

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 main groups, (1) fee-for-service and (2) non-fee-for-service. The fee-for-service Base (FFS Base) Estimate is summarized in this section. The data used for these projections consist of 36-month claims paid through the main Medi-Cal claims processing system at the Fiscal Intermediary (FI).

The Non-Fee-for-Service (Non-FFS) Base Estimate consists of several Policy Changes and each is described and located 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.

May 2016 FFS Base Estimate

Fiscal Year	FFS Base Expenditure		
	November 2015 Estimate	May 2016 Estimate	% Chng
FY 2015-16	\$17,076,552,200	\$17,343,950,200	1.6%
FY 2016-17	\$16,860,021,000	\$17,571,764,000	4.2%

Overall, the May 2016 FFS Base is estimated at \$17.3 billion and \$17.6 billion, respectively, for FY 2015-16 and FY 2016-17. Compared to the November 2015 Estimate, the May 2016 FFS Base Estimate is higher by 1.6% in CY and 4.2% in BY.

Several factors are contributing to these changes. The larger changes are discussed on the following page. Additional information is provided for each of the eleven (11) FFS Base service categories within this section.

Items Impacting FFS Base Estimate

Coordinated Care Initiative: With the Coordinated Care Initiative (CCI), beneficiaries move to the Managed Care delivery system resulting in fewer Users in the FFS delivery system. The CCI was implemented in seven pilot counties with staggered implementation dates. The November 2015 FFS Base included the estimated CCI impact as of July 2015, with ongoing CCI implementation and additional data (through January 2016), the May 2016 FFS Base Estimate reflects two changes:

- 1) FFS service categories have continued to experience user and utilization declines in our Seniors and Persons with Disabilities aid categories since the November 2015 Estimate. This user shift was budgeted in the CCI related policy changes in the November 2015 Estimate.
- 2) The November 2015 Estimate reflected a higher shifting of Public Assistance Persons with Disabilities population to Managed Care than what actually occurred. The May 2016 shows a higher than previously estimated cost in FFS and a slightly lower Managed Care caseload.

Hospital PE Reductions: In January 2014, hospitals began presumptive eligibility determinations. Recent claims data has showed a decrease in expenditures over the initial expenditure levels. The May 2016 Estimate assumes the more recent lower expenditures will continue.

Overall Caseload Fluctuations: Overall caseload continues to fluctuate. The restoration of annual eligibility redeterminations in late 2014 and the resumption of quarterly reconciliations with the county welfare systems in October 2015 add to the difficulty of determining fluctuations in expenditures.

Furthermore, the Affordable Care Act (ACA) Optional Expansion caseload has continued to surpass estimated levels resulting in more FFS users than previously estimated. The ACA Optional Expansion Policy Change adds the estimated future growth of this population.

Crossover Claims: A crossover claim is a claim for a recipient who is eligible for both Medicare and Medi-Cal, where Medicare pays a portion of the claim and Medi-Cal is billed for any remaining deductible and/or coinsurance. Both Community Inpatient and County & Community Outpatient have been impacted by changes with the crossover claims.

Processing Days: Processing days reflect the number of days Medi-Cal adjudicates and pays providers. The number of processing days varies from year to year. CY has 257 processing days which equates to 52 checkwrite weeks, while PY and BY have 251 processing days equating to 51 checkwrite weeks. As a result, Utilization, and therefore expenditures, is estimated to increase in CY and decrease in BY. This is seen in Nursing Facility, ICF-DD, and Other Services.

FFS Claim Adjustments: Retroactive claim adjustments due to previously denied claims, payment reductions, rate changes, etc. occur often in the claims processing process. One-time retroactive claim adjustment payments temporarily change FFS users, utilization, and/or rate. FFS claim adjustments are excluded when projecting the FFS Base trends.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	2,033,000	3.71	\$216.20	\$801.95	\$4,891,099,300
2015-16 *	2	1,989,130	3.41	\$214.10	\$729.72	\$4,354,491,200
2015-16 **	3	1,882,240	3.25	\$219.69	\$713.04	\$4,026,332,200
2015-16 **	4	1,843,370	3.41	\$216.12	\$736.34	\$4,072,027,500
2015-16 **	TOTAL	1,936,930	3.45	\$216.44	\$746.19	\$17,343,950,200
2016-17 **	1	2,041,240	3.65	\$224.13	\$818.43	\$5,011,863,000
2016-17 **	2	1,971,880	3.28	\$218.72	\$718.05	\$4,247,700,700
2016-17 **	3	1,989,770	3.37	\$221.92	\$747.59	\$4,462,614,300
2016-17 **	4	1,788,390	3.27	\$219.51	\$717.51	\$3,849,586,000
2016-17 **	TOTAL	1,947,820	3.40	\$221.23	\$751.77	\$17,571,764,000

* 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 Groups.

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	414,060	-16.5%	2.24	-3.0%	\$71.64	-17.5%	\$796,740,500	-33.3%
BY	FY 2016-17	406,310	-1.9%	2.21	-1.3%	\$72.27	0.9%	\$780,341,500	-2.1%

Users: Users are estimated to decrease in CY and BY due to the implementation of the CCI shifting beneficiaries from Fee-For-Service (FFS) to Managed Care and is partially offset by increases in ACA expansion populations and the impact of 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. Retroactive payments continued to be paid after December 2014, which increased the number of claims processed, increasing the user count. CY assumes a return to the historical patterns absent PCP increase. Additional payments expected after January 2016 are budgeted through the Payments to Primary Care Physicians Policy Change.

Utilization: Utilization is estimated to decrease by 3% in CY due to the PCP rate increase payment ending. Utilization is assumed to return to the historical patterns absent the PCP increase and maintained at this level in BY.

Rate: The estimated CY decrease is due to the PCP rate increase payments and the 10% Provider Payment Reduction. The 10% Provider Payment Reduction for Physicians was implemented in January 2014 and rates decreased. In April 2014, the PCP rate increase was implemented in Medi-Cal's payment system and temporarily increased the rate. The PCP rate increase has ended and rates have returned to the 10% reduction level. As a result, the Rate is estimated to decrease from PY to CY and maintain this lower level in BY.

