

Georgia Department of Community Health

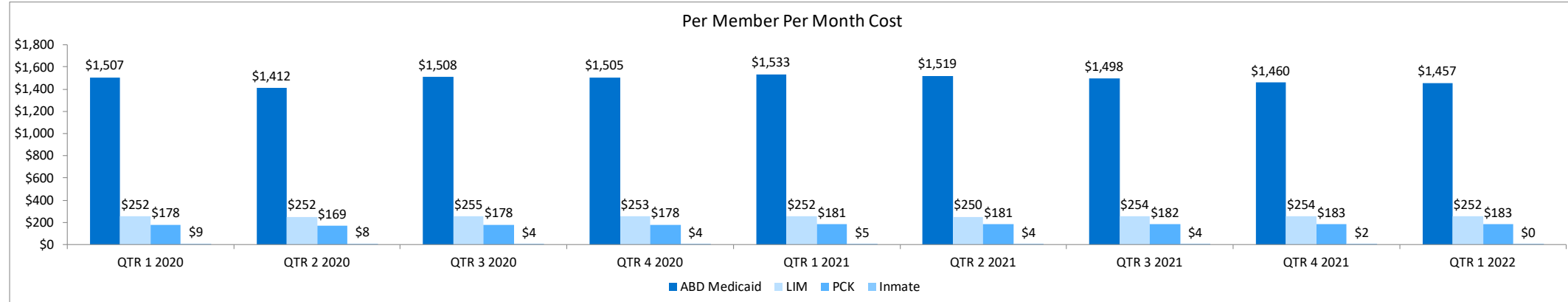
Finance Report

Claims Incurred through January 2022 and Paid through April 2022

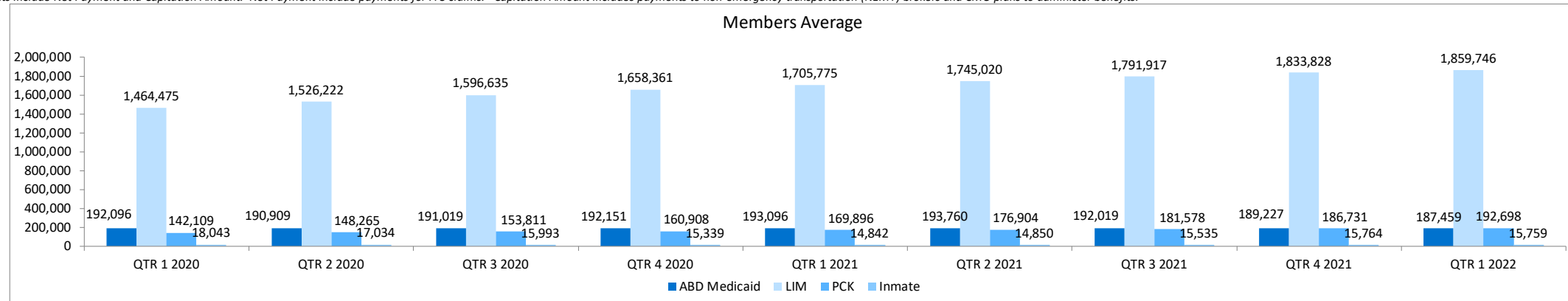
Financial Results by Aid Category

Excludes members with Medicare coverage

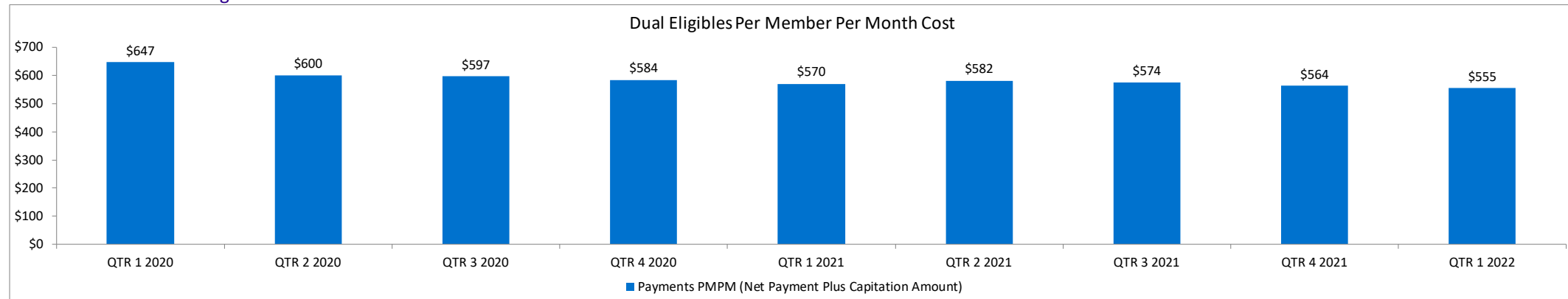
Quarter 1 2022 only includes one month of data



