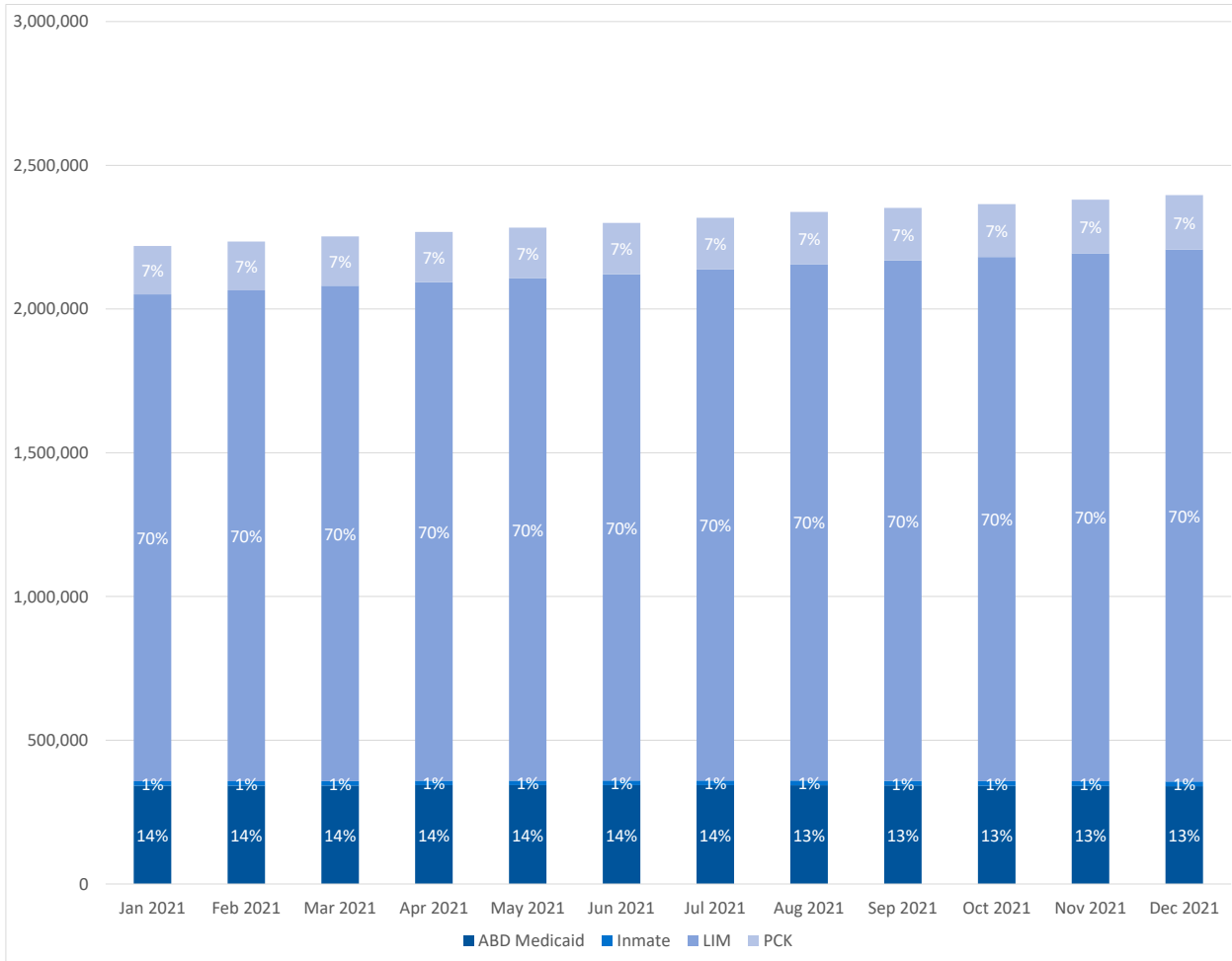


Georgia Department of Community Health

Member Report

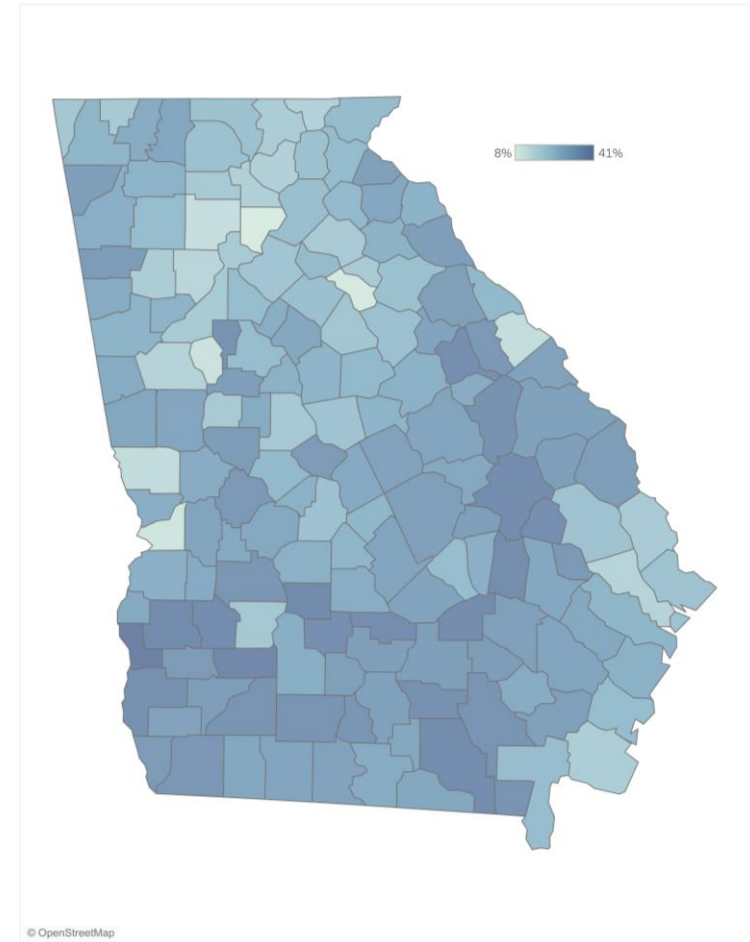
Claims Incurred through December 2021 and Paid through March 2022

Monthly Enrollment for Rolling Previous 12 Months



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.