Total Expenditures: Total expenditure is estimated to decrease by 33.3% in CY and 2.1% in BY. The decreases are due to the implementation of CCI shifting beneficiaries from FFS to Managed Care and the PCP payments.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$841,957,800	\$796,740,500	-5.4%
FY 2016-17	\$822,271,000	\$780,341,500	-5.1%

Compared to the November 2015 estimate, the May 2016 estimate is lower by 5.4% and 5.1%, respectively, for FY 2015-16 and FY 2016-17. The change between estimates is due to slight decreases in Users and the return to the 10% payment reduction level. With additional actual data, the 10% payment reduction resulted in a lower rate than estimated in the November 2015 Estimate.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	444,440	2.37	\$73.71	\$174.73	\$232,970,300
2015-16 *	2	405,940	2.27	\$72.70	\$165.04	\$200,991,100
2015-16 **	3	415,070	2.13	\$69.02	\$147.04	\$183,097,600
2015-16 **	4	390,790	2.17	\$70.63	\$153.26	\$179,681,500
2015-16 **	TOTAL	414,060	2.24	\$71.64	\$160.35	\$796,740,500
2016-17 **	1	427,670	2.32	\$73.80	\$171.21	\$219,666,900
2016-17 **	2	382,820	2.22	\$74.34	\$165.34	\$189,879,500
2016-17 **	3	440,230	2.18	\$69.99	\$152.44	\$201,321,200
2016-17 **	4	374,530	2.13	\$70.88	\$150.83	\$169,474,000
2016-17 **	TOTAL	406,310	2.21	\$72.27	\$160.05	\$780,341,500

* 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 clinics and specialist service providers. Payments to Federally Qualified Health Care Centers and Rural Health Centers (FQHC/RHC) are 75% of expenditures in this category, community clinics are 6%, and clinical labs and chronic dialysis are 5% each. A full list of the twenty-eight provider types are listed on page 2 in the Information Only Section.

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	1,091,440	5.5%	1.54	-1.9%	\$147.33	2.1%	\$2,972,209,300	6.0%
BY	FY 2016-17	1,108,690	1.6%	1.52	-1.3%	\$147.71	0.3%	\$2,987,978,700	0.5%

Users: Users are estimated to increase in CY and BY due to growth in the ACA Optional and POV 133 populations. The POV 133 aid category has experienced shifting from other children and family aid categories and additional growth correlated with the implementation of ACA. The user increase is predominately with FQHC/RHC services.

Utilization: Utilization is estimated to decrease marginally in CY and BY. This reduction is expected as some provided services will be provided through a Managed Care delivery system as beneficiaries enroll in CCI.

Rate: Rates are estimated to increase 2.1% in CY. The estimate incorporates the July 2015 rate increase for Los Angeles' Cost Based Reimbursement Clinics (budgeted in the FQHC/RHC/CRBR Reconciliation Policy Change) and the October 2015 Medicare Economic Index rate increase for FQHC/RHCs (budgeted in the Annual MEI Increase for GQHCs/RHCs). Rates were held level in BY as Policy Changes estimate the CY and BY rate increases implemented after January 2016.

Total Expenditures: Estimated expenditures are projected to increase in CY mainly due to growth in Users and the CY rate increases. Budget Year projections are estimated to remain relatively unchanged.

Reason for Change From Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$2,991,568,900	\$2,972,209,300	-0.6%
FY 2016-17	\$2,971,754,600	\$2,987,978,700	0.5%

The May 2016 estimate is relatively unchanged from the prior estimate. For CY, the users are slightly lower the previously estimated and offset by the rate increases now fully incorporated into the May 2016 Estimate. BY now reflects the full rate increase.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	1,151,530	1.61	\$144.71	\$233.56	\$806,843,900
2015-16 *	2	1,115,460	1.56	\$149.88	\$233.09	\$780,012,600
2015-16 **	3	1,035,020	1.48	\$147.69	\$218.70	\$679,082,200
2015-16 **	4	1,063,740	1.50	\$147.27	\$221.32	\$706,270,600
2015-16 **	TOTAL	1,091,440	1.54	\$147.33	\$226.93	\$2,972,209,300
2016-17 **	1	1,186,860	1.58	\$148.13	\$233.43	\$831,159,500
2016-17 **	2	1,114,530	1.52	\$147.34	\$223.37	\$746,859,800
2016-17 **	3	1,116,420	1.51	\$147.95	\$223.74	\$749,350,600
2016-17 **	4	1,016,960	1.47	\$147.31	\$216.53	\$660,608,800
2016-17 **	TOTAL	1,108,690	1.52	\$147.71	\$224.59	\$2,987,978,700

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

County & Community Outpatient Fee-for-Service Base Estimate

Analyst: Alvin Bautista

Background: County and Community Outpatient providers are operated by county and community hospitals providing services that do not require an overnight stay.

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	241,230	-14.0%	1.50	-5.1%	\$129.98	20.7%	\$564,511,400	-1.1%
BY	FY 2016-17	241,230	0.0%	1.49	-0.7%	\$129.81	-0.1%	\$559,090,700	-1.0%

Users: The estimated User decrease for CY is due to the CCI impact transitioning beneficiaries to Managed Care along with a PY adjustment. This PY 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. BY is estimated to remain at CY levels.

Utilization: Utilization is estimated to decrease in CY. This decrease is related to the PY adjustment of crossover claims previously denied. This adjustment 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 PY adjustment of the crossover claims caused a temporarily lower rate in PY. As Medi-Cal 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 remain fairly consistent in CY and BY. The crossover adjustment is complete and utilization and rates return to a normal level, offset by the CCI impact shifting SPDs to the managed care delivery system.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$609,110,900	\$564,511,400	-7.3%
FY 2016-17	\$589,801,900	\$559,090,700	-5.2%

Compared to the November 2015 estimate, the May 2016 estimate is lower by 7.3% and 5.2%, respectively, for FY 2015-16 and FY 2016-17. The decreases are mainly due to the CCI impact shifting beneficiaries from FFS to Managed Care.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	266,480	1.56	\$136.08	\$212.03	\$169,502,200
2015-16 *	2	241,980	1.50	\$126.07	\$189.70	\$137,709,600
2015-16 **	3	223,450	1.45	\$129.11	\$187.34	\$125,581,400
2015-16 **	4	233,000	1.48	\$127.58	\$188.44	\$131,718,200
2015-16 **	TOTAL	241,230	1.50	\$129.98	\$195.01	\$564,511,400
2016-17 **	1	267,140	1.53	\$133.03	\$204.10	\$163,572,400
2016-17 **	2	237,700	1.48	\$128.01	\$189.96	\$135,461,800
2016-17 **	3	240,080	1.47	\$130.04	\$191.40	\$137,854,500
2016-17 **	4	219,990	1.45	\$127.40	\$185.16	\$122,202,000
2016-17 **	TOTAL	241,230	1.49	\$129.81	\$193.14	\$559,090,700

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

Pharmacy Fee-for-Service Base Estimate

Analyst: Felicia Oropeza

Background: Pharmacy consists of the prescribed drugs, medical supplies, and durable medical equipment billed by pharmacies.

