

Medi-Cal Fee-For-Service Base Estimate

The Medi-Cal base expenditure 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 expenditure 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 11 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.

FFS Base Estimate Service Categories:

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

With the November 2015 Medi-Cal Estimate, the County Outpatient and Community Outpatient FFS Service Categories were combined into one service category and is now County & Community Outpatient.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

TOTAL FOR ALL SERVICES ACROSS ALL BASE AID CATEGORIES

YEAR	QUARTER	AVERAGE MONTHLY				TOTAL COST
		USERS	UNITS PER USER	COST PER UNIT	COST PER USER	
2013-14 *	1	1,740,310	4.91	\$179.67	\$882.12	\$4,605,492,300
2013-14 *	2	1,636,680	4.45	\$174.36	\$775.45	\$3,807,509,400
2013-14 *	3	1,783,860	4.18	\$182.50	\$763.09	\$4,083,733,100
2013-14 *	4	1,741,820	3.97	\$183.30	\$727.51	\$3,801,543,600
2013-14 *	TOTAL	1,725,670	4.37	\$179.92	\$787.05	\$16,298,278,400
2014-15 *	1	2,147,740	4.28	\$200.08	\$856.00	\$5,515,409,100
2014-15 *	2	2,023,430	3.75	\$195.70	\$733.26	\$4,451,107,300
2014-15 *	3	2,075,600	3.62	\$202.52	\$733.89	\$4,569,802,800
2014-15 *	4	1,808,410	3.32	\$205.90	\$683.26	\$3,706,853,300
2014-15 *	TOTAL	2,013,800	3.76	\$200.74	\$754.92	\$18,243,172,500
2015-16 **	1	2,103,270	3.64	\$215.40	\$784.25	\$4,948,489,100
2015-16 **	2	2,063,110	3.32	\$209.79	\$697.40	\$4,316,419,000
2015-16 **	3	1,944,210	3.22	\$210.85	\$678.90	\$3,959,765,600
2015-16 **	4	1,835,050	3.33	\$210.34	\$699.69	\$3,851,878,400
2015-16 **	TOTAL	1,986,410	3.38	\$211.76	\$716.39	\$17,076,552,200
2016-17 **	1	2,031,370	3.62	\$216.74	\$785.53	\$4,787,096,800
2016-17 **	2	1,976,460	3.27	\$212.63	\$694.67	\$4,118,950,800
2016-17 **	3	1,999,430	3.34	\$214.10	\$714.65	\$4,286,669,000
2016-17 **	4	1,779,750	3.22	\$213.17	\$686.86	\$3,667,304,200
2016-17 **	TOTAL	1,946,750	3.37	\$214.28	\$721.72	\$16,860,021,000

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

Physicians Fee-for-Service Base Estimate

Analyst: Devon Dyer

Background

Physicians include services billed by Physicians (M.D. or D.O) and Physician Group.

Fiscal Year		Users		Utilization (Claims per User)		Rate (Cost per Claim)		Total Expenditure	
PY	FY 2014-15	495,930	--	2.31	--	\$86.82	--	\$1,194,411,500	--
CY	FY 2015-16	427,610	-13.8%	2.20	-4.8%	\$74.61	-14.1%	\$841,957,800	-29.5%
BY	FY 2016-17	416,030	-2.7%	2.18	-0.9%	\$75.54	1.3%	\$822,271,000	-2.3%

Users

Users are estimated to decrease in CY and BY mainly due to the implementation of the CCI shifting seniors and persons with disabilities (SPDs) from Fee-For-Service (FFS) to Managed Care, partially offset by ACA Expansion population increases and offset by payments to the primary care physician (PCP) service rates. ACA required State Medicaid agencies to temporarily increase reimbursement for specific primary care visits to 100% of the Medicare rate for services provided from January 1, 2013 through December 31, 2014. In PY, payments related to the PCP rate increase were made for services rendered from January 1, 2013 through December 2014. Nearly all PCP payments were paid in PY and temporarily increased Users and Utilization. CY assumes a return to the historical patterns as the ACA PCP increased reimbursement is complete.

Utilization

Utilization is estimated to decrease by in CY due to the PCP rate increase payments occurred in PY and explained in Users above. No significant changes are projected in BY.

Rate

Physicians' Rate is estimated to decrease in CY. No significant changes are projected in BY. The estimated CY decrease is due the PCP rate increase payments which occurred in PY. The 10% Provider Payment Reduction for Physicians is implemented in January 2014 and decreased rates, however; in March 2014 the PCP rate increase was implemented in Medi-Cal's payment system and temporarily increased rates. The PCP rate increase has ended and rates have returned to the AB97 10% level. As a result, Rate is estimated to decrease from PY to CY.

Total Expenditure

Total expenditure is estimated to decrease by 29.5% in CY and 2.3% in BY. The decreases are mainly due to the implementation of CCI shifting SPDs from FFS to Managed Care and the temporary payments of the ACA required rate increase to PCP services.

Comparison to Prior Estimate

Fiscal Year	Total Expenditures			N15 Total Expenditure wo New Aid Categories	
	M15	N15	% Change	N15	% Change
FY 2014-15	\$870,140,600	\$1,194,411,500	37.3%	\$1,003,685,200	15.4%
FY 2015-16	\$718,474,400	\$841,957,800	17.2%	\$660,190,000	-8.0%

Compared to the May 2015 estimate, the November 2015 estimate is higher by 37.3% and 17.2%, respectively, for FY 2014-15 and FY 2015-16. Two new aid categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been incorporated into the November 2015 FFS base expenditure estimate. Absent these two aid categories, the November 2015 estimate would be 15.4% higher than the May 2015 estimate for FY 2014-15. The increase in FY 2014-15 is due to the ACA rate increase retroactive payments occurred in February through June 2015 and were previously budgeted in the Payments to Primary Care Physicians Regular Policy Change. The FY 2015-16 is related to the additional CCI impact incorporated into the estimated expenditure.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

PHYSICIANS

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	481,170	2.25	\$75.84	\$170.32	\$245,851,800
2013-14 *	2	421,280	2.16	\$75.45	\$162.69	\$205,616,100
2013-14 *	3	469,790	2.09	\$69.67	\$145.26	\$204,730,500
2013-14 *	4	429,800	2.11	\$78.58	\$165.56	\$213,470,400
2013-14 *	TOTAL	450,510	2.15	\$74.83	\$160.87	\$869,668,800
2014-15 *	1	546,320	2.31	\$84.52	\$195.48	\$320,385,400
2014-15 *	2	496,730	2.23	\$81.82	\$182.17	\$271,463,000
2014-15 *	3	530,270	2.53	\$102.04	\$258.51	\$411,243,000
2014-15 *	4	410,420	2.13	\$73.07	\$155.38	\$191,320,100
2014-15 *	TOTAL	495,930	2.31	\$86.82	\$200.70	\$1,194,411,500
2015-16 **	1	456,530	2.33	\$75.38	\$175.33	\$240,137,800
2015-16 **	2	422,930	2.20	\$75.40	\$166.23	\$210,917,400
2015-16 **	3	436,000	2.11	\$73.15	\$154.26	\$201,774,900
2015-16 **	4	394,960	2.15	\$74.35	\$159.62	\$189,127,700
2015-16 **	TOTAL	427,610	2.20	\$74.61	\$164.08	\$841,957,800
2016-17 **	1	439,080	2.28	\$77.13	\$175.96	\$231,782,900
2016-17 **	2	396,280	2.17	\$76.69	\$166.67	\$198,143,400
2016-17 **	3	449,630	2.15	\$73.67	\$158.52	\$213,825,200
2016-17 **	4	379,140	2.10	\$74.57	\$156.95	\$178,519,500
2016-17 **	TOTAL	416,030	2.18	\$75.54	\$164.70	\$822,271,000

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

Other Medical Fee-for-Service Base Estimate

Analyst: Joulia Dib

Background

The Other Medical service category consists of twenty-eight provider types. Federally Qualified Health Care Centers and Rural Health Centers (FQHC/RHC) are responsible for 75% of expenditures in this category, followed by community clinics with 6%, and clinical labs and chronic dialysis with 5% each. The twenty-eight provider types (not all provider types currently submit claims but are shown for historical purposes) are:

- Audiologist
- Certified Nurse Midwife
- Chiropractor
- Certified Pediatric/Family Nurse Pract.
- Clinical Laboratory
- Group Pediatric/Family Nurse Pract.
- Dispensing Optician
- Nurse Anesthetist
- Occupational Therapist
- Optometrist
- Orthotist
- Optometric Group
- Physical Therapist
- Podiatrist
- Psychologist
- Certified Acupuncturist
- Rural Health Clinic & FQHC
- Employer/Employee Clinic
- Speech Therapist
- Free Clinic
- Community Clinic
- Community Dialysis Center
- Multispecialty Clinic
- Surgical Clinic
- Exempt From Licensure Clinic
- Independent Rehabilitation Facilities
- County Clinic Not Associate With A Hospital
- Birthing Centers-Primary Care Clinic
- Clinic-Otherwise Undesignated
- Outpatient Heroin Detox Center
- Alternative Birthing Center
- Respiratory Care Practitioner
- Health Access Program (Formerly Family PACT)
- Group Respiratory Care Practitioner
- Indian Health Clinic Services
- Licensed Midwife

Fiscal Year		Users		Utilization (Claims per User)		Rate (Cost per Claim)		Total Expenditure	
PY	FY 2014-15	1,035,010	--	1.57	--	\$144.28	--	\$2,805,172,400	--
CY	FY 2015-16	1,108,990	7.2%	1.55	-1.3%	\$145.30	0.7%	\$2,991,568,600	6.6%
BY	FY 2016-17	1,108,360	-0.1%	1.53	-1.3%	\$145.57	0.2%	\$2,971,754,600	-0.7%

Users

Users are estimated to increase in CY due to growth in the ACA Expansions. No significant changes are projected in BY. FQHC/RHC expenditures estimated in the FFS base include visits for beneficiaries in the FFS and the Managed Care delivery systems. For Medi-Cal beneficiaries enrolled in the Managed Care delivery system, the managed care plan pays a contracted amount to the FQHC/RHC and FFS reimburses the remaining amount up to the facility specific cost-based reimbursement rate. .

Utilization

Utilization is estimated to decrease marginally in CY and BY. This reduction is expected as there are some services provided will shift to the Managed Care delivery systems with the beneficiaries.

Rate

The estimated rate is fairly consistent in CY and BY. The estimate incorporates the July 2014 Los Angeles Cost Based Reimbursement Clinics (LA CBRC) and the October 2014 FQHC/RHC rate increases. CY would have a full year of the rate increase. Future rate increases estimated to occur are shown in the Regular Policy Changes.

