

Georgia Department of Community Health

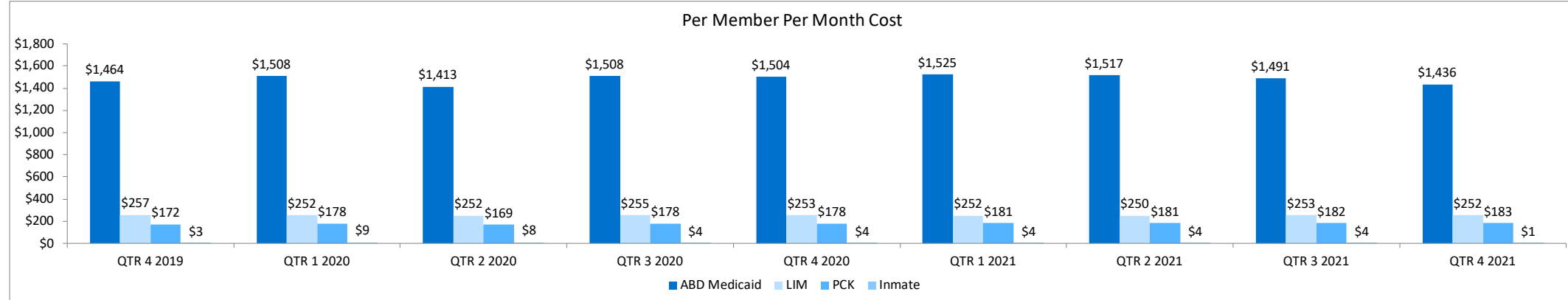
Finance Report

Claims Incurred through November 2021 and Paid through February 2022

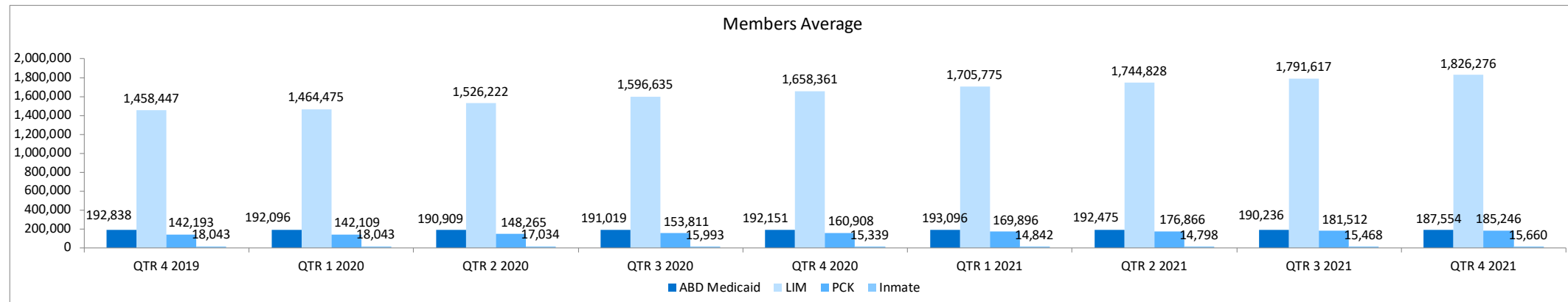
Financial Results by Aid Category

Excludes members with Medicare coverage

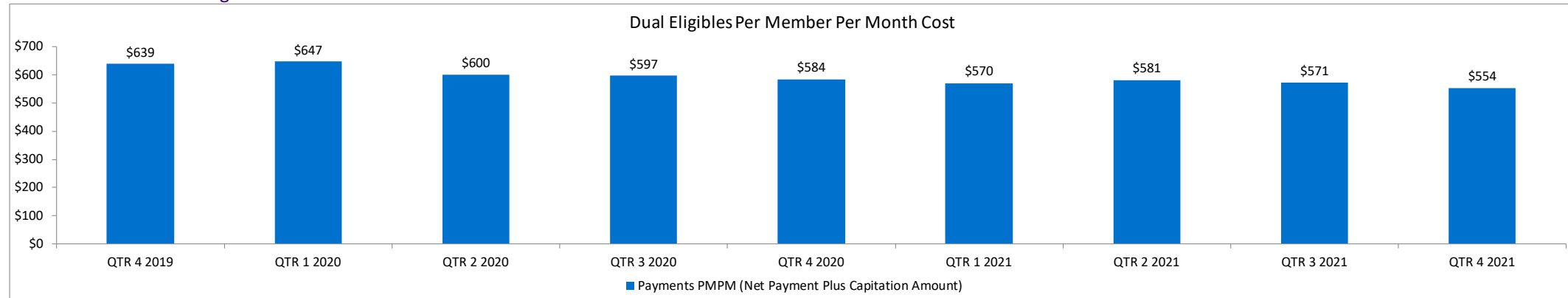
Quarter 4 2021 only includes two months of data.