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.

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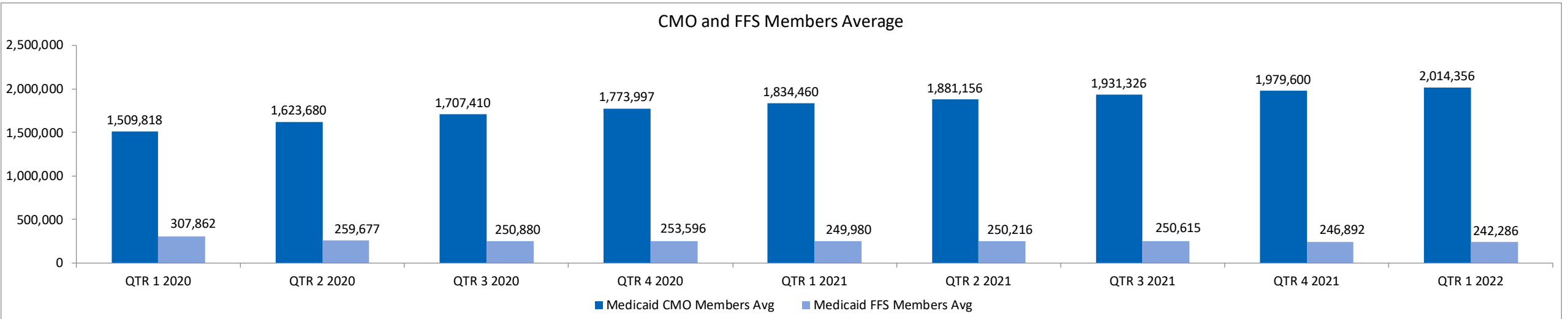
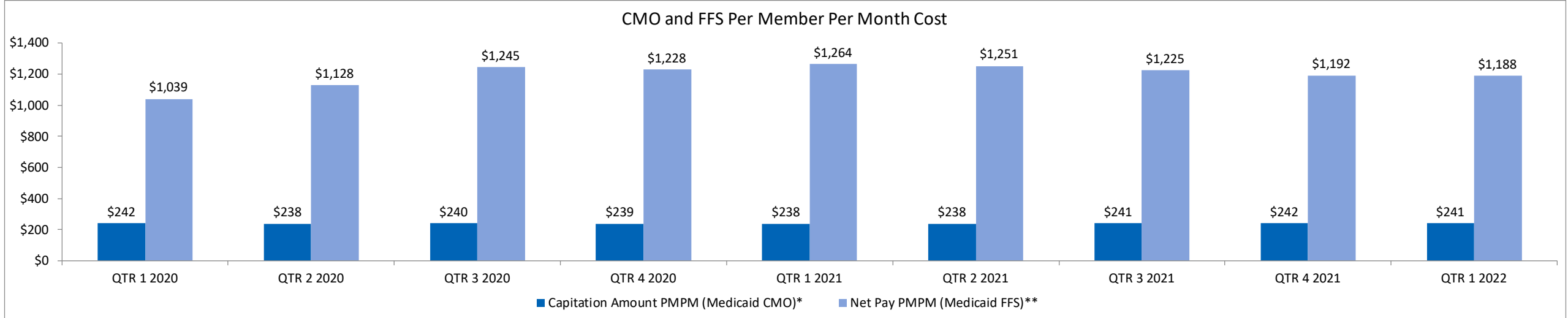
Finance Report

Claims Incurred through January 2022 and Paid through April 2022

Financial Results by Plan Group

Excludes members with Medicare coverage

Quarter 1 2022 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.