Percent of Medicaid Members by County Population*



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

Georgia Department of Community Health

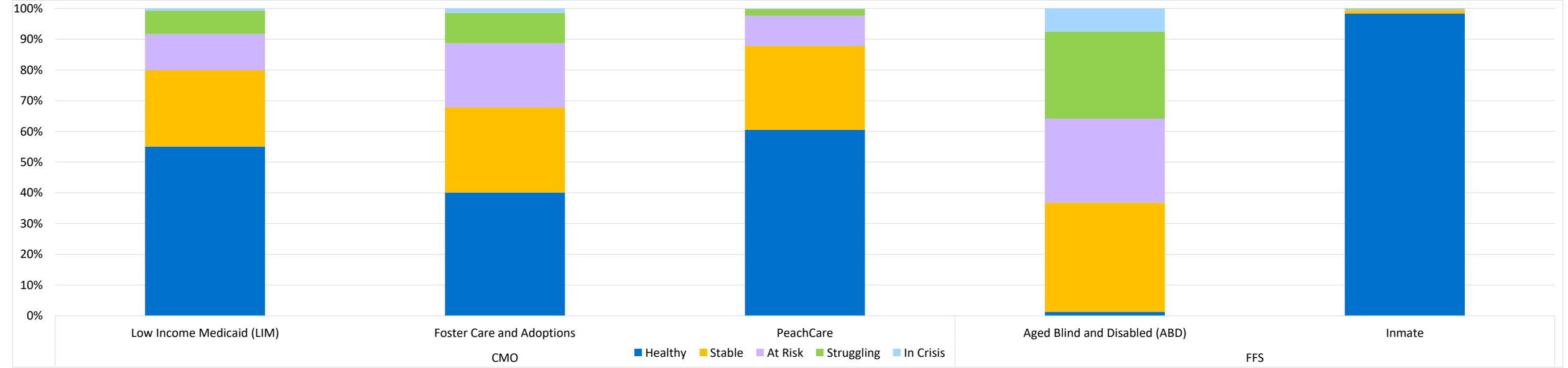
Member Report

Claims Incurred through December 2021 and Paid through March 2022

Risk Scores by Aid Category

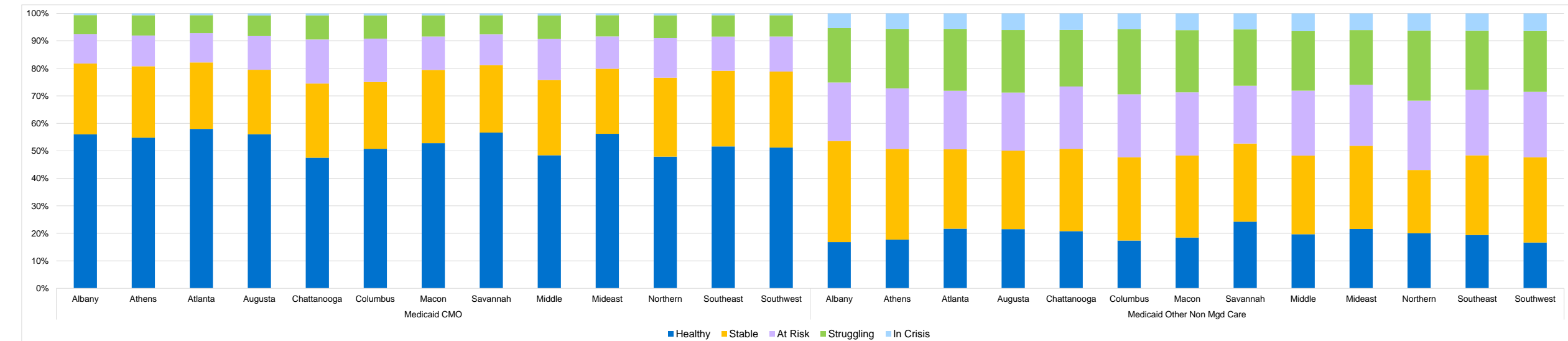
Excludes members with Medicare coverage

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.



Risk Scores by Region

Excludes members with Medicare coverage



Note: Health risk categories are based on Diagnostic Cost Group (DCG) risk scores, which are licensed by Cotiviti, and grouped into risk bands by IBM WH subject matter experts, where 100 is the average population. The Healthy risk score category shows a higher than normal percentage of the population due to lower utilization in CY 2021 resulting from the COVID-19 pandemic and stay-at-home orders.

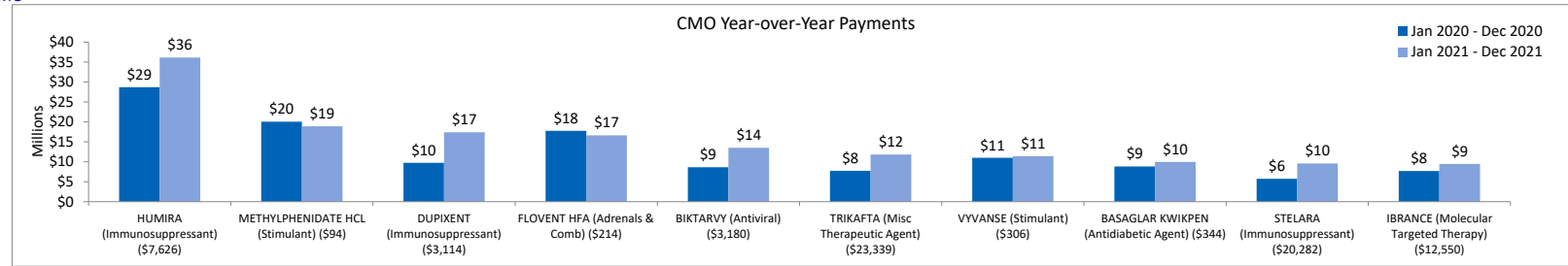
Georgia Department of Community Health

Member Report

Claims Incurred through December 2021 and Paid through March 2022

Top 10 Prescriptions (CMO Plan Paid Amount)

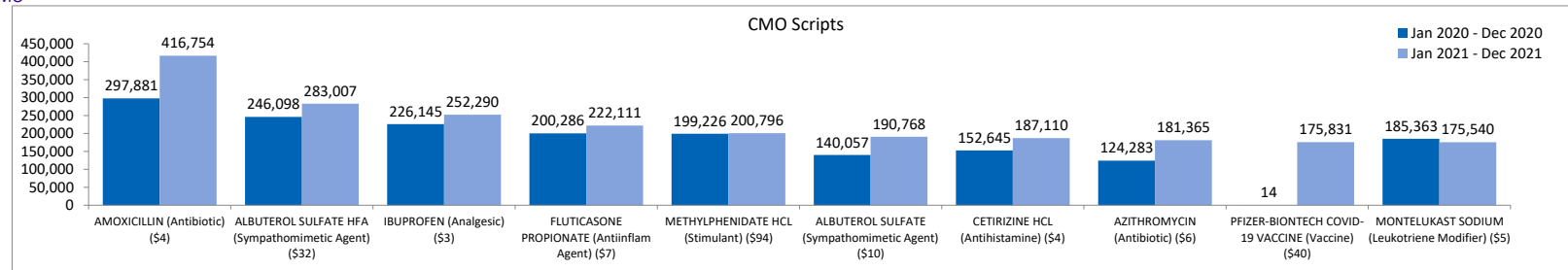
Excludes members with Medicare coverage
CMO



Payment 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 (Scripts)

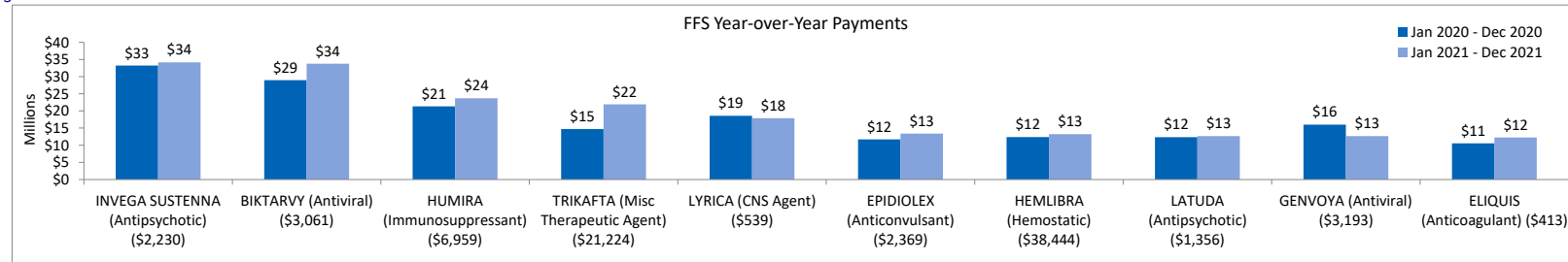
Excludes members with Medicare coverage
CMO