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.

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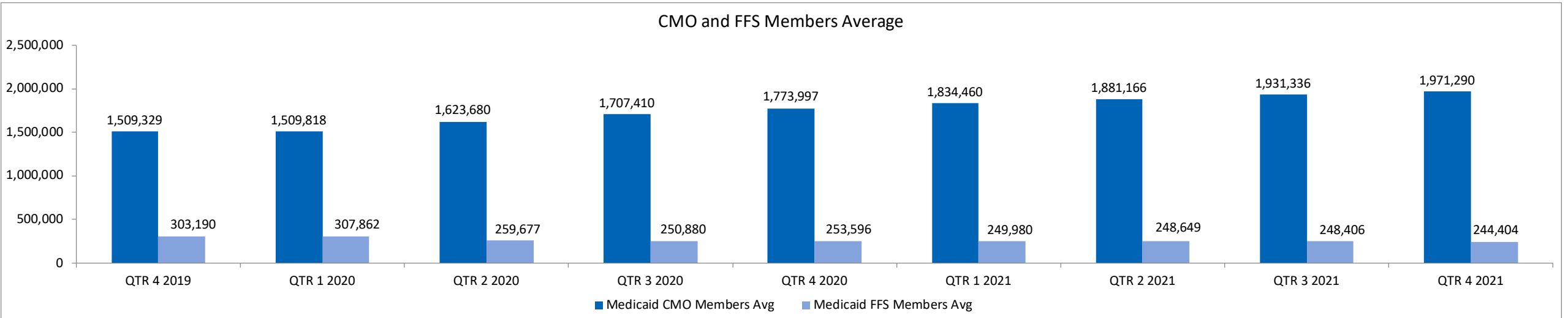
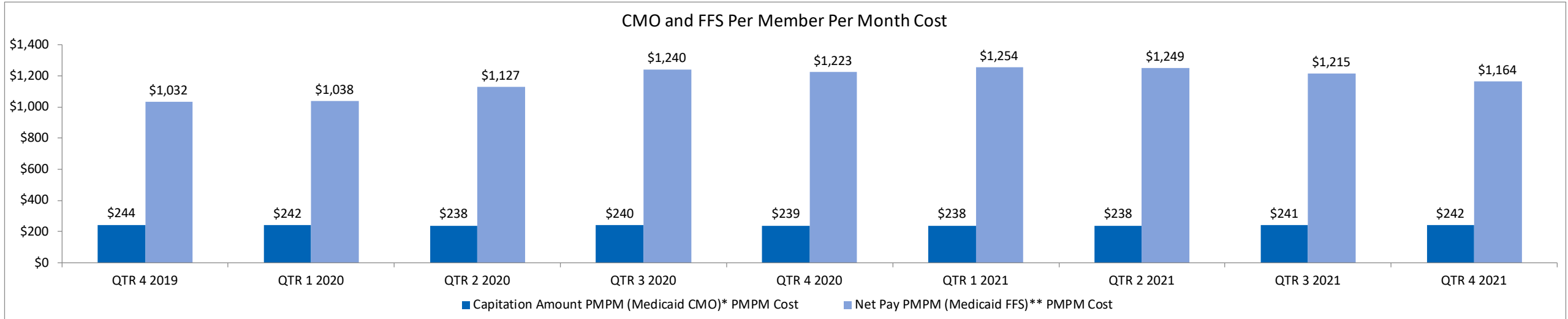
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Claims Incurred through November 2021 and Paid through February 2022

Financial Results by Plan Group

Excludes members with Medicare coverage

Quarter 4 2021 only includes two months 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.