Total Expenditure

Estimated expenditures are projected to increase in CY mainly due to the growth in Users from the ACA Expansions. BY is projected to remain relatively stable.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$2,186,412,300	\$2,805,172,400	28.3%	\$2,161,545,000	-1.1%
FY 2015-16	\$2,308,964,300	\$2,991,568,900	29.6%	\$2,292,838,200	-0.7%

The November 2015 estimate is approximately 30% higher in PY and CY than the May 2015 estimate. Two new categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been added to the FFS Base estimated expenditures. Absent these two categories, there is little change from the prior estimate.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

OTHER MEDICAL

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	803,930	1.68	\$156.64	\$263.09	\$634,517,000
2013-14 *	2	741,000	1.62	\$136.83	\$222.04	\$493,594,800
2013-14 *	3	826,880	1.58	\$140.43	\$221.82	\$550,260,000
2013-14 *	4	826,980	1.56	\$139.84	\$217.86	\$540,496,000
2013-14 *	TOTAL	799,700	1.61	\$143.69	\$231.22	\$2,218,867,800
2014-15 *	1	1,090,960	1.65	\$145.53	\$239.67	\$784,417,100
2014-15 *	2	1,027,560	1.55	\$142.34	\$221.20	\$681,889,500
2014-15 *	3	1,065,800	1.53	\$144.55	\$221.84	\$709,296,200
2014-15 *	4	955,740	1.52	\$144.58	\$219.57	\$629,569,700
2014-15 *	TOTAL	1,035,010	1.57	\$144.28	\$225.86	\$2,805,172,400
2015-16 **	1	1,166,750	1.62	\$145.26	\$234.71	\$821,539,000
2015-16 **	2	1,152,600	1.55	\$145.09	\$224.59	\$776,579,900
2015-16 **	3	1,084,850	1.50	\$145.79	\$218.71	\$711,816,400
2015-16 **	4	1,031,740	1.52	\$145.10	\$220.22	\$681,633,600
2015-16 **	TOTAL	1,108,990	1.55	\$145.30	\$224.80	\$2,991,568,900
2016-17 **	1	1,173,740	1.59	\$146.04	\$232.81	\$819,759,600
2016-17 **	2	1,122,920	1.52	\$145.13	\$221.10	\$744,827,700
2016-17 **	3	1,136,600	1.53	\$145.83	\$222.51	\$758,721,300
2016-17 **	4	1,000,170	1.49	\$145.21	\$216.11	\$648,445,900
2016-17 **	TOTAL	1,108,360	1.53	\$145.57	\$223.44	\$2,971,754,600

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

County & Community Outpatient Fee-for-Service Base Estimate

Analyst: Alvin Bautista

Background

Outpatient Services are operated by the county or community hospitals providing services that do not require an overnight stay. As of the November 2015 Estimate, County and Community Outpatient were combined.

Fiscal Year		Users		Utilization (Claims per User)		Rate (Cost per Claim)		Total Expenditure	
PY	FY 2014-15	280,450	--	1.58	--	\$107.68	--	\$571,067,600	--
CY	FY 2015-16	265,820	-5.2%	1.51	-4.4%	\$126.22	17.2%	\$609,110,900	6.7%
BY	FY 2016-17	261,110	-1.8%	1.50	-0.7%	\$125.23	-0.8%	\$589,801,900	-3.2%

Users

The estimated User decrease for CY and BY is due to CCI transitioning Seniors and Persons with Disabilities (SPDs) to Managed Care along with a retroactive claims reprocessing adjustment occurring in PY. This adjustment reprocessed crossover claims that had been incorrectly denied and temporarily increased the user count. A beneficiary with Medicare and Medi-Cal eligibility, Medicare is the first payer. If the Medi-Cal reimbursement is higher than the Medicare payment, Medi-Cal reimburses the provider the difference; this is known as a crossover claim.

Utilization

Utilization is estimated to decrease in CY. This decrease is related to the PY reprocessing of the crossover claims previously denied. This reprocessing temporarily increased the utilization in PY. CY returns to a normalized utilization and BY is projected to remain stable.

Rate

Rate is estimated to increase in CY as the reprocessing of the crossover claims caused a temporarily lower rate in PY. Since Medi-Cal only pays the difference between the Medicare reimbursement and the Medi-Cal reimbursement, crossover claims are less expensive than a non-crossover claim. CY returns to a normalized rate and is projected to remain stable in BY.

Total Expenditures

Total expenditure is estimated to increase from PY to CY as the crossover reprocessing is projected to be complete as utilization and rates return to a normal level. BY decreases slightly due to the CCI eligibles moving to the managed care delivery system.

Reason for Change from Prior Estimate:

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$426,000,200	\$571,067,600	34.1%	\$434,899,200	2.1%
FY 2015-16	\$424,998,100	\$609,110,900	43.3%	\$451,740,000	6.3%

Compared to the May 2015 Estimate, the November 2015 Estimate is higher by 34.1% for FY 2014-15 and 43.3% for FY 2015-16. Two new aid categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been incorporated into the November 2015 estimated expenditures. Absent these two aid categories, the November 2015 estimate would be higher than the May 2015 Estimate by 2.1% for FY 2014-15 and 6.3% in FY 2015-16. The November 2015 Estimate has additional months of expenditures representing a return to more normal utilization and rates.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

CO. & COMM. OUTPATIENT

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	264,640	1.61	\$116.35	\$187.71	\$149,027,100
2013-14 *	2	251,740	1.58	\$95.81	\$151.76	\$114,613,400
2013-14 *	3	233,240	1.56	\$104.30	\$163.09	\$114,112,200
2013-14 *	4	244,050	1.56	\$102.74	\$160.78	\$117,713,100
2013-14 *	TOTAL	248,420	1.58	\$105.04	\$166.21	\$495,465,800
2014-15 *	1	350,920	1.67	\$97.15	\$162.69	\$171,271,800
2014-15 *	2	281,960	1.61	\$98.48	\$158.25	\$133,857,300
2014-15 *	3	256,170	1.49	\$124.53	\$186.00	\$142,941,600
2014-15 *	4	232,740	1.48	\$119.04	\$176.16	\$122,996,900
2014-15 *	TOTAL	280,450	1.58	\$107.68	\$169.69	\$571,067,600
2015-16 **	1	292,700	1.57	\$132.05	\$206.93	\$181,709,500
2015-16 **	2	286,500	1.52	\$123.82	\$188.56	\$162,063,800
2015-16 **	3	244,520	1.46	\$125.26	\$183.32	\$134,469,900
2015-16 **	4	239,560	1.49	\$122.61	\$182.09	\$130,867,800
2015-16 **	TOTAL	265,820	1.51	\$126.22	\$190.95	\$609,110,900
2016-17 **	1	286,690	1.55	\$128.38	\$199.05	\$171,193,900
2016-17 **	2	272,270	1.50	\$123.92	\$186.37	\$152,229,500
2016-17 **	3	257,640	1.48	\$125.27	\$185.91	\$143,692,300
2016-17 **	4	227,840	1.46	\$122.58	\$179.49	\$122,686,300
2016-17 **	TOTAL	261,110	1.50	\$125.23	\$188.24	\$589,801,900

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

Pharmacy Fee-for-Service Base Estimate

Analyst: Felicia Oropeza

Background

Pharmacy consists of the following service types provided by pharmacies: Prescribed Drugs, Medical Supplies, and Drug Medical Equipment.

Fiscal Year		Users		Utilization (Prescriptions per User)		Rate (Dollar per Prescription)		Total Expenditure	
PY	FY 2014-15	560,830	--	2.96	--	\$167.36	--	\$3,336,647,100	----
CY	FY 2015-16	496,930	-11.4%	2.93	-1.0%	\$206.87	23.6%	\$3,613,201,600	8.3%
BY	FY 2016-17	489,535	-1.5%	2.89	-1.4%	\$221.97	7.3%	\$3,765,208,100	4.2%

Users

The estimated User decreases in CY and BY are mainly due to the implementation of Coordinated Care Initiative (CCI) shifting Seniors and Persons with Disabilities (SPDs) from Fee-For-Service (FFS) to Managed Care and, partially offset by the ACA Expansion population increases.

Utilization

The estimated Utilization is projected to remain relatively stable.

Rate

The estimated Rate increases in CY and BY are related to CCI and a historical rate growth. Under the Managed Care delivery system, some prescribed drugs are carved out of the managed care capitation rate and are paid through FFS. These carve out prescribed drugs vary within the managed care plans. When beneficiaries shift from FFS to the Managed Care delivery system some prescribed drugs and other pharmacy expenditures shift to the managed care delivery system while others remain in the FFS system. On average the carved-out drugs are more expensive per prescription than those shifting to the Managed Care delivery system. The estimated rate also projects a historical rate increase absent a change in policy.

Total Expenditure

The total estimated expenditure is projected to increase year over year. The estimated increase in total expenditure is attributed to the increase in the ACA population experienced from PY to CY. The projected increase from CY to BY is mainly attributed to the historical increase in pharmacy costs.

Reasons for Change from Prior Estimate

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$2,514,408,300	\$3,336,647,100	32.7%	\$2,660,083,000	5.8%
FY 2015-16	\$2,520,121,800	\$3,613,201,600	43.4%	\$2,715,590,200	7.8%

Compared to the May 2015 estimate, the November 2015 estimate is higher by 32.7% and 43.4%, respectively, for FY 2014-15 and FY 2015-16. Two new aid categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been incorporated into then estimated expenditures with the November 2015 estimate. Absent these two aid categories, the November 2015 estimate is still higher than projected in the May 2015 Estimate. These increases can be attributed to higher FFS users than previously estimated.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

PHARMACY

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	621,950	3.22	\$117.10	\$377.62	\$704,586,200
2013-14 *	2	543,530	2.99	\$121.62	\$363.56	\$592,812,000
2013-14 *	3	589,010	2.91	\$135.01	\$392.51	\$693,566,700
2013-14 *	4	541,220	2.94	\$133.35	\$391.98	\$636,428,900
2013-14 *	TOTAL	573,920	3.02	\$126.31	\$381.50	\$2,627,393,700
2014-15 *	1	639,240	3.21	\$148.65	\$477.92	\$916,511,100
2014-15 *	2	579,450	2.89	\$163.55	\$471.94	\$820,392,500
2014-15 *	3	557,430	2.87	\$176.83	\$506.68	\$847,307,900
2014-15 *	4	467,210	2.83	\$189.82	\$536.83	\$752,435,600
2014-15 *	TOTAL	560,830	2.96	\$167.36	\$495.79	\$3,336,647,100
2015-16 **	1	521,750	3.17	\$203.83	\$646.37	\$1,011,735,800
2015-16 **	2	514,160	2.91	\$203.57	\$592.50	\$913,920,700
2015-16 **	3	488,520	2.77	\$208.22	\$576.41	\$844,761,500
2015-16 **	4	463,290	2.85	\$213.05	\$606.38	\$842,783,600
2015-16 **	TOTAL	496,930	2.93	\$206.87	\$605.92	\$3,613,201,600
2016-17 **	1	516,260	3.09	\$218.19	\$673.46	\$1,043,025,500
2016-17 **	2	492,520	2.84	\$219.24	\$621.69	\$918,572,400
2016-17 **	3	507,350	2.85	\$223.10	\$635.70	\$967,573,500
2016-17 **	4	442,010	2.76	\$228.71	\$630.48	\$836,036,600
2016-17 **	TOTAL	489,530	2.89	\$221.97	\$640.95	\$3,765,208,100

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of prescriptions

County Inpatient Fee-for-Service Base Estimate

Analyst: Grace Liu

Background

County Inpatient includes acute inpatient services rendered by county hospitals. A county hospital is a not-for-profit public hospital operated and supported by the county. This service category consists mostly of Designated Public Hospitals (DPHs). DPHs receive annual rate increases in July to reflect an increase in hospital costs.

