



**Medi-Cal Access to Care
Fee-for-Service
Quarterly Monitoring Report #8
2013 Quarter 3**

BENEFICIARY PARTICIPATION

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Key Points

- The number of Fee-for-Service (FFS) Medi-Cal Only beneficiaries entitled to full-scope benefits declined 2.7% between the second quarter of 2013 and the third quarter of 2013. Overall, FFS participation by full-scope beneficiaries increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013, from 1,127,039 to 1,161,207 average monthly eligibles.
- The largest increase in FFS participation occurred among children in the Other aid category due to the transition of the Healthy Families Program (48.0%).
- During the study period, 49.3% of beneficiaries reported Spanish as their primary language. English is the primary language for 47.0% of beneficiaries.
- Hispanics represent 63.8% of the total FFS Medi-Cal Only population.

Introduction

Beneficiary participation levels can have a notable impact on the demand for services. Complex factors influencing the participation of enrolled beneficiaries must be carefully evaluated when analyzing health system capacity and service use.

Changes in the number of beneficiaries enrolled in the Medi-Cal Fee-for-Service (FFS) health delivery system are dependent on a number of factors. External factors such as the health of the economy, private insurance rates, state budget issues, an aging population, declining birth rates, and health care reform efforts can influence whether a beneficiary participates in FFS Medi-Cal. Additionally, demographic and administrative factors can affect a beneficiary's decision and eligibility to participate, as well as the level at which beneficiaries utilize services.

Significant fluctuations in beneficiary participation levels combined with other information may provide insight into the quantity and type of services required by the FFS Medi-Cal population. In order to analyze changes in beneficiary participation, this measure presents statistics on the FFS Medi-Cal Only population, beneficiaries who are eligible for full- or limited-scope Medi-Cal benefits but not Medicare.

Understanding the unique complexities of the Medi-Cal subpopulations is crucial for administrators to develop suitable policies and processes that will ensure appropriate access to care for all beneficiaries. Population characteristics such as age and health care needs must be carefully evaluated when considering health system capacity and service use, since each subpopulation will present different clinical needs, and thus require specific services and provider types. In addition, the geographic distribution of the population relative to providers is also vitally important.

Background

Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. A court injunction delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0-20;
- Hospital inpatient and outpatient services;
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).^{1,2,3}

Factors Influencing Beneficiary Participation

Several factors can influence whether beneficiaries participate in FFS Medi-Cal. Some of these factors are described below.

Population Characteristics

As outlined in the Medicaid and CHIP Payment and Access Commission's 2011 Report to Congress, understanding the unique complexities of the Medi-Cal subpopulations is crucial for administrators to develop suitable policies and processes that will ensure appropriate access to care for all beneficiaries.ⁱ Similarly, the behavioral model of access to health care services developed by Ronald Andersen and Lu Ann Aday categorizes these "characteristics of the population at risk" as the predisposing, enabling, and need factors that serve as individual determinants of entry into the health care system.ⁱⁱ

Predisposing Factors – These factors include variables that influence the propensity of individuals to seek care. These factors exist prior to the onset of illness, and can be defined as mutable (susceptible to meaningful short-term change, such as an individual's beliefs and attitudes towards the pursuit of health care services, or education regarding the navigation of health care systems) or immutable (not susceptible to meaningful short-term change, such as a beneficiary's age, sex, and health status which may inform their placement into a given aid category).ⁱⁱⁱ

¹ California Assembly Bill 97, (2011).

² California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

³ California Department of Health Care Services, State Plan Amendment, SPA 11-009.

Enabling Factors – These factors relate to the means that individuals have at their disposal which can influence their propensity to seek or utilize health care services. These can include an individual's geographic location (e.g., residing in a metropolitan or non-metropolitan county), which can affect an individual's ability to access to care. Another enabling factor would be an individual's income, which can be a determining factor in their eligibility for Medi-Cal services.^{iv}

Need Factors – Factors relating to need, both as perceived by the patient and evaluated by the provider, include a beneficiary's disability status or the presence of a chronic health condition. These can also be determining factors in an individual's eligibility and utilization of Medi-Cal services.^v [Appendix C](#) shows the most prevalent clinical conditions affecting various Medi-Cal subpopulations (Table BP-12).

Program Factors

Expansion of Medi-Cal Managed Care – Several subpopulations transitioned from the FFS health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries transitioned into a Medi-Cal managed care plan in September 2013 due to the establishment of County Organized Health Systems (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties (Table BP-1).

Table BP-1: FFS Medi-Cal Only Beneficiaries Shifting to Medi-Cal Managed Care in September 2013

Transition County	Transition Type	Approximate Number of Beneficiaries
Del Norte	Managed Care - COHS	5,837
Humboldt	Managed Care - COHS	19,913
Lake	Managed Care - COHS	12,749
Lassen	Managed Care - COHS	3,507
Modoc	Managed Care - COHS	1,376
Shasta	Managed Care - COHS	28,430
Siskiyou	Managed Care - COHS	7,736
Trinity	Managed Care - COHS	1,940
Total:		81,488

Source: Created by DHCS' Research and Analytic Studies Division (RASD) using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Healthy Families Transition – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the Healthy Families Program (HFP) into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Other aid category in this report. Participation rates for these children are expected to decline throughout 2013 and beyond, as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

Eligibility Status – The range of benefits offered by the Medi-Cal program varies among groups. For example, some groups may gain access to Medi-Cal services only after experiencing an acute care hospital admission, in which case individuals are not eligible for Medi-Cal at the time of admission, but gain it retroactively. The degree of responsibility for ensuring access to care may also vary depending on the subpopulation and type of coverage afforded. As of 2013, approximately 61% of FFS Medi-Cal Only beneficiaries were undocumented immigrants.⁴ For these beneficiaries, DHCS is responsible for ensuring access to prenatal care, obstetrical, and emergency services only. The remaining beneficiaries participating in FFS Medi-Cal who are not eligible for Medicare qualify for full-scope Medi-Cal.

Churning – “Churning” refers to beneficiaries who move in and out of Medi-Cal eligibility because of various issues related to the process of redetermining eligibility, which is done at least once every 12 months. In addition to these redeterminations, Medi-Cal beneficiaries must submit status reports every six months to ensure that they make timely and accurate reports of any change in circumstance that may affect their eligibility. This time requirement can sometimes lead to individuals not completing the necessary renewal paperwork in time, which then can lead to disenrollment from Medi-Cal until they submit the necessary paperwork to re-enroll. Churning can lead to negative health outcomes and financial hardship due to individuals becoming uninsured and losing continuity of medical care.^{vi}

Societal Factors

Pregnancy-Related Services/Lowered Birthrates – National and statewide birthrates have been declining for several years. For instance, the National Vital Statistics System notes that the general fertility rate for women ages 15–44 in 2012 was the lowest rate ever reported in the U.S.^{vii} As pregnancy related services comprise a large proportion of the services administered by Medi-Cal, the declines in overall birthrates have a potentially noticeable effect on trends in Medi-Cal participation.

Economic Recession and Unemployment – When the economy is struggling and unemployment rates rise, the number of people receiving employer-based health coverage can decrease. This decrease can put more demand on Medi-Cal programs.

⁴ Please refer to Figure ES-3 in the Executive Summary for corresponding source.

Immigration – Undocumented immigrants comprise the largest group covered by FFS Medi-Cal Only, and are granted limited-scope benefits that cover emergency and pregnancy-related services only. Restricted-scope beneficiaries are not entitled to the full array of preventative primary care services. It should be noted that Medi-Cal participation rates can be affected by annual trends in immigration.

Methods

The access monitoring activities that DHCS has undertaken and described here are directed at beneficiaries participating in Medi-Cal's FFS delivery system only, and exclude beneficiaries eligible for both Medicare and Medi-Cal. In addition, only those beneficiaries who become "certified" by meeting their monthly share of cost are included in the analysis.

Beneficiary participation summaries were derived from the Management Information System/Decision Support System's (MIS/DSS). This data source provides information on a monthly basis regarding beneficiaries' length of participation, aid category under which they are eligible for services, and demographic data, including age, gender, race/ethnicity, and primary language spoken. In addition, the MIS/DSS contains geographic variables that allow examination of the data by county, metropolitan designation, or Medical Service Study Area.

In this report, Medi-Cal participation in the FFS health delivery system was measured as "member months," representing the number of months a beneficiary has been in the FFS Medi-Cal health delivery system during the reporting period. Average quarterly member months were calculated for all Medi-Cal beneficiaries included in the selection criteria. To reveal potential differences in participation based on specific health care needs, beneficiaries participating in Medi-Cal's FFS system and not eligible for Medicare were grouped into homogeneous subpopulations based on one of six eligibility categories: Blind/Disabled, Family, Aged, Foster Care, Undocumented, and Other. See [Appendix B](#) for more detailed information on aid categories and codes.

Additional criteria include beneficiaries' ages and whether they receive the full or restricted scope of Medi-Cal services. Statistics reflecting the gender, race/ethnicity, and primary language spoken among beneficiaries are also presented since these factors often correlate with health service use. Furthermore, geographic variations in Medi-Cal enrollees were explored stratifying beneficiaries by county and metropolitan designation.⁵

⁵ Metropolitan designations were identified using the United States Department of Agriculture – Economic Revenue Service's Rural-Urban Continuum Codes. The Rural-Urban Continuum Codes are calculated by examining the size of a county and its proximity to a metropolitan area. Rural-Urban Continuum Codes form a classification scheme that distinguishes metropolitan (metro) counties by the population size of their metro area, and nonmetropolitan (nonmetro) counties by degree of urbanization and adjacency to a metro area or areas.

