



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

Service Utilization

October 2014

California Department of Health Care Services
Research and Analytic Studies Division
MS 1200, P.O. Box 997413
Sacramento, CA 95899-7413

Contents

Figures.....	v
Tables.....	ix
Key Points	1
Introduction	1
Background	2
Assembly Bill 97.....	2
Medi-Cal Enrollment Transitions	2
Determinants of Service Utilization	3
Utilization Paradigms.....	4
Methods.....	4
Physician/Clinic Services	7
Background	7
Trend Analysis – Children	8
Trend Analysis – Adults	8
Trends of Monthly Physician/Clinic Services Utilization Rates Among Children, October 2012-September 2013.....	9
Trends of Monthly Physician/Clinic Services Utilization Rates Among Adults, October 2012-September 2013	12
Non-Emergency Medical Transportation	15
Background	15
Trend Analysis – Children	16
Trend Analysis – Adults	16
Trends of Monthly Non-Emergency Medical Transportation Services Utilization Rates Among Adults, October 2012-September 2013	17
Emergency Medical Transportation	18
Background	18
Trend Analysis – Children	19
Trend Analysis – Adults	19
Trends of Monthly Emergency Medical Transportation Services Utilization Rates Among Children, October 2012-September 2013.....	20

Trends of Monthly Emergency Transportation Services Utilization Rates among Adults, October 2012-September 2013	23
Home Health Services	25
Background	25
Trend Analysis – Children	26
Trend Analysis – Adults	26
Trends of Monthly Home Health Services Utilization Rates Among Children, October 2012-September 2013	27
Trends of Monthly Home Health Services Utilization Rates Among Adults, October 2012-September 2013	28
Hospital Inpatient Services.....	29
Background	29
Trend Analysis – Children	30
Trend Analysis – Adults	30
Trends of Monthly Hospital Inpatient Services Utilization Rates Among Children, October 2012–September 2013	31
Trends of Monthly Hospital Inpatient Services Utilization Rates Among Adults, October 2012–September 2013	34
Hospital Outpatient Services	37
Background	37
Trend Analysis – Children	38
Trend Analysis – Adults	38
Trends of Monthly Hospital Outpatient Services Utilization Rates Among Children, October 2012–September 2013	39
Trends of Monthly Hospital Outpatient Services Utilization Rates Among Adults, October 2012–September 2013	42
Nursing Facility Services	45
Background	45
Trend Analysis – Children	46
Trend Analysis – Adults	46
Trends of Monthly Nursing Facility Services Utilization Rates Among Adults, October 2012–September 2013.....	47
Pharmacy Services	49

Background	49
Trend Analysis – Children	50
Trend Analysis – Adults	50
Trends of Monthly Pharmacy Services Utilization Rates Among Children, October 2012–September 2013.....	51
Trends of Monthly Pharmacy Services Utilization Rates Among Adults, October 2012–September 2013.....	54
Other Services	57
Background	57
Trend Analysis – Children	58
Trend Analysis – Adults	58
Trends of Monthly Other Services Utilization Rates Among Children, October 2012– September 2013	59
Trends of Monthly Other Services Utilization Rates Among Adults, October 2012–September 2013.....	62
Radiology Services	65
Background	65
Trend Analysis – Children	66
Trend Analysis – Adults	66
Trends of Monthly Radiology Services Utilization Rates Among Children, October 2012–September 2013.....	67
Trends of Monthly Radiology Services Utilization Rates Among Adults, October 2012–September 2013.....	70
Summary Tables	73
Conclusions — Service Utilization of Children Participating in FFS Medi-Cal.....	76
Conclusions — Service Utilization of Adults Participating in FFS Medi-Cal.....	77
Appendix — Detailed List of Other Providers.....	78

Figures

Figure SU-1: Physician/Clinic Utilization Rates Among Children Ages 0-20 in the Blind/Disabled Aid Category, October 2012-September 2013.....	9
Figure SU-2: Physician/Clinic Utilization Rates Among Children Ages 0-20 in the Family Aid Category, October 2012-September 2013.....	9
Figure SU-3: Physician/Clinic Utilization Rates Among Children Ages 0-20 in the Foster Care Aid Category, October 2012-September 2013.....	10
Figure SU-4: Physician/Clinic Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012-September 2013.....	10
Figure SU-5: Physician/Clinic Utilization Rates Among Children Ages 0-20 in the Undocumented Aid Category, October 2012-September 2013.....	11
Figure SU-6: Physician/Clinic Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012-September 2013.....	12
Figure SU-7: Physician/Clinic Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	12
Figure SU-8: Physician/Clinic Utilization Rates Among Adults Ages 21+ in Family Aid Category, October 2012-September 2013.....	13
Figure SU-9: Physician/Clinic Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	13
Figure SU-10: Physician/Clinic Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012-September 2013.....	14
Figure SU-11: Non-Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	17
Figure SU-12: Non-Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	17
Figure SU-13: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012-September 2013.....	20
Figure SU-14: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012-September 2013.....	20
Figure SU-15: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012-September 2013.....	21
Figure SU-16: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012-September 2013.....	21
Figure SU-17: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012-September 2013.....	22
Figure SU-18: Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	23
Figure SU-19: Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012-September 2013.....	23
Figure SU-20: Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	24