Fiscal Year		Users		Utilization (Days per User)		Rate (Dollar per Day)		Total Expenditure	
PY	FY 2014-15	6,280	--	5.55	--	\$2,199.03	--	\$919,732,900	--
CY	FY 2015-16	5,870	-6.5%	5.47	-1.4%	\$2,427.60	10.4%	\$935,708,400	1.7%
BY	FY 2016-17	5,630	-4.1%	5.40	-1.3%	\$2,462.22	1.4%	\$899,513,900	-3.9%

Users

The estimated User decreases in CY and BY are primarily due to the implementation of Coordinated Care Initiative (CCI) shifting Seniors and Persons with Disabilities (SPDs) from Fee-For-Service (FFS) to Managed Care, partially offset by ACA Expansion population increases.

Utilization

Utilization is estimated to decrease moderately in CY and BY.

Rate

Rate is estimated to increase in CY, related to the FY 2014-15 DPH interim rate increase of 9.0% implemented in July 2014. CY incorporates a full year of the rate increase. BY is projected to remain stable. The FY 2015-16 rate increase is estimated in the MH/UCD & BTR – DPH Interim Rate Growth Regular Policy Change.

Total Expenditure

Total expenditure is estimated to increase by 1.7% in CY, related to the estimated Rate increase, partially offset by the estimated decreases in Users and Utilization. Total expenditure is estimated to decrease by 3.9% in BY, which is mainly shown in SPDs aid categories due to the CCI impact shifting SPDs from FFS to Managed Care.

Reason for Change From Prior Estimate

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$554,017,700	\$919,732,900	66.0%	\$486,880,400	-12.1%
FY 2015-16	\$578,117,900	\$935,708,400	61.9%	\$403,482,200	-30.2%

Compared to the May 2015 estimate, the November 2015 estimate is higher by 66.0% and 62.0%, respectively, for FY 2014-15 and FY 2015-16. Two new aid categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been incorporated into the November 2015 FFS Base expenditure estimate. Without these two aid categories, the November 2015 expenditure estimate would be lower than the May 2015 estimate by 12.1% and 30.2%, respectively, for FY 2014-15 and FY 2015-16 as CCI continues to be incorporated.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

COUNTY INPATIENT

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	4,740	5.36	\$1,640.27	\$8,787.45	\$124,983,900
2013-14 *	2	4,530	5.31	\$1,620.57	\$8,602.67	\$117,013,600
2013-14 *	3	4,790	5.73	\$1,680.01	\$9,633.49	\$138,519,900
2013-14 *	4	5,230	5.05	\$1,826.49	\$9,229.00	\$144,876,900
2013-14 *	TOTAL	4,830	5.36	\$1,693.87	\$9,073.85	\$525,394,300
2014-15 *	1	7,890	5.61	\$2,007.13	\$11,252.27	\$266,195,100
2014-15 *	2	6,050	5.66	\$2,239.01	\$12,674.44	\$229,977,800
2014-15 *	3	5,660	5.45	\$2,303.69	\$12,556.15	\$213,153,200
2014-15 *	4	5,530	5.45	\$2,328.08	\$12,690.40	\$210,406,900
2014-15 *	TOTAL	6,280	5.55	\$2,199.03	\$12,204.85	\$919,732,900
2015-16 **	1	6,680	5.58	\$2,387.72	\$13,326.02	\$266,871,000
2015-16 **	2	5,910	5.49	\$2,397.69	\$13,167.51	\$233,656,000
2015-16 **	3	5,350	5.47	\$2,464.91	\$13,479.73	\$216,285,800
2015-16 **	4	5,560	5.31	\$2,473.91	\$13,130.69	\$218,895,600
2015-16 **	TOTAL	5,870	5.47	\$2,427.60	\$13,274.91	\$935,708,400
2016-17 **	1	6,190	5.44	\$2,449.76	\$13,317.26	\$247,172,600
2016-17 **	2	5,430	5.43	\$2,452.72	\$13,325.54	\$216,884,100
2016-17 **	3	5,700	5.44	\$2,454.51	\$13,361.22	\$228,519,000
2016-17 **	4	5,220	5.29	\$2,496.17	\$13,212.47	\$206,938,200
2016-17 **	TOTAL	5,630	5.40	\$2,462.22	\$13,306.10	\$899,513,900

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of days stay

Community Inpatient Fee-for-Service Base Estimate

Analyst: Grace Liu

Background

Community Inpatient includes acute inpatient services rendered by community-based hospitals. This service category consists of private hospitals, Non-Designated Public Hospitals (NDPHs) and Designated Public Hospitals (DPHs). Private hospitals and NDPHs are subject to the Diagnosis Related Group (DRG) payment methodology.

Fiscal Year		Users		Utilization (Days per User)		Rate (Cost per Day)		Total Expenditure	
PY	FY 2014-15	42,270	--	4.32	--	\$2,017.53	--	\$4,419,153,400	--
CY	FY 2015-16	36,460	-13.7%	4.76	10.2%	\$2,007.36	-0.5%	\$4,181,433,900	-5.4%
BY	FY 2016-17	35,290	-3.2%	4.76	0%	\$2,002.63	-0.2%	\$4,038,520,600	-3.4%

Users

The estimated User decreases in CY and BY are primarily due to the implementation of the Coordinated Care Initiative (CCI) shifting seniors and persons with disabilities (SPDs) from Fee-For-Service (FFS) to Managed Care, partially offset by the ACA Expansion population increases.

Utilization

The estimated Utilization increase in CY is attributed to the CCI impact on SPD aid categories and the DRG impact on Family aid categories. Utilization is projected to remain unchanged in BY. With the CCI, SPDs have shifted over to the managed care delivery systems. This population consists of those beneficiaries with Medicare and Medi-Cal eligibility. For the dual eligible population, their inpatient claims are paid by Medicare. If the Medi-Cal reimbursement is higher than the Medicare payment, Medi-Cal reimburses the provider the difference; this is known as a crossover claim. While the dual eligibles users are counted, their crossover claims are not included as an inpatient day stay for estimating purposes. Less users with a zero (0) inpatient day stay results in a higher utilization for Community Inpatient SPD aid categories. The DRG affected Family aid categories involving pregnancy service by increasing Utilization. Under DRG, the mother and baby are billed on separate claims for deliveries. Because the baby's claim uses their mother's identification number, Users would be unchanged, and Utilization (Days per User) would increase.

Rate

The estimated Rate is projected to fairly consistent in CY and BY.

Total Expenditure

Total expenditure is estimated to decrease by 5.4% and 3.4%, respectively, in CY and BY. The decreases are mainly due to the CCI impact shifting SPDs from FFS to Managed Care.

Reason for Change From Prior Estimate

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$3,395,696,900	\$4,419,153,400	3.0%	\$3,228,461,200	-4.9%
FY 2015-16	\$3,453,091,300	\$4,181,433,900	21.1%	\$2,818,648,000	-18.4%

Compared to the May 2015 estimate, the November 2015 estimate is higher by 3.0% and 21.1%, respectively, for FY 2014-15 and FY 2015-16. Two new aid categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been incorporated into the estimated expenditures with the November 2015 estimate. Without these two aid categories, the November 2015 estimate would be lower than the May 2015 estimate by 4.9% and 18.4%, respectively, for FY 2014-15 and FY 2015-16 as the CCI eligibles shift to managed care has been incorporated into the estimated expenditures

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

COMMUNITY INPATIENT

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	47,080	3.73	\$1,937.94	\$7,235.75	\$1,021,912,800
2013-14 *	2	42,510	3.62	\$1,847.91	\$6,691.33	\$853,378,200
2013-14 *	3	44,370	3.93	\$1,917.42	\$7,544.48	\$1,004,178,200
2013-14 *	4	40,720	3.89	\$2,019.37	\$7,850.54	\$959,030,200
2013-14 *	TOTAL	43,670	3.79	\$1,931.07	\$7,324.99	\$3,838,499,500
2014-15 *	1	50,740	4.31	\$2,027.55	\$8,742.57	\$1,330,811,200
2014-15 *	2	41,520	4.18	\$2,034.25	\$8,501.81	\$1,059,045,300
2014-15 *	3	41,360	4.34	\$1,999.68	\$8,688.56	\$1,078,024,600
2014-15 *	4	35,460	4.46	\$2,005.61	\$8,943.39	\$951,272,400
2014-15 *	TOTAL	42,270	4.32	\$2,017.53	\$8,712.34	\$4,419,153,400
2015-16 **	1	41,350	4.86	\$2,035.64	\$9,901.24	\$1,228,306,700
2015-16 **	2	36,610	4.72	\$1,987.21	\$9,388.20	\$1,030,983,200
2015-16 **	3	34,400	4.75	\$1,990.67	\$9,462.30	\$976,558,900
2015-16 **	4	33,500	4.68	\$2,010.71	\$9,408.71	\$945,585,100
2015-16 **	TOTAL	36,460	4.76	\$2,007.36	\$9,555.84	\$4,181,433,900
2016-17 **	1	39,360	4.81	\$2,015.17	\$9,694.98	\$1,144,816,700
2016-17 **	2	33,760	4.79	\$1,989.19	\$9,523.54	\$964,497,100
2016-17 **	3	36,680	4.74	\$1,990.53	\$9,427.13	\$1,037,432,600
2016-17 **	4	31,360	4.70	\$2,015.52	\$9,478.18	\$891,774,300
2016-17 **	TOTAL	35,290	4.76	\$2,002.63	\$9,536.21	\$4,038,520,600

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of days stay

Nursing Facilities Fee-for-Service Base Estimate

Analyst: Joulia Dib

Background

Nursing Facilities consists of Freestanding and Distinct Part Nursing Facilities A, Nursing Facilities B, Adult Subacute, Pediatric Subacute and Rural Swing Beds.

Fiscal Year		Users		Utilization (Days per User)		Rate (Cost per Day)		Total Expenditure	
PY	FY 2014-15	47,870	--	32.00	--	\$192.89	--	\$3,545,552,700	--
CY	FY 2015-16	33,290	-30.5%	31.84	-0.5%	\$199.80	3.6%	\$2,541,742,500	-28.3%
BY	FY 2016-17	32,850	-1.3%	31.29	-1.7%	\$196.64	-1.6%	\$2,426,196,300	-4.6%

Users

The decline in CY Users is primarily due to CCI, shifting seniors and persons with disabilities (SPDs) into managed care plans. Offsetting some of the CCI declines are increases in the ACA Expansion populations. No significant changes are estimated in BY.