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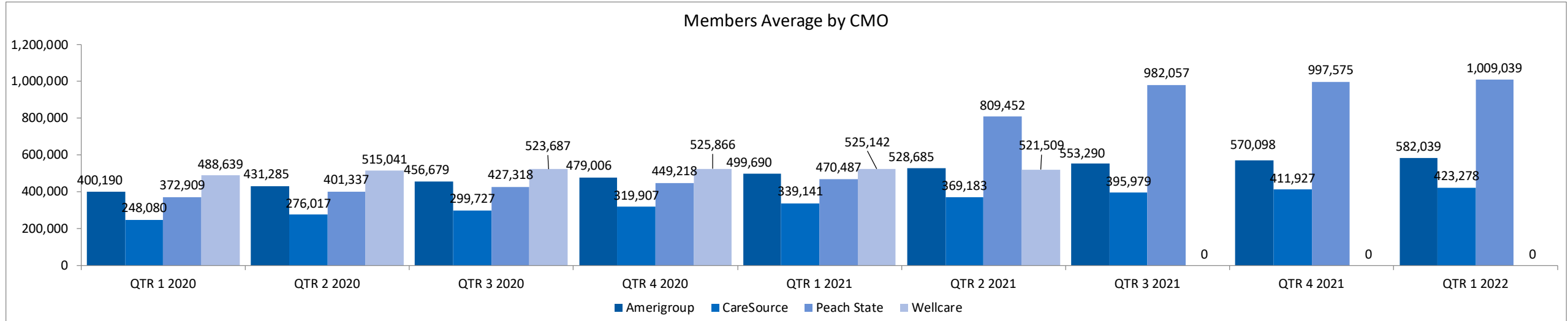
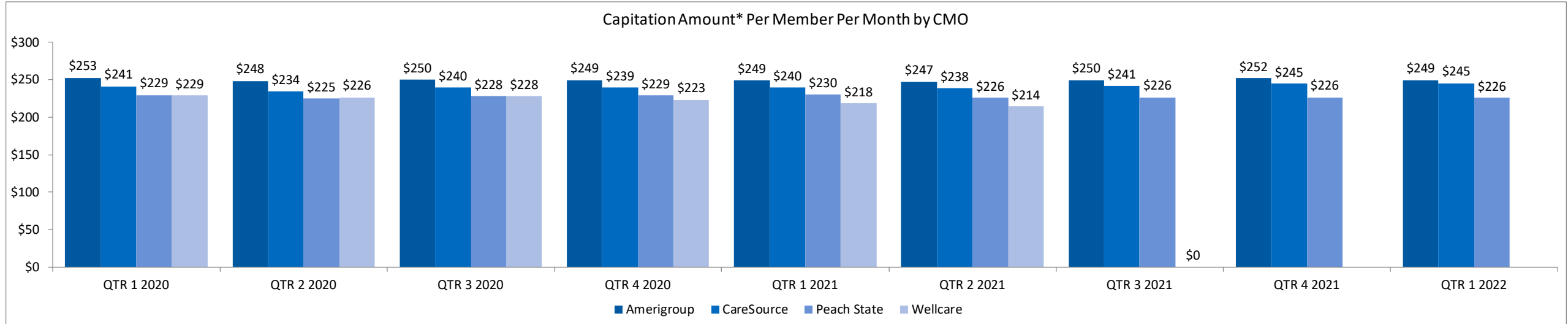
Finance Report