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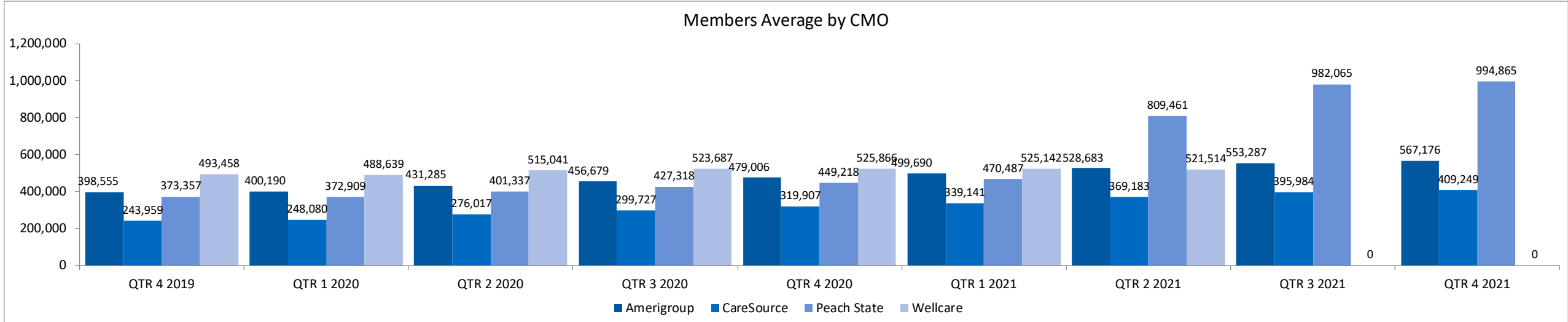
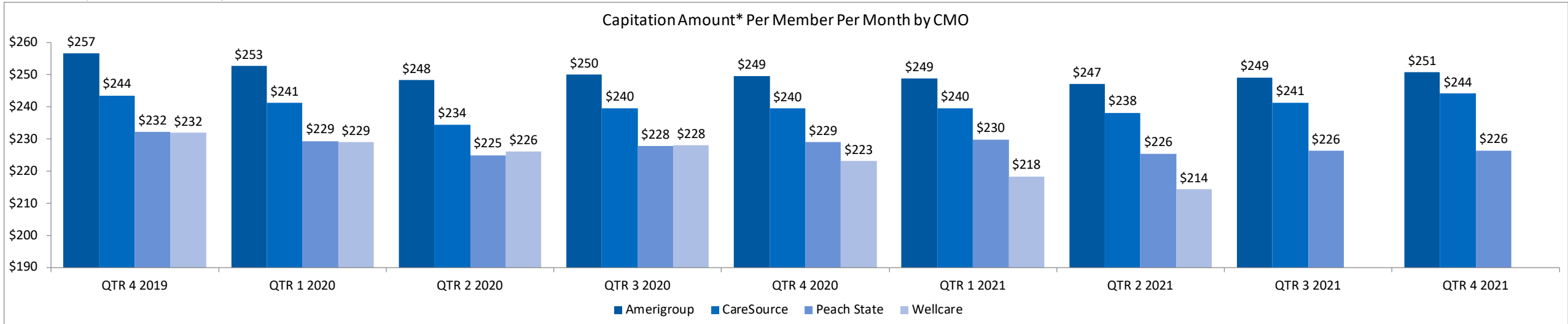
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Claims Incurred through November 2021 and Paid through February 2022

Financial Results by CMO

Excludes members with Medicare coverage

Quarter 4 2021 only includes two months 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.