Payment 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)

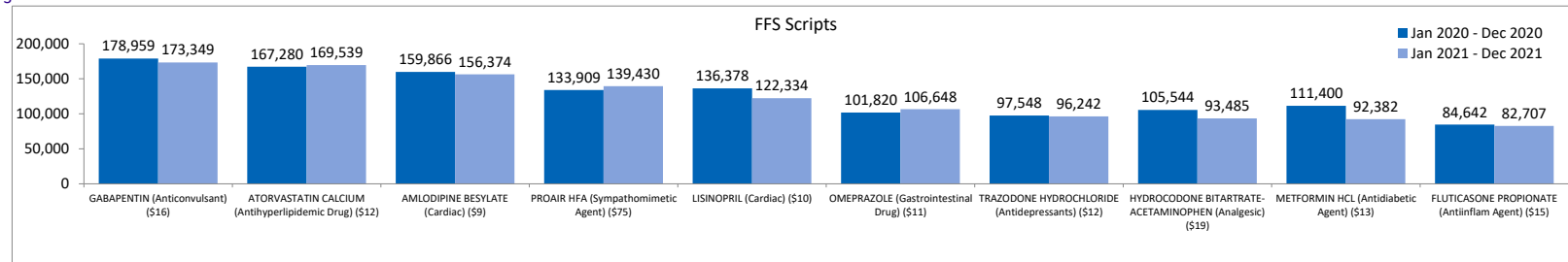
Excludes members with Medicare coverage
FFS



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

Top 10 Prescriptions (Scripts)

Excludes members with Medicare coverage
FFS



Payment 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

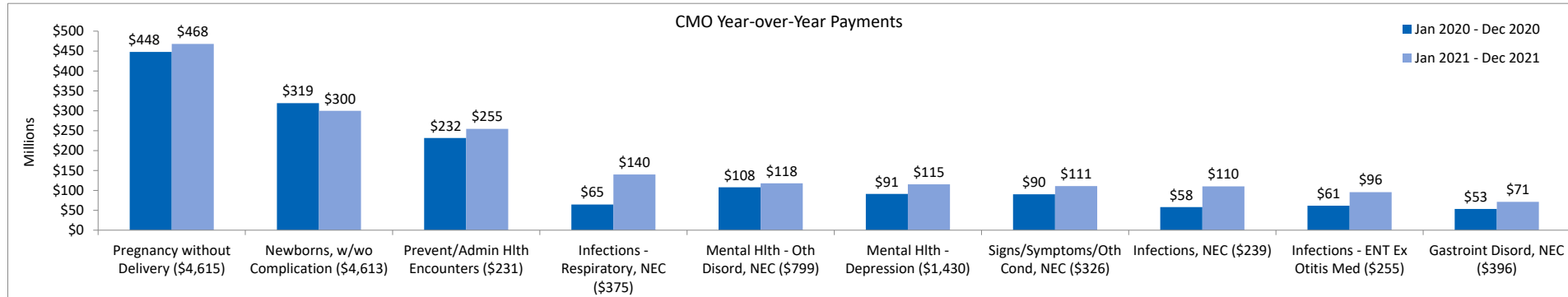
Member Report

Claims Incurred through December 2021 and Paid through March 2022

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

CMO

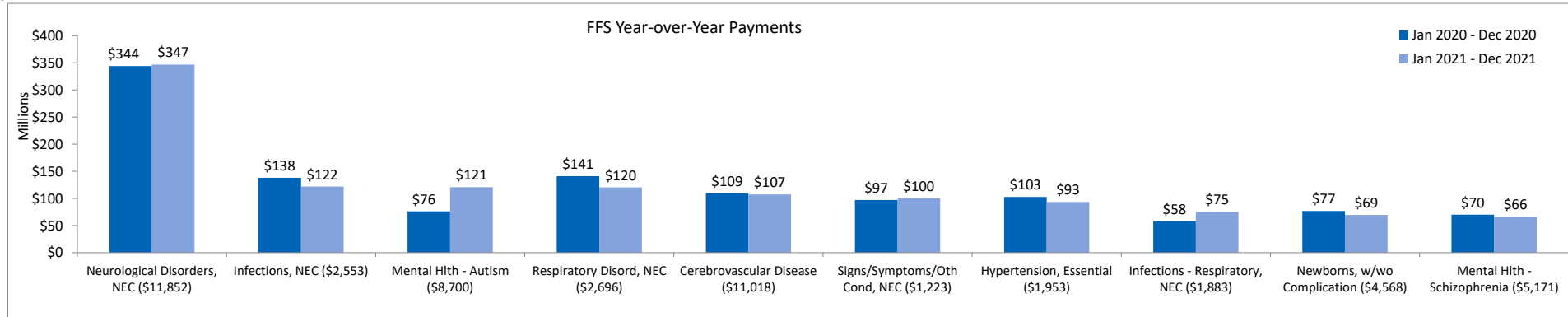
Excludes members with Medicare coverage



Payment 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

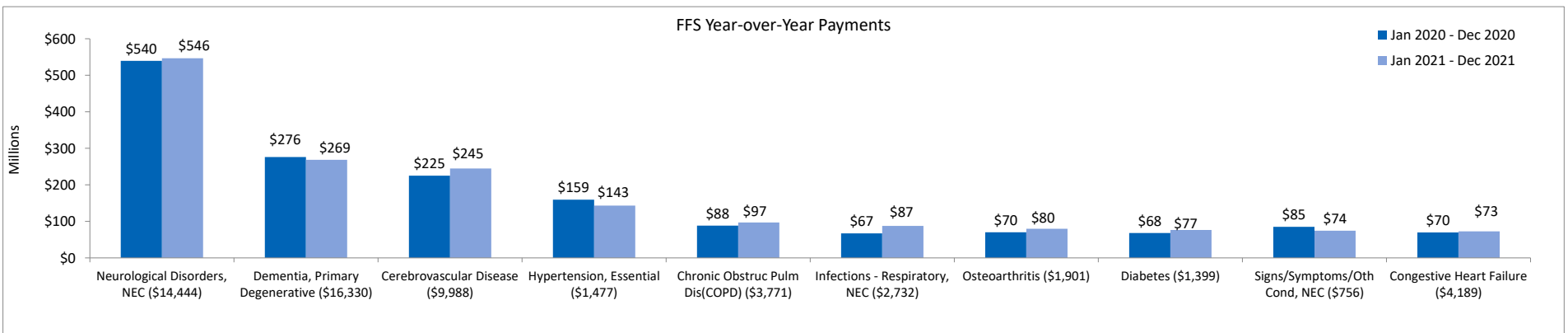


Payment per Patient is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

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

Top 10 Clinical Conditions (Net Payments)