Figure SU-21: Emergency Transportation Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012-September 2013.....	24
Figure SU-22: Home Health Services Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012-September 2013.....	27
Figure SU-23: Home Health Services Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	28
Figure SU-24: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012-September 2013.....	31
Figure SU-25: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012-September 2013.....	31
Figure SU-26: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012-September 2013.....	32
Figure SU-27: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012-September 2013.....	32
Figure SU-28: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012-September 2013.....	33
Figure SU-29: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012-September 2013.....	34
Figure SU-30: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	34
Figure SU-31: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012-September 2013.....	35
Figure SU-32: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	35
Figure SU-33: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012-September 2013.....	36
Figure SU-34: Hospital Outpatient Utilization Rates Among Children Ages 0-20 in the Blind/Disabled Aid Category, October 2012-September 2013.....	39
Figure SU-35: Hospital Outpatient Utilization Rates Among Children Ages 0-20 in the Family Aid Category, October 2012-September 2013.....	39
Figure SU-36: Hospital Outpatient Utilization Rates Among Children Ages 0-20 in the Foster Care Aid Category, October 2012-September 2013.....	40
Figure SU-37: Hospital Outpatient Utilization Rates Among Children Ages 0-20 in the Other Aid Category, October 2012-September 2013.....	40
Figure SU-38: Hospital Outpatient Utilization Rates Among Children Ages 0-20 in the Undocumented Aid Category, October 2012-September 2013.....	41
Figure SU-39: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012-September 2013.....	42
Figure SU-40: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	42
Figure SU-41: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012-September 2013.....	43

Figure SU-42: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	43
Figure SU-43: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012-September 2013.....	44
Figure SU-44: Nursing Facility Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012-September 2013.....	47
Figure SU-45: Nursing Facility Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	47
Figure SU-46: Nursing Facility Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	48
Figure SU-47: Pharmacy Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012-September 2013.....	51
Figure SU-48: Pharmacy Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012-September 2013.....	51
Figure SU-49: Pharmacy Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012-September 2013.....	52
Figure SU-50: Pharmacy Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012-September 2013.....	52
Figure SU-51: Pharmacy Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012-September 2013.....	53
Figure SU-52: Pharmacy Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012-September 2013.....	54
Figure SU-53: Pharmacy Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	54
Figure SU-54: Pharmacy Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012-September 2013.....	55
Figure SU-55: Pharmacy Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	55
Figure SU-56: Pharmacy Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012-September 2013.....	56
Figure SU-57: Other Services Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012-September 2013.....	59
Figure SU-58: Other Services Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012-September 2013.....	59
Figure SU-59: Other Services Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012-September 2013.....	60
Figure SU-60: Other Services Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012-September 2013.....	60
Figure SU-61: Other Services Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012-September 2013.....	61
Figure SU-62: Other Services Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012-September 2013.....	62

Figure SU-63: Other Services Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013.....	62
Figure SU-64: Other Services Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012-September 2013.....	63
Figure SU-65: Other Services Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	63
Figure SU-66: Other Services Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012-September 2013.....	64
Figure SU-67: Radiology Utilization Rates Among Children Ages 0-20 in the Blind/Disabled Aid Category, October 2012-September 2013.....	67
Figure SU-68: Radiology Utilization Rates Among Children Ages 0-20 in the Family Aid Category, October 2012-September 2013.....	67
Figure SU-69: Radiology Utilization Rates Among Children Ages 0-20 in the Foster Care Aid Category, October 2012-September 2013.....	68
Figure SU-70: Radiology Utilization Rates Among Children Ages 0-20 in the Other Aid Category, October 2012-September 2013.....	68
Figure SU-71: Radiology Utilization Rates Among Children Ages 0-20 in the Undocumented Aid Category, October 2012-September 2013.....	69
Figure SU-72: Radiology Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012-September 2013.....	70
Figure SU-73: Radiology Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012-September 2013	70
Figure SU-74: Radiology Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012-September 2013.....	71
Figure SU-75: Radiology Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012-September 2013.....	71
Figure SU-76: Radiology Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012-September 2013.....	72