Fiscal Year		Users		Utilization (Prescriptions per User)		Rate (Cost per Prescription)		Total Expenditure	
PY	FY 2014-15	560,830	--	2.96	--	\$167.36	--	\$3,336,647,100	--
CY	FY 2015-16	520,900	-7.1%	2.95	-0.3%	\$208.78	24.7%	\$3,899,695,780*	15.3%
BY	FY 2016-17	524,080	0.6%	2.88	-2.4%	\$229.13	9.7%	\$4,150,833,700	7.9%

*Including an adjustment of \$52.7 million.

Users: The estimated User decrease in CY is due to the implementation of the CCI shifting beneficiaries from FFS to Managed Care and is partially offset by ACA Optional population increase. BY is projected to remain at the CY levels.

Utilization: While overall Utilization is estimated to remain relatively flat in CY, changes within aid categories are occurring due to beneficiaries shifting to managed care with the CCI and overall fluctuations in eligibles occurring with ACA. In BY, less processing days are assumed to account for the lower utilization.

Rate: The estimated Rate increases in CY and BY are related to the implementation of CCI and a historical growth in prescription drugs. Some prescribed drugs are carved out of the managed care capitation rate and continue to be paid through FFS. As beneficiaries shift to managed care, higher average rates per prescription occur. In addition, CY includes one-time adjustment of \$52.7 million related to the Pharmacy recoupment of the 10% Provider Payment Reductions which were processed in CY, reducing the monthly pharmacy costs reflected here. The recoupments are budgeted in the 10% Provider Payment Reduction Regular Policy Change.

Total Expenditures: The total expenditure is estimated to increase each year. The estimated increases in total expenditure are attributed to the historical growth in rates and the CCI impact on rates.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$3,613,201,600	\$3,899,695,780*	7.9%
FY 2016-17	\$3,765,208,100	\$4,150,833,700	10.2%

*Including an adjustment back of \$52.7 million

Compared to the November 2015 estimate, the May 2016 estimate is higher by 7.9% and 10.2% respectively, for FY 2015-16 and FY 2016-17. Less PA-ATD users shifted to Managed Care than was previously estimated and an increase in ACA Optional users account for the majority of the change.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	535,750	3.17	\$203.18	\$644.15	\$1,035,306,700
2015-16 *	2	533,970	2.99	\$200.93	\$600.90	\$962,590,900
2015-16 **	3	512,750	2.76	\$214.26	\$592.37	\$911,224,300
2015-16 **	4	501,120	2.85	\$218.76	\$623.83	\$937,843,200
2015-16 **	TOTAL	520,900	2.95	\$208.78	\$615.44	\$3,846,965,100
2016-17 **	1	554,720	3.08	\$224.08	\$689.11	\$1,146,783,600
2016-17 **	2	521,980	2.83	\$227.59	\$643.79	\$1,008,146,700
2016-17 **	3	541,110	2.85	\$230.54	\$657.71	\$1,067,668,300
2016-17 **	4	478,500	2.74	\$235.78	\$646.62	\$928,235,100
2016-17 **	TOTAL	524,080	2.88	\$229.13	\$660.02	\$4,150,833,700

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of prescriptions

County Inpatient Fee-for-Service Base Estimate

Analyst: Beverly Yokoi

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 (Cost per Day)		Total Expenditure	
PY	FY 2014-15	6,280	--	5.55	--	\$2,199.03	--	\$919,732,900	--
CY	FY 2015-16	5,420	-13.7%	5.46	-1.6%	\$2,494.28	13.4%	\$885,410,900	-3.7%
BY	FY 2016-17	5,170	-4.6%	5.59	2.4%	\$2,602.21	4.3%	\$902,988,900	2.0%

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 increase.

Utilization: Utilization or the number of days stay per user is estimated to remain around 5.5 days.

Rate: Rate is estimated to increase in CY and BY, due to the FY 2014-15 DPH interim rate increase of 9.0% implemented in July 2014, and the FY 2015-16 DPH interim rate increase of 3.0% implemented in July 2015. CY incorporates a full year impact of the FY 2014-15 rate increase and a partial year impact of the FY 2015-16 rate increase. BY incorporates a full year impact of both rate increases. The FY 2016-17 rate increase of 3.86% is estimated in the DPH Interim Rate Growth Regular Policy Change.

Total Expenditures: Total expenditure is estimated to decrease by 3.7% in CY is due to the decrease in users, related to CCI, and partially offset by the annual rate increases. Total expenditure is estimated to increase by 2.0% in BY, related to the rate increase but partially offset by the estimated decrease in Users due to CCI.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$935,708,400	\$885,410,900	-5.4%
FY 2016-17	\$899,513,900	\$902,988,900	0.4%

Compared to the November 2015 estimate, the May 2016 estimate is lower by 5.4% in FY 2015-16, primarily due to declines in the Medically Needy Family and Hospital Presumptive Eligibility (H-PE) populations. The H-PE population was first incorporated into the FFS Base expenditure estimate in the prior estimate and has yet to establish a clear trend. For BY, the decrease in users and increase in rates are offsetting, resulting in the May 2016 estimated expenditures consistent with the November 2015 estimated expenditures.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	6,630	5.39	\$2,386.63	\$12,855.84	\$255,754,000
2015-16 *	2	5,030	5.30	\$2,495.98	\$13,222.41	\$199,698,100
2015-16 **	3	4,820	5.63	\$2,540.88	\$14,316.15	\$207,089,300
2015-16 **	4	5,180	5.55	\$2,582.37	\$14,338.44	\$222,869,600
2015-16 **	TOTAL	5,420	5.46	\$2,494.28	\$13,620.46	\$885,410,900
2016-17 **	1	5,910	5.63	\$2,558.19	\$14,392.31	\$255,102,500
2016-17 **	2	4,750	5.48	\$2,668.01	\$14,611.57	\$208,405,800
2016-17 **	3	5,240	5.71	\$2,580.36	\$14,723.81	\$231,626,900
2016-17 **	4	4,790	5.53	\$2,617.46	\$14,471.32	\$207,853,700
2016-17 **	TOTAL	5,170	5.59	\$2,602.21	\$14,544.96	\$902,988,900

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of days stay

Community Inpatient Fee-for-Service Base Estimate

Analyst: Beverly Yokoi

Background: Community Inpatient provides 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).

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	36,140	-14.5%	4.79	10.9%	\$2,079.96	3.1%	\$4,317,850,100	-2.3%
BY	FY 2016-17	34,620	-4.2%	4.83	0.8%	\$2,100.66	1.0%	\$4,218,786,100	-2.3%

Users: The estimated User decreases in CY and BY is due to the implementation of the CCI shifting beneficiaries from FFS to Managed Care and partially offset by an increase in the ACA Optional population.