Duals



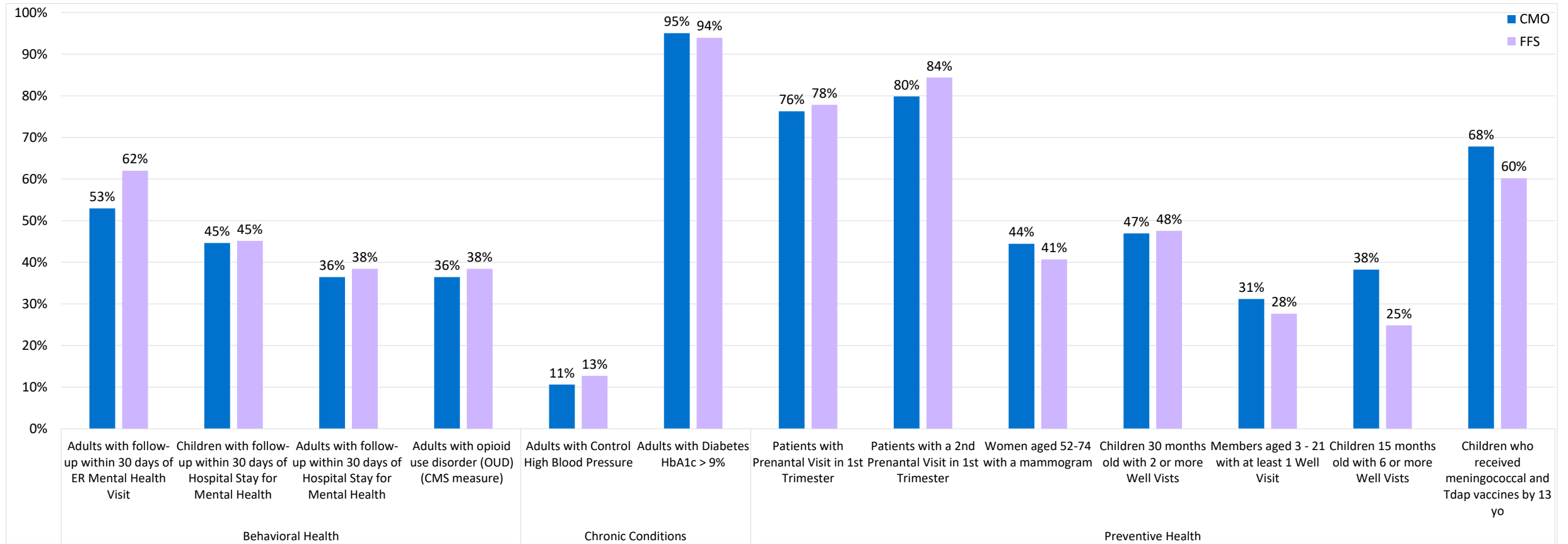
Georgia Department of Community Health

Member Report Claims Incurred through December 2021 and Paid through March 2022

Quality Measures (Paid March 2022)

Measures are based on HEDIS specifications unless otherwise noted.

Excludes members with Medicare coverage.



Rule Measure Code	Rule Measure	Description
916	HEDIS FUM-AD FU w/in 30d Aft ED Visit Mnt Illness 1st	The percentage of members with an emergency department visit who received a follow-up within 30 days of the mental health visit.
918	HEDIS FUH-CH FU w/in 30d After Hosp Stay for MH 1st	The percentage of members ages 6 -17 with an hospital visit who received a follow-up within 30 days of the mental health visit.
920	HEDIS FUH-AD FU w/in 30d After Hosp Stay for MH 1st	The percentage of members 18 years and older with an hospital visit who received a follow-up within 30 days of the mental health visit.
937	CMS OUD-AD Opioid Use Disorder Total	Percentage of Medicaid beneficiaries ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year.
812	HEDIS CBP-AD Control High Blood Pressure	The percentage of patients, aged 18 to 85 years who had a visit with a diagnosis of hypertension (<140/90 mm Hg) excludes patients that are 81 years of age and older with frailty, age 66-80 years of age with frailty and advanced illness or in hospice care during the measurement year.
591	HEDIS HPC-AD Diabetes HbA1c Greater Than 9 Percent	The percentage of patients with type 1 or type 2 diabetes, aged 18 to 75 years, whose most recent HbA1c test result value was greater than 9%. Missing results are treated as being numerator-compliant. This excludes patients with a diagnosis of gestational or steroid-induced diabetes, and those with no encounter for diabetes during the measurement year or the year prior. It also excludes patients who used hospice services during the measurement year.
813	HEDIS PPC-CH Prenatal Care 1st	The percentage of patients that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization. Excludes patients in hospice during the measurement year.
1018	HEDIS PPC-CH Prenatal Care 2nd	The percentage of patients that received a second prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization. Excludes patients in hospice during the measurement year.
578	HEDIS BCS-AD Breast Cancer Screens	The percentage of women, aged 52 to 74 years at the end of the measurement period, who had a mammogram done during a 27 - month measurement period. This excludes women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days a part any time prior to or during the measurement period, based on claims included in the database. It also excludes women who used any hospice services during the measurement year.
1020	HEDIS W30-CH Well Visit GE 2 Turning 30 mth	The percentage of children who turned 30 months old during the measurement year and had two or more well-child visits with a primary care practitioner.
615	HEDIS WCV-CH Well Care Visits Adolescents	The percentage of adolescents, aged 3 -21 years, who had at least one comprehensive well-care visit with a primary care physician (PCP) or a gynecologist during the measurement year.
638	HEDIS W30-CH Well Visit GE 6 in First 15 mth	The percentage of children, during their first 15 months of life, who had six or more well-child visits with a primary care practitioner.
827	HEDIS IMA-CH Adolescent Immune Combo 1	The percentage of adolescents, who turned 13 years old, who received meningococcal vaccine and one tetanus diphtheria vaccine during the measurement year.

Note: These are from the CMS Core Adult and Child Measure set as available in IBM's Medicaid Focus Package. Excludes members with Medicare coverage.

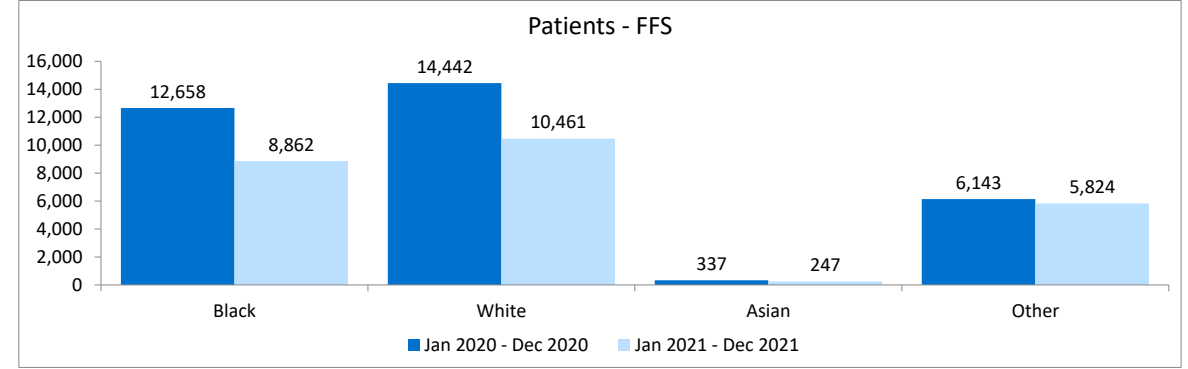
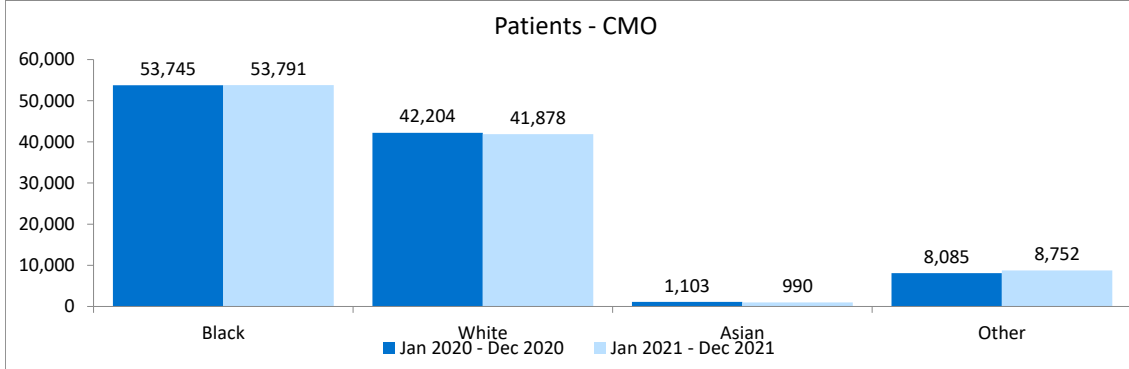
Georgia Department of Community Health