Utilization

The Utilization estimate is relatively unchanged in CY, with a modest decline in BY due to fewer claims processing days. The number of claims processing days reflect the number of days Medi-Cal will adjudicate and make payment to the providers.

Rate

Nursing facilities rates are updated each year based on audited costs and add-ons for new state and federal mandates. Overall, the facilities in this category had a rate increase for FY 2014-15, CY incorporates this rate increase for the full year and is projected to be fairly stable in BY.

Total Expenditure

Total expenditures are estimated to decline from PY to CY due to the CCI and beneficiaries shifting to the Managed Care delivery system. Total expenditures are estimated to decline in BY due to fewer claim processing days compared to CY and slight decreases projected in users and rate.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$3,639,056,000	\$3,545,552,700	-2.6%	\$3,491,300,100	-4.1%
FY 2015-16	\$3,190,218,700	\$2,541,742,500	-20.3%	\$2,457,818,000	-23.0%

The November 2015 estimate is 2.6% lower for FY 2014-15 and 20.3% for FY 2015-16, compared to the May 2015 estimate. Two new aid categories, ACA Optional Expansion and H-

PE, were incorporated in the November 2015 FFS Base Estimate. Without these two aid categories, the November 2015 estimate would be lower than the May 2015 estimate by 4.1% and 23%, respectively, for FY 2014-15 and FY 2015-16 as the CCI eligibles shifting to managed care has been incorporated into the estimated expenditures.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

NURSING FACILITIES

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	64,340	36.90	\$180.35	\$6,654.73	\$1,284,555,500
2013-14 *	2	61,930	31.49	\$182.49	\$5,747.29	\$1,067,841,000
2013-14 *	3	60,300	31.08	\$181.25	\$5,633.06	\$1,019,026,200
2013-14 *	4	55,870	28.58	\$182.15	\$5,206.46	\$872,634,700
2013-14 *	TOTAL	60,610	32.15	\$181.47	\$5,835.08	\$4,244,057,400
2014-15 *	1	60,360	35.45	\$199.75	\$7,081.79	\$1,282,356,400
2014-15 *	2	52,440	30.58	\$187.48	\$5,732.16	\$901,721,100
2014-15 *	3	44,500	31.51	\$192.13	\$6,054.24	\$808,168,400
2014-15 *	4	34,190	28.71	\$187.89	\$5,394.64	\$553,306,800
2014-15 *	TOTAL	47,870	32.00	\$192.89	\$6,172.18	\$3,545,552,700
2015-16 **	1	36,040	35.30	\$208.57	\$7,363.34	\$796,227,100
2015-16 **	2	33,980	32.33	\$195.80	\$6,330.56	\$645,341,100
2015-16 **	3	32,580	29.48	\$197.17	\$5,812.61	\$568,122,800
2015-16 **	4	30,570	29.73	\$195.13	\$5,801.20	\$532,051,400
2015-16 **	TOTAL	33,290	31.84	\$199.80	\$6,361.86	\$2,541,742,500
2016-17 **	1	35,530	34.86	\$198.51	\$6,919.52	\$737,619,400
2016-17 **	2	33,110	30.66	\$195.86	\$6,005.95	\$596,596,900
2016-17 **	3	32,880	31.25	\$196.48	\$6,140.41	\$605,624,800
2016-17 **	4	29,900	27.80	\$195.04	\$5,422.67	\$486,355,300
2016-17 **	TOTAL	32,850	31.29	\$196.64	\$6,153.91	\$2,426,196,300

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of days stay

ICF-DD Fee-for-Service Base Estimate

Analyst: Toni Richardson

Background

Intermediate Care Facilities/Developmentally Disabled (ICF/DD) are health facilities providing 24-hour personal care, rehabilitation, developmental, and supportive health services and skilled nursing services for those with intermittent needs.

Fiscal Year		Users		Utilization (Days per User)		Rate (Cost per Day)		Total Expenditure	
PY	FY 2014-15	5,050	--	31.94	--	\$182.18	--	\$352,564,700	--
CY	FY 2015-16	5,030	-0.4%	32.89	3.0%	\$182.58	0.2%	\$362,512,300	2.8%
BY	FY 2016-17	5,030	0.0%	32.13	-2.3%	\$182.68	0.1%	\$354,126,900	-2.3%

Users

Users are projected to remain steady.

Utilization

Utilization is projected to increase from PY to CY and decrease in BY. These variances are attributed to an increase in CY of claims processing days and a decrease in BY. The number of claims processing days reflect the number of days Medi-Cal will adjudicate and make payment to the providers.

Rate

The rate is projected to remain relatively steady. ICF/DD facilities received their FY 2014-15 rate increase in late June 2015. One month of this rate increase has been incorporated into this estimate and the remaining estimated rate increase is included in the LTC Rate Adjustment Regular Policy Change.

Total Expenditure

Total expenditures are estimated to increase by 2.8% from PY to CY and decrease 2.3% from CY to BY and correspond to the changes in processing days.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$351,176,300	\$352,564,700	0.4%	\$351,739,100	0.2%
FY 2015-16	\$360,358,500	\$362,512,300	0.6%	\$360,978,100	0.2%

Absent the new ACA Optional Expansion aid category, the November 2015 Estimate assumes there are no significant changes in expenditures from the May 2015 Estimate to the November 2015 Estimate for both FY 2014-15 and FY 2015-16.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

ICF-DD

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	5,400	36.26	\$193.27	\$7,008.77	\$113,486,000
2013-14 *	2	5,220	31.37	\$178.43	\$5,597.81	\$87,734,500
2013-14 *	3	5,240	31.36	\$178.75	\$5,605.23	\$88,147,800
2013-14 *	4	4,800	28.27	\$180.13	\$5,092.85	\$73,316,600
2013-14 *	TOTAL	5,170	31.93	\$183.26	\$5,850.98	\$362,684,900
2014-15 *	1	5,070	37.48	\$177.28	\$6,644.86	\$100,968,700
2014-15 *	2	5,160	30.81	\$180.51	\$5,562.35	\$86,110,700
2014-15 *	3	5,120	31.67	\$190.14	\$6,022.33	\$92,575,300
2014-15 *	4	4,850	27.62	\$181.46	\$5,012.37	\$72,910,000
2014-15 *	TOTAL	5,050	31.94	\$182.18	\$5,818.48	\$352,564,700
2015-16 **	1	5,080	38.05	\$181.96	\$6,923.22	\$105,603,800
2015-16 **	2	5,100	33.84	\$182.61	\$6,178.87	\$94,590,800
2015-16 **	3	5,000	29.60	\$183.03	\$5,417.78	\$81,199,300
2015-16 **	4	4,940	29.93	\$182.93	\$5,475.22	\$81,118,500
2015-16 **	TOTAL	5,030	32.89	\$182.58	\$6,005.30	\$362,512,300
2016-17 **	1	5,110	37.24	\$182.20	\$6,785.18	\$104,083,700
2016-17 **	2	5,060	31.64	\$182.69	\$5,779.95	\$87,741,000
2016-17 **	3	5,040	31.83	\$182.90	\$5,821.86	\$88,038,800
2016-17 **	4	4,900	27.62	\$183.07	\$5,056.40	\$74,263,500
2016-17 **	TOTAL	5,030	32.13	\$182.68	\$5,869.91	\$354,126,900

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of days stay

Medical Transportation Fee-for-Service Base Estimate

Analyst: Toni Richardson

Background

The Medical Transportation service category includes services billed for Ground Medical Transportation and Air Ambulance Transportation. Medi-Cal covers both emergency and non-emergency medical transportation for Air and Ground transportation services.

Fiscal Year		Users		Utilization (Claims per User)		Rate (Cost per Claim)		Total Expenditure	
PY	FY 2014-15	33,230	--	3.36	--	\$91.36	--	\$122,256,100	--
CY	FY 2015-16	27,060	-18.6%	2.88	-14.3%	\$97.67	6.9%	\$91,284,900	-25.3%
BY	FY 2016-17	26,400	-2.4%	2.92	1.4%	\$98.12	0.5%	\$90,857,100	-0.5%

Users

The estimated User decrease is primarily due to the implementation of the Coordinated Care Initiative (CCI) shifting seniors and persons with disabilities (SPDs) from Fee-For-Service (FFS) to Managed Care.

Utilization

The estimated Utilization decrease of 14.3% from PY to CY this is attributed to the CCI impact on SPDs. This estimate assumes Utilization will remain relatively unchanged from CY to BY.

Rate

The estimated Rate increase of from PY to CY and remain steady in BY. The rate increase occurs in the SPD categories.

Total Expenditure

Total expenditures are estimated to decrease from PY to CY. This decrease reflects the impact of the implementation of CCI. This estimate assumes CY to BY, will remain relatively unchanged.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Category	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$111,616,300	\$122,256,100	9.5%	\$104,224,500	-6.6%
FY 2015-16	\$104,402,900	\$91,284,900	-12.6%	\$72,273,000	-30.8%

The November 2015 estimate assumes a 9.5% increase in expenditures in FY 2014-15 compared to the May 2015 estimate, and a decrease of 12.6% in FY 2015-16. Two new aid categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been incorporated into the estimated expenditures with the November 2015 estimate. Absent these

two aid categories, the November 2015 estimate projection would assume a decrease of 6.6% in 2014-15 and a decrease of 30.8% in 2015-16 compared May 2015 estimate as CCI eligibles continue to shift from FFS to Managed Care plans.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

MEDICAL TRANSPORTATION

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	38,690	3.93	\$93.20	\$366.55	\$42,549,700
2013-14 *	2	34,170	3.81	\$83.96	\$320.26	\$32,829,600
2013-14 *	3	37,900	3.72	\$79.86	\$296.71	\$33,732,300
2013-14 *	4	35,250	3.40	\$83.71	\$284.82	\$30,121,500
2013-14 *	TOTAL	36,500	3.72	\$85.43	\$317.86	\$139,233,100
2014-15 *	1	41,720	3.76	\$89.68	\$337.36	\$42,223,700
2014-15 *	2	34,210	3.37	\$90.20	\$304.13	\$31,211,800
2014-15 *	3	31,960	3.22	\$91.71	\$295.40	\$28,320,700
2014-15 *	4	25,010	2.83	\$96.46	\$273.17	\$20,499,900
2014-15 *	TOTAL	33,230	3.36	\$91.36	\$306.64	\$122,256,100
2015-16 **	1	30,220	2.92	\$97.34	\$284.55	\$25,799,600
2015-16 **	2	26,440	2.94	\$98.87	\$290.26	\$23,025,600
2015-16 **	3	26,850	2.84	\$96.25	\$273.21	\$22,010,200
2015-16 **	4	24,710	2.81	\$98.32	\$275.86	\$20,449,500
2015-16 **	TOTAL	27,060	2.88	\$97.67	\$281.15	\$91,284,900
2016-17 **	1	29,140	3.07	\$98.61	\$302.47	\$26,442,300
2016-17 **	2	25,100	2.88	\$99.57	\$286.60	\$21,580,300
2016-17 **	3	27,920	2.96	\$95.75	\$283.79	\$23,769,200
2016-17 **	4	23,430	2.74	\$98.87	\$271.21	\$19,065,400
2016-17 **	TOTAL	26,400	2.92	\$98.12	\$286.82	\$90,857,100