Change in participation in the FFS health delivery system was evaluated by calculating the difference in the number of Medi-Cal beneficiaries (average member months) across quarters, as a percentage of total beneficiaries participating from the fourth quarter of 2012 to the third quarter of 2013. Additional comparisons were made between the current quarter being studied and the previous quarter.

Results

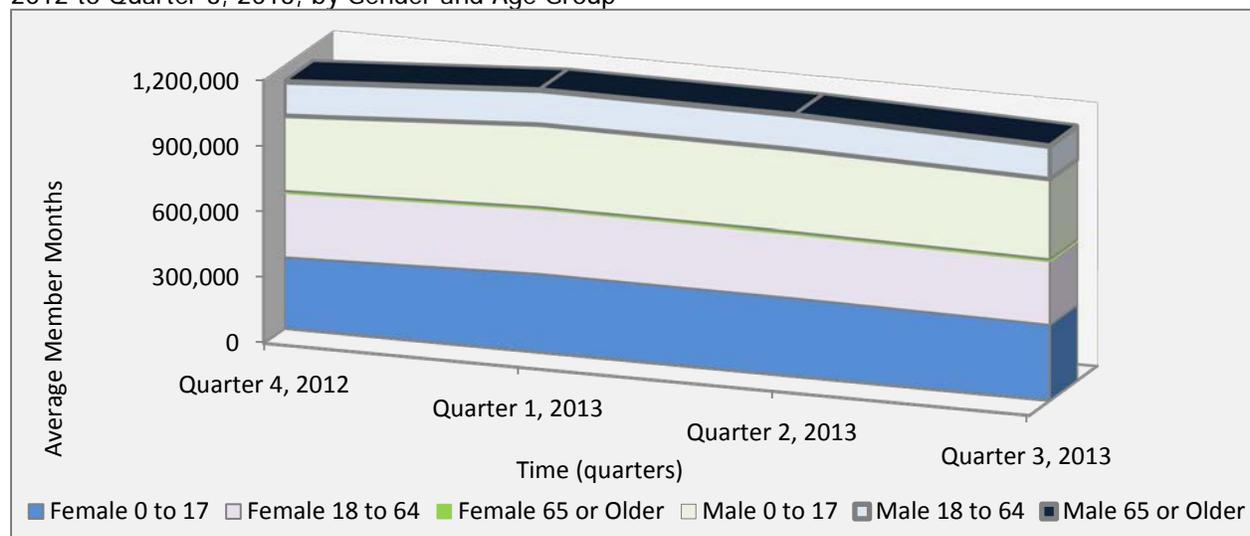
FFS Full-Scope Medi-Cal Only Beneficiaries by Gender and Age

Participation in the FFS health delivery system for Medi-Cal beneficiaries who were eligible for full-scope benefits increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013, from 1,127,039 to 1,161,207 average monthly eligibles (Table BP-6).

Children's increased participation was primarily responsible for the overall increase, with a 6.0% increase from the fourth quarter of 2012 to the third quarter of 2013 (Table BP-6). This increase is likely due to the transition of children from the HFP into Medi-Cal that began January 1, 2013.

FFS participation decreased 2.7% between the most recent quarter of the study period and the previous quarter, likely due to the establishment of COHS in eight counties during September 2013. For beneficiaries ages 65 and older, FFS participation decreased slightly (0.2%) during the last quarter, compared with the increase over the entire study period (3.4%) (Table BP-6).

Figure BP-1: Average Monthly Eligibles, FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Gender and Age Group

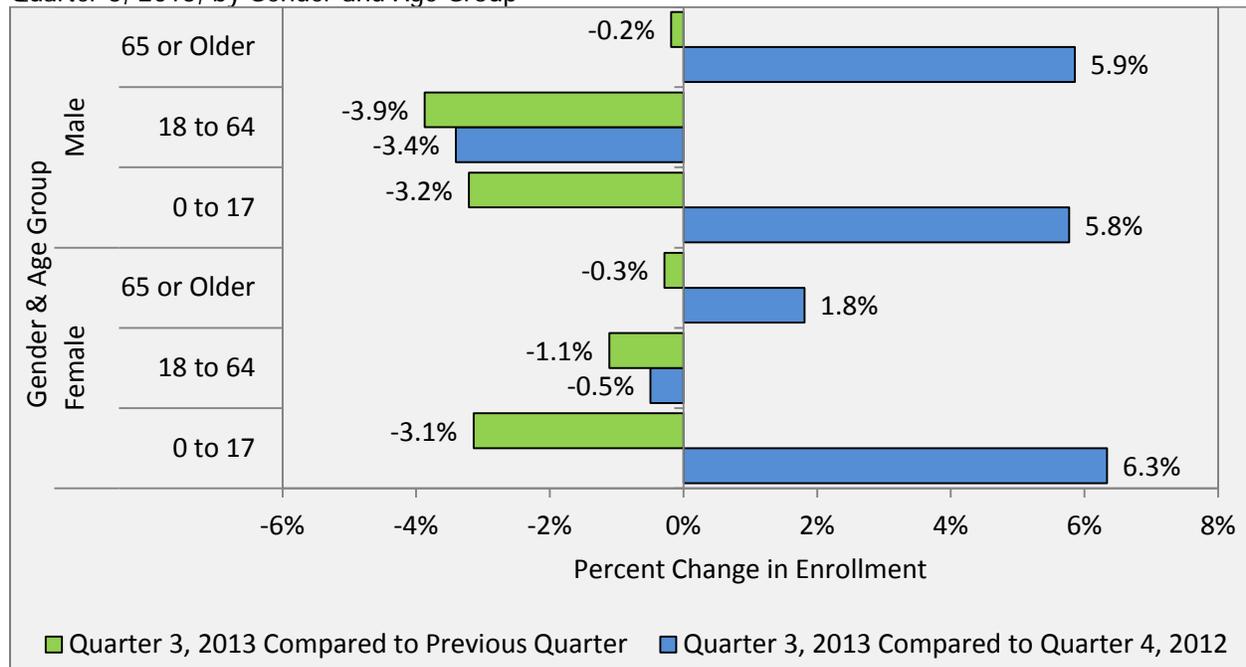


Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

The largest increases in FFS participation from the fourth quarter of 2012 to the third quarter of 2013 were among females ages 0-17 (6.3%), and males ages 65 and older (5.9%) and ages 0-17 (5.8%). Among adults ages 18–64, males experienced a larger decrease (3.4%) in FFS participation than females (0.5%) across this same 12-month study period (Figure BP-2).

FFS participation decreased among both males (0.2%) and females (0.3%) ages 65 and older when comparing the third quarter of 2013 with the previous quarter. When examining the 12-month study period, FFS participation increased among both women (1.8%) and men (5.9%) ages 65 and older (Figure BP-2).

Figure BP-2: Percent Change in FFS Full-Scope Medi-Cal Only Participation from Quarter 4, 2012 to Quarter 3, 2013, by Gender and Age Group



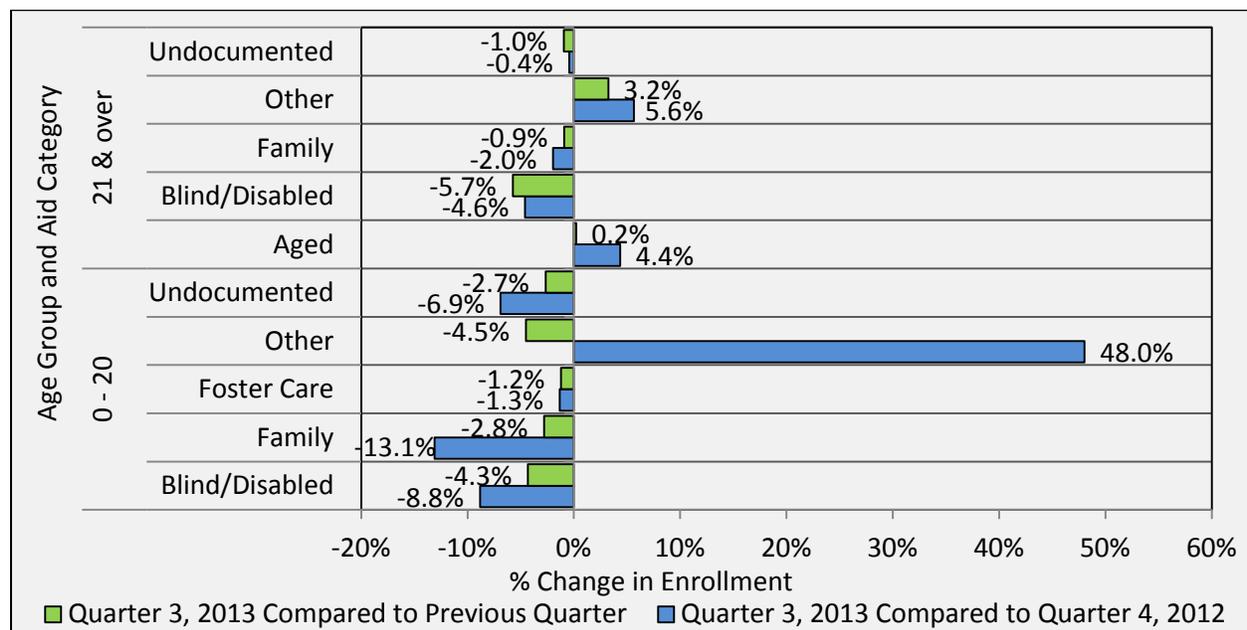
Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

FFS Medi-Cal Only Beneficiaries by Age and Aid Category

When comparing participation changes from the fourth quarter of 2012 to the third quarter of 2013, increases in FFS participation were observed among both adults and children in the Other aid category. A sharp increase in FFS participation was observed among children in the Other aid category (48.0%), primarily due to the transition of children from the HFP into Medi-Cal starting January 1, 2013. In contrast, the largest decline in FFS participation in this reporting period occurred among children in the Family (13.1%) aid category, with smaller declines observed among children in the Blind/Disabled (8.8%) and Undocumented (6.9%) aid categories, and adult beneficiaries in the Blind/Disabled (4.6%) aid category (Figure BP-3).