Tables

Table SU-1: FFS Medi-Cal Only Beneficiaries Shifting to Medi-Cal Managed Care in September 2013 2

Table SU-2: Summary of Service Utilization Trends Among FFS Medi-Cal Children Ages 0-20, by Aid Category and Service Category74

Table SU-3: Summary of Service Utilization Trends Among FFS Medi-Cal Adults Ages 21+, by Aid Category and Service Category75

Key Points

- Service utilization patterns for both children and adults in most aid categories primarily followed the patterns identified in the previous access quarterly report.
- The shifts in utilization observed in this report may be attributable to a combination of factors such as a change in population case mix, a declining birth rate, the expansion of the County Organized Health Systems (COHS), and the transition of the Healthy Families Program (HFP) into Medi-Cal.
- As beneficiary participation continued to shift away from the Fee-for-Service (FFS) delivery system and into managed care, many service categories experienced a noticeable decline in user counts that made the data unsuitable for analysis.

Introduction

Many factors affect health care utilization and the type of health care used by a given population. One of those factors is adequate access to care. Limitations on the scope of benefits provided under a health plan, cost-sharing requirements, and gaps in health plan coverage may all contribute to underutilization of health care services. Other factors that influence health care utilization include the prevalence of chronic disease in the population, provider practice patterns, recommended medical practice guidelines for specific subpopulations (e.g., cancer screenings for women, immunization schedules, and developmental assessments for children), and cultural acceptance of medical practices among the population.

Age is also associated with health care utilization patterns. For example, advanced age increases functional limitations and the prevalence of chronic conditions. The elderly have higher utilization rates for inpatient and long-term care services, many medical procedures, and are prescribed more medications, such as glucose-lowering or antihypertensive drugs. In general, children have lower health care utilization rates than the elderly. However, infants born at low birthweight (<2,500 grams, or 5.5 lbs) and children with chronic health conditions and disabilities have higher rates of health care utilization and use more costly services than their counterparts.

Children in foster care are particularly vulnerable to physical, emotional, or developmental problems stemming from abuse or neglect, substance abuse by their mothers during pregnancy, or their own substance abuse issues. A majority of these children have at least one physical or emotional health problem, and as many as 25% suffer from three or more chronic health conditions. Consequently, examining health care utilization patterns should be undertaken with specific thought given to the characteristics of a population.

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).^{i,ii,iii}

Medi-Cal Enrollment Transitions

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

Table SU-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

ⁱ California Assembly Bill 97, (2011).

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

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

Transition County	Transition Type	Approximate Number of Beneficiaries
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 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.

Determinants of Service Utilization

Numerous environmental and personal factors can influence whether beneficiaries choose to utilize particular services. These factors include but are not limited to:

Perceived Health Status – Some beneficiaries believe that they do not need to seek health care services because they are in good health.

Attitude Towards the Health Care System – Beneficiaries' level of trust in both the health care process and doctors can affect whether they decide to seek care.

Health Insurance Coverage – A beneficiary's ability to cover the associated costs can directly influence their decision to utilize health care services.

Urban Versus Rural Community – Whether a beneficiary resides in an urban or rural community can impact their health care choices due to the number of readily available physicians, as well as the societal perspective on the practice of medicine.

Preexisting Health Conditions – Beneficiaries with a preexisting health condition or disability inherently have greater health care needs, and therefore are more likely to seek care.^{iv}

^{iv} Andersen, R., Newman, J. (2005, December). Societal and Individual Determinants of Medical Care Utilization in the United States. *Milbank Quarterly*, Vol. 83 (Issue 4).

Utilization Paradigms

Changes in beneficiary enrollment and provider capacity are important factors influencing health care utilization trends. When evaluating utilization trends, some basic paradigms should be considered.

Paradigm One – If beneficiary participation increases within a subpopulation and the network of health care providers cannot absorb the increased demand, beneficiaries may experience difficulties accessing health care services.^v In that case, one would expect to detect a decline in service utilization rates as beneficiaries forego health care services.

Paradigm Two – If beneficiary participation increases and the network of providers is able to absorb additional demand, then one would expect service utilization rates to remain constant, increase, or to experience no significant decreases.^{vi}

Paradigm Three – If beneficiary participation decreases within a subpopulation and those that remain in the health care system have a significantly different case mix than the initial population, one would expect marked changes in health care utilization. For example, if the subpopulation that remains in the health care system has significantly greater medical needs than the initial population, one would expect service utilization rates to increase. However, if the subpopulation that remains is healthier, one would expect service utilization rates to decrease. Certain shifts in populations from one health care system to another, such as from FFS to managed care, might result in a significant change in the mix of patients. This in turn may result in significant changes in utilization trends.