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

Other Services Fee-for-Service Base Estimate

Analyst: Alvin Bautista

Background:

Other Services includes those Provider Types whose services are not included in another service category. Certified Hospice Services and Local Education Agency represent nearly half of the expenditures. Other providers with current expenditures include:

- Adult Day Health Care Center
- Assistive Device & Sick Room Supply Dealers
- Blood Banks
- Fabricating Optical Laboratory
- Optometric Supplies
- Hearing Aid Dispensers
- Home Health Agency -Home & Comm. Based Svcs.
- Optometric Supplies
- Orthotists
- Optometric Supplies
- Portable X-Ray
- Prosthetists
- Genetic Disease Testing
- Medicare Crossover Provider Only
- Certified Hospice Service
- Local Education Agency
- EPSDT Supplemental Services Provider
- HCBS Congregate Living Health Facility
- HCBS Personal Care Agency
- RVN Individual Nurse Provider
- HCBS Professional Corporation
- AIDS Waiver Provider
- Multipurpose Senior Services Program
- CCS/GHPP Non-Institutional
- Independent Diagnostic Center (Medicare Crossover Provider Only)
- ALWPP Residential Care Facility for the Elderly
- ALWPP Care Coordinator
- HCBS Private Non-Profit Proprietary Agency
- Clinical Nurse Specialist (Medicare Crossover Provider Only)

Fiscal Year		Users		Utilization (Claims per User)		Rate (Cost per Claim)		Total Expenditure	
PY	FY 2014-15	209,440	--	3.18	--	\$91.49	--	\$730,555,200	--
CY	FY 2015-16	205,750	-1.8%	3.31	4.1%	\$79.86	-12.7%	\$652,109,400	-10.7%
BY	FY 2016-17	203,420	-1.1%	3.25	-1.8%	\$80.99	1.4%	\$641,870,800	-1.6%

Users

The estimated User decrease in CY and BY are due CCI shifting Seniors and Persons with Disabilities (SPDs) into managed care plans and offset by the ACA Expansion population increase.

Utilization

Utilization is projected to increase in CY and is related to changes occurring due to CCI shifting SPDs to the Managed Care delivery system and the new ACA population. The mix of services

within this category is changing. These changes are partially offset with the decrease in the projected Rate. BY is estimated to stabilize at the current level.

Rate

The Rate is projected to decrease in CY and is related to changes occurring due to CCI shifting SPDs to the Managed Care delivery system and the new ACA population. The mix of services within this category is changing. These changes are partially offset with the decrease in the projected Utilization. BY is estimated to stabilize at the current level.

Total Expenditures

Total expenditure is estimated to decrease by 10.7% from PY to CY and by 1.6% from CY to BY, which is mainly shown in SPD aid categories due the CCI impact shifting from FFS to Managed Care delivery system.

Reason for Change From Prior Estimate:

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$704,706,000	\$730,555,200	3.7%	\$728,635,400	3.4%
FY 2015-16	\$669,267,800	\$652,109,500	-2.6%	\$649,715,400	-2.9%

Compared to the May 2015 Estimate, the November 2015 Estimate is higher by 3.7% for FY 2014-15 and lower by 2.6% for FY 2015-16. In addition, two new aid categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been incorporated into these estimated expenditures. Absent these two aid categories, the November 2015 estimate would be higher than the May 2015 Estimate by 3.4% for FY 2014-15 and lower by 2.9% in FY 2015-16.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

OTHER SERVICES

YEAR	QUARTER	AVERAGE MONTHLY				TOTAL COST
		USERS	UNITS PER USER	COST PER UNIT	COST PER USER	
2013-14 *	1	216,820	3.42	\$96.81	\$330.88	\$215,227,700
2013-14 *	2	217,900	3.25	\$86.75	\$281.69	\$184,138,500
2013-14 *	3	225,470	3.10	\$85.08	\$264.08	\$178,628,300
2013-14 *	4	206,730	3.37	\$78.11	\$262.98	\$163,098,300
2013-14 *	TOTAL	216,730	3.28	\$86.85	\$284.95	\$741,092,900
2014-15 *	1	207,680	3.46	\$105.60	\$364.92	\$227,359,800
2014-15 *	2	206,950	3.15	\$89.56	\$282.50	\$175,386,300
2014-15 *	3	228,040	2.93	\$89.00	\$260.91	\$178,493,800
2014-15 *	4	195,090	3.19	\$79.94	\$255.12	\$149,315,400
2014-15 *	TOTAL	209,440	3.18	\$91.49	\$290.68	\$730,555,200
2015-16 **	1	208,600	3.77	\$83.71	\$315.47	\$197,427,800
2015-16 **	2	208,240	3.06	\$83.32	\$255.04	\$159,323,200
2015-16 **	3	199,960	3.05	\$78.72	\$240.07	\$144,016,000
2015-16 **	4	206,220	3.34	\$73.27	\$244.63	\$151,342,400
2015-16 **	TOTAL	205,750	3.31	\$79.86	\$264.11	\$652,109,400
2016-17 **	1	203,460	3.40	\$89.87	\$305.25	\$186,316,300
2016-17 **	2	201,300	3.10	\$82.15	\$254.58	\$153,742,400
2016-17 **	3	209,380	3.11	\$79.11	\$246.21	\$154,652,200
2016-17 **	4	199,560	3.38	\$72.65	\$245.81	\$147,159,800
2016-17 **	TOTAL	203,420	3.25	\$80.99	\$262.94	\$641,870,800

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

Home Health Fee-for-Service Base Estimate

Analyst: Felicia Oropeza

Background

Home Health provides services to assist in supporting a beneficiary in his/her home as an alternative to care in a licensed health care facility. Home Health provides a level of care that is deemed medically necessary by a physician.

Fiscal Year		Users		Utilization (Claim per User)		Rate (Dollar per Claim)		Total Expenditure	
PY	FY 2014-15	5,030	----	3.18	----	\$1,283.09	-----	\$246,058,800	-----
CY	FY 2015-16	5,091	1.2%	3.29	3.5%	\$1,273.60	-0.7%	\$255,921,600	4.0%
BY	FY 2016-17	5,050	-0.8%	3.35	1.8%	\$1,280.02	0.5%	\$259,899,900	1.6%

Users

Users are projected to remain relatively stable.

Utilization

Utilization is estimated to increase in CY and BY as processing days increase from PY to CY and then decrease in BY. The number of claims processing days reflect the number of days Medi-Cal will adjudicate and make payment to the providers.

Rate

The rate is projected to remain stable.

Total Expenditures

The estimated increases in total expenditure from PY to CY and from CY to BY are primarily related to the fluctuation in processing days.

Reasons for Change from Prior Estimate

Fiscal Year	Total Expenditure			N15 Total Expenditure w/o New Aid Categories	
	M15	N15	% Chng	N15	% Chng
FY 2014-15	\$246,900,200	\$246,058,800	-0.3%	\$244,139,000	-1.1%
FY 2015-16	\$262,970,800	\$255,921,600	-2.7%	\$253,527,500	-3.6%

Compared to the May 2015 Estimate, the November 2015 estimate shows very little change. While two new aid categories, ACA Optional Expansion and Hospital Presumptive Eligibility (H-PE), have been incorporated into the November 2015 expenditure estimate, they have a small impact. Absent these two aid categories, the November 2015 estimate would be lower than the May 2015 estimate by 1.1% and 3.6%, respectively, for FY 2014-15 and FY 2015-16.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

HOME HEALTH

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	4,730	3.50	\$1,384.39	\$4,847.43	\$68,794,700
2013-14 *	2	4,570	3.16	\$1,336.45	\$4,227.79	\$57,937,700
2013-14 *	3	4,810	3.12	\$1,308.40	\$4,079.82	\$58,831,000
2013-14 *	4	4,420	2.93	\$1,293.79	\$3,793.64	\$50,356,800
2013-14 *	TOTAL	4,630	3.18	\$1,333.40	\$4,243.93	\$235,920,200
2014-15 *	1	5,310	3.46	\$1,322.40	\$4,574.54	\$72,909,000
2014-15 *	2	4,770	3.22	\$1,303.58	\$4,194.75	\$60,052,000
2014-15 *	3	5,210	3.14	\$1,229.59	\$3,859.04	\$60,278,200
2014-15 *	4	4,830	2.86	\$1,271.35	\$3,641.98	\$52,819,600
2014-15 *	TOTAL	5,030	3.18	\$1,283.09	\$4,075.37	\$246,058,800
2015-16 **	1	5,300	3.54	\$1,298.83	\$4,600.43	\$73,131,000
2015-16 **	2	5,100	3.35	\$1,286.78	\$4,316.83	\$66,017,300
2015-16 **	3	5,080	3.10	\$1,244.40	\$3,853.71	\$58,750,000
2015-16 **	4	4,890	3.15	\$1,258.02	\$3,958.69	\$58,023,300
2015-16 **	TOTAL	5,090	3.29	\$1,273.60	\$4,189.13	\$255,921,600
2016-17 **	1	5,250	3.61	\$1,314.66	\$4,750.23	\$74,884,000
2016-17 **	2	4,980	3.33	\$1,288.08	\$4,293.91	\$64,136,200
2016-17 **	3	5,200	3.32	\$1,250.99	\$4,154.87	\$64,820,200
2016-17 **	4	4,770	3.11	\$1,260.44	\$3,919.93	\$56,059,400
2016-17 **	TOTAL	5,050	3.35	\$1,280.02	\$4,288.56	\$259,899,900

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

PA-OAS

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	154,330	4.91	\$128.92	\$633.40	\$293,267,400
2013-14 *	2	142,410	4.51	\$118.10	\$533.18	\$227,797,200
2013-14 *	3	152,130	4.35	\$116.37	\$506.08	\$230,966,100
2013-14 *	4	135,720	4.26	\$118.07	\$502.80	\$204,728,000
2013-14 *	TOTAL	146,150	4.52	\$120.77	\$545.53	\$956,758,700
2014-15 *	1	157,390	4.79	\$129.83	\$622.40	\$293,875,900
2014-15 *	2	135,090	4.25	\$121.12	\$514.55	\$208,534,900
2014-15 *	3	121,850	4.43	\$120.03	\$532.16	\$194,538,400
2014-15 *	4	78,810	3.63	\$141.56	\$513.89	\$121,498,200
2014-15 *	TOTAL	123,290	4.37	\$126.61	\$553.22	\$818,447,400
2015-16 **	1	80,210	4.04	\$148.40	\$600.29	\$144,450,300
2015-16 **	2	66,290	4.14	\$128.19	\$531.25	\$105,652,400
2015-16 **	3	51,520	4.73	\$125.40	\$592.60	\$91,598,700
2015-16 **	4	38,810	5.74	\$130.98	\$751.88	\$87,530,700
2015-16 **	TOTAL	59,210	4.50	\$134.29	\$604.13	\$429,232,100
2016-17 **	1	50,270	5.91	\$138.86	\$820.04	\$123,665,100
2016-17 **	2	44,510	5.28	\$126.92	\$669.81	\$89,444,700
2016-17 **	3	45,590	5.58	\$126.95	\$708.16	\$96,854,200
2016-17 **	4	34,040	5.83	\$130.07	\$758.58	\$77,477,100
2016-17 **	TOTAL	43,600	5.65	\$131.16	\$740.46	\$387,441,100