Claims Incurred through January 2022 and Paid through April 2022

Financial Results by CMO

Excludes members with Medicare coverage

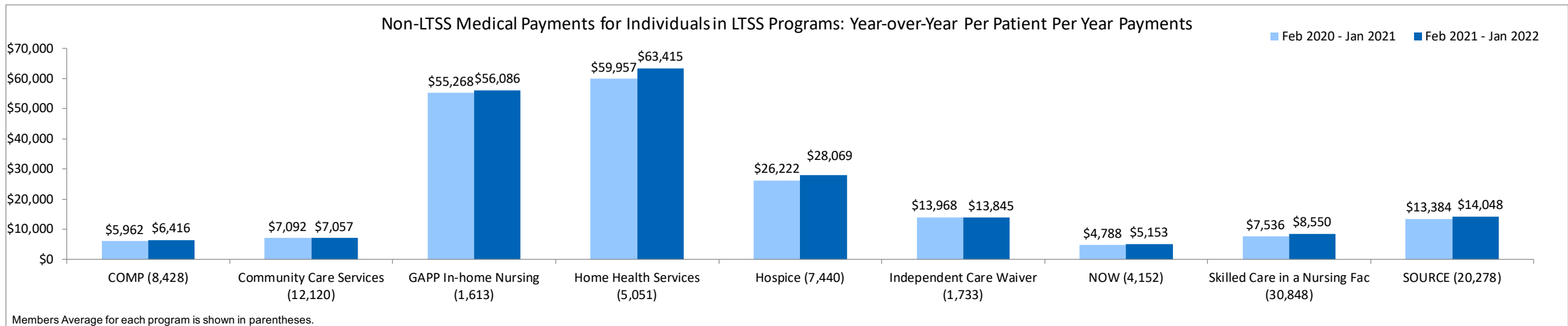
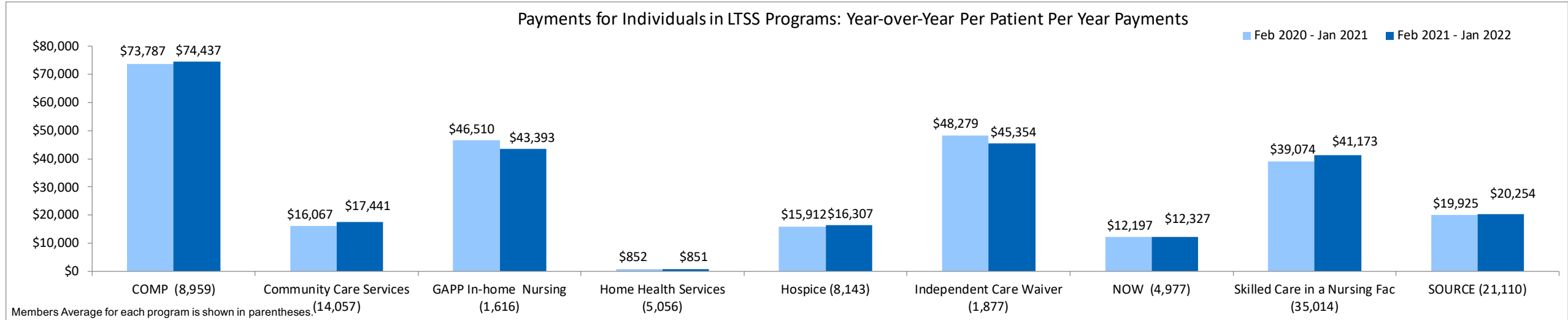
Quarter 1 2022 only includes one month of data



*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.

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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Claims Incurred through January 2022 and Paid through April 2022