Comparing FFS participation across the last two quarters in the study period revealed modest declines for children in the Other (4.5%), Blind/Disabled (4.3%), Family (2.8%), and Undocumented (2.7%) aid categories. These declines are likely due to the establishment of COHS in eight counties during September 2013 (Figure BP-3). Changes among adults were negligible except for a 5.7% decrease in the Blind/Disabled aid category and a 3.2% increase in the Other aid category.

Figure BP-3: Percent Change in FFS Medi-Cal Only Participation from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

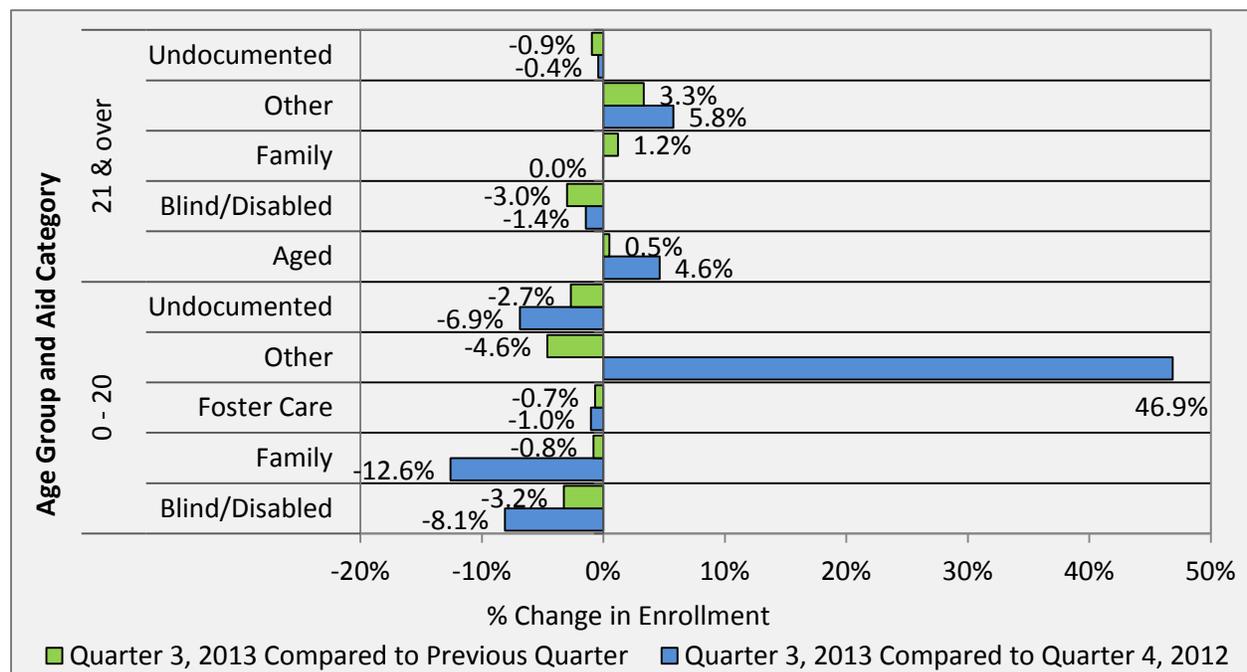


Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

FFS Medi-Cal Only Beneficiary Participation in Metropolitan and Non-Metropolitan Counties

For beneficiaries residing in metropolitan areas, slight decreases in participation occurred among adults in the Blind/Disabled (1.4%) and Undocumented (0.4%) aid categories from the fourth quarter of 2012 to the third quarter of 2013. Additional significant decreases occurred among metropolitan children in the Family (12.6%), Blind/Disabled (8.1%), and Undocumented (6.9%) aid categories. A sharp increase was observed among children in the Other (46.9%) aid category, with modest increases among adults in the Other (5.8%) and Aged (4.6%) aid categories (Figure BP-4).

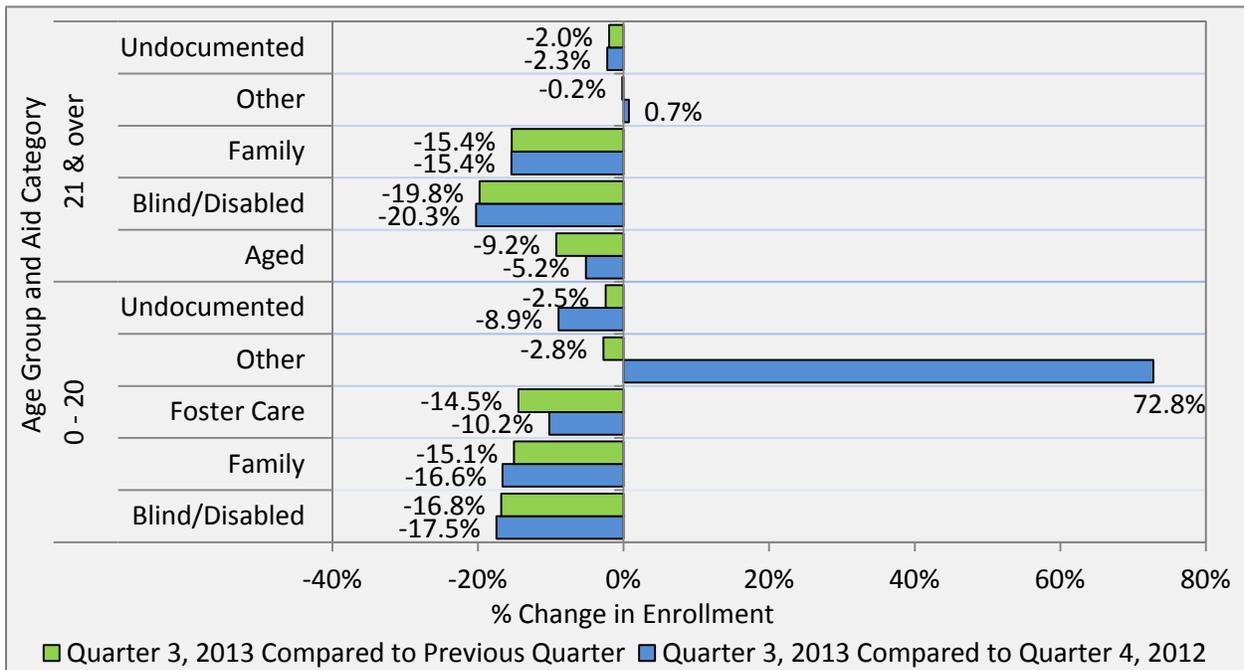
Figure BP-4: Percent Change in FFS Medi-Cal Only Participation in Metropolitan Areas from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category



Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

For beneficiaries residing in non-metropolitan areas, noticeable decreases in participation occurred among adults in the Blind/Disabled (20.3%) and Family (15.4%) aid categories from the fourth quarter of 2012 to the third quarter of 2013. In the study period, other significant decreases occurred among non-metropolitan children in the Blind/Disabled (17.5%), Family (16.6%), and Foster Care (10.2%) aid categories. Non-metropolitan children and adults enrolled in the Other category exhibited the only increases in participation during the study period. The decline in participation among non-metropolitan children and adults in the Family and Blind/Disabled aid categories is likely due to the COHS expansion in September 2013 (Figure BP-5).

