

### **Medi-Cal Fee-For-Service Base Estimate**

The Medi-Cal base estimate consists of projections of expenditures based on recent trends of actual data. The base estimate does not include the impact of future program changes, which are added to the base estimate through regular policy changes as displayed in the Regular Policy Change section.

The base estimate consists of two types. The first type, which has traditionally been called the Fee-for-Service Base (FFS Base) Estimate, is summarized in this section. The FFS Base includes the first 12 service categories (Physicians through Home Health) as displayed in most tables throughout this binder and listed below. The data used for these projections consist of claims that are paid through the main Medi-Cal claims processing system at the Fiscal Intermediary. These claims are paid on a fee-for-service basis.

The second type of base estimate, which had traditionally been called the Non-Fee-for-Service (Non-FFS) Base Estimate, is described and included in the Base Policy Change section.

In FY 2010-11, the late state budget disturbed the August through October 2010 data (concentrating more of the payments in October than usual), more so than in prior years and made those months difficult to use for trending purposes. To maintain consistency for projections, the August through October 2010 data was restructured based on the date payment would have occurred if a budget had been in place. Due to this, the quarterly data shown in this FFS Base tab for FY 2010-11 quarters 1 and 2 will be different than actual Medi-Cal payment data; however, the total dollar expenditure remains the same for the FY 2010-11.

#### **FFS Base Estimate Service Categories:**

- Physicians
- Other Medical
- County Outpatient
- Community Outpatient
- Pharmacy
- County Inpatient
- Community Inpatient
- Nursing Facilities
- Intermediate Care Facilities-Developmentally Disabled (ICF-DD)
- Medical Transportation
- Other Services
- Home Health