Methods

In this report, DHCS examines utilization trends for 10 different provider types:

1. Physician/Clinics
2. Non-Emergency Transportation
3. Emergency Transportation
4. Home Health
5. Hospital Inpatient
6. Hospital Outpatient
7. Nursing Facility
8. Pharmacy Services
9. Other
10. Radiology

^v Assumes populations who enroll exhibit similar health needs as those who were enrolled prior. If the newly enrolled individuals are a much healthier population with low health service utilization, then utilization rates may actually decline. This decline may be driven more by beneficiaries' health characteristics than access difficulties.

^{vi} Assumes populations who enroll exhibit similar health needs as those who were enrolled prior.

Service utilization was measured in various ways, depending on the provider type. The unit of measure for Physician/Clinic, Home Health, Hospital Outpatient, and Radiology services was the number of unique visits or patient encounters. The unit of measure for Pharmacy services was the unit counts of prescriptions. Individual encounters were used as the measure for both Emergency and Non-Emergency Transportation services, while the length of stay as measured in days was the unit of measure for Hospital Inpatient and Nursing Facility service utilization. Service rates were calculated per 1,000 member months for each of these service types, and for FFS Medi-Cal Only beneficiaries. Beneficiaries were classified into broad age groupings (children ages 0–20 and adults ages 21 and older) and aid categories as a proxy for health and disability status, factors which are known to influence utilization patterns.

DHCS plotted monthly service utilization rates per 1,000 member months for the study period of October 2012–September 2013. DHCS used Shewhart control charts to identify whether health care service utilization rates changed over this time period and compared to low and high utilization thresholds calculated from the baseline period of January 1, 2007 to December 31, 2009.^{vii} These thresholds or control limits have been set at three standard deviations from the mean, and define the natural range of variability expected from the plotted measures. Upper and lower threshold levels are represented in each control chart, with UCL representing upper control limits, LCL representing lower control limits, and \bar{x} representing the mean. Comparing the plotted measures to the mean and upper and lower control limits can lead to inferences regarding whether the data are within an expected or predictable range, or whether there are marked changes in the data over time. Potential marked changes include:

- Eight or more consecutive points all either above or below the mean line indicate a shift in utilization patterns.
- Six or more consecutive points all going in the same direction (either up or down) indicate a trend.
- Two or more consecutive points plotted outside of these established limits will provide a signal indicating that health care utilization has deviated markedly from the expected range.

^{vii} See various health care service utilization baseline analyses on the DHCS website at www.dhcs.ca.gov/pages/RateReductionInformation.aspx

Several factors can impact service utilization. These factors include but are not limited to: birth trends, population case mix, Medi-Cal Program changes, and the transition of beneficiaries from FFS into a managed care plan. Influential factors that occurred during the study period include the COHS expansion and the HFP transition. The shifts in utilization observed in this report may be attributable to a combination of the factors noted above.

The sections that follow present health care utilization trends for each of the 10 service categories studied. Each section is introduced with a discussion that presents background material related to each unique service category. This background provides the reader with some introductory information regarding the types of services associated with the category and types of providers, where applicable, contained within the service category. In addition, utilization statistics associated with the background sections include utilization associated with beneficiaries dually eligible for both Medi-Cal and Medicare. Following the background information, utilization trends for each service category are presented. The utilization trends display statistics associated with FFS Medi-Cal Only beneficiaries.

Physician/Clinic Services

Background

It is important for any health care delivery system to monitor trends in physician service utilization among its patients, because physicians are the first point of contact for most health care needs. Once contact is made in a physician's office, numerous other services may be accessed, such as prescription drugs, lab services, and referrals to specialty care. Receiving regular ambulatory health care services has been widely recognized as a fundamental measure of successful health care access.

In the Medi-Cal program, beneficiaries may see a physician in solo practice, physicians affiliated with a physician group, or those affiliated with an FQHC, RHC, or some other clinical setting.

FQHCs are nonprofit, community-based organizations or public entities that offer primary and preventive health care and related social services to the medically underserved and uninsured population, regardless of their ability to pay. FQHCs receive funding under the Public Health Service Act, Section 330, which is determined by the U.S. Department of Health and Human Services (HHS).

RHCs are organized outpatient clinics or hospital outpatient departments located in rural shortage areas as designated by the HHS. To qualify as an RHC, a clinic must be located in a non-urbanized area or area currently designated by the Health Resources and Services Agency (HRSA) as a federally designated or certified shortage area.