Cost by Aid Category Group

Excludes members with Medicare coverage

| Aid Category Group | Measures | Total Costs | | | PMPM | |
|--------------------|-------------------------------------|------------------------|------------------------|--------------|---------------------|---------------------|
| | | Feb 2020 - Jan 2021 | Feb 2021 - Jan 2022 | % Change | Feb 2020 - Jan 2021 | Feb 2021 - Jan 2022 |
| LIM | Net Pay Med | \$395,596,022 | \$324,301,290 | -18% | \$21 | \$15 |
| | Net Pay Rx | \$33,206,710 | \$40,054,339 | 21% | \$2 | \$2 |
| | Net Pay Subtotal | \$428,802,732 | \$364,355,628 | -15% | \$23 | \$17 |
| | CMO Capitation Payments | \$4,209,641,124 | \$4,836,719,036 | 15% | \$226 | \$229 |
| | P4HB Capitation Payments | \$24,591,520 | \$25,081,014 | 2% | \$1 | \$1 |
| | NEMT Capitation Payments | \$93,552,276 | \$108,620,817 | 16% | \$5 | \$5 |
| | Capitation Subtotal | \$4,327,784,921 | \$4,970,420,867 | 15% | \$232 | \$236 |
| | Total Cost | \$4,756,587,654 | \$5,334,776,495 | 12% | \$255 | \$253 |
| ABD | Net Pay Med | \$2,412,024,253 | \$2,423,940,979 | 0% | \$1,078 | \$1,090 |
| | Net Pay Rx | \$828,551,850 | \$861,863,041 | 4% | \$370 | \$388 |
| | Net Pay Subtotal | \$3,240,576,103 | \$3,285,804,020 | 1% | \$1,448 | \$1,477 |
| | NEMT Capitation Payments | \$11,457,031 | \$11,641,953 | 2% | \$5 | \$5 |
| | Capitation Subtotal | \$11,457,031 | \$11,641,953 | 2% | \$5 | \$5 |
| | Total Cost | \$3,252,033,134 | \$3,297,445,973 | 1% | \$1,454 | \$1,483 |
| PCK | Net Pay Med | \$10,894,752 | \$7,306,411 | -33% | \$6 | \$3 |
| | Net Pay Rx | \$2,501,633 | \$3,107,216 | 24% | \$1 | \$1 |
| | Net Pay Subtotal | \$13,396,385 | \$10,413,628 | -22% | \$7 | \$5 |
| | CMO Capitation Payments | \$313,837,179 | \$386,316,300 | 23% | \$170 | \$178 |
| | Capitation Subtotal | \$313,837,179 | \$386,316,300 | 23% | \$170 | \$178 |
| | Total Cost | \$327,233,564 | \$396,729,928 | 21% | \$178 | \$183 |
| Foster Care | Net Pay Med | \$25,618,152 | \$24,803,426 | -3% | \$69 | \$65 |
| | Net Pay Rx | \$7,940,280 | \$8,072,435 | 2% | \$21 | \$21 |
| | Net Pay Subtotal | \$33,558,432 | \$32,875,860 | -2% | \$90 | \$86 |
| | CMO Foster Care Capitation Payments | \$180,560,173 | \$179,376,871 | -1% | \$483 | \$469 |
| | NEMT Capitation Payments | \$1,976,161 | \$2,015,348 | 2% | \$5 | \$5 |
| | Capitation Subtotal | \$182,536,334 | \$181,392,220 | -1% | \$488 | \$475 |
| Total Cost | \$216,094,766 | \$214,268,080 | -1% | \$578 | \$561 | |
| Inmate | Net Pay Med | \$859,274 | \$315,097 | -63% | \$4 | \$2 |
| | Net Pay Subtotal | \$859,274 | \$315,097 | -63% | \$4 | \$2 |
| | Total Cost | \$859,274 | \$315,097 | -63% | \$4 | \$2 |
| Total | Net Pay Med | \$2,844,992,453 | \$2,780,667,203 | -2% | \$122 | \$107 |
| | Net Pay Rx | \$872,200,474 | \$913,097,031 | 5% | \$37 | \$35 |
| | Net Pay Subtotal | \$3,717,192,926 | \$3,693,764,234 | -1% | \$159 | \$142 |
| | CMO Capitation Payments | \$4,704,038,476 | \$5,402,412,207 | 15% | \$202 | \$207 |
| | P4HB Capitation Payments | \$24,591,520 | \$25,081,014 | 2% | \$1 | \$1 |
| | NEMT Capitation Payments | \$106,985,468 | \$122,278,118 | 14% | \$5 | \$5 |
| | Capitation Subtotal | \$4,835,615,465 | \$5,549,771,339 | 15% | \$207 | \$213 |
| | Total Cost | \$8,552,808,391 | \$9,243,535,573 | 8% | \$367 | \$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

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Claims Incurred through January 2022 and Paid through April 2022