Figure BP-5: Percent Change in FFS Medi-Cal Only Participation in Non-Metropolitan Areas from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

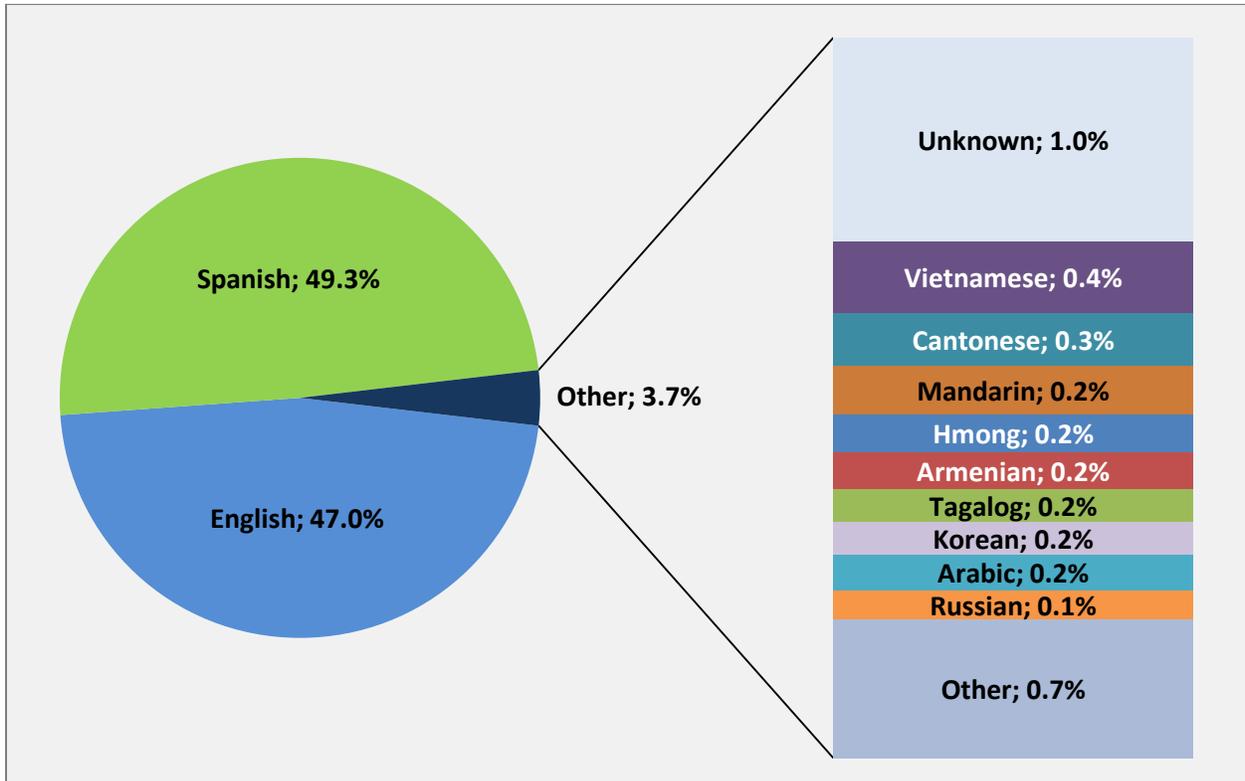


Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Distribution of FFS Medi-Cal Only Beneficiaries by Primary Language Spoken

Spanish was the primary language used by 49.3% of FFS Medi-Cal Only beneficiaries during the third quarter of 2013. English was self-reported as the primary language spoken by 47.0%. The remaining 3.7% of beneficiaries spoke a variety of primary languages, including Vietnamese, Cantonese, Mandarin, Hmong, Armenian, Tagalog, Korean, Arabic, and Russian (Figure BP-6).

Figure BP-6: Distribution of FFS Medi-Cal Only Beneficiaries in September 2013, by Primary Language Spoken

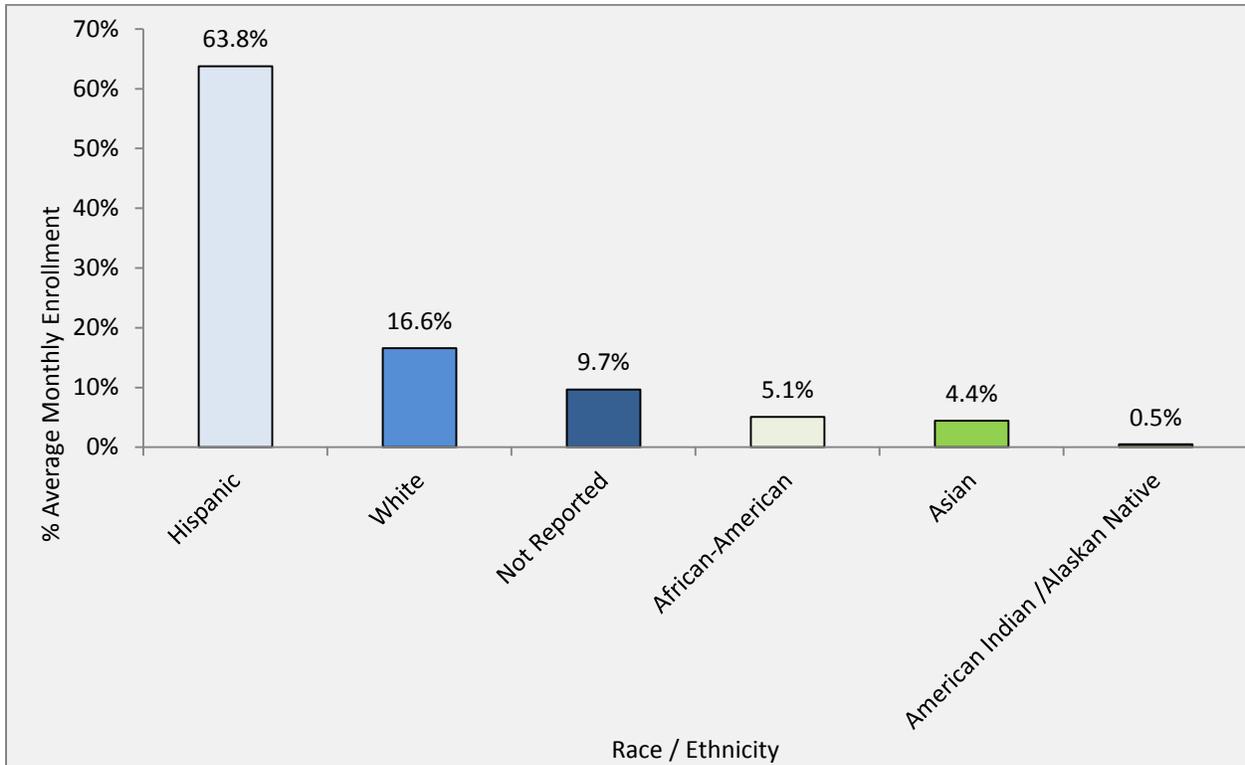


Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables for September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Distribution of FFS Medi-Cal Only Beneficiaries by Race/Ethnicity

Hispanics represented 63.8% of the total FFS Medi-Cal Only population for the third quarter of 2013. Whites accounted for 16.6% of all FFS Medi-Cal Only beneficiaries, while African-American (5.1%) and Asian (4.4%) beneficiaries represented a much smaller portion of the overall population. An additional 9.7% of the FFS Medi-Cal Only population reported no racial/ethnic data (Figure BP-7).

Figure BP-7: Distribution of FFS Medi-Cal Only Beneficiaries in September 2013, by Race/Ethnicity



Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables for September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

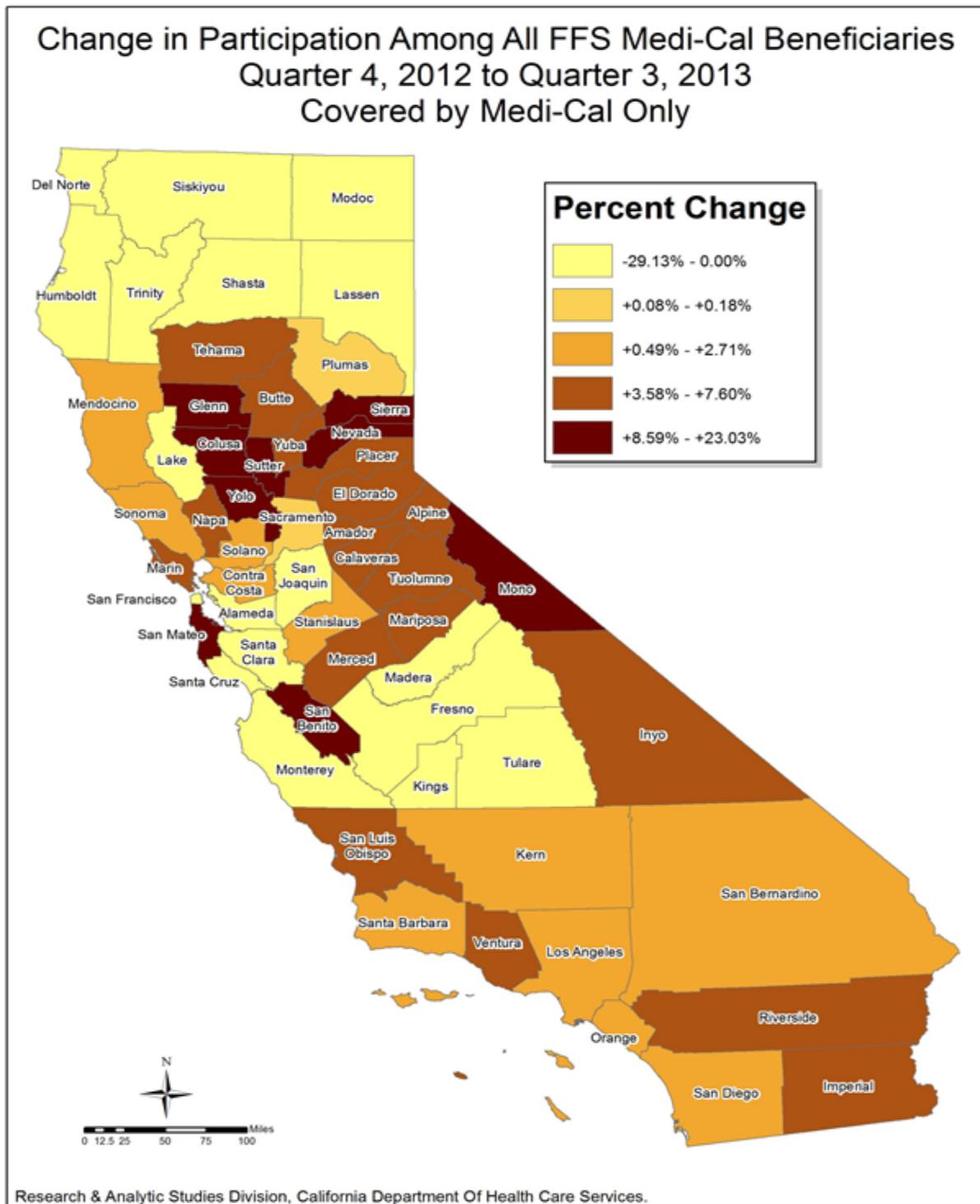
Distribution of FFS Medi-Cal Only Beneficiaries, by County

During the study period, analysis identified large variations in participation among FFS Medi-Cal Only beneficiaries by county. A majority of counties (40 out of 58 total counties) saw an increase in FFS participation, with the counties of San Mateo (23.0%), Mono (16.5%), Yolo (11.8%), Colusa (10.5%), and Nevada (10.1%) representing the greatest increases (Figure BP-8).