Member Report

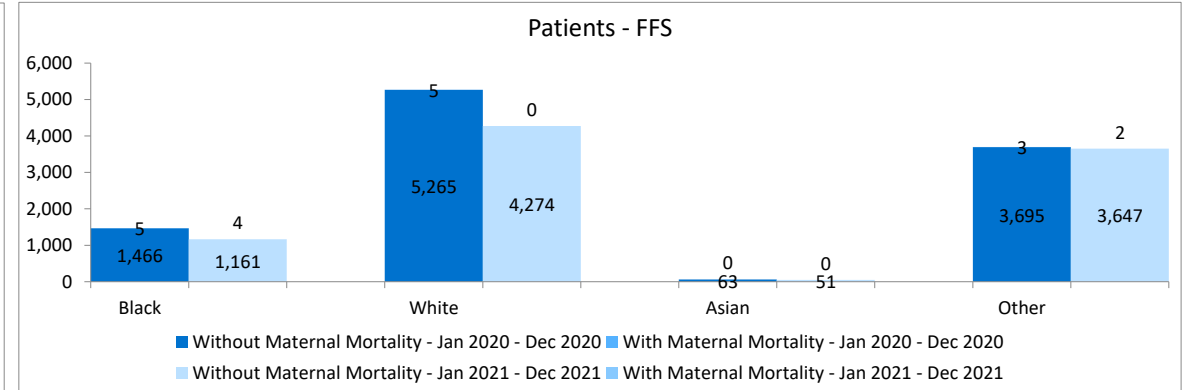
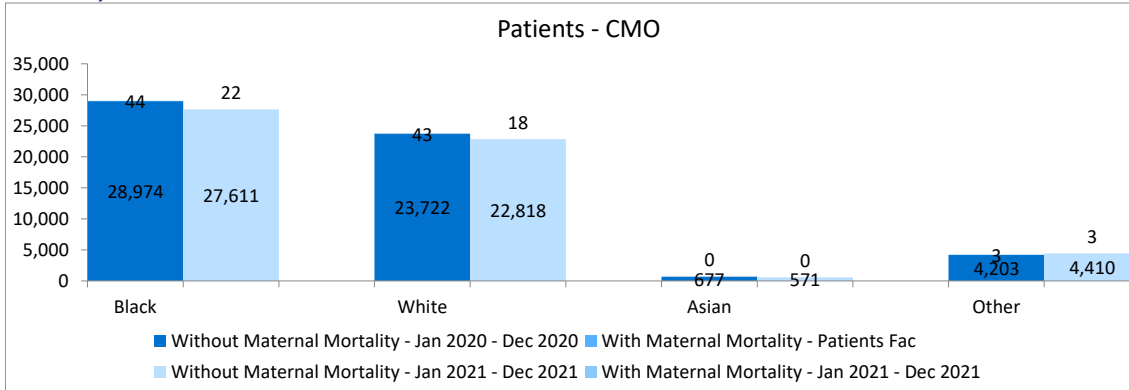
Claims Incurred through December 2021 and Paid through March 2022

Excludes members with Medicare coverage

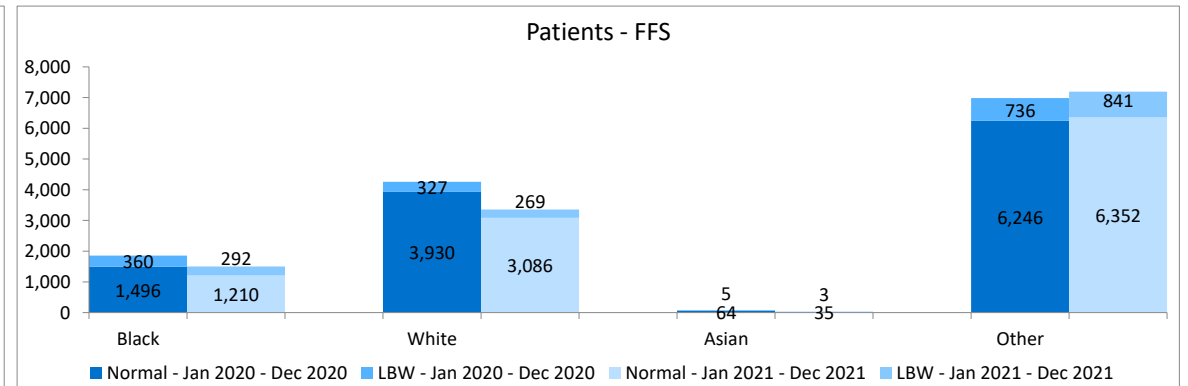
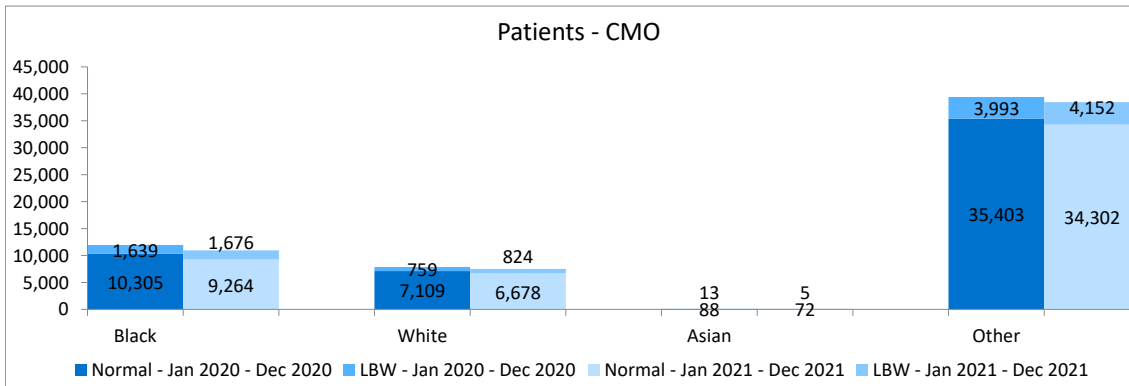
Pregnancy



Delivery



Birth



The Medicaid Planning for Healthy Babies methodology was used to define pregnancies, deliveries and births for consistency. Please contact DCH or IBM for the specific criteria. Maternal mortality is defined by date of death provided on the eligibility file and may be underreported.