Indian Health Services (IHS) Clinics are those authorized by the U.S. Secretary of Health, Education and Welfare to contract services to tribal organizations. Services available under the IHS provider type are more extensive than under the FQHC or RHC provider types, and include the following services: physician and physician assistant; nurse practitioner and nurse midwife; visiting nurse; clinical psychology and social work; comprehensive perinatal care; Early Periodic Screening, Diagnosis and Treatment (EPSDT); ambulatory; and optometry.

Other clinics in the Medi-Cal program include: Free Clinics; Community Clinics; Surgical Clinics; Clinics Exempt from Licensure; Rehabilitation Clinics; County Clinics not associated with a hospital; and Alternative Birthing Centers. All of these various clinics are included in this analysis.

Trend Analysis – Children

- Child beneficiaries in the Blind/Disabled aid category place a greater demand on Physician/Clinic services than most other beneficiary subgroups.

Among FFS Medi-Cal children ages 0–20, monthly Physician/Clinic services utilization rates ranged from 155.3 to 579.3 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

The Physician/Clinic services utilization rates continued to be higher among children in the Blind/Disabled aid category. The utilization rates for children in the Other and Undocumented aid categories mostly fell below the expected baseline ranges observed in the baseline period of 2007 to 2009. Children in all of the analyzed aid categories continued to display predominantly lower than average utilization rates during the study period.

Trend Analysis – Adults

- Adults enrolled in the Family and Undocumented aid categories had lower than average use of Physician/Clinic services, a trend that is most likely due to continued declines in the state's birth rates.

The monthly Physician/Clinic services utilization rates for adults ages 21 and older ranged from 171.8 to 1,180.1 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the Physician/Clinic services utilization trends identified in the previous quarterly access reports, adults in the Blind/Disabled and Other aid categories again exhibited higher utilization rates than adult beneficiaries in other aid categories. Adults in every aid category continued to exhibit below-average utilization during this time period. Additionally, the utilization trends exhibited by adults in the Family and Undocumented aid categories primarily fell below the expected ranges throughout the study period. Adults in the Family and Undocumented aid categories continued to exhibit below-average and lower than expected use of Physician/Clinic services throughout the study period.

Figures SU-1 to SU-10 represent the control chart analyses for Physician/Clinic visits by children and adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Physician/Clinic Services Utilization Rates Among Children, October 2012–September 2013

Figure SU-1: Physician/Clinic Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = **13,864**

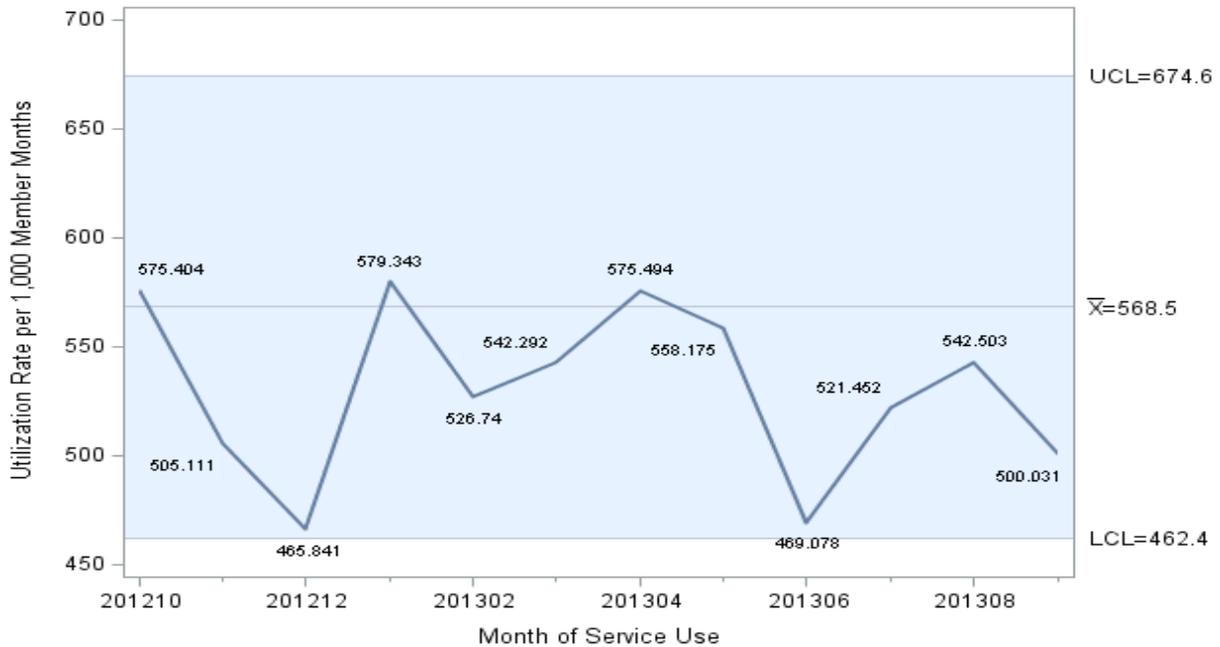


Figure SU-2: Physician/Clinic Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012–September 2013 Unique User Count = **135,069**