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. With the CCI, beneficiaries with dual Medicare and Medi-Cal eligibility have shifted to managed care resulting in less FFS users. For the dual eligible population, 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. For estimating purposes, the dual eligibles users are counted while their crossover claims are not included as an inpatient day stay. As dual beneficiaries shift to managed care, FFS has less users with a zero (0) inpatient day stay resulting in a higher calculated FFS utilization. The Diagnosis Related Grouping (DRG) payment methodology 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. Utilization is projected to remain nearly unchanged in BY.

Rate: Rate is estimated to increase slightly in CY and BY following historical trends and incorporating rate increases for the DPHs (DPH Interim Rate Growth Policy Change).

Total Expenditures: Total expenditure is estimated to decrease by 2.3% in both CY and BY. The decreases are attributed to the CCI shifting beneficiaries from FFS to Managed Care.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$4,181,433,900	\$4,317,850,100	3.3%
FY 2016-17	\$4,038,520,600	\$4,218,786.100	4.5%

Compared to the November 2015 estimate, the May 2016 estimate is higher by 3.3% and 4.5%, respectively, for FY 2015-16 and FY 2016-17. Less PA-Persons with Disabilities users shifted to Managed Care than was estimated to occur in the November 2015 Estimate combined with an increase in Utilization and Rate for POV 185 and a decrease in Hospital PE users account for the majority of the change.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	41,670	4.81	\$2,049.12	\$9,856.47	\$1,232,087,800
2015-16 *	2	36,110	4.73	\$2,070.45	\$9,790.17	\$1,060,421,900
2015-16 **	3	33,640	4.84	\$2,103.42	\$10,179.52	\$1,027,349,100
2015-16 **	4	33,150	4.77	\$2,105.17	\$10,035.50	\$997,991,300
2015-16 **	TOTAL	36,140	4.79	\$2,079.96	\$9,956.14	\$4,317,850,100
2016-17 **	1	39,210	4.89	\$2,098.11	\$10,260.91	\$1,207,104,400
2016-17 **	2	32,730	4.84	\$2,084.18	\$10,084.79	\$990,295,800
2016-17 **	3	35,960	4.82	\$2,097.84	\$10,118.75	\$1,091,679,400
2016-17 **	4	30,560	4.77	\$2,125.29	\$10,140.46	\$929,706,500
2016-17 **	TOTAL	34,620	4.83	\$2,100.66	\$10,155.77	\$4,218,786,100

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of days stay

Nursing Facilities Fee-for-Service Base Estimate

Analyst: Joulia Dib

Background: Nursing Facilities consists of Nursing Facilities A, Freestanding Nursing Facilities B (AB 1629), Distinct Part 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	32,770	-31.5%	32.44	1.4%	\$203.37	5.4%	\$2,594,099,700	-26.8%
BY	FY 2016-17	33,390	1.9%	32.05	-1.2%	\$202.61	-0.4%	\$2,601,870,900	0.3%

Users: The decline in CY Users is primarily due to CCI shifting beneficiaries into managed care partially offset by an increase in the ACA Optional Expansion population. Users are projected to remain at the recent levels for BY.

Utilization: Utilization is estimated to increase in CY due to more claims processing days in CY and decrease in BY due to fewer claims processing days in BY. The number of claims processing days reflect the number of days Medi-Cal will adjudicate and make payments to the providers.

Rate: The Rate is estimated to increase by 5.4% in CY due to a full year of FY 2014-15 AB 1629 rate increase (AB 1629 Annual Rate Adjustment Policy Change) and a partial year of the non-AB 1629 providers FY 2014-15 and FY 2015-16 rate increases (LTC Rate Adjustment Policy Change). Rates were held level in BY as Policy Changes estimate the additional impacts of FY 2015-16 increases and the FY 2016-17 rate increases.

Total Expenditures: Total expenditures are estimated to decline 26.8% in CY from PY. CCI savings, partially offset by rate increases and growth in the ACA Optional population, explain most of the decline. BY is estimated to remain at the recent CY levels.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$2,541,742,500	\$2,594,099,700	2.1%
FY 2016-17	\$2,426,196,300	\$2,601,870,900	7.2%

Compared to the November 2015 estimate, the May 2016 estimate is higher by 2.1% and 7.2% respectively, for FY 2015-16 and FY 2016-17. The May 2016 estimate partially incorporates rate increases implemented in July 2015 and November 2015, which were not included in the prior estimate.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	35,030	35.52	\$204.27	\$7,255.93	\$762,438,600
2015-16 *	2	33,010	33.37	\$202.05	\$6,742.32	\$667,624,300
2015-16 **	3	31,830	30.04	\$205.06	\$6,159.15	\$588,211,700
2015-16 **	4	31,210	30.44	\$202.01	\$6,149.57	\$575,825,200
2015-16 **	TOTAL	32,770	32.44	\$203.37	\$6,596.79	\$2,594,099,700
2016-17 **	1	36,100	35.54	\$204.33	\$7,262.05	\$786,433,900
2016-17 **	2	33,460	31.58	\$201.13	\$6,351.35	\$637,517,500
2016-17 **	3	33,320	31.95	\$202.82	\$6,480.10	\$647,833,300
2016-17 **	4	30,690	28.55	\$201.62	\$5,756.68	\$530,086,200
2016-17 **	TOTAL	33,390	32.05	\$202.61	\$6,492.93	\$2,601,870,900

* 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 that provide 24-hour personal care, habilitation, developmental, and supportive health services and skilled nursing services for those with intermittent needs.

Fiscal Year		Users		Utilization (Claims per User)		Rate (Cost per Claim)		Total Expenditure	
PY	FY 2014-15	5,050	--	31.94	--	\$182.18	--	\$352,564,700	--
CY	FY 2015-16	5,060	0.2%	32.44	1.6%	\$185.22	1.7%	\$364,953,000	3.5%
BY	FY 2016-17	5,050	-0.2%	31.51	-2.9%	\$183.74	-0.8%	\$350,613,800	-3.9%

Users: Users are projected to remain relatively unchanged.

Utilization: Utilization will increase by 1.6% from PY to CY and decrease 2.9% from CY to BY. These variances are attributed to the number of Fiscal Intermediary (FI) processing days in FY. CY has additional processing days due to 52 checkwrite weeks while PY and BY have only 51 checkwrite weeks. The number of claims processing days reflect the number of days Medi-Cal will adjudicate and pay providers.