Eighteen counties experienced a decline in participation, including eight counties with significant decreases. The counties exhibiting the largest declines in participation directly correspond with the eight counties where a COHS was established during September 2013. For instance, Del Norte County experienced the largest decrease (29.1%), followed by the counties of Trinity (27.5%), Modoc (27.4%), Shasta (26.5%), Lassen (25.1%), Siskiyou (24.6%), Lake (24.4%), and Humboldt (24.0%). Overall, a total of eight counties experienced less than one percentage point change in either direction (Figure BP-8).

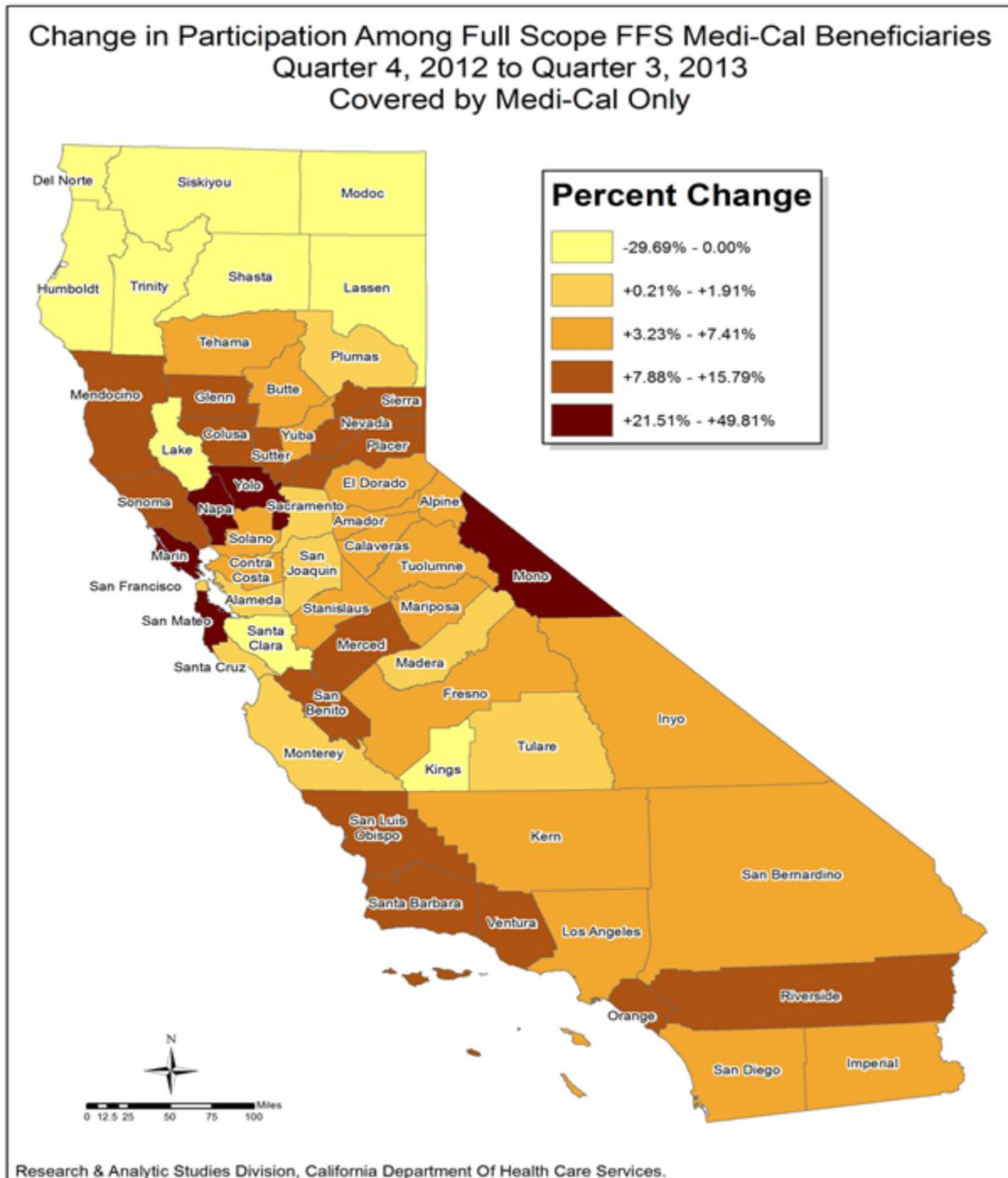
Analysis of participation of full-scope beneficiaries identified noticeable differences among counties. San Mateo County experienced the largest increase (49.8%) during the study period. Other counties experiencing large increases in participation included Marin (30.3%), Yolo (23.0%), and Napa (22.0%) (Figure BP-9). These changes in participation are most likely due to the transition of children from the HFP into Medi-Cal that started in January 2013.

Figure BP-8: Comparison of FFS Medi-Cal Only Beneficiary Participation from Quarter 4, 2012 to Quarter 3, 2013, by County



Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Figure BP-9: Comparison of FFS Full-Scope Medi-Cal Only Beneficiary Participation from Quarter 4, 2012 to Quarter 3, 2013, by County



Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Conclusions – Beneficiary Participation

1. FFS Medi-Cal Only beneficiaries are a culturally and ethnically diverse population. The majority describe themselves as Hispanic. About half speak Spanish as their primary language.
2. Overall, the number of FFS Medi-Cal Only beneficiaries entitled to full-scope benefits increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013. However, participation declined 2.7% between the second quarter of 2013 and the third quarter of 2013 most likely due to the COHS expansion during September 2013.
3. Decreases in FFS participation among Medi-Cal Only beneficiaries occurred in the Blind/Disabled, Family, Foster Care, and Undocumented aid categories. The decline in participation among beneficiaries in the Family and Blind/Disabled aid categories is likely due to the COHS expansion in September 2013.
4. Increases in FFS participation mainly affected those enrolled in the Other aid category. The sharp increase among children ages 0-20 in the Other aid category was most likely due to the transition of children from the HFP into Medi-Cal that started in January 2013.
5. Participation trends for Medi-Cal's FFS population were somewhat different in metropolitan and non-metropolitan areas. The most significant difference between metropolitan and non-metropolitan areas was the greater decline in FFS participation for most non-metropolitan adults from the fourth quarter of 2012 to the third quarter of 2013. Additionally, declines in FFS participation among children were greater in non-metropolitan areas, especially among those enrolled in the Blind/Disabled and Foster Care aid categories.
6. A majority of counties saw an increase in FFS participation, with San Mateo County representing the greatest increase. Eighteen counties experienced a decline in FFS participation. Eight counties experienced less than one percentage point change in either direction over the 12-month study period.

Appendix A – County and Statewide Tables

Table BP-2: Average Monthly FFS Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Average Member Months				Percent Change	
	Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
Alameda	51,457	51,843	52,779	51,279	-0.3%	-2.8%
Alpine	155	153	152	161	3.9%	5.9%
Amador	3,586	3,623	3,693	3,800	6.0%	2.9%
Butte	40,902	41,210	42,143	42,464	3.8%	0.8%
Calaveras	5,517	5,624	5,747	5,718	3.6%	-0.5%
Colusa	3,879	4,045	4,226	4,286	10.5%	1.4%
Contra Costa	32,658	33,843	33,057	33,490	2.5%	1.3%
Del Norte	6,420	6,426	6,469	4,550	-29.1%	-29.7%
El Dorado	15,476	15,768	16,186	16,386	5.9%	1.2%
Fresno	57,243	58,251	58,446	57,091	-0.3%	-2.3%
Glenn	6,087	6,362	6,559	6,659	9.4%	1.5%
Humboldt	21,539	21,780	22,651	16,363	-24.0%	-27.8%
Imperial	46,762	46,905	47,674	48,434	3.6%	1.6%
Inyo	2,872	2,862	3,027	3,000	4.5%	-0.9%
Kern	57,619	59,189	60,851	58,250	1.1%	-4.3%
Kings	7,657	7,827	7,814	7,357	-3.9%	-5.8%
Lake	13,811	13,964	14,376	10,435	-24.4%	-27.4%
Lassen	3,938	3,988	4,084	2,948	-25.1%	-27.8%
Los Angeles	552,108	583,243	564,586	567,056	2.7%	0.4%
Madera	11,617	12,217	11,861	11,340	-2.4%	-4.4%
Marin	5,567	5,812	6,000	5,890	5.8%	-1.8%
Mariposa	2,253	2,286	2,341	2,348	4.2%	0.3%
Mendocino	3,146	3,308	3,675	3,218	2.3%	-12.4%
Merced	12,859	13,730	13,800	13,356	3.9%	-3.2%
Modoc	1,565	1,543	1,598	1,136	-27.4%	-28.9%
Mono	1,276	1,329	1,443	1,487	16.5%	3.0%
Monterey	23,066	24,834	23,518	23,041	-0.1%	-2.0%
Napa	2,994	3,209	3,345	3,123	4.3%	-6.6%
Nevada	9,145	9,332	9,767	10,073	10.1%	3.1%
Orange	83,623	86,604	85,523	85,777	2.6%	0.3%
Placer	24,803	25,297	26,172	26,689	7.6%	2.0%
Plumas	2,477	2,493	2,528	2,479	0.1%	-1.9%
Riverside	89,970	92,676	95,419	94,671	5.2%	-0.8%
Sacramento	55,072	55,446	55,653	55,170	0.2%	-0.9%
San Benito	8,871	9,130	9,471	9,644	8.7%	1.8%