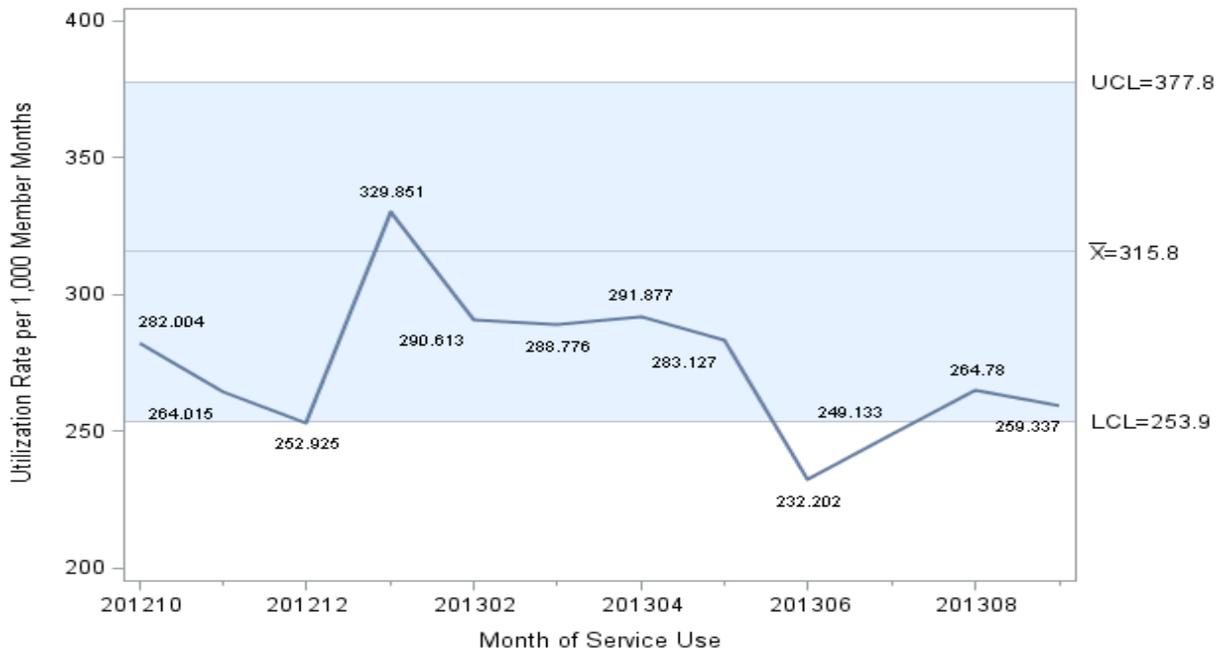


Figure SU-3: Physician/Clinic Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = **33,214**