Rate: Rate is estimated to increase by 1.7% in CY. CY includes a partial year of FY 2015-16 provider reimbursement rate increases implemented in November 2015. The Rate is projected to remain relatively flat in BY, as additional impacts of FY 2015-16 and FY 2016-17 rate increases are estimated in the LTC Rate Adjustment Regular Policy Change.

Total Expenditures: Total expenditures are estimated to increase by 3.5% from PY to CY and decrease 3.9% from CY to BY. These changes are due to additional FI processing days in CY and rate increases in CY.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$362,512,300	\$364,953,000	0.7%
FY 2016-17	\$354,129,900	\$350,613,800	-1.0%

The May 2016 Estimate is consistent with the November 2015 Estimate.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	5,170	37.70	\$181.36	\$6,836.55	\$106,007,600
2015-16 *	2	5,090	34.13	\$189.52	\$6,467.98	\$98,778,900
2015-16 **	3	5,040	28.13	\$186.70	\$5,252.62	\$79,375,500
2015-16 **	4	4,950	29.59	\$183.81	\$5,438.60	\$80,791,000
2015-16 **	TOTAL	5,060	32.44	\$185.22	\$6,007.98	\$364,953,000
2016-17 **	1	5,140	36.91	\$183.12	\$6,758.89	\$104,174,000
2016-17 **	2	5,060	30.73	\$183.73	\$5,646.91	\$85,772,300
2016-17 **	3	5,060	30.98	\$184.37	\$5,711.89	\$86,675,500
2016-17 **	4	4,930	27.21	\$183.91	\$5,003.44	\$73,992,000
2016-17 **	TOTAL	5,050	31.51	\$183.74	\$5,789.06	\$350,613,800

* 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 emergency and non-emergency Ground Medical Transportation and Air Ambulance Transportation.

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	26,640	-19.8%	2.81	-16.4%	\$98.12	7.4%	\$88,307,000	-27.8%
BY	FY 2016-17	26,060	-2.2%	2.86	1.8%	\$98.76	0.7%	\$88,399,800	0.1%

Users: The estimated Users decrease is primarily due to the CCI shifting beneficiaries from Fee-for Services (FFS) to Managed Care.

Utilization: The estimated Utilization decrease of 16.4% from PY to CY is attributed to the CCI shifting beneficiaries to Managed Care. The remaining users in FFS reflect less utilization that is partially offset by higher rates. BY is held constant at the lower levels seen in CY.

Rate: Rate is estimated to increase by 7.4% from PY to CY and is related to the CCI change. The higher rates are offset by the larger decrease in utilization. BY is held constant at the new higher levels seen in CY.

Total Expenditures: Total expenditures are estimated to decrease by 27.8% from PY to CY. This decrease reflects the CCI impact of moving beneficiaries to Managed Care. BY is projected at levels consistent with CY.

Reason for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$91,284,900	\$88,307,000	-3.3%
FY 2016-17	\$90,857,100	\$88,399,800	-2.7%

The May 2016 Estimate reflects a -3.3% change in FY 2015-16 expenditures compared to the November 2015 Estimate. This change is due to a slightly lower Utilization estimate.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	30,360	2.87	\$96.60	\$276.99	\$25,231,200
2015-16 *	2	25,960	2.87	\$99.99	\$286.48	\$22,313,300
2015-16 **	3	25,590	2.76	\$96.31	\$265.42	\$20,380,400
2015-16 **	4	24,650	2.76	\$99.91	\$275.59	\$20,382,200
2015-16 **	TOTAL	26,640	2.81	\$98.12	\$276.20	\$88,307,000
2016-17 **	1	28,860	2.99	\$99.72	\$298.34	\$25,828,300
2016-17 **	2	24,850	2.80	\$99.77	\$278.94	\$20,792,500
2016-17 **	3	27,280	2.92	\$95.77	\$279.64	\$22,886,600
2016-17 **	4	23,260	2.70	\$100.13	\$270.76	\$18,892,400
2016-17 **	TOTAL	26,060	2.86	\$98.76	\$282.67	\$88,399,800

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

Other Services Fee-for-Service Base Estimate

Analyst: Alvin Bautista

Background: Other Services includes Provider Types not included in another FFS service category. Certified Hospice Services and Local Education Agency represent nearly half of the expenditures. Other provider types in this Service Category are listed on pages 2-3 in the Information Only Section.

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	202,330	-3.4%	3.22	1.3%	\$85.25	-6.2%	\$665,816,900	-8.9%
BY	FY 2016-17	208,890	3.2%	3.10	-3.7%	\$87.32	2.4%	\$679,281,800	2.0%

Users: The estimated User decrease in CY is due CCI shifting beneficiaries from FFS to Managed Care and partially offset by growth in the Families and Children population as well as the ACA Optional population.

Utilization: Utilization is projected to increase in CY as the number of processing days increase and decrease in BY corresponding to the decrease in the number of processing days. In addition, the changes related to the CCI and ACA have created difficulty in projections.

Rate: The Rate is projected to decrease in CY as PY had unusually high rates due to one-time adjustments. Absent these PY adjustments, the Rates increase in CY and BY which are related those beneficiaries remaining in FFS after the CCI shifts. BY is estimated to stabilize at the current level.

Total Expenditures: Total expenditure is estimated to decrease by 8.9% from PY to CY which due the CCI impact shifting from FFS to Managed Care and the PY one-time adjustments.

Reason for Change from Prior Estimate:

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$652,109,400	\$665,816,900	2.1%
FY 2016-17	\$641,870,800	\$679,281,800	5.8%

Compared to the November 2015 estimate, the May 2016 estimate is higher by 2.1% and 5.8%, respectively, for FY 2015-16 and FY 2016-17. Less users shifted to Managed Care due to CCI than previously estimated.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 BASE ESTIMATES)**

OTHER SERVICES

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	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	192,780	3.81	\$88.27	\$336.45	\$194,580,400
2015-16 *	2	199,850	2.99	\$89.98	\$269.23	\$161,417,400
2015-16 **	3	201,290	2.86	\$85.67	\$245.44	\$148,215,100
2015-16 **	4	215,410	3.22	\$77.63	\$250.07	\$161,604,100
2015-16 **	TOTAL	202,330	3.22	\$85.25	\$274.23	\$665,816,900
2016-17 **	1	204,750	3.29	\$98.93	\$325.06	\$199,675,700
2016-17 **	2	206,520	3.01	\$87.17	\$262.04	\$162,353,900
2016-17 **	3	217,820	2.93	\$85.13	\$249.14	\$162,803,200
2016-17 **	4	206,450	3.21	\$77.80	\$249.37	\$154,449,100
2016-17 **	TOTAL	208,890	3.10	\$87.32	\$270.99	\$679,281,800

* 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 services require a written treatment plan approved 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	5,230	4.0%	3.18	0.0%	\$1,239.11	-3.4%	\$247,086,300	0.4%
BY	FY 2016-17	5,190	-0.8%	3.21	0.9%	\$1,257.90	1.5%	\$251,578,100	1.8%

Users: Users are estimated to increase by 4% in CY assumed to be related to the growth in the Medi-Cal Caseload. BY is held constant at the CY levels.