Categories of Service Groupings

Excludes members with Medicare coverage

| Category of Service | Feb 2021 - Jan 2022 | | | | | | | |
|---|---------------------|------------------------|-----------------|-------------------|-----------------|-------------------|----------------|---------------------|
| | Patients | Payments | Pay Per Patient | Service Count | Pay Per Service | Claims Paid | Providers | Claims Per Provider |
| Inpatient Hospital Services | 191,381 | \$1,919,941,849 | \$10,032 | 237,809 | \$8,073 | 238,994 | 456 | 524 |
| Outpatient Hospital Services | 706,962 | \$946,559,885 | \$1,339 | 12,769,455 | \$74 | 1,778,404 | 1,715 | 1,037 |
| Professional Services | 1,600,460 | \$1,255,630,583 | \$785 | 9,372,053 | \$134 | 10,714,657 | 102,632 | 104 |
| Pharmacy | 1,359,231 | \$1,633,031,552 | \$1,201 | 17,158,029 | \$95 | 17,201,116 | 2,448 | 7,027 |
| Skilled Care in a Nursing Facility | 3,914 | \$181,685,173 | \$46,419 | 887,973 | \$205 | 126,621 | 323 | 392 |
| Dental | 798,823 | \$261,608,694 | \$327 | 1,618,584 | \$162 | 1,691,464 | 2,753 | 614 |
| Behavioral Health | 95,584 | \$345,070,071 | \$3,610 | 7,288,991 | \$47 | 2,067,621 | 1,880 | 1,100 |
| Waiver | 17,251 | \$563,990,538 | \$32,693 | 10,119,942 | \$56 | 1,526,051 | 4,006 | 381 |
| Other | 1,507,865 | \$876,294,513 | \$581 | 21,153,037 | \$41 | 8,043,447 | 36,194 | 222 |
| Total | 1,938,868 | \$7,983,812,857 | \$4,118 | 80,605,873 | \$99 | 43,388,375 | 130,790 | 332 |

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.

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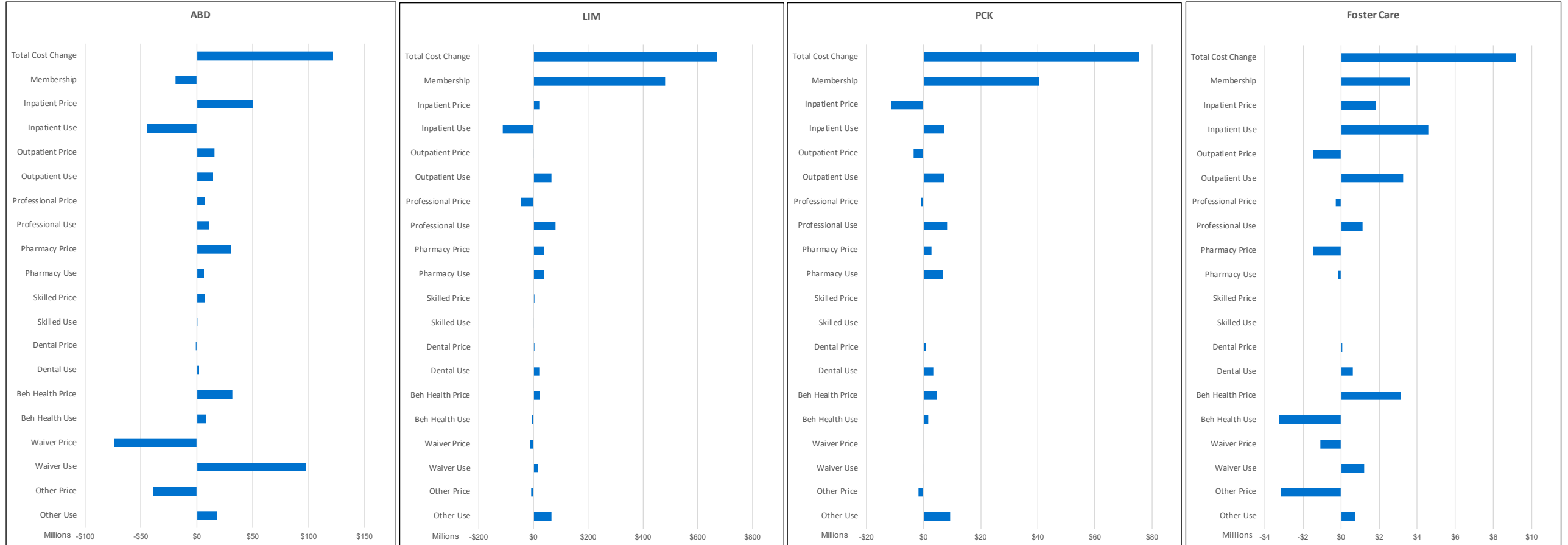
Finance Report

Claims Incurred through January 2022 and Paid through April 2022

Payment and Use Trends by Categories of Service Groupings

Excludes members with Medicare coverage

Current Incurred Rolling Year February 2021 to January 2022 compared to Previous Incurred Rolling Year February 2020 to January 2021



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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