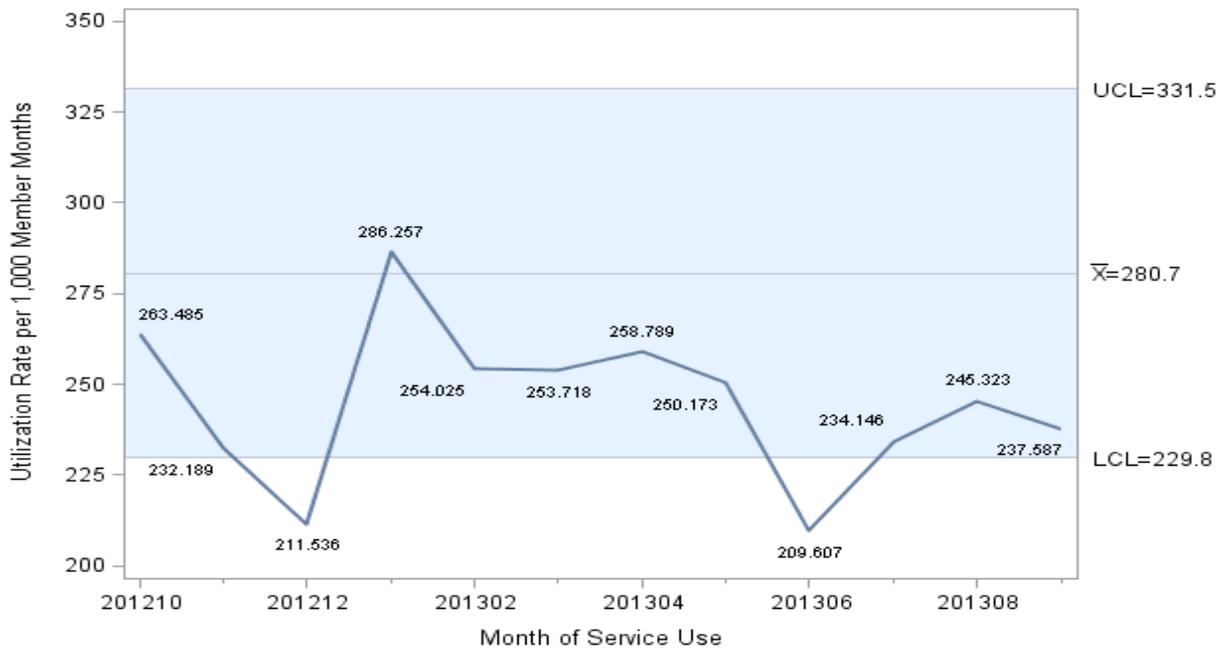


Figure SU-4: Physician/Clinic Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = **161,076**

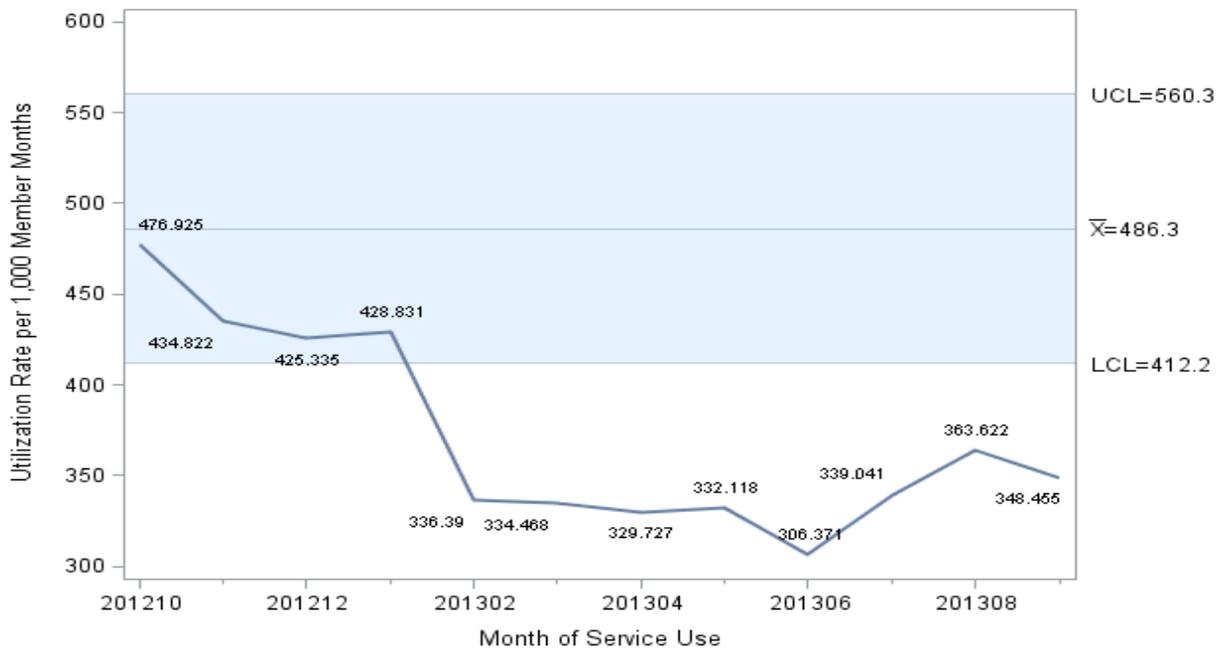
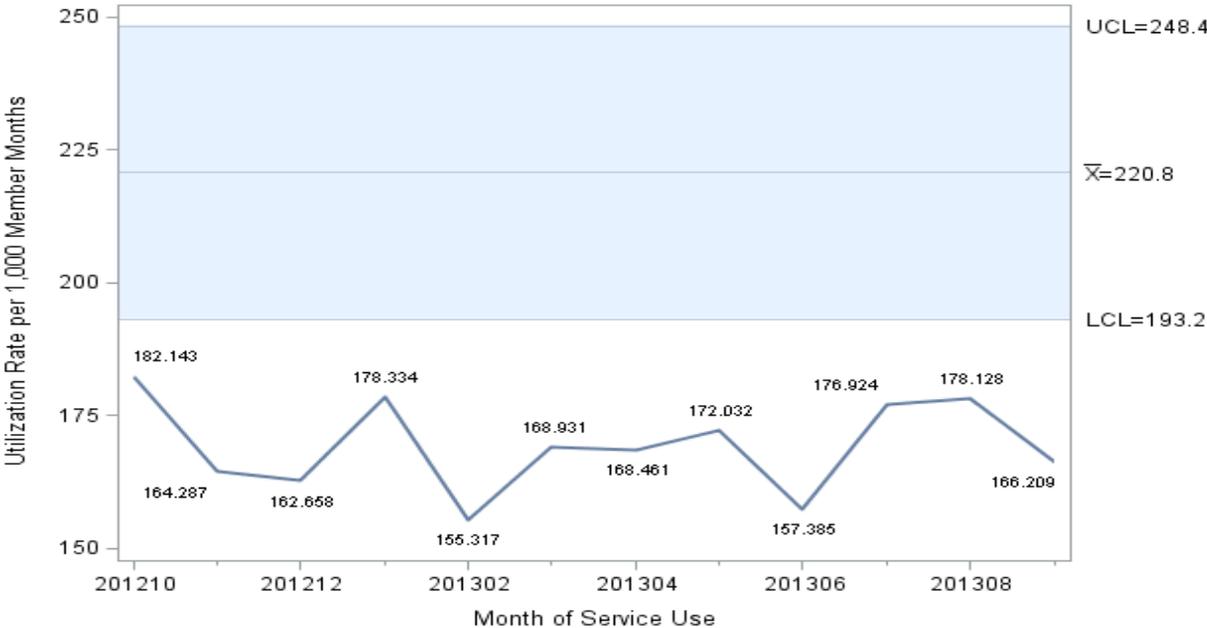