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

NEWLY

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	0		\$0.00	\$0.00	\$0
2013-14 *	2	0		\$0.00	\$0.00	\$0
2013-14 *	3	108,180	2.33	\$185.57	\$431.56	\$140,056,700
2013-14 *	4	193,680	2.66	\$241.51	\$641.71	\$372,859,500
2013-14 *	TOTAL	75,460	2.54	\$223.14	\$566.40	\$512,916,200
2014-15 *	1	315,480	2.87	\$263.95	\$756.22	\$715,722,600
2014-15 *	2	322,580	2.49	\$271.45	\$675.10	\$653,320,000
2014-15 *	3	348,900	2.44	\$276.98	\$674.74	\$706,253,500
2014-15 *	4	330,660	2.39	\$282.99	\$677.33	\$671,904,400
2014-15 *	TOTAL	329,410	2.54	\$273.56	\$694.99	\$2,747,200,500
2015-16 **	1	436,230	2.41	\$294.60	\$709.40	\$928,381,400
2015-16 **	2	430,520	2.19	\$290.91	\$636.26	\$821,772,900
2015-16 **	3	424,780	2.08	\$292.74	\$607.78	\$774,521,400
2015-16 **	4	393,960	2.20	\$299.07	\$656.64	\$776,056,600
2015-16 **	TOTAL	421,370	2.22	\$294.27	\$652.78	\$3,300,732,300
2016-17 **	1	427,670	2.29	\$304.90	\$698.83	\$896,591,000
2016-17 **	2	425,740	2.13	\$301.40	\$642.62	\$820,766,800
2016-17 **	3	431,410	2.13	\$299.47	\$636.95	\$824,361,100
2016-17 **	4	387,440	2.14	\$309.85	\$662.98	\$770,591,600
2016-17 **	TOTAL	418,060	2.17	\$303.78	\$660.25	\$3,312,310,600

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

PA-ATD

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	374,300	6.05	\$196.53	\$1,189.10	\$1,335,256,200
2013-14 *	2	348,850	5.43	\$189.35	\$1,027.57	\$1,075,412,900
2013-14 *	3	359,760	5.19	\$198.68	\$1,030.94	\$1,112,679,800
2013-14 *	4	326,880	5.05	\$191.88	\$969.36	\$950,596,900
2013-14 *	TOTAL	352,450	5.44	\$194.28	\$1,057.82	\$4,473,945,900
2014-15 *	1	369,850	5.74	\$209.64	\$1,204.26	\$1,336,196,800
2014-15 *	2	345,140	5.04	\$210.84	\$1,061.98	\$1,099,580,500
2014-15 *	3	330,600	4.94	\$225.15	\$1,111.32	\$1,102,215,000
2014-15 *	4	275,070	4.59	\$233.55	\$1,071.92	\$884,545,000
2014-15 *	TOTAL	330,160	5.12	\$218.16	\$1,116.25	\$4,422,537,300
2015-16 **	1	278,220	5.69	\$245.27	\$1,395.28	\$1,164,574,100
2015-16 **	2	256,470	5.14	\$244.40	\$1,257.16	\$967,284,600
2015-16 **	3	231,810	5.16	\$242.42	\$1,250.40	\$869,581,400
2015-16 **	4	222,780	5.39	\$240.54	\$1,297.71	\$867,308,500
2015-16 **	TOTAL	247,320	5.36	\$243.34	\$1,303.55	\$3,868,748,600
2016-17 **	1	230,680	6.28	\$253.85	\$1,593.55	\$1,102,805,900
2016-17 **	2	219,880	5.41	\$249.19	\$1,347.66	\$888,954,300
2016-17 **	3	226,180	5.55	\$250.92	\$1,393.21	\$945,365,900
2016-17 **	4	204,020	5.35	\$243.48	\$1,301.60	\$796,672,200
2016-17 **	TOTAL	220,190	5.66	\$249.73	\$1,413.09	\$3,733,798,300

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

PA-AFDC

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	187,230	2.53	\$163.45	\$413.72	\$232,379,200
2013-14 *	2	176,070	2.33	\$156.09	\$363.01	\$191,740,000
2013-14 *	3	175,440	2.21	\$173.23	\$382.76	\$201,453,200
2013-14 *	4	163,090	2.21	\$167.44	\$370.72	\$181,384,900
2013-14 *	TOTAL	175,460	2.33	\$164.81	\$383.27	\$806,957,400
2014-15 *	1	185,690	2.31	\$184.03	\$424.86	\$236,671,600
2014-15 *	2	182,760	2.18	\$173.37	\$378.78	\$207,679,500
2014-15 *	3	193,720	2.20	\$178.10	\$392.41	\$228,047,100
2014-15 *	4	171,430	2.22	\$169.62	\$376.81	\$193,786,700
2014-15 *	TOTAL	183,400	2.23	\$176.52	\$393.58	\$866,184,900
2015-16 **	1	201,810	2.35	\$172.66	\$405.85	\$245,719,300
2015-16 **	2	207,700	2.21	\$170.43	\$375.79	\$234,151,700
2015-16 **	3	200,180	2.15	\$170.94	\$368.09	\$221,054,300
2015-16 **	4	193,710	2.22	\$167.25	\$371.02	\$215,609,400
2015-16 **	TOTAL	200,850	2.23	\$170.38	\$380.27	\$916,534,600
2016-17 **	1	208,220	2.26	\$177.71	\$401.93	\$251,061,800
2016-17 **	2	203,780	2.14	\$172.52	\$369.16	\$225,684,100
2016-17 **	3	206,990	2.21	\$173.95	\$384.14	\$238,538,900
2016-17 **	4	186,800	2.17	\$168.98	\$366.66	\$205,481,900
2016-17 **	TOTAL	201,450	2.20	\$173.46	\$380.90	\$920,766,800

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

LT-OAS

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	36,450	35.94	\$161.53	\$5,804.94	\$634,683,100
2013-14 *	2	35,300	30.41	\$162.36	\$4,937.91	\$522,973,900
2013-14 *	3	34,800	29.81	\$159.23	\$4,746.87	\$495,635,200
2013-14 *	4	32,070	26.68	\$161.23	\$4,301.35	\$413,875,700
2013-14 *	TOTAL	34,660	30.85	\$161.12	\$4,970.61	\$2,067,167,900
2014-15 *	1	34,040	33.37	\$178.88	\$5,968.56	\$609,491,300
2014-15 *	2	30,840	27.93	\$165.39	\$4,619.43	\$427,380,800
2014-15 *	3	29,380	27.01	\$162.74	\$4,394.83	\$387,298,500
2014-15 *	4	21,960	24.28	\$164.58	\$3,995.13	\$263,239,300
2014-15 *	TOTAL	29,050	28.60	\$169.24	\$4,839.82	\$1,687,409,800
2015-16 **	1	21,950	30.85	\$183.15	\$5,650.38	\$372,095,100
2015-16 **	2	20,080	30.57	\$171.86	\$5,254.60	\$316,548,700
2015-16 **	3	17,460	30.42	\$170.34	\$5,181.14	\$271,349,300
2015-16 **	4	14,940	34.21	\$172.51	\$5,901.98	\$264,587,400
2015-16 **	TOTAL	18,610	31.35	\$174.93	\$5,484.06	\$1,224,580,400
2016-17 **	1	17,310	39.12	\$175.63	\$6,870.42	\$356,718,800
2016-17 **	2	17,090	33.25	\$172.36	\$5,731.53	\$293,937,100
2016-17 **	3	17,100	33.75	\$170.61	\$5,757.85	\$295,396,600
2016-17 **	4	14,980	31.15	\$172.49	\$5,373.69	\$241,553,200
2016-17 **	TOTAL	16,620	34.43	\$172.91	\$5,954.12	\$1,187,605,700

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

H-PE

AVERAGE MONTHLY

<u>YEAR</u>	<u>QUARTER</u>	<u>USERS</u>	<u>UNITS PER USER</u>	<u>COST PER UNIT</u>	<u>COST PER USER</u>	<u>TOTAL COST</u>
2013-14 *	1	0		\$0.00	\$0.00	\$0
2013-14 *	2	0		\$0.00	\$0.00	\$0
2013-14 *	3	4,380	5.38	\$253.19	\$1,362.19	\$17,891,000
2013-14 *	4	20,750	4.48	\$313.51	\$1,405.20	\$87,455,300
2013-14 *	TOTAL	6,280	4.64	\$301.32	\$1,397.70	\$105,346,300
2014-15 *	1	37,390	4.48	\$337.88	\$1,512.12	\$169,635,700
2014-15 *	2	39,310	4.07	\$311.66	\$1,267.00	\$149,431,900
2014-15 *	3	42,880	3.89	\$326.79	\$1,270.01	\$163,364,500
2014-15 *	4	36,570	3.59	\$328.18	\$1,176.55	\$129,074,400
2014-15 *	TOTAL	39,040	4.00	\$326.18	\$1,305.34	\$611,506,600
2015-16 **	1	44,160	3.95	\$356.79	\$1,410.38	\$186,858,300
2015-16 **	2	42,730	3.74	\$341.50	\$1,277.34	\$163,740,500
2015-16 **	3	42,250	3.64	\$348.23	\$1,268.30	\$160,757,900
2015-16 **	4	40,220	3.53	\$342.23	\$1,209.76	\$145,985,400
2015-16 **	TOTAL	42,340	3.72	\$347.54	\$1,293.73	\$657,342,000
2016-17 **	1	42,580	3.90	\$357.84	\$1,394.41	\$178,109,600
2016-17 **	2	41,920	3.70	\$345.01	\$1,277.22	\$160,631,700
2016-17 **	3	43,060	3.68	\$346.27	\$1,274.62	\$164,647,500
2016-17 **	4	39,420	3.49	\$346.35	\$1,208.49	\$142,904,600
2016-17 **	TOTAL	41,740	3.70	\$349.08	\$1,290.21	\$646,293,300