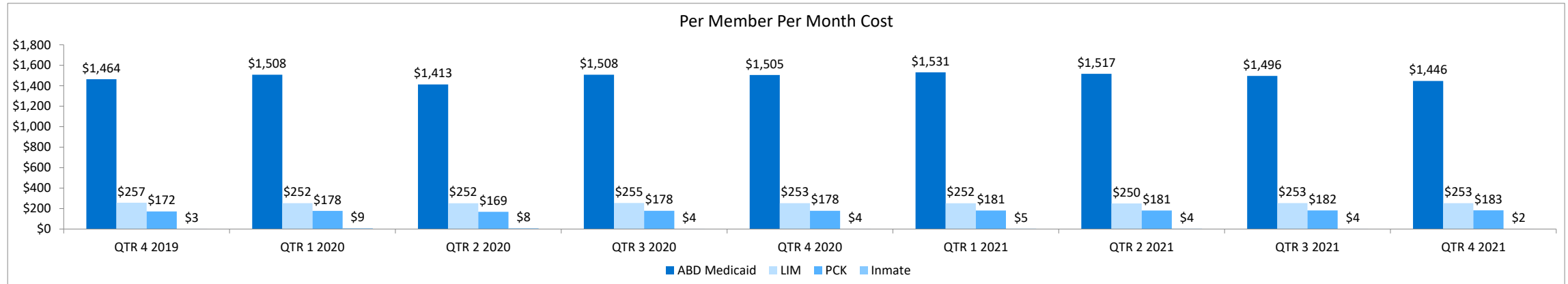
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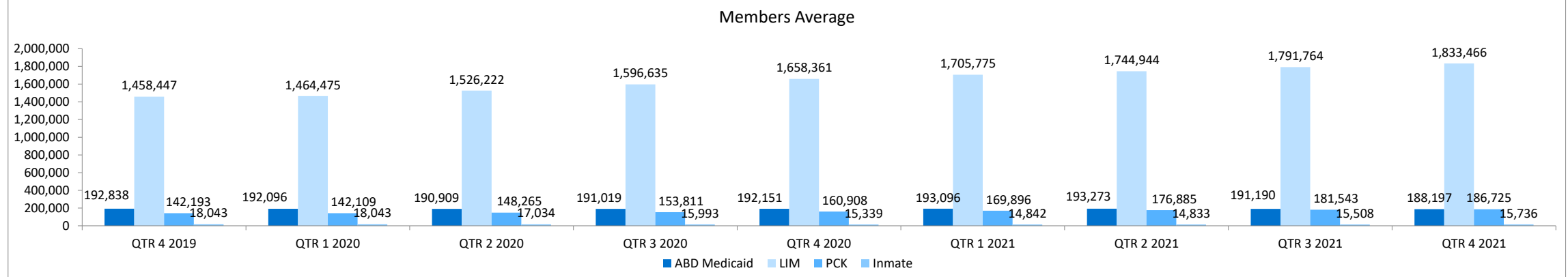
Claims Incurred through December 2021 and Paid through March 2022

Financial Results by Aid Category

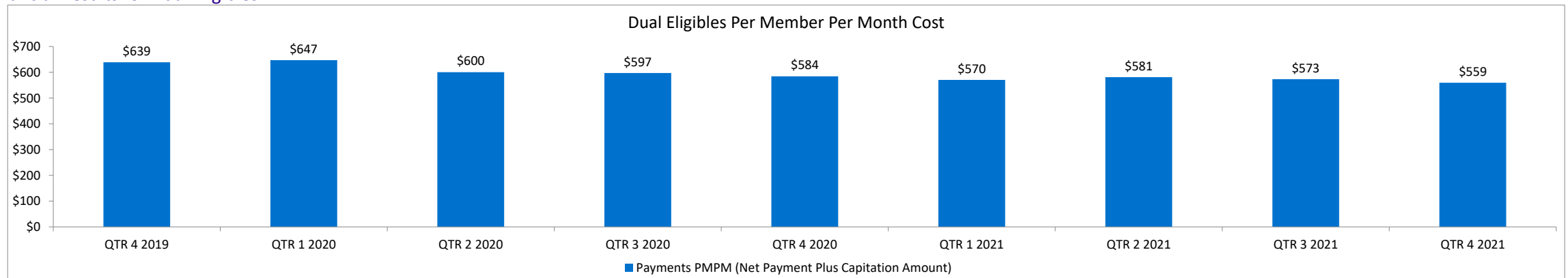
Excludes members with Medicare coverage



Costs include Net Payment and Capitation Amount. Net Payment 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



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

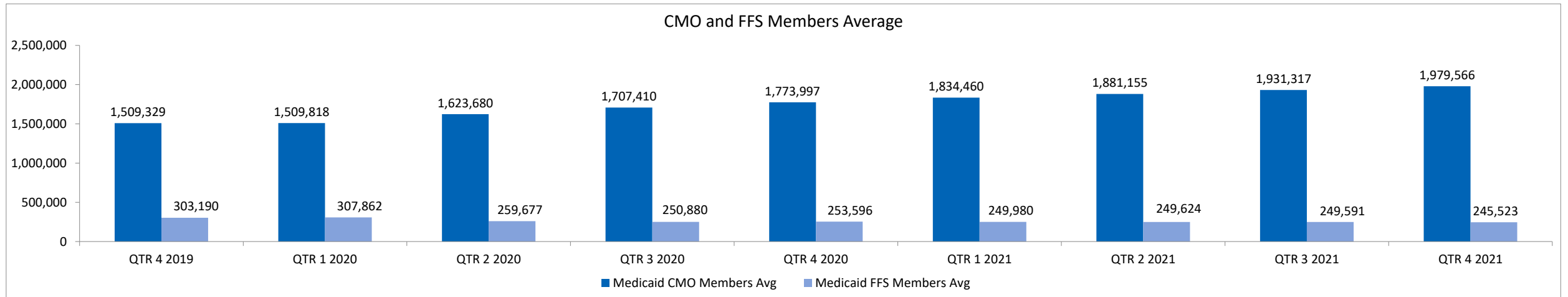
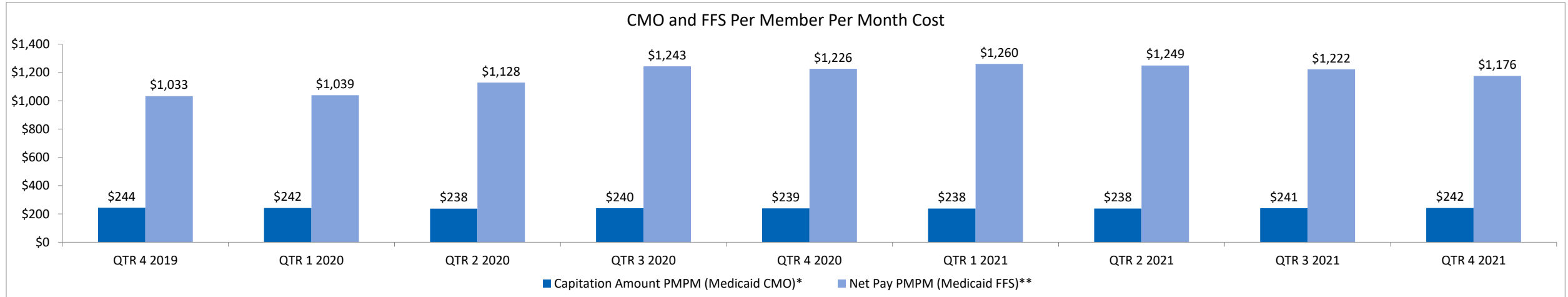
Georgia Department of Community Health

Finance Report

Claims Incurred through December 2021 and Paid through March 2022

Financial Results by Plan Group

Excludes members with Medicare coverage



* 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.

