



State of Georgia
SSI Non-Dual Non-HCBS Population
Data Book
September 14, 2023

In partnership with the Georgia State Department of Community Health (“DCH” or “State”), Deloitte Consulting LLP (“Deloitte” or “We”) produced the *SSI Non-Dual Non-HCBS Data Book Narrative.pdf* and *SSI Non-Dual Non-HCBS Data Book Exhibits.xlsx* (collectively referred to as the Data Book) for the Social Security Income (SSI) Non-Dual Non-Home and Community Based Services (HCBS) population to provide historical cost and eligibility data summaries from the State’s Fee-for-Service (FFS) program. This Data Book is to be used by potential respondents as part of the Care Management Organization (CMO) Request for Proposal (RFP). The SSI Non-Dual Non-HCBS population is expected to be carved into managed care effective July 1, 2025, and therefore is anticipated to be included in the set of populations for which CMOs participating in the Georgia Medicaid managed care program will be providing services effective July 1, 2025.

The Data Book summarizes historical FFS data processed through the State’s MMIS system and provided by the State for the following calendar year (CY) time periods paid through June 30, 2023.

- January 1, 2019, through December 31, 2019 (CY 2019)
- January 1, 2022, through December 31, 2022 (CY 2022)

These time periods were chosen so that there is representation of program expenditures before and throughout the COVID-19 Public Health Emergency (PHE).

Reliance and Limitations

Data provided by the State was relied upon in producing the Data Book. We have reviewed the data for reasonableness and consistency during the course of our work; however, we have not audited any of the data we have received. If the underlying data or information provided is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

The Data Book has been solely prepared for the State of Georgia. It is intended to be relied upon by the State for providing potential respondents, and any other parties the State deems appropriate as part of the CMO RFP process, with information related to two recent years of Medicaid FFS experience for the SSI Non-Dual Non-HCBS population and general information on the actuarially sound capitation rate development process. It should not be reproduced in any form without the prior consent of Deloitte and should not be relied upon by any entity other than the State of Georgia and potential respondents, nor for any other purpose than that expressly stated in this document.

Managed Care Considerations

Upon implementation, the State’s actuary will develop and certify actuarially sound capitation rates for the SSI Non-Dual Non-HCBS population utilizing historical FFS population data, eventually transitioning to the use of actual CMO data. The rate-setting process may include additional exclusions and adjustments not captured in the data summaries included as part of the Data Book. This Data Book narrative provides examples of potential rate-setting exclusions and adjustments for the CMO RFP respondents to better understand how the summaries included in the Data Book differ from future capitation rates for the SSI Non-Dual Non-HCBS population.

Base Data Adjustments

Non-Covered Services

Any costs for non-covered services, such as value-added services beyond the scope of the covered services, will be removed from the base data.

Non-Claim Expenditures

Adjustments may be applied to the selected base data to account for non-claim expenditures. Data on non-claim expenditures, such as non-system payments or pharmacy rebates, may be collected from outside sources to adjust the base data to account for these non-claim expenditures. The non-claim expenditure adjustments could be additions to or removals from the base data.

Incurred But Not Reported (IBNR)

The selected base data may be adjusted to capture costs that have been incurred but not yet reported in order to complete the base data.

Program Change Adjustments

Legislative Adjustments

The capitation rates may be adjusted to capture the impacts of any new federal or state legislative requirements impacting the SSI Non-Dual Non-HCBS population, such as changes to provider reimbursement rates and modifications or additions to covered services. For example, fee schedule increases to inpatient or primary care procedure codes would be applied to the base data to capture cost differences between the base and rating periods.

Other Adjustments

Additional adjustments may be applied to the capitation rates to fully reflect estimated costs in the rating period.

Credibility Adjustment

The selected base data may be adjusted to account for random statistical variation related to the number of enrollees in rate cells with limited available data. A credibility adjustment will utilize an applicable and actuarially sound methodology to adjust noncredible data sources.

Trend

The capitation rates will include a provision for medical and pharmacy trend to account for the increase in expenditures of providing health care services from the base period to the rating period. Both utilization and unit cost trends may be analyzed by time period (monthly, quarterly, annually), category of service (COS), cohort, and region to develop a range of actuarially sound trend values.