Utilization: Utilization is projected to remain stable.

Rate: Rate is estimated to decrease by 3.4% in CY. The Home Health Service category is a relatively low users, as the needs of some of these users and along with new users becoming eligible for Medi-Cal, the rate varies.

Total Expenditures: Total expenditure is projected to remain relatively stable in CY and BY.

Reasons for Change from Prior Estimate

Fiscal Year	Total Expenditure		
	N15	M16	% Chng
FY 2015-16	\$255,921,600	\$247,086,300	-3.5%
FY 2016-17	\$259,899,900	\$251,578,100	-3.2%

Compared to the November 2015 estimate, the May 2016 estimate is lower by 3.5% and 3.2%, respectively, for FY 2015-16 and FY 2016-17 due to lower utilization than previously estimated.

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY SERVICE CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	5,320	3.45	\$1,278.48	\$4,412.89	\$70,376,700
2015-16 *	2	5,320	3.28	\$1,202.85	\$3,939.73	\$62,933,200
2015-16 **	3	5,210	2.93	\$1,236.29	\$3,627.86	\$56,725,600
2015-16 **	4	5,070	3.04	\$1,236.03	\$3,751.96	\$57,050,700
2015-16 **	TOTAL	5,230	3.18	\$1,239.11	\$3,936.77	\$247,086,300
2016-17 **	1	5,360	3.48	\$1,293.11	\$4,501.61	\$72,362,100
2016-17 **	2	5,110	3.23	\$1,259.23	\$4,061.31	\$62,215,000
2016-17 **	3	5,370	3.17	\$1,233.70	\$3,905.87	\$62,914,700
2016-17 **	4	4,920	2.95	\$1,239.53	\$3,662.43	\$54,086,200
2016-17 **	TOTAL	5,190	3.21	\$1,257.90	\$4,040.17	\$251,578,100

* ACTUAL

** ESTIMATED

NOTE: UNITS = Number of claims

**QUARTERLY SUMMARY
OF
FEE FOR SERVICE UTILIZATION AND EXPENDITURES BY AID CATEGORY
(INCLUDES ACTUALS AND MAY 2016 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	73,640	4.02	\$154.60	\$621.01	\$137,201,400
2015-16 *	2	64,510	3.87	\$142.51	\$551.16	\$106,667,700
2015-16 **	3	56,310	3.92	\$141.70	\$555.74	\$93,880,000
2015-16 **	4	45,690	4.75	\$141.67	\$672.98	\$92,247,400
2015-16 **	TOTAL	60,040	4.09	\$145.78	\$596.83	\$429,996,500
2016-17 **	1	48,650	5.43	\$160.25	\$870.06	\$126,978,600
2016-17 **	2	40,550	4.86	\$153.95	\$748.41	\$91,050,200
2016-17 **	3	51,330	4.53	\$141.99	\$643.42	\$99,076,800
2016-17 **	4	39,880	4.77	\$142.84	\$680.76	\$81,438,600
2016-17 **	TOTAL	45,100	4.90	\$150.30	\$736.39	\$398,544,200

* 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 MAY 2016 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	412,420	2.66	\$282.41	\$749.84	\$927,755,300
2015-16 *	2	409,330	2.50	\$281.96	\$705.33	\$866,130,400
2015-16 **	3	393,390	2.33	\$296.67	\$690.17	\$814,526,000
2015-16 **	4	389,050	2.53	\$296.30	\$749.41	\$874,681,700
2015-16 **	TOTAL	401,050	2.50	\$288.94	\$723.75	\$3,483,093,400
2016-17 **	1	432,660	2.50	\$301.58	\$752.88	\$977,229,400
2016-17 **	2	417,680	2.30	\$304.51	\$700.95	\$878,321,600
2016-17 **	3	408,030	2.41	\$306.60	\$737.72	\$903,041,600
2016-17 **	4	378,330	2.43	\$308.86	\$751.12	\$852,516,800
2016-17 **	TOTAL	409,180	2.41	\$305.24	\$735.44	\$3,611,109,300

* 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 MAY 2016 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	290,110	5.47	\$249.87	\$1,367.60	\$1,190,281,500
2015-16 *	2	281,070	4.93	\$254.48	\$1,253.70	\$1,057,138,400
2015-16 **	3	268,760	4.60	\$264.21	\$1,215.87	\$980,329,200
2015-16 **	4	259,650	4.91	\$260.38	\$1,277.96	\$995,455,500
2015-16 **	TOTAL	274,900	4.99	\$256.71	\$1,280.23	\$4,223,204,600
2016-17 **	1	270,750	5.62	\$273.06	\$1,533.29	\$1,245,409,400
2016-17 **	2	253,820	4.91	\$266.89	\$1,311.67	\$998,790,000
2016-17 **	3	266,050	4.94	\$273.68	\$1,351.31	\$1,078,565,000
2016-17 **	4	243,070	4.75	\$266.56	\$1,265.35	\$922,691,500
2016-17 **	TOTAL	258,420	5.06	\$270.31	\$1,369.03	\$4,245,455,900

* 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 MAY 2016 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	184,810	2.45	\$174.77	\$428.15	\$237,377,400
2015-16 *	2	185,930	2.33	\$171.03	\$398.63	\$222,349,300
2015-16 **	3	178,530	2.25	\$172.02	\$386.74	\$207,131,300
2015-16 **	4	176,700	2.35	\$166.99	\$393.01	\$208,331,000
2015-16 **	TOTAL	181,490	2.35	\$171.27	\$401.85	\$875,188,900
2016-17 **	1	193,530	2.35	\$179.16	\$421.36	\$244,635,100
2016-17 **	2	192,250	2.21	\$172.59	\$380.91	\$219,693,000
2016-17 **	3	191,130	2.29	\$174.01	\$398.62	\$228,558,400
2016-17 **	4	172,220	2.26	\$168.09	\$380.71	\$196,691,100
2016-17 **	TOTAL	187,280	2.28	\$173.68	\$395.83	\$889,577,600