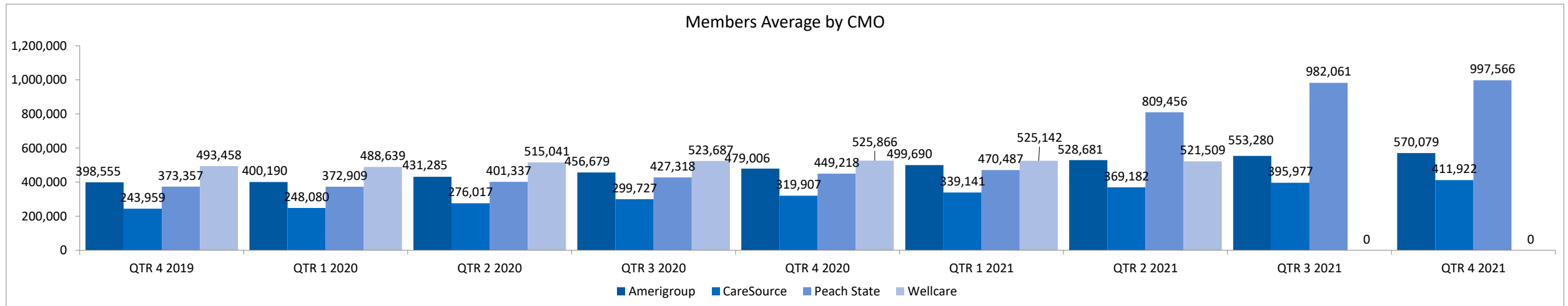
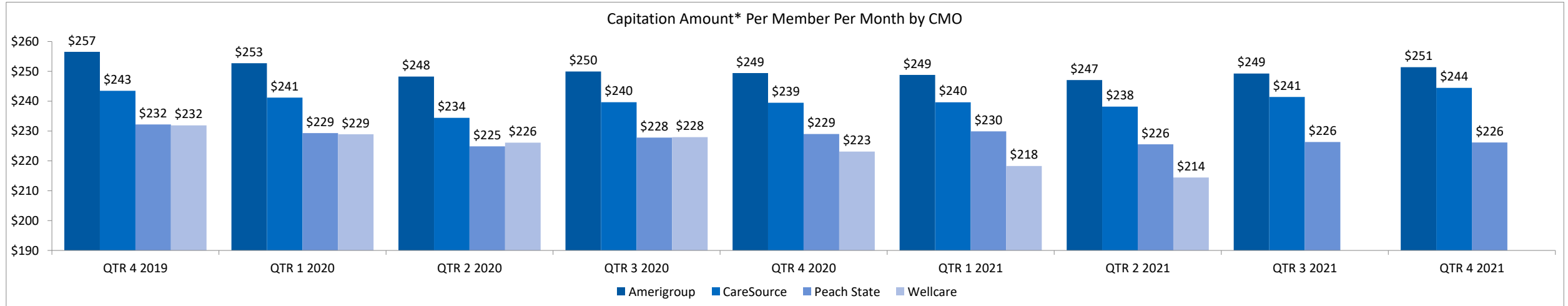
Georgia Department of Community Health

Finance Report

Claims Incurred through December 2021 and Paid through March 2022

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.

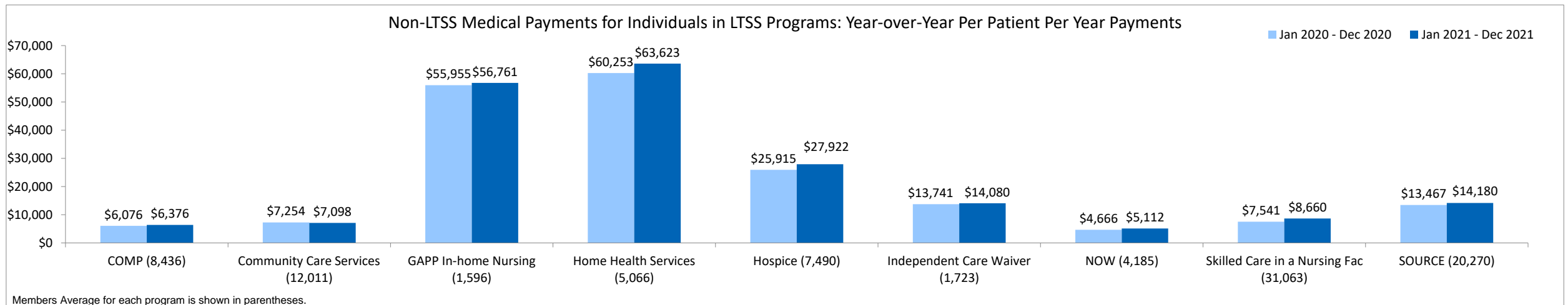
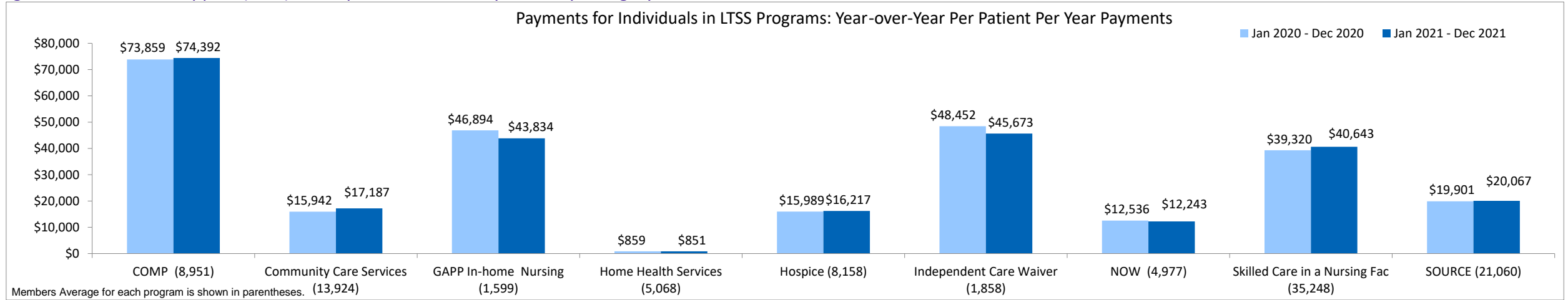
Georgia Department of Community Health

Finance Report

Claims Incurred through December 2021 and Paid through March 2022

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 December 2021 and Paid through March 2022