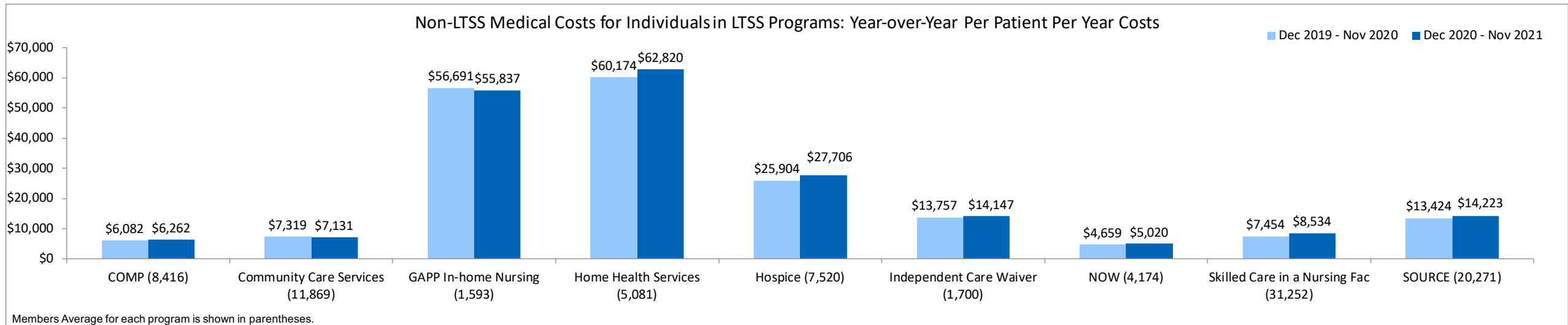
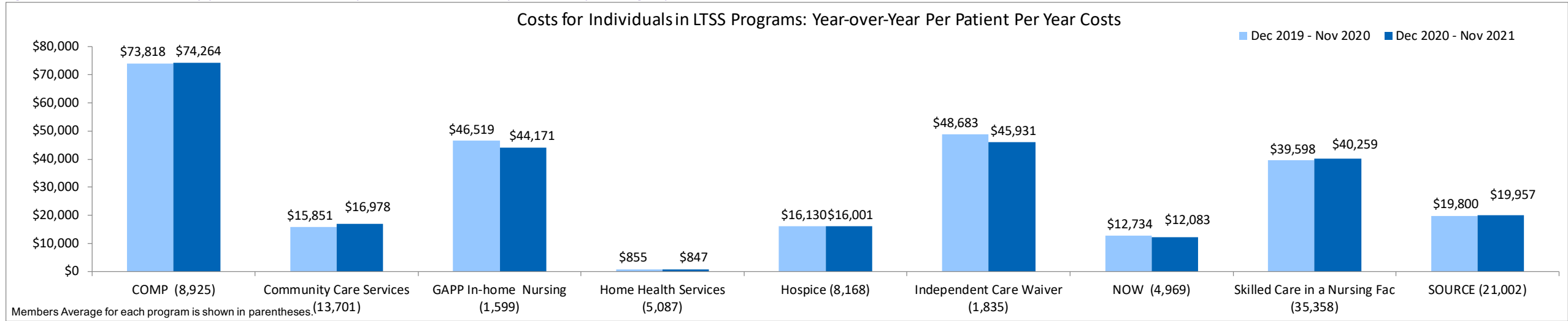
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Long Term Care (LTC) Services Summary

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



Note: LTSS report includes members with Medicare coverage.

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Cost by Aid Category Group

Excludes members with Medicare coverage

Aid Category Group	Measures	Dec 2019 - Nov 2020	Dec 2020 - Nov 2021	% Change	Dec 2019 - Nov 2020 PMPM	Dec 2020 - Nov 2021 PMPM
LIM	Net Pay Med	\$403,843,010	\$324,079,707	-20%	\$22	\$16
	Net Pay Rx	\$32,733,158	\$39,041,779	19%	\$2	\$2
	CMO Capitation Payments	\$4,094,209,164	\$4,738,120,180	16%	\$225	\$228
	P4HB Capitation Payments	\$23,713,139	\$25,663,512	8%	\$1	\$1
	NEMT Capitation Payments	\$90,500,298	\$106,687,499	18%	\$5	\$5
	Total Cost	\$4,644,998,769	\$5,233,592,677	13%	\$255	\$252
ABD	Net Pay Med	\$2,434,403,781	\$2,420,142,838	-1%	\$1,087	\$1,089
	Net Pay Rx	\$820,520,034	\$857,501,985	5%	\$366	\$386
	NEMT Capitation Payments	\$11,443,854	\$11,614,277	1%	\$5	\$5
	Total Cost	\$3,266,367,669	\$3,289,259,100	1%	\$1,459	\$1,480
PCK	Net Pay Med	\$12,131,467	\$7,205,279	-41%	\$7	\$3
	Net Pay Rx	\$2,516,014	\$3,006,120	19%	\$1	\$1
	CMO Capitation Payments	\$300,587,625	\$376,241,929	25%	\$168	\$177
	Total Cost	\$315,235,106	\$386,453,328	23%	\$176	\$182
Foster Care	Net Pay Med	\$25,963,115	\$25,274,838	-3%	\$69	\$66
	Net Pay Rx	\$8,311,664	\$8,066,346	-3%	\$22	\$21
	CMO Foster Care Capitation Payments	\$181,430,889	\$180,046,780	-1%	\$485	\$474
	NEMT Capitation Payments	\$1,974,849	\$2,006,356	2%	\$5	\$5
	Total Cost	\$217,680,516	\$215,394,320	-1%	\$582	\$567
Inmate	Net Pay Med	\$1,121,251	\$338,832	-70%	\$6	\$2
	Total Cost	\$1,121,251	\$338,832	-70%	\$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 November 2021 and Paid through February 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	189,271	\$1,913,564,784	\$10,110	235,204	\$8,136	236,274	450	525
Outpatient Hospital Services	683,628	\$925,924,282	\$1,354	12,484,118	\$74	1,723,082	1,664	1,036
Professional Services	1,572,600	\$1,227,231,152	\$780	9,114,230	\$135	10,432,185	101,872	102
Pharmacy	1,315,059	\$1,592,164,956	\$1,211	16,659,561	\$96	16,697,765	2,455	6,802
Skilled Care in a Nursing Facility	3,948	\$181,313,700	\$45,925	882,479	\$205	125,990	322	391
Dental	793,776	\$259,375,679	\$327	1,611,902	\$161	1,684,162	2,746	613
Behavioral Health	94,376	\$334,481,735	\$3,544	7,259,175	\$46	2,053,813	1,779	1,154
Waiver	17,238	\$560,419,295	\$32,511	9,146,970	\$61	1,520,745	3,960	384
Other	1,477,379	\$854,927,866	\$579	20,529,915	\$42	7,774,523	36,010	216
Total	1,910,148	\$7,849,403,449	\$4,109	77,923,554	\$101	42,248,539	129,828	325