County	Average Member Months				Percent Change	
	Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
San Bernardino	113,295	115,013	117,159	115,662	2.1%	-1.3%
San Diego	98,456	98,988	102,241	100,681	2.3%	-1.5%
San Francisco	20,941	21,213	21,110	20,914	-0.1%	-0.9%
San Joaquin	35,084	38,313	36,346	34,697	-1.1%	-4.5%
San Luis Obispo	5,413	5,844	5,739	5,627	4.0%	-2.0%
San Mateo	17,902	18,664	23,117	22,025	23.0%	-4.7%
Santa Barbara	17,660	19,230	18,108	18,094	2.5%	-0.1%
Santa Clara	64,013	63,641	62,632	60,327	-5.8%	-3.7%
Santa Cruz	7,736	8,301	7,855	7,608	-1.7%	-3.1%
Shasta	31,898	32,132	32,997	23,459	-26.5%	-28.9%
Sierra	354	376	370	385	8.8%	4.1%
Siskiyou	8,446	8,709	8,924	6,369	-24.6%	-28.6%
Solano	9,792	10,409	9,724	9,840	0.5%	1.2%
Sonoma	10,952	11,823	11,533	11,155	1.9%	-3.3%
Stanislaus	36,871	42,406	39,063	37,691	2.2%	-3.5%
Sutter	19,470	19,961	20,891	21,142	8.6%	1.2%
Tehama	14,206	14,406	14,786	15,013	5.7%	1.5%
Trinity	2,141	2,124	2,156	1,553	-27.5%	-28.0%
Tulare	35,164	35,976	35,029	35,102	-0.2%	0.2%
Tuolumne	6,341	6,501	6,722	6,691	5.5%	-0.5%
Ventura	23,853	26,117	26,929	24,755	3.8%	-8.1%
Yolo	4,817	5,356	5,381	5,386	11.8%	0.1%
Yuba	16,986	17,304	17,676	17,773	4.6%	0.5%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Table BP-3: Average Monthly FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Average Member Months				Percent Change	
	Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
Alameda	30,934	31,528	32,753	31,525	1.9%	-3.7%
Alpine	155	153	151	160	3.2%	6.0%
Amador	3,499	3,534	3,605	3,713	6.1%	3.0%
Butte	39,697	40,021	40,954	41,286	4.0%	0.8%
Calaveras	5,369	5,477	5,612	5,589	4.1%	-0.4%
Colusa	3,471	3,644	3,841	3,922	13.0%	2.1%
Contra Costa	18,865	20,213	19,615	20,262	7.4%	3.3%
Del Norte	6,269	6,279	6,320	4,408	-29.7%	-30.3%
El Dorado	14,482	14,765	15,180	15,396	6.3%	1.4%
Fresno	28,583	29,537	30,176	29,713	4.0%	-1.5%
Glenn	5,508	5,777	5,978	6,096	10.7%	2.0%
Humboldt	20,955	21,209	22,078	15,795	-24.6%	-28.5%
Imperial	45,849	46,009	46,805	47,573	3.8%	1.6%
Inyo	2,560	2,553	2,719	2,694	5.2%	-0.9%
Kern	34,815	36,310	38,003	36,067	3.6%	-5.1%
Kings	4,593	4,718	4,729	4,436	-3.4%	-6.2%
Lake	13,182	13,324	13,739	9,802	-25.6%	-28.7%
Lassen	3,806	3,867	3,966	2,839	-25.4%	-28.4%
Los Angeles	248,425	281,539	261,514	264,840	6.6%	1.3%
Madera	4,812	5,368	5,086	4,837	0.5%	-4.9%
Marin	1,127	1,368	1,553	1,469	30.3%	-5.4%
Mariposa	2,212	2,234	2,282	2,292	3.6%	0.4%
Mendocino	1,472	1,654	2,018	1,588	7.9%	-21.3%
Merced	5,067	5,863	5,946	5,680	12.1%	-4.5%
Modoc	1,494	1,471	1,531	1,074	-28.1%	-29.8%
Mono	1,060	1,116	1,231	1,288	21.5%	4.6%
Monterey	6,052	7,009	5,734	6,065	0.2%	5.8%
Napa	1,211	1,475	1,658	1,478	22.0%	-10.9%
Nevada	8,853	9,039	9,486	9,787	10.6%	3.2%
Orange	27,992	31,252	30,400	31,394	12.2%	3.3%
Placer	23,648	24,152	25,042	25,585	8.2%	2.2%
Plumas	2,420	2,436	2,473	2,426	0.2%	-1.9%
Riverside	61,958	65,011	67,758	67,020	8.2%	-1.1%
Sacramento	40,983	41,433	41,823	41,586	1.5%	-0.6%
San Benito	7,828	8,053	8,383	8,605	9.9%	2.6%
San Bernardino	81,186	83,051	85,419	84,244	3.8%	-1.4%
San Diego	73,797	74,505	78,168	76,993	4.3%	-1.5%

County	Average Member Months				Percent Change	
	Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
San Francisco	11,701	12,053	12,047	11,888	1.6%	-1.3%
San Joaquin	21,157	24,405	22,615	21,315	0.7%	-5.7%
San Luis Obispo	2,698	3,106	3,055	3,016	11.8%	-1.3%
San Mateo	6,190	6,936	10,733	9,273	49.8%	-13.6%
Santa Barbara	5,516	6,900	5,786	6,050	9.7%	4.6%
Santa Clara	30,563	30,221	29,614	27,984	-8.4%	-5.5%
Santa Cruz	3,076	3,554	3,167	3,088	0.4%	-2.5%
Shasta	31,510	31,732	32,608	23,080	-26.8%	-29.2%
Sierra	348	369	364	383	10.1%	5.2%
Siskiyou	8,282	8,546	8,766	6,217	-24.9%	-29.1%
Solano	5,115	5,722	5,102	5,404	5.7%	5.9%
Sonoma	5,057	5,900	5,729	5,544	9.6%	-3.2%
Stanislaus	26,676	32,193	28,967	27,865	4.5%	-3.8%
Sutter	17,966	18,434	19,361	19,658	9.4%	1.5%
Tehama	13,302	13,520	13,922	14,163	6.5%	1.7%
Trinity	2,127	2,109	2,142	1,537	-27.7%	-28.2%
Tulare	16,531	17,237	16,349	16,739	1.3%	2.4%
Tuolumne	6,281	6,443	6,661	6,627	5.5%	-0.5%
Ventura	9,916	11,868	12,831	11,482	15.8%	-10.5%
Yolo	2,835	3,363	3,441	3,487	23.0%	1.3%
Yuba	16,006	16,324	16,742	16,878	5.4%	0.8%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Table BP-4: Average Monthly FFS Full-Scope Medi-Cal Only Children Ages 0-17 from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Average Member Months				Percent Change	
	Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
Alameda	17,304	18,053	18,845	17,517	1.2%	-7.0%
Alpine	84	84	83	93	10.7%	12.0%
Amador	1,867	1,918	2,016	2,112	13.1%	4.8%
Butte	20,692	21,013	21,943	22,272	7.6%	1.5%
Calaveras	2,800	2,870	3,037	3,080	10.0%	1.4%
Colusa	2,309	2,462	2,698	2,798	21.2%	3.7%
Contra Costa	10,947	12,428	11,832	11,969	9.3%	1.2%
Del Norte	3,223	3,238	3,338	2,344	-27.3%	-29.8%
El Dorado	8,099	8,386	8,921	9,160	13.1%	2.7%
Fresno	17,080	17,992	18,840	18,185	6.5%	-3.5%
Glenn	3,448	3,687	3,880	4,001	16.0%	3.1%
Humboldt	11,007	11,317	12,170	8,812	-19.9%	-27.6%
Imperial	26,144	26,431	27,361	28,062	7.3%	2.6%
Inyo	1,525	1,528	1,671	1,669	9.4%	-0.1%
Kern	22,527	23,942	25,358	23,694	5.2%	-6.6%
Kings	3,047	3,158	3,199	2,914	-4.4%	-8.9%
Lake	6,877	7,015	7,388	5,383	-21.7%	-27.1%
Lassen	2,038	2,072	2,176	1,572	-22.9%	-27.8%
Los Angeles	150,110	181,313	160,876	162,241	8.1%	0.8%
Madera	3,149	3,599	3,404	3,240	2.9%	-4.8%
Marin	740	929	1,115	988	33.5%	-11.4%
Mariposa	1,170	1,187	1,252	1,266	8.2%	1.1%
Mendocino	855	1,006	1,366	998	16.7%	-26.9%
Merced	3,145	3,864	4,081	3,744	19.0%	-8.3%
Modoc	799	779	843	596	-25.4%	-29.3%
Mono	728	771	878	924	26.9%	5.2%
Monterey	3,958	4,729	3,728	4,044	2.2%	8.5%
Napa	740	955	1,143	960	29.7%	-16.0%
Nevada	4,702	4,890	5,316	5,612	19.4%	5.6%
Orange	17,854	20,757	20,061	20,664	15.7%	3.0%
Placer	13,898	14,418	15,209	15,753	13.3%	3.6%
Plumas	1,302	1,307	1,361	1,348	3.5%	-1.0%
Riverside	40,171	43,277	45,431	44,582	11.0%	-1.9%
Sacramento	24,280	25,019	25,174	24,537	1.1%	-2.5%
San Benito	5,016	5,194	5,546	5,753	14.7%	3.7%
San Bernardino	48,555	51,032	52,916	51,642	6.4%	-2.4%
San Diego	46,266	48,021	51,364	50,030	8.1%	-2.6%