Cost by Aid Category Group

Excludes members with Medicare coverage

Aid Category Group	Measures	Total Costs			PMPM	
		Jan 2020 - Dec 2020	Jan 2021 - Dec 2021	% Change	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021
LIM	Net Pay Med	\$401,657,891	\$323,522,932	-19%	\$22	\$15
	Net Pay Rx	\$33,030,420	\$39,527,396	20%	\$2	\$2
	Net Pay Subtotal	\$434,688,311	\$363,050,328	-16%	\$24	\$17
	CMO Capitation Payments	\$4,151,601,323	\$4,786,372,428	15%	\$225	\$229
	P4HB Capitation Payments	\$24,178,927	\$25,373,271	5%	\$1	\$1
	NEMT Capitation Payments	\$92,009,328	\$107,663,288	17%	\$5	\$5
	Capitation Subtotal	\$4,267,789,578	\$4,919,408,987	15%	\$232	\$235
	Total Cost	\$4,702,477,889	\$5,282,459,315	12%	\$255	\$252
ABD	Net Pay Med	\$2,430,447,092	\$2,424,161,254	0%	\$1,086	\$1,090
	Net Pay Rx	\$827,163,458	\$857,738,530	4%	\$370	\$386
	Net Pay Subtotal	\$3,257,610,550	\$3,281,899,785	1%	\$1,455	\$1,476
	NEMT Capitation Payments	\$11,448,836	\$11,629,201	2%	\$5	\$5
	Capitation Subtotal	\$11,448,836	\$11,629,201	2%	\$5	\$5
	Total Cost	\$3,269,059,385	\$3,293,528,985	1%	\$1,461	\$1,481
PCK	Net Pay Med	\$11,140,970	\$7,305,601	-34%	\$6	\$3
	Net Pay Rx	\$2,476,170	\$3,134,829	27%	\$1	\$1
	Net Pay Subtotal	\$13,617,140	\$10,440,430	-23%	\$8	\$5
	CMO Capitation Payments	\$306,930,959	\$381,372,341	24%	\$169	\$178
	Capitation Subtotal	\$306,930,959	\$381,372,341	24%	\$169	\$178
	Total Cost	\$320,548,099	\$391,812,771	22%	\$177	\$183
Foster Care	Net Pay Med	\$26,121,115	\$24,857,653	-5%	\$70	\$65
	Net Pay Rx	\$8,079,207	\$8,101,442	0%	\$22	\$21
	Net Pay Subtotal	\$34,200,322	\$32,959,095	-4%	\$91	\$86
	CMO Foster Care Capitation Payments	\$181,039,365	\$180,076,971	-1%	\$484	\$473
	NEMT Capitation Payments	\$1,976,787	\$2,010,653	2%	\$5	\$5
	Capitation Subtotal	\$183,016,152	\$182,087,624	-1%	\$489	\$478
Total Cost	\$217,216,474	\$215,046,719	-1%	\$581	\$564	
Inmate	Net Pay Med	\$972,178	\$365,614	-62%	\$5	\$2
	Net Pay Subtotal	\$972,178	\$365,614	-62%	\$5	\$2
	Total Cost	\$972,178	\$365,614	-62%	\$5	\$2
Total	Net Pay Med	\$2,870,339,247	\$2,780,213,054	-3%	\$124	\$107
	Net Pay Rx	\$870,749,254	\$908,502,197	4%	\$38	\$35
	Net Pay Subtotal	\$3,741,088,501	\$3,688,715,251	-1%	\$162	\$143
	CMO Capitation Payments	\$4,639,571,647	\$5,347,821,740	15%	\$201	\$207
	P4HB Capitation Payments	\$24,178,927	\$25,373,271	5%	\$1	\$1
	NEMT Capitation Payments	\$105,434,951	\$121,303,142	15%	\$5	\$5
	Capitation Subtotal	\$4,769,185,525	\$5,494,498,153	15%	\$207	\$212
	Total Cost	\$8,510,274,026	\$9,183,213,404	8%	\$369	\$355

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 and will vary from payments on Page 17 due to different component measures.

Georgia Department of Community Health

Finance Report

Claims Incurred through December 2021 and Paid through March 2022

Categories of Service Groupings

Excludes members with Medicare coverage

Category of Service	Jan 2021 - Dec 2021							
	Patients	Payments	Pay Per Patient	Service Count	Pay Per Service	Claims Paid	Providers	Claims Per Provider
Inpatient Hospital Services	190,091	\$1,915,644,125	\$10,078	236,292	\$8,107	237,358	454	523
Outpatient Hospital Services	696,537	\$936,155,308	\$1,344	12,651,004	\$74	1,751,262	1,708	1,025
Professional Services	1,587,201	\$1,240,855,687	\$782	9,245,014	\$134	10,583,448	102,016	104
Pharmacy	1,339,392	\$1,611,790,520	\$1,203	16,911,126	\$95	16,952,272	2,449	6,922
Skilled Care in a Nursing Facility	3,953	\$181,819,350	\$45,995	885,987	\$205	126,220	322	392
Dental	795,779	\$260,252,260	\$327	1,613,508	\$161	1,685,948	2,727	618
Behavioral Health	94,939	\$339,181,923	\$3,573	7,268,547	\$47	2,057,469	1,813	1,135
Waiver	17,246	\$562,777,705	\$32,632	9,579,664	\$59	1,523,508	3,987	382
Other	1,490,554	\$863,982,153	\$580	20,779,560	\$42	7,880,877	36,070	218
Total	1,923,662	\$7,912,459,031	\$4,113	79,170,702	\$100	42,798,362	130,008	329

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. Payments will vary from Total Costs on Page 16 due to different component measures.

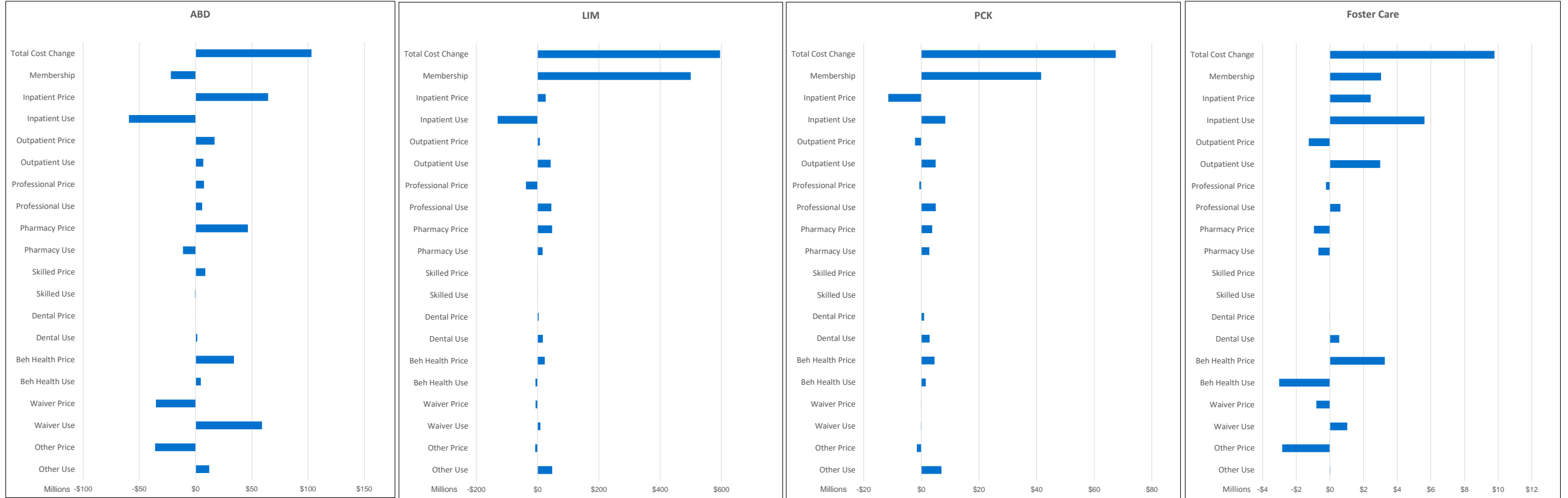
Georgia Department of Community Health

Finance Report

Claims Incurred through December 2021 and Paid through March 2022

Payment and Use Trends by Categories of Service Groupings

Excludes members with Medicare coverage



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

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