Managed Care Savings Adjustment

The capitation rates may include a provision for managed care savings to reflect reasonable and attainable efficiencies as part of carving the SSI Non-Dual Non-HCBS population into managed care. These efficiency adjustments can include adjustments related to:

- preventable inpatient hospital admissions and readmissions,
- unnecessary emergency room visits,
- more effective drug utilization management, and
- value-based purchasing efficiencies

Non-Medical Expenses

Administrative Expenses

The capitation rates will include a provision for reasonable and attainable administrative expenses expected to be incurred by the CMOs to provide the covered services for their managed care enrollees.

Underwriting Gain

The capitation rates will include a provision for underwriting gain to cover the minimum cost of capital and margin for risk of participating CMOs under reasonably attainable assumptions.

Premium-Based Taxes

The capitation rates will include a provision for premium taxes.

Risk Mitigation

Minimum Medical Loss Ratio (MLR)

The SSI Non-Dual Non-HCBS program may be subject to minimum MLR requirements. The methodology to calculate the MLR will be outlined in the contract and in accordance with the standards outlined in 42 CFR §438.8. The standard MLR formula is calculated as (Incurred Claims + Quality Improvement Activities) / (Reported Premium – Taxes & Fees).

Risk Adjustment

The capitation rates may include a risk adjustment mechanism to account for varying health-risk profiles across CMOs. CMOs would receive risk-adjusted rates based on their enrollees' relative risk scores, which may be calculated semi-annually and applied retrospectively.

Actuarially Sound Capitation Rates

The State and their actuary will develop the capitation rates in accordance with the applicable Centers for Medicare & Medicaid Services (CMS) provisions under 42 CFR §438 and all applicable Actuarial Standards of Practice (ASOPs). The methods used for calculating the SSI Non-Dual Non-HCBS capitation rates will be consistent with the requirements of the current Medicaid Managed Care Rate Development Guide as promulgated by CMS that the capitation rates be actuarially sound and appropriate for the population covered by the program. Actuarial soundness is defined consistent with ASOP No. 49, Medicaid Managed Care Capitation Rate Development and Certification. ASOP No. 49 defines that Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs.

Description of Data Book Exhibits

The exhibits included in this Data Book provide historical cost and eligibility data for the SSI Non-Dual Non-HCBS population from the State's FFS program. These exhibits reflect FFS data only. The exhibits included within this Data Book, as well as a brief description of the information included, are described below.

Users of this Data Book are advised to review the information in the narrative above regarding the sources of data and the additional adjustments and exclusions that will be considered in the capitation rate development process.

The SSI Non-Dual Non-HCBS Data Book exhibits include:

- Exhibit 1 includes summarized FFS enrollment and cost data by COS and age grouping for CY 2019 and CY 2022 for the categories of aid (COA) included below and in Exhibit 2. Exhibit 1 also includes calculated per member per month (PMPM) cost by COS and age grouping for CY 2019 and CY 2022.
- Exhibit 2 includes the list of COAs for the data included in the Data Book. This list is also included below for completeness.

Categories of Aid Included in Analysis

The list of COAs captured in the SSI Non-Dual Non-HCBS analysis is included below. As additional Aged, Blind, and Disabled COAs are carved into managed care, additional data books may be developed and provided.

Included COA
218 Protected Med 1972 Cola Aged
219 Protected Med 1972 Cola Blind
220 Protected Med 1972 Cola Dsb
221 Disabled Widower 1984 Cola Agd
223 Disabled Widower 1984 Cola Dsb
224 Pickle Aged
225 Pickle Blind
226 Pickle Disabled
227 Disabled Adult Child Aged

228 Disabled Adult Child Blind
229 Disabled Adult Child Disabled
231 Dsb Widower Age 50 to 59 Bld
232 Dsb Widower Age 50 to 59 Dsb
233 Widower Aged 60 to 64 Aged
234 Widower Aged 60 to 64 Blind
235 Widower Aged 60 to 64 Disabled
301 SSI Aged
302 SSI Blind
303 SSI Disabled
304 SSI Appeal Aged
305 SSI Appeal Blind
306 SSI Appeal Disabled
307 SSI Work Continuance Aged
308 SSI Work Continuance Blind
309 SSI Work Continuance Disabled
315 SSI Zebley Child
321 SSI E02 Month Aged
322 SSI E02 Month Blind
323 SSI E02 Month Disabled
387 SSI Trans Medicaid Aged
388 SSI Trans Medicaid Blind
389 SSI Trans Medicaid Disabled
424 Pickle Aged
425 Pickle Blind
426 Pickle Disabled
427 Disabled Adult Child Aged
428 Disabled Adult Child Blind
429 Disabled Adult Child Disable
447 Widower Blind
448 Widower Disabled