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

LT-ATD

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	11,800	36.70	\$197.02	\$7,230.22	\$256,014,900
2013-14 *	2	11,550	32.06	\$196.05	\$6,286.07	\$217,837,400
2013-14 *	3	11,510	31.01	\$199.43	\$6,183.97	\$213,557,200
2013-14 *	4	10,740	27.24	\$199.07	\$5,422.73	\$174,644,500
2013-14 *	TOTAL	11,400	31.86	\$197.78	\$6,301.43	\$862,053,900
2014-15 *	1	11,330	34.94	\$213.12	\$7,445.79	\$253,179,100
2014-15 *	2	10,410	28.49	\$198.75	\$5,662.79	\$176,916,800
2014-15 *	3	9,940	27.67	\$196.51	\$5,437.32	\$162,200,600
2014-15 *	4	8,000	23.66	\$191.16	\$4,523.52	\$108,541,900
2014-15 *	TOTAL	9,920	29.15	\$201.89	\$5,885.89	\$700,838,500
2015-16 **	1	7,760	31.79	\$203.45	\$6,467.90	\$150,533,100
2015-16 **	2	6,990	31.05	\$197.26	\$6,124.26	\$128,485,100
2015-16 **	3	6,260	29.53	\$196.81	\$5,811.82	\$109,213,200
2015-16 **	4	5,680	31.41	\$193.05	\$6,062.95	\$103,249,200
2015-16 **	TOTAL	6,670	30.98	\$198.10	\$6,137.78	\$491,480,700
2016-17 **	1	6,060	39.57	\$197.93	\$7,831.74	\$142,379,400
2016-17 **	2	5,920	33.50	\$196.91	\$6,595.93	\$117,173,100
2016-17 **	3	5,920	33.74	\$196.67	\$6,636.53	\$117,901,100
2016-17 **	4	5,470	29.65	\$193.29	\$5,730.45	\$93,990,400
2016-17 **	TOTAL	5,840	34.23	\$196.42	\$6,724.19	\$471,444,000

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

POV 250

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	49,380	2.34	\$137.86	\$322.89	\$47,834,500
2013-14 *	2	59,680	2.37	\$126.20	\$298.75	\$53,491,100
2013-14 *	3	65,090	2.29	\$154.20	\$352.57	\$68,845,800
2013-14 *	4	68,560	2.28	\$140.33	\$320.46	\$65,915,400
2013-14 *	TOTAL	60,680	2.32	\$139.94	\$324.23	\$236,086,800
2014-15 *	1	87,370	2.32	\$177.17	\$410.17	\$107,511,700
2014-15 *	2	85,490	2.13	\$155.79	\$332.55	\$85,284,300
2014-15 *	3	89,630	2.10	\$164.66	\$345.73	\$92,957,800
2014-15 *	4	81,180	2.15	\$156.95	\$337.44	\$82,178,100
2014-15 *	TOTAL	85,920	2.17	\$164.08	\$356.87	\$367,931,800
2015-16 **	1	100,120	2.33	\$156.36	\$364.75	\$109,550,700
2015-16 **	2	103,480	2.29	\$153.89	\$351.81	\$109,217,500
2015-16 **	3	85,090	2.29	\$159.52	\$365.28	\$93,248,500
2015-16 **	4	78,620	2.30	\$152.38	\$351.03	\$82,792,000
2015-16 **	TOTAL	91,830	2.30	\$155.55	\$358.29	\$394,808,700
2016-17 **	1	99,230	2.27	\$160.78	\$365.52	\$108,808,800
2016-17 **	2	105,260	2.26	\$153.43	\$347.00	\$109,579,500
2016-17 **	3	90,970	2.32	\$160.05	\$371.74	\$101,450,000
2016-17 **	4	80,550	2.27	\$151.82	\$344.98	\$83,363,800
2016-17 **	TOTAL	94,000	2.28	\$156.65	\$357.44	\$403,202,100

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

MN-OAS

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	81,640	4.96	\$143.18	\$710.80	\$174,095,800
2013-14 *	2	76,440	4.56	\$132.48	\$604.46	\$138,616,900
2013-14 *	3	82,390	4.46	\$142.13	\$633.38	\$156,543,600
2013-14 *	4	76,310	4.51	\$141.18	\$637.27	\$145,889,400
2013-14 *	TOTAL	79,200	4.63	\$139.90	\$647.29	\$615,145,700
2014-15 *	1	93,580	4.98	\$150.56	\$749.21	\$210,338,200
2014-15 *	2	84,950	4.57	\$144.40	\$660.48	\$168,316,700
2014-15 *	3	81,580	4.70	\$156.93	\$737.90	\$180,602,400
2014-15 *	4	65,870	4.35	\$163.79	\$711.82	\$140,658,100
2014-15 *	TOTAL	81,500	4.68	\$153.08	\$715.70	\$699,915,300
2015-16 **	1	70,940	5.09	\$175.91	\$894.69	\$190,410,600
2015-16 **	2	66,780	4.61	\$161.34	\$743.02	\$148,852,000
2015-16 **	3	61,840	4.56	\$160.80	\$733.16	\$136,024,800
2015-16 **	4	58,940	4.69	\$162.38	\$761.95	\$134,724,900
2015-16 **	TOTAL	64,630	4.75	\$165.74	\$786.60	\$610,012,400
2016-17 **	1	64,960	5.29	\$168.62	\$891.83	\$173,787,500
2016-17 **	2	61,790	4.67	\$161.76	\$755.49	\$140,049,200
2016-17 **	3	64,010	4.75	\$161.59	\$767.02	\$147,290,900
2016-17 **	4	57,180	4.56	\$163.18	\$744.87	\$127,782,500
2016-17 **	TOTAL	61,990	4.83	\$163.99	\$791.74	\$588,910,100

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

MN-ATD

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	68,830	6.23	\$253.80	\$1,581.80	\$326,604,400
2013-14 *	2	64,520	5.67	\$246.13	\$1,394.57	\$269,948,800
2013-14 *	3	67,620	5.57	\$259.56	\$1,445.91	\$293,323,600
2013-14 *	4	61,200	5.41	\$235.09	\$1,272.62	\$233,667,200
2013-14 *	TOTAL	65,540	5.73	\$249.25	\$1,428.49	\$1,123,544,000
2014-15 *	1	70,510	5.82	\$238.49	\$1,387.50	\$293,498,500
2014-15 *	2	62,490	5.02	\$214.53	\$1,076.04	\$201,720,300
2014-15 *	3	58,530	4.91	\$215.67	\$1,059.09	\$185,971,700
2014-15 *	4	49,090	4.56	\$212.48	\$968.07	\$142,561,900
2014-15 *	TOTAL	60,150	5.13	\$222.38	\$1,141.16	\$823,752,500
2015-16 **	1	49,300	5.63	\$215.30	\$1,212.16	\$179,279,800
2015-16 **	2	46,580	5.00	\$213.48	\$1,066.67	\$149,041,200
2015-16 **	3	42,270	5.00	\$210.21	\$1,051.14	\$133,294,900
2015-16 **	4	41,590	5.24	\$202.57	\$1,060.54	\$132,333,800
2015-16 **	TOTAL	44,930	5.23	\$210.75	\$1,101.51	\$593,949,600
2016-17 **	1	44,020	6.07	\$216.02	\$1,311.95	\$173,274,800
2016-17 **	2	42,310	5.20	\$207.18	\$1,077.76	\$136,799,100
2016-17 **	3	44,050	5.27	\$217.75	\$1,148.25	\$151,727,300
2016-17 **	4	41,280	5.11	\$204.45	\$1,043.82	\$129,266,500
2016-17 **	TOTAL	42,920	5.42	\$211.74	\$1,147.75	\$591,067,800

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

MN-AFDC

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	500,460	2.88	\$188.84	\$543.08	\$815,371,900
2013-14 *	2	460,270	2.63	\$186.75	\$490.36	\$677,095,500
2013-14 *	3	454,470	2.54	\$206.83	\$525.38	\$716,309,600
2013-14 *	4	409,330	2.47	\$195.57	\$483.52	\$593,752,000
2013-14 *	TOTAL	456,130	2.64	\$194.04	\$512.01	\$2,802,529,000
2014-15 *	1	486,380	2.66	\$203.58	\$542.48	\$791,548,800
2014-15 *	2	461,350	2.45	\$192.67	\$471.20	\$652,159,100
2014-15 *	3	474,420	2.45	\$199.52	\$489.20	\$696,253,100
2014-15 *	4	422,810	2.44	\$183.93	\$448.83	\$569,298,400
2014-15 *	TOTAL	461,240	2.50	\$195.50	\$489.49	\$2,709,259,500
2015-16 **	1	499,520	2.71	\$189.16	\$512.17	\$767,518,700
2015-16 **	2	513,630	2.51	\$187.52	\$471.21	\$726,070,400
2015-16 **	3	487,430	2.42	\$188.73	\$456.18	\$667,076,400
2015-16 **	4	463,000	2.45	\$182.90	\$448.62	\$623,127,500
2015-16 **	TOTAL	490,890	2.52	\$187.20	\$472.57	\$2,783,793,000
2016-17 **	1	520,720	2.61	\$191.39	\$499.56	\$780,388,000
2016-17 **	2	510,870	2.44	\$188.66	\$460.01	\$705,025,200
2016-17 **	3	517,330	2.46	\$191.23	\$470.08	\$729,561,000
2016-17 **	4	452,880	2.39	\$183.43	\$438.04	\$595,135,800
2016-17 **	TOTAL	500,450	2.48	\$188.93	\$467.93	\$2,810,110,000

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

MI-C

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	83,170	2.73	\$144.83	\$394.76	\$98,498,700
2013-14 *	2	77,500	2.64	\$140.69	\$370.74	\$86,195,000
2013-14 *	3	93,440	2.83	\$134.09	\$379.64	\$106,420,900
2013-14 *	4	83,510	2.76	\$140.26	\$386.43	\$96,809,200
2013-14 *	TOTAL	84,400	2.74	\$139.71	\$383.00	\$387,923,800
2014-15 *	1	88,300	2.75	\$141.98	\$390.49	\$103,443,000
2014-15 *	2	73,400	2.58	\$141.61	\$364.98	\$80,363,800
2014-15 *	3	78,920	2.75	\$149.10	\$410.08	\$97,088,100
2014-15 *	4	72,090	2.68	\$142.01	\$380.87	\$82,368,600
2014-15 *	TOTAL	78,180	2.69	\$143.74	\$387.23	\$363,263,500
2015-16 **	1	82,430	2.81	\$143.74	\$403.83	\$99,866,600
2015-16 **	2	76,920	2.57	\$138.11	\$355.40	\$82,011,100
2015-16 **	3	71,350	2.64	\$137.27	\$362.94	\$77,687,400
2015-16 **	4	66,850	2.72	\$138.90	\$378.33	\$75,872,700
2015-16 **	TOTAL	74,390	2.69	\$139.72	\$375.78	\$335,437,800
2016-17 **	1	76,400	2.80	\$139.85	\$391.84	\$89,805,300
2016-17 **	2	70,200	2.61	\$138.72	\$362.59	\$76,367,000
2016-17 **	3	70,090	2.85	\$140.07	\$398.99	\$83,899,800
2016-17 **	4	61,430	2.75	\$140.60	\$387.21	\$71,354,300
2016-17 **	TOTAL	69,530	2.76	\$139.80	\$385.24	\$321,426,400