* 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 MAY 2016 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	21,910	30.89	\$178.34	\$5,508.53	\$362,059,300
2015-16 *	2	20,350	29.66	\$173.16	\$5,136.16	\$313,573,100
2015-16 **	3	18,860	28.00	\$175.91	\$4,924.57	\$278,673,300
2015-16 **	4	16,250	32.94	\$176.81	\$5,823.80	\$283,980,500
2015-16 **	TOTAL	19,340	30.29	\$176.11	\$5,334.47	\$1,238,286,300
2016-17 **	1	18,710	37.86	\$179.00	\$6,777.73	\$380,448,300
2016-17 **	2	18,350	32.56	\$175.30	\$5,706.83	\$314,078,400
2016-17 **	3	19,030	31.98	\$174.72	\$5,588.17	\$318,986,300
2016-17 **	4	16,840	29.41	\$177.19	\$5,211.65	\$263,348,500
2016-17 **	TOTAL	18,230	33.04	\$176.63	\$5,836.26	\$1,276,861,500

* 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 MAY 2016 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	41,510	3.82	\$306.35	\$1,170.36	\$145,742,900
2015-16 *	2	37,530	3.54	\$246.77	\$872.84	\$98,260,400
2015-16 **	3	36,620	3.29	\$270.06	\$888.64	\$97,614,200
2015-16 **	4	36,790	3.31	\$257.75	\$853.92	\$94,255,900
2015-16 **	TOTAL	38,110	3.50	\$272.24	\$953.08	\$435,873,400
2016-17 **	1	38,170	3.45	\$276.33	\$952.90	\$109,127,000
2016-17 **	2	37,160	3.29	\$265.63	\$873.20	\$97,340,200
2016-17 **	3	38,700	3.37	\$269.25	\$908.34	\$105,469,100
2016-17 **	4	35,280	3.21	\$260.72	\$837.84	\$88,686,500
2016-17 **	TOTAL	37,330	3.33	\$268.29	\$894.33	\$400,622,800

* 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 MAY 2016 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	7,820	31.12	\$198.60	\$6,180.75	\$145,074,600
2015-16 *	2	7,160	30.35	\$197.47	\$5,992.37	\$128,710,000
2015-16 **	3	6,770	26.11	\$204.01	\$5,327.54	\$108,144,000
2015-16 **	4	6,090	28.56	\$199.83	\$5,706.49	\$104,206,000
2015-16 **	TOTAL	6,960	29.14	\$199.74	\$5,821.20	\$486,134,700
2016-17 **	1	6,560	36.03	\$203.23	\$7,321.80	\$144,160,200
2016-17 **	2	6,380	29.96	\$199.85	\$5,988.18	\$114,554,800
2016-17 **	3	6,470	29.68	\$202.38	\$6,006.99	\$116,591,100
2016-17 **	4	5,960	26.67	\$200.19	\$5,339.49	\$95,429,700
2016-17 **	TOTAL	6,340	30.69	\$201.57	\$6,185.67	\$470,735,700

* 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 MAY 2016 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	92,790	2.32	\$166.01	\$384.75	\$107,097,800
2015-16 *	2	94,130	2.15	\$169.54	\$364.24	\$102,860,200
2015-16 **	3	75,170	2.26	\$175.22	\$396.42	\$89,399,300
2015-16 **	4	68,040	2.46	\$170.31	\$419.50	\$85,623,000
2015-16 **	TOTAL	82,530	2.29	\$169.99	\$388.72	\$384,980,300
2016-17 **	1	84,520	2.37	\$185.44	\$439.55	\$111,451,200
2016-17 **	2	94,470	2.19	\$169.75	\$372.02	\$105,428,800
2016-17 **	3	74,000	2.39	\$174.09	\$416.32	\$92,426,000
2016-17 **	4	61,940	2.40	\$171.46	\$411.29	\$76,423,700
2016-17 **	TOTAL	78,730	2.33	\$175.43	\$408.27	\$385,729,600

* 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 MAY 2016 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	72,900	4.93	\$180.18	\$888.05	\$194,212,500
2015-16 *	2	69,390	4.66	\$170.24	\$793.18	\$165,115,600
2015-16 **	3	66,480	4.45	\$176.41	\$785.88	\$156,730,500
2015-16 **	4	63,530	4.81	\$177.23	\$853.16	\$162,596,100
2015-16 **	TOTAL	68,070	4.72	\$176.10	\$830.79	\$678,654,700
2016-17 **	1	71,560	5.18	\$183.67	\$950.78	\$204,115,000
2016-17 **	2	68,370	4.61	\$175.65	\$809.10	\$165,944,200
2016-17 **	3	72,000	4.59	\$177.78	\$816.03	\$176,273,200
2016-17 **	4	63,430	4.56	\$178.41	\$812.78	\$154,672,600
2016-17 **	TOTAL	68,840	4.74	\$179.08	\$848.58	\$701,005,000

* 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 MAY 2016 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	49,320	5.39	\$210.52	\$1,134.26	\$167,826,300
2015-16 *	2	45,500	4.75	\$206.14	\$978.22	\$133,540,300
2015-16 **	3	42,840	4.50	\$216.13	\$971.99	\$124,907,900
2015-16 **	4	41,370	4.98	\$206.87	\$1,029.80	\$127,795,200
2015-16 **	TOTAL	44,760	4.92	\$209.82	\$1,031.64	\$554,069,600
2016-17 **	1	43,860	5.69	\$221.56	\$1,260.24	\$165,826,800
2016-17 **	2	41,160	4.96	\$206.83	\$1,026.84	\$126,806,600
2016-17 **	3	45,230	4.83	\$223.08	\$1,077.39	\$146,194,200
2016-17 **	4	41,540	4.80	\$209.75	\$1,007.51	\$125,551,200
2016-17 **	TOTAL	42,950	5.07	\$215.78	\$1,095.06	\$564,378,800

* 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 MAY 2016 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	478,050	2.77	\$189.49	\$525.54	\$753,704,400
2015-16 *	2	465,770	2.61	\$186.29	\$485.37	\$678,202,200
2015-16 **	3	447,630	2.44	\$187.94	\$457.66	\$614,584,300
2015-16 **	4	449,360	2.48	\$177.77	\$441.73	\$595,491,200
2015-16 **	TOTAL	460,200	2.58	\$185.56	\$478.41	\$2,641,982,200
2016-17 **	1	505,180	2.64	\$189.54	\$501.13	\$759,483,900
2016-17 **	2	493,580	2.46	\$184.63	\$455.09	\$673,862,600
2016-17 **	3	499,370	2.46	\$186.50	\$458.95	\$687,561,600
2016-17 **	4	443,570	2.39	\$177.56	\$424.91	\$565,430,700
2016-17 **	TOTAL	485,430	2.49	\$184.91	\$461.17	\$2,686,338,700