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.

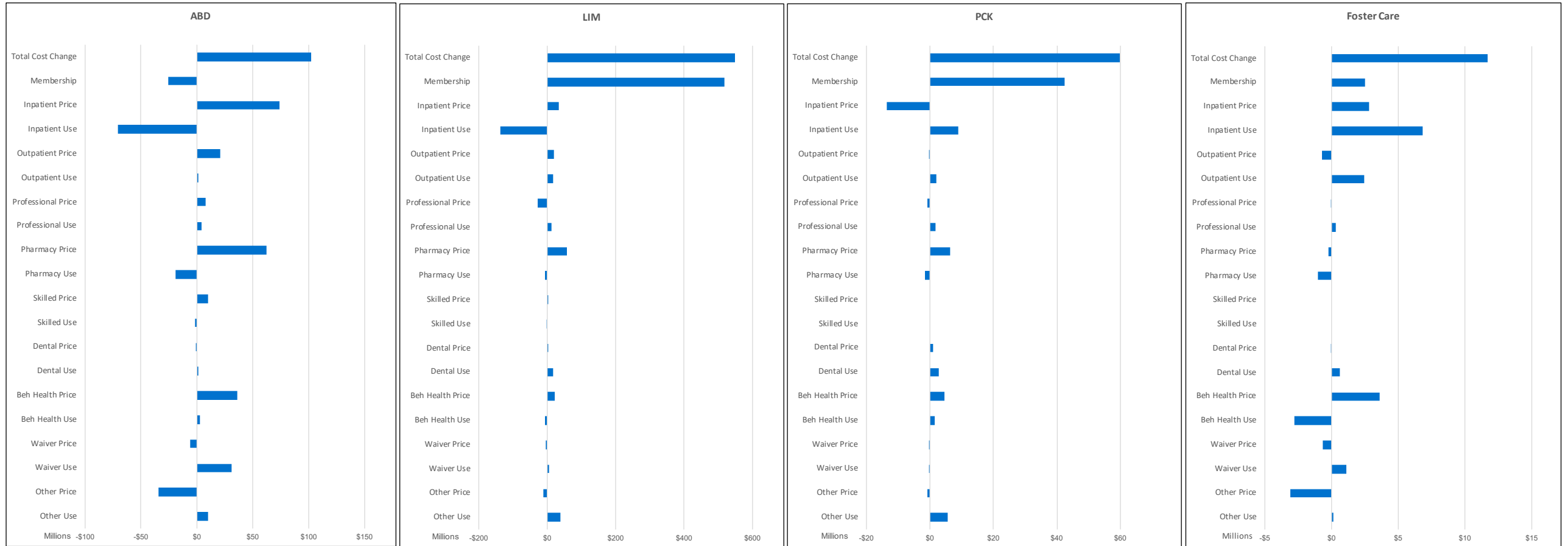
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Cost and Use Trends by Categories of Service Groupings

Excludes members with Medicare coverage



Category of Service Groupings

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