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

MI-A

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	1,770	16.71	\$199.00	\$3,325.21	\$17,663,500
2013-14 *	2	1,710	11.88	\$190.40	\$2,262.63	\$11,614,100
2013-14 *	3	1,540	10.71	\$205.49	\$2,201.28	\$10,156,700
2013-14 *	4	1,150	13.98	\$200.25	\$2,799.61	\$9,689,500
2013-14 *	TOTAL	1,540	13.37	\$198.42	\$2,652.47	\$49,123,800
2014-15 *	1	930	14.09	\$230.79	\$3,251.01	\$9,070,300
2014-15 *	2	630	17.56	\$205.89	\$3,616.21	\$6,870,800
2014-15 *	3	530	20.55	\$223.80	\$4,599.55	\$7,304,100
2014-15 *	4	450	14.94	\$207.12	\$3,094.61	\$4,208,700
2014-15 *	TOTAL	640	16.45	\$218.53	\$3,594.38	\$27,453,900
2015-16 **	1	300	33.40	\$235.59	\$7,868.29	\$7,150,900
2015-16 **	2	230	38.36	\$225.21	\$8,639.78	\$6,001,300
2015-16 **	3	190	46.25	\$234.51	\$10,845.45	\$6,251,500
2015-16 **	4	280	27.13	\$224.05	\$6,077.53	\$5,126,100
2015-16 **	TOTAL	250	35.24	\$230.25	\$8,113.57	\$24,529,800
2016-17 **	1	200	50.69	\$235.66	\$11,946.47	\$7,111,400
2016-17 **	2	150	57.78	\$230.18	\$13,299.66	\$5,795,900
2016-17 **	3	200	45.52	\$232.25	\$10,570.74	\$6,459,100
2016-17 **	4	240	30.26	\$227.65	\$6,888.66	\$4,935,600
2016-17 **	TOTAL	200	44.45	\$231.78	\$10,303.63	\$24,302,100

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

REFUGEE

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	840	2.82	\$197.90	\$558.89	\$1,405,100
2013-14 *	2	630	2.78	\$145.04	\$402.95	\$764,800
2013-14 *	3	660	2.62	\$138.13	\$361.99	\$713,800
2013-14 *	4	640	2.83	\$137.20	\$388.72	\$750,600
2013-14 *	TOTAL	690	2.77	\$157.93	\$437.08	\$3,634,300
2014-15 *	1	630	2.80	\$118.88	\$332.45	\$629,300
2014-15 *	2	540	2.48	\$118.93	\$294.45	\$476,400
2014-15 *	3	460	2.57	\$145.46	\$373.21	\$511,300
2014-15 *	4	380	2.18	\$139.26	\$303.77	\$343,600
2014-15 *	TOTAL	500	2.54	\$128.30	\$326.12	\$1,960,600
2015-16 **	1	440	2.15	\$129.64	\$279.28	\$368,100
2015-16 **	2	410	2.21	\$143.36	\$316.71	\$394,100
2015-16 **	3	420	2.04	\$129.15	\$263.05	\$328,100
2015-16 **	4	420	2.26	\$155.56	\$351.25	\$437,500
2015-16 **	TOTAL	420	2.16	\$139.64	\$302.22	\$1,527,900
2016-17 **	1	490	2.12	\$124.70	\$264.71	\$386,800
2016-17 **	2	410	2.09	\$138.70	\$289.45	\$352,700
2016-17 **	3	440	2.15	\$137.00	\$294.48	\$386,500
2016-17 **	4	400	2.15	\$151.20	\$324.98	\$385,400
2016-17 **	TOTAL	430	2.13	\$137.21	\$291.88	\$1,511,400

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

OBRA

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	15,160	5.96	\$246.29	\$1,468.39	\$66,776,500
2013-14 *	2	14,610	5.66	\$244.88	\$1,385.79	\$60,734,900
2013-14 *	3	4,510	4.97	\$285.40	\$1,417.86	\$19,193,600
2013-14 *	4	4,840	4.47	\$250.35	\$1,118.72	\$16,256,100
2013-14 *	TOTAL	9,780	5.55	\$250.19	\$1,388.43	\$162,961,100
2014-15 *	1	6,910	4.92	\$220.82	\$1,087.02	\$22,534,000
2014-15 *	2	8,010	4.17	\$206.55	\$862.35	\$20,718,900
2014-15 *	3	9,330	4.01	\$216.28	\$866.51	\$24,244,000
2014-15 *	4	8,390	3.73	\$210.06	\$784.37	\$19,738,700
2014-15 *	TOTAL	8,160	4.17	\$213.60	\$891.07	\$87,235,600
2015-16 **	1	8,540	3.91	\$194.91	\$763.02	\$19,547,500
2015-16 **	2	7,780	3.36	\$212.81	\$714.11	\$16,673,200
2015-16 **	3	6,880	3.32	\$178.41	\$591.75	\$12,215,100
2015-16 **	4	6,810	3.47	\$194.01	\$673.09	\$13,753,100
2015-16 **	TOTAL	7,500	3.53	\$195.57	\$690.67	\$62,188,900
2016-17 **	1	7,830	3.82	\$175.05	\$668.22	\$15,687,400
2016-17 **	2	7,070	3.28	\$190.89	\$625.19	\$13,251,800
2016-17 **	3	6,920	3.60	\$184.58	\$664.14	\$13,796,900
2016-17 **	4	6,460	3.29	\$178.67	\$587.20	\$11,371,900
2016-17 **	TOTAL	7,070	3.51	\$181.92	\$637.97	\$54,108,000

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

POV 185

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	132,040	3.57	\$187.10	\$668.77	\$264,920,600
2013-14 *	2	126,050	3.41	\$183.48	\$625.09	\$236,381,300
2013-14 *	3	127,390	3.44	\$201.57	\$692.79	\$264,762,500
2013-14 *	4	114,620	3.24	\$197.54	\$640.25	\$220,149,300
2013-14 *	TOTAL	125,030	3.42	\$192.16	\$657.34	\$986,213,600
2014-15 *	1	151,620	3.34	\$205.49	\$685.53	\$311,811,300
2014-15 *	2	123,940	3.15	\$225.50	\$710.62	\$264,232,400
2014-15 *	3	135,170	3.06	\$225.06	\$688.06	\$279,015,600
2014-15 *	4	115,620	2.96	\$226.24	\$669.80	\$232,319,800
2014-15 *	TOTAL	131,590	3.14	\$219.41	\$688.63	\$1,087,379,100
2015-16 **	1	130,690	3.34	\$224.61	\$749.38	\$293,810,400
2015-16 **	2	129,010	3.14	\$214.18	\$672.96	\$260,458,400
2015-16 **	3	129,340	3.00	\$221.60	\$664.35	\$257,777,800
2015-16 **	4	122,440	3.00	\$227.10	\$682.41	\$250,657,900
2015-16 **	TOTAL	127,870	3.12	\$221.81	\$692.57	\$1,062,704,600
2016-17 **	1	140,370	3.24	\$218.60	\$708.89	\$298,513,900
2016-17 **	2	128,270	3.05	\$215.29	\$655.90	\$252,404,600
2016-17 **	3	137,690	3.08	\$221.51	\$681.67	\$281,575,400
2016-17 **	4	120,410	2.91	\$229.01	\$666.36	\$240,701,800
2016-17 **	TOTAL	131,680	3.08	\$220.81	\$679.15	\$1,073,195,700

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

POV 133

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	21,310	2.03	\$134.67	\$273.45	\$17,484,500
2013-14 *	2	19,930	1.95	\$131.99	\$257.54	\$15,394,500
2013-14 *	3	19,890	1.91	\$134.48	\$257.13	\$15,342,100
2013-14 *	4	19,910	1.97	\$127.32	\$251.06	\$14,993,400
2013-14 *	TOTAL	20,260	1.97	\$132.16	\$260.03	\$63,214,600
2014-15 *	1	27,730	1.96	\$147.80	\$289.51	\$24,086,200
2014-15 *	2	32,390	1.88	\$133.61	\$251.36	\$24,425,300
2014-15 *	3	42,540	1.87	\$152.60	\$285.95	\$36,488,400
2014-15 *	4	44,560	1.86	\$145.89	\$270.83	\$36,203,500
2014-15 *	TOTAL	36,800	1.89	\$145.50	\$274.43	\$121,203,300
2015-16 **	1	59,640	2.07	\$148.89	\$307.62	\$55,040,900
2015-16 **	2	58,350	1.82	\$158.30	\$287.82	\$50,380,300
2015-16 **	3	57,360	1.84	\$160.51	\$295.02	\$50,767,900
2015-16 **	4	58,060	1.76	\$150.03	\$264.27	\$46,028,600
2015-16 **	TOTAL	58,350	1.87	\$154.25	\$288.79	\$202,217,700
2016-17 **	1	63,090	1.77	\$159.60	\$282.44	\$53,460,900
2016-17 **	2	61,650	1.73	\$161.10	\$279.42	\$51,676,900
2016-17 **	3	61,600	1.83	\$164.69	\$301.77	\$55,762,800
2016-17 **	4	58,430	1.73	\$152.89	\$264.90	\$46,431,900
2016-17 **	TOTAL	61,190	1.77	\$159.73	\$282.36	\$207,332,600

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND NOVEMBER 2015 BASE ESTIMATES)**

POV 100

AVERAGE MONTHLY

YEAR	QUARTER	USERS	UNITS PER USER	COST PER UNIT	COST PER USER	TOTAL COST
2013-14 *	1	21,580	2.37	\$151.37	\$358.87	\$23,236,000
2013-14 *	2	21,150	2.27	\$149.54	\$339.07	\$21,511,000
2013-14 *	3	20,680	2.18	\$147.25	\$320.52	\$19,881,600
2013-14 *	4	18,810	2.23	\$143.75	\$321.26	\$18,126,800
2013-14 *	TOTAL	20,550	2.26	\$148.18	\$335.53	\$82,755,400
2014-15 *	1	22,600	2.30	\$167.80	\$385.96	\$26,164,700
2014-15 *	2	24,120	2.09	\$156.77	\$327.43	\$23,694,900
2014-15 *	3	27,240	2.05	\$152.03	\$311.43	\$25,448,500
2014-15 *	4	25,490	2.09	\$152.94	\$318.94	\$24,384,200
2014-15 *	TOTAL	24,860	2.12	\$157.27	\$334.17	\$99,692,200
2015-16 **	1	31,000	2.19	\$163.97	\$358.45	\$33,333,300
2015-16 **	2	29,160	2.09	\$162.24	\$339.28	\$29,683,500
2015-16 **	3	27,760	2.06	\$157.20	\$324.43	\$27,017,500
2015-16 **	4	27,960	2.07	\$154.06	\$318.31	\$26,697,100
2015-16 **	TOTAL	28,970	2.10	\$159.60	\$335.79	\$116,731,300
2016-17 **	1	31,300	2.10	\$174.92	\$367.82	\$34,540,400
2016-17 **	2	29,630	2.07	\$168.67	\$349.44	\$31,057,100
2016-17 **	3	29,870	2.12	\$167.16	\$353.67	\$31,694,000
2016-17 **	4	28,330	2.05	\$160.08	\$328.32	\$27,903,600
2016-17 **	TOTAL	29,780	2.09	\$167.93	\$350.31	\$125,195,000

* ACTUAL

** ESTIMATED

NOTE: UNITS = combination of claims, prescription, and days stay (use for comparative purposes only.)