County	Average Member Months				Percent Change	
	Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
San Francisco	5,364	5,775	5,673	5,432	1.3%	-4.2%
San Joaquin	13,190	15,620	14,605	13,384	1.5%	-8.4%
San Luis Obispo	1,557	1,918	1,937	1,857	19.3%	-4.1%
San Mateo	4,002	4,641	7,469	6,191	54.7%	-17.1%
Santa Barbara	3,581	4,771	3,760	3,978	11.1%	5.8%
Santa Clara	17,594	18,238	17,752	16,395	-6.8%	-7.6%
Santa Cruz	1,810	2,180	1,873	1,787	-1.3%	-4.6%
Shasta	16,430	16,714	17,672	12,698	-22.7%	-28.1%
Sierra	164	179	185	200	22.0%	8.1%
Siskiyou	4,305	4,484	4,677	3,382	-21.4%	-27.7%
Solano	3,005	3,594	2,991	3,213	6.9%	7.4%
Sonoma	3,142	3,868	3,784	3,572	13.7%	-5.6%
Stanislaus	15,292	19,178	17,397	16,610	8.6%	-4.5%
Sutter	10,739	11,117	11,919	12,246	14.0%	2.7%
Tehama	7,782	8,001	8,354	8,560	10.0%	2.5%
Trinity	1,050	1,064	1,095	798	-24.0%	-27.1%
Tulare	10,172	10,683	9,990	10,214	0.4%	2.2%
Tuolumne	3,250	3,353	3,565	3,590	10.5%	0.7%
Ventura	6,320	8,134	9,183	7,630	20.7%	-16.9%
Yolo	1,812	2,224	2,340	2,319	28.0%	-0.9%
Yuba	9,061	9,302	9,690	9,859	8.8%	1.7%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Table BP-5: Average Monthly FFS Medi-Cal Only Women Ages 18-64 from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Average Member Months				Percent Change	
	Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
Alameda	19,339	19,325	19,475	19,558	1.1%	0.4%
Alpine	37	38	37	34	-8.1%	-8.1%
Amador	1,075	1,067	1,052	1,069	-0.6%	1.6%
Butte	12,066	12,045	12,062	12,081	0.1%	0.2%
Calaveras	1,619	1,637	1,614	1,588	-1.9%	-1.6%
Colusa	986	995	961	945	-4.2%	-1.7%
Contra Costa	12,045	11,894	11,810	12,094	0.4%	2.4%
Del Norte	1,870	1,870	1,840	1,289	-31.1%	-29.9%
El Dorado	4,363	4,341	4,263	4,264	-2.3%	0.0%
Fresno	21,792	21,773	21,500	21,513	-1.3%	0.1%
Glenn	1,616	1,642	1,643	1,632	1.0%	-0.7%
Humboldt	6,321	6,289	6,268	4,518	-28.5%	-27.9%
Imperial	13,526	13,455	13,385	13,446	-0.6%	0.5%
Inyo	790	786	799	780	-1.3%	-2.4%
Kern	19,436	19,503	19,696	19,350	-0.4%	-1.8%
Kings	2,504	2,520	2,508	2,450	-2.2%	-2.3%
Lake	4,066	4,077	4,095	2,943	-27.6%	-28.1%
Lassen	1,141	1,153	1,144	826	-27.6%	-27.8%
Los Angeles	223,457	223,841	225,425	226,953	1.6%	0.7%
Madera	4,533	4,602	4,519	4,372	-3.6%	-3.3%
Marin	2,658	2,682	2,678	2,721	2.4%	1.6%
Mariposa	640	654	653	648	1.3%	-0.8%
Mendocino	1,205	1,227	1,241	1,180	-2.1%	-4.9%
Merced	5,195	5,274	5,224	5,237	0.8%	0.2%
Modoc	451	452	443	317	-29.7%	-28.4%
Mono	317	328	334	326	2.8%	-2.4%
Monterey	10,467	10,947	10,739	10,460	-0.1%	-2.6%
Napa	1,308	1,334	1,281	1,270	-2.9%	-0.9%
Nevada	2,736	2,741	2,752	2,766	1.1%	0.5%
Orange	39,343	39,451	39,306	39,339	0.0%	0.1%
Placer	6,682	6,637	6,679	6,646	-0.5%	-0.5%
Plumas	731	731	714	700	-4.2%	-2.0%
Riverside	30,296	30,070	30,455	30,723	1.4%	0.9%
Sacramento	17,941	17,745	17,817	18,063	0.7%	1.4%
San Benito	2,404	2,465	2,456	2,449	1.9%	-0.3%
San Bernardino	38,677	38,171	38,401	38,379	-0.8%	-0.1%
San Diego	33,257	32,376	32,289	32,411	-2.5%	0.4%

Beneficiary Participation

County	Average Member Months				Percent Change	
	Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
San Francisco	8,363	8,331	8,236	8,304	-0.7%	0.8%
San Joaquin	12,000	12,432	11,893	11,746	-2.1%	-1.2%
San Luis Obispo	2,225	2,261	2,201	2,218	-0.3%	0.8%
San Mateo	7,476	7,549	8,401	8,531	14.1%	1.5%
Santa Barbara	8,283	8,503	8,492	8,419	1.6%	-0.9%
Santa Clara	25,463	25,023	24,759	24,116	-5.3%	-2.6%
Santa Cruz	3,613	3,713	3,622	3,558	-1.5%	-1.8%
Shasta	9,388	9,348	9,318	6,560	-30.1%	-29.6%
Sierra	113	116	110	110	-2.7%	0.0%
Siskiyou	2,476	2,521	2,544	1,794	-27.5%	-29.5%
Solano	3,885	3,915	3,891	3,898	0.3%	0.2%
Sonoma	4,769	4,849	4,722	4,643	-2.6%	-1.7%
Stanislaus	12,093	13,210	12,263	12,022	-0.6%	-2.0%
Sutter	5,085	5,133	5,209	5,205	2.4%	-0.1%
Tehama	3,887	3,862	3,901	3,933	1.2%	0.8%
Trinity	647	624	625	445	-31.2%	-28.8%
Tulare	13,227	13,449	13,418	13,441	1.6%	0.2%
Tuolumne	1,905	1,952	1,962	1,947	2.2%	-0.8%
Ventura	10,299	10,551	10,461	10,169	-1.3%	-2.8%
Yolo	1,763	1,853	1,791	1,858	5.4%	3.7%
Yuba	4,743	4,776	4,777	4,746	0.1%	-0.6%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Table BP-6: Average Monthly FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Gender and Age Group

Gender	Age Category	Average Member Months				Percent Change	
		Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
Female	0 to 17	324,236	357,924	355,970	344,785	6.3%	-3.1%
	18 to 64	292,764	294,413	294,586	291,310	-0.5%	-1.1%
	65 or Older	7,944	7,714	8,111	8,088	1.8%	-0.3%
Male	0 to 17	343,844	377,757	375,762	363,690	5.8%	-3.2%
	18 to 64	153,147	155,013	153,893	147,931	-3.4%	-3.9%
	65 or Older	5,104	5,060	5,413	5,403	5.9%	-0.2%
All	0 to 17	668,080	735,681	731,732	708,475	6.0%	-3.2%
	18 to 64	445,911	449,426	448,479	439,241	-1.5%	-2.1%
	65 or Older	13,048	12,774	13,524	13,491	3.4%	-0.2%
Total		1,127,039	1,197,881	1,193,735	1,161,207	3.0%	-2.7%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Table BP-7: Average Monthly FFS Restricted-Scope Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Gender and Age Group

Gender	Age Category	Average Member Months				Percent Change	
		Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
Female	0 to 17	56,090	54,350	52,999	51,425	-8.3%	-3.0%
	18 to 64	395,832	395,698	395,569	391,695	-1.0%	-1.0%
	65 or Older	11,069	11,091	11,163	11,269	1.8%	0.9%
Male	0 to 17	57,659	56,118	54,868	53,278	-7.6%	-2.9%
	18 to 64	216,485	218,174	219,068	216,380	0.0%	-1.2%
	65 or Older	5,608	5,645	5,718	5,864	4.6%	2.6%
All	0 to 17	113,749	110,468	107,867	104,703	-8.0%	-2.9%
	18 to 64	612,317	613,872	614,637	608,075	-0.7%	-1.1%
	65 or Older	16,677	16,736	16,881	17,133	2.7%	1.5%
Total		742,743	741,076	739,385	729,911	-1.7%	-1.3%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Table BP-8: Average Monthly FFS Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