* 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 MAY 2016 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	80,510	2.65	\$156.59	\$415.56	\$100,363,200
2015-16 *	2	73,170	2.38	\$159.16	\$379.50	\$83,307,300
2015-16 **	3	69,290	2.80	\$147.54	\$413.03	\$85,862,600
2015-16 **	4	70,450	2.81	\$147.66	\$414.85	\$87,674,100
2015-16 **	TOTAL	73,350	2.66	\$152.65	\$405.80	\$357,207,200
2016-17 **	1	80,560	2.80	\$146.80	\$411.45	\$99,443,900
2016-17 **	2	70,810	2.65	\$145.69	\$386.73	\$82,152,800
2016-17 **	3	75,310	2.83	\$148.18	\$419.10	\$94,682,000
2016-17 **	4	66,660	2.77	\$150.43	\$416.27	\$83,243,500
2016-17 **	TOTAL	73,330	2.77	\$147.73	\$408.54	\$359,522,300

* 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 MAY 2016 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	490	19.44	\$212.09	\$4,122.86	\$6,060,600
2015-16 *	2	440	20.89	\$237.84	\$4,968.60	\$6,558,600
2015-16 **	3	400	22.94	\$222.16	\$5,097.33	\$6,140,100
2015-16 **	4	410	19.65	\$219.08	\$4,305.68	\$5,299,600
2015-16 **	TOTAL	440	20.66	\$222.81	\$4,604.20	\$24,058,800
2016-17 **	1	410	28.72	\$234.88	\$6,745.89	\$8,212,200
2016-17 **	2	360	27.46	\$224.51	\$6,165.25	\$6,608,900
2016-17 **	3	370	26.20	\$223.49	\$5,854.97	\$6,483,600
2016-17 **	4	370	20.93	\$222.98	\$4,666.47	\$5,223,600
2016-17 **	TOTAL	380	25.87	\$227.05	\$5,874.18	\$26,528,300

* 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 MAY 2016 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	420	2.63	\$122.73	\$323.21	\$406,600
2015-16 *	2	550	2.90	\$147.91	\$428.28	\$709,700
2015-16 **	3	500	2.78	\$172.23	\$478.42	\$711,000
2015-16 **	4	580	2.66	\$160.60	\$426.43	\$739,300
2015-16 **	TOTAL	510	2.75	\$152.39	\$418.36	\$2,566,500
2016-17 **	1	580	2.93	\$133.29	\$390.79	\$684,800
2016-17 **	2	640	2.67	\$141.37	\$378.06	\$730,900
2016-17 **	3	690	2.73	\$145.19	\$395.68	\$816,100
2016-17 **	4	640	2.59	\$156.07	\$403.63	\$775,500
2016-17 **	TOTAL	640	2.72	\$143.91	\$392.11	\$3,007,200

* 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 MAY 2016 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	8,510	4.29	\$209.24	\$897.48	\$22,907,200
2015-16 *	2	7,260	3.82	\$209.54	\$800.20	\$17,417,100
2015-16 **	3	5,640	3.97	\$270.90	\$1,075.63	\$18,200,200
2015-16 **	4	4,900	4.22	\$268.61	\$1,132.30	\$16,653,800
2015-16 **	TOTAL	6,580	4.08	\$233.63	\$952.61	\$75,178,200
2016-17 **	1	6,020	4.57	\$247.14	\$1,129.52	\$20,393,000
2016-17 **	2	4,830	4.00	\$264.75	\$1,057.96	\$15,322,400
2016-17 **	3	4,590	4.79	\$308.30	\$1,477.65	\$20,345,500
2016-17 **	4	4,220	4.38	\$267.72	\$1,171.96	\$14,838,300
2016-17 **	TOTAL	4,910	4.44	\$270.81	\$1,202.34	\$70,899,200

* 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 MAY 2016 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	131,050	3.21	\$243.44	\$780.26	\$306,761,100
2015-16 *	2	129,740	2.91	\$250.63	\$730.57	\$284,347,900
2015-16 **	3	124,330	2.85	\$250.87	\$713.91	\$266,277,700
2015-16 **	4	120,400	2.88	\$243.53	\$700.44	\$252,995,000
2015-16 **	TOTAL	126,380	2.96	\$247.03	\$732.18	\$1,110,381,600
2016-17 **	1	139,420	3.12	\$242.79	\$756.88	\$316,567,800
2016-17 **	2	128,400	2.92	\$236.15	\$690.06	\$265,804,600
2016-17 **	3	137,250	2.94	\$241.41	\$708.57	\$291,761,100
2016-17 **	4	118,740	2.75	\$243.08	\$669.22	\$238,392,900
2016-17 **	TOTAL	130,950	2.94	\$240.87	\$707.97	\$1,112,526,400

* 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 MAY 2016 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	56,590	2.09	\$150.37	\$314.14	\$53,326,600
2015-16 *	2	65,040	1.90	\$152.25	\$288.85	\$56,356,300
2015-16 **	3	60,670	2.02	\$145.22	\$292.87	\$53,301,900
2015-16 **	4	63,270	2.04	\$141.50	\$288.26	\$54,714,200
2015-16 **	TOTAL	61,390	2.01	\$147.24	\$295.52	\$217,699,000
2016-17 **	1	67,000	1.99	\$150.87	\$300.68	\$60,432,100
2016-17 **	2	69,790	1.86	\$145.70	\$271.54	\$56,851,400
2016-17 **	3	67,070	2.03	\$148.59	\$301.49	\$60,660,000
2016-17 **	4	64,540	1.97	\$141.88	\$279.51	\$54,115,900
2016-17 **	TOTAL	67,100	1.96	\$146.83	\$288.21	\$232,059,400

* 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 MAY 2016 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	30,150	2.19	\$166.64	\$364.16	\$32,940,800
2015-16 *	2	32,260	2.02	\$170.43	\$343.49	\$33,246,700
2015-16 **	3	30,070	1.92	\$172.88	\$331.64	\$29,918,700
2015-16 **	4	30,850	1.91	\$165.79	\$316.42	\$29,288,000
2015-16 **	TOTAL	30,840	2.01	\$168.89	\$338.88	\$125,394,200
2016-17 **	1	33,100	2.01	\$186.58	\$375.24	\$37,264,500
2016-17 **	2	33,290	1.98	\$173.72	\$344.01	\$34,359,400
2016-17 **	3	33,140	1.99	\$177.91	\$353.22	\$35,122,700
2016-17 **	4	31,160	1.90	\$169.83	\$322.12	\$30,115,600
2016-17 **	TOTAL	32,680	1.97	\$177.22	\$349.04	\$136,862,200

* ACTUAL

** ESTIMATED

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