Age Group	Aid Category	Average Member Months				Percent Change	
		Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
0 - 20	Blind/Disabled	37,920	36,855	36,136	34,577	-8.8%	-4.3%
	Family	410,240	397,567	366,813	356,526	-13.1%	-2.8%
	Foster Care	98,025	98,073	97,892	96,707	-1.3%	-1.2%
	Other	202,023	286,775	313,222	299,078	48.0%	-4.5%
	Undocumented	149,168	145,527	142,688	138,889	-6.9%	-2.7%
21 & over	Aged	10,492	10,194	10,925	10,949	4.4%	0.2%
	Blind/Disabled	95,617	96,249	96,799	91,235	-4.6%	-5.7%
	Family	211,287	210,256	209,062	207,124	-2.0%	-0.9%
	Other	61,310	61,764	62,729	64,763	5.6%	3.2%
	Undocumented	593,576	595,550	596,696	591,023	-0.4%	-1.0%
Total		1,869,658	1,938,810	1,932,962	1,890,871	1.1%	-2.2%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Table BP-9: Average Monthly FFS Medi-Cal Only Beneficiaries in Metropolitan Areas from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

Age Group	Aid Category	Average Member Months				Percent Change	
		Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3 2013 Compared with Quarter 4, 2012	Quarter 3, 2013 Compared with Previous Quarter
0 - 20	Blind/Disabled	35,035	33,969	33,274	32,195	-8.1%	-3.2%
	Family	357,976	345,476	315,517	312,950	-12.6%	-0.8%
	Foster Care	94,501	94,524	94,193	93,544	-1.0%	-0.7%
	Other	192,816	275,394	296,858	283,168	46.9%	-4.6%
	Undocumented	147,521	143,947	141,150	137,389	-6.9%	-2.7%
21 & over	Aged	10,202	9,902	10,622	10,674	4.6%	0.5%
	Blind/Disabled	79,621	80,293	80,904	78,481	-1.4%	-3.0%
	Family	184,480	183,360	182,267	184,452	0.0%	1.2%
	Other	59,661	60,065	61,065	63,102	5.8%	3.3%
	Undocumented	588,693	590,649	591,827	586,252	-0.4%	-0.9%
Total		1,750,506	1,817,579	1,807,677	1,782,207	1.8%	-1.4%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Table BP-10: Average Monthly FFS Medi-Cal Only Beneficiaries in Non-Metropolitan Areas, from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

Age Group	Aid Category	Average Member Months				Percent Change	
		Quarter 4, 2012	Quarter 1, 2013	Quarter 2, 2013	Quarter 3, 2013	Quarter 3, 2013 Compared to Quarter 4, 2012	Quarter 3, 2013 Compared to Previous Quarter
0 - 20	Blind/Disabled	2,885	2,886	2,862	2,381	-17.5%	-16.8%
	Family	52,265	52,091	51,296	43,575	-16.6%	-15.1%
	Foster Care	3,524	3,549	3,699	3,164	-10.2%	-14.5%
	Other	9,208	11,380	16,364	15,910	72.8%	-2.8%
	Undocumented	1,647	1,580	1,538	1,500	-8.9%	-2.5%
21 & over	Aged	290	292	303	275	-5.2%	-9.2%
	Blind/Disabled	15,996	15,955	15,896	12,753	-20.3%	-19.8%
	Family	26,806	26,895	26,795	22,671	-15.4%	-15.4%
	Other	1,649	1,699	1,664	1,661	0.7%	-0.2%
	Undocumented	4,882	4,901	4,869	4,772	-2.3%	-2.0%
Total		119,152	121,228	125,286	108,662	-8.8%	-13.3%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

Appendix B — Medi-Cal Aid Codes

Aid codes are assigned to each Medi-Cal beneficiary based on how they become eligible for Medi-Cal services. Factors such as age, income, and disability status are some of the criteria used to assess an individual's eligibility for program services. Over 170 different aid codes enable DHCS to gain an understanding of how beneficiaries might use Medi-Cal program services.

The aid code categories used for this analysis were intended to group beneficiaries of similar age, disability status, and benefit scope into groups that might place similar demands on program services. However, some aid categories represent a heterogeneous population that might use Medi-Cal services in quite different ways.

For example, beneficiaries in the Family aid category are mostly comprised of no- or low-income young adults with children who have routine health care needs. However, this aid category also includes families who earn incomes above the Medi-Cal limit, but have a "Medically Needy" individual with one or more serious conditions requiring medical treatment exceeding the family's income. This subpopulation would place stronger demands on program services than others in the Family aid category. Likewise, the Other aid category is comprised of a diverse population, such as individuals in the Breast and Cervical Cancer Treatment Program who have access to a restricted scope of benefits; long-term care recipients; and the medically indigent. See table below.

A more detailed breakdown of aid codes within each category can be found at the Medi-Cal website:

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/aidcodes_z01c00.doc

Table BP-11: Medi-Cal Eligibility Aid Codes Comprising Aid Categories Utilized in This Analysis

Detail Aid Category	Rolled up Aid Category	Aid Codes
BCCTP	Other	OL, OM, ON, OP, OR, OT, OU, OV, OW, OX, OY
Inmates	Other	F1, F2, F3, F4, G1, G2, G3, G4
Hurricane Katrina Evacuees	Other	65
MI – Adoption or Foster Care	Foster Care	03, 04, 06, 45, 46, 4A, 4K, 4M, 5K
MI – Adult	Other	81, 86, 87
MI – Child	Other	82, 83, 5E, 7T, 8U, 8V, 8W
MI – LTC	Other	53
MN – Aged	Aged	14, 17, 1D, 1H, 1X, 1Y
MN – Blind	Blind/Disabled	24, 27, 2D, 2H
MN – Disabled	Blind/Disabled	64, 67, 6D, 6H, 6S, 6V, 6W, 6X, 6Y, 8G
MN – Family	Family	34, 37, 39, 54, 59, 3D, 3N, 5X, 6J, 6R, 7J
MN – LTC	Other	13, 23, 63
Other	Other	01, 02, 08, 44, 47, 51, 52, 56, 57, 71, 72, 73, 76, 79, 80, 0A, 2A, 2V, 4V, 5V, 6G, 7A, 7F, 7G, 7H, 7M, 7N, 7P, 7R, 7V, 8E, 8P, 8R
PA - Adoption or Foster Care	Foster Care	03,07, 40, 42, 43, 49, 77, 78, 4C, 4F, 4G, 4H, 4L, 4N, 4S, 4T, 4W
PA – Aged	Aged	10, 16, 18, 1E
PA – Blind	Blind/Disabled	20, 26, 28, 2E, 6A
PA – Disabled	Blind/Disabled	36, 60, 66, 68, 6C, 6E, 6N, 6P
PA – Family	Family	30, 32, 33, 35, 38, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W
Undocumented	Undocumented	07, 48, 49, 55, 58, 69, 70, 74, 75, 1U, 3T, 3V, 5F, 5G, 5J, 5N, 5R, 5T, 5W, 6U, 7C, 7K, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, 5H, 5M, 5Y

Appendix C — Most Prevalent Clinical Conditions

Table BP-12: Most Prevalent Clinical Conditions Leading FFS Medi-Cal Beneficiaries to Seek Care, by Age Group and Aid Category

Aid Category	Adults (21+ years)	Aid Category	Children (0–21 years)
Aged (65+ years)	Essential hypertension Diabetes mellitus with and without complication Disorders of lipid metabolism Lower respiratory diseases Chest pain Deficiency and other anemia Cardiac dysrhythmias	Blind/Disabled	Rehabilitative care; fitting of prostheses Developmental disorders Paralysis Upper respiratory infections Other congenital anomalies Nutrition, endocrine, and other metabolic disorders Epilepsy
Blind/Disabled	Essential hypertension Spondylosis; intervertebral disc disorders; other back problems Diabetes mellitus without complications Lower respiratory diseases Non traumatic joint disease Abdominal pain	Foster Care	Upper respiratory infections Blindness and vision defects Attention-deficit conduct and disruptive behavior Medical exams and evaluations Asthma Developmental disorders

Beneficiary Participation

Aid Category	Adults (21+ years)	Aid Category	Children (0–21 years)
Family	Pregnancy-related conditions Medical exams, evaluations, and screening for suspected conditions Abdominal pain Spondylosis; intervertebral disc disorders; other back problems Contraceptive and procreative management Upper respiratory diseases	Family	Upper and lower respiratory infections Otitis media and related conditions Acute bronchitis Blindness and vision defects Liveborn infant care Disorders of the teeth and jaw
Other	Pregnancy-related conditions Medical exams, evaluations, and screening for suspected conditions Breast cancer Contraception and procreative management Diabetes Essential hypertension	Other	Upper and lower respiratory infections Liveborn infant care Hemolytic and perinatal jaundice Other perinatal conditions Otitis media and related conditions Normal pregnancy and delivery Nutritional, endocrine, and metabolic disorders
Undocumented	Pregnancy-related conditions Medical exams, evaluations and screening for suspected conditions Abdominal pain Injuries and conditions due to external causes Contraceptive and procreative management Chest Pain	Undocumented	Liveborn infant care Normal pregnancy and delivery Hemolytic and perinatal jaundice Other perinatal conditions Complications of pregnancy and birth Abdominal pain

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