Figure SU-5: Physician/Clinic Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **23,456**



Source: Data for figures SU-1 to SU-5 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Physician/Clinic Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-6: Physician/Clinic Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = **6,636**

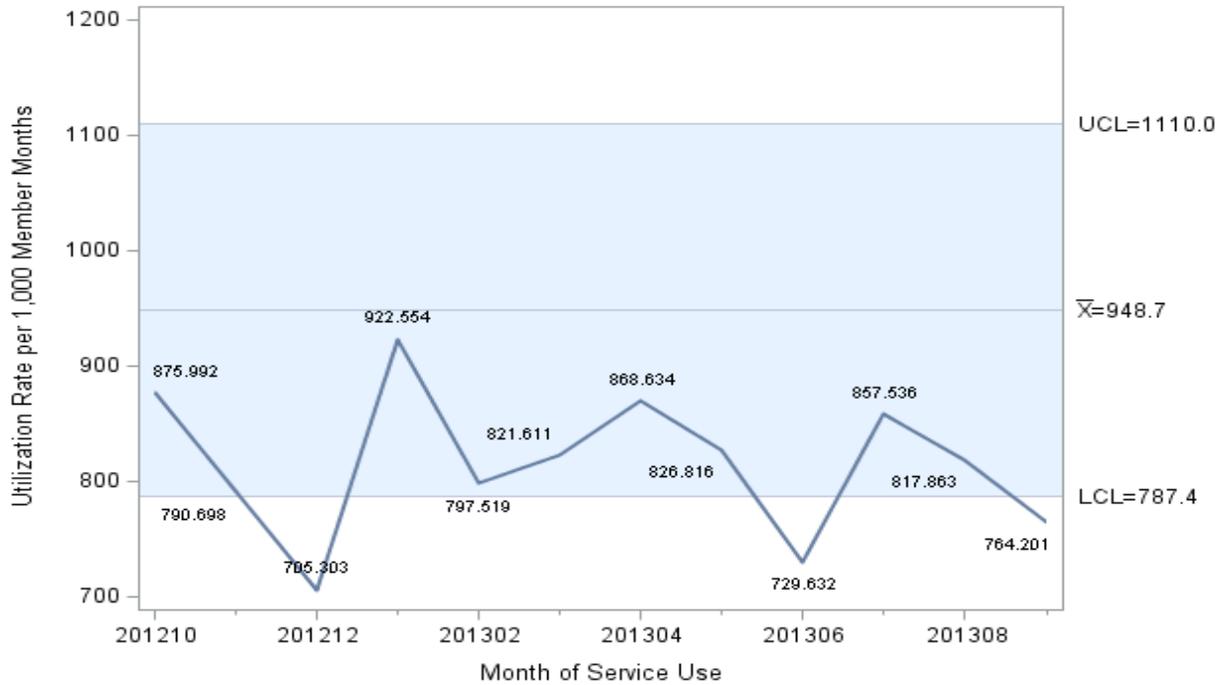


Figure SU-7: Physician/Clinic Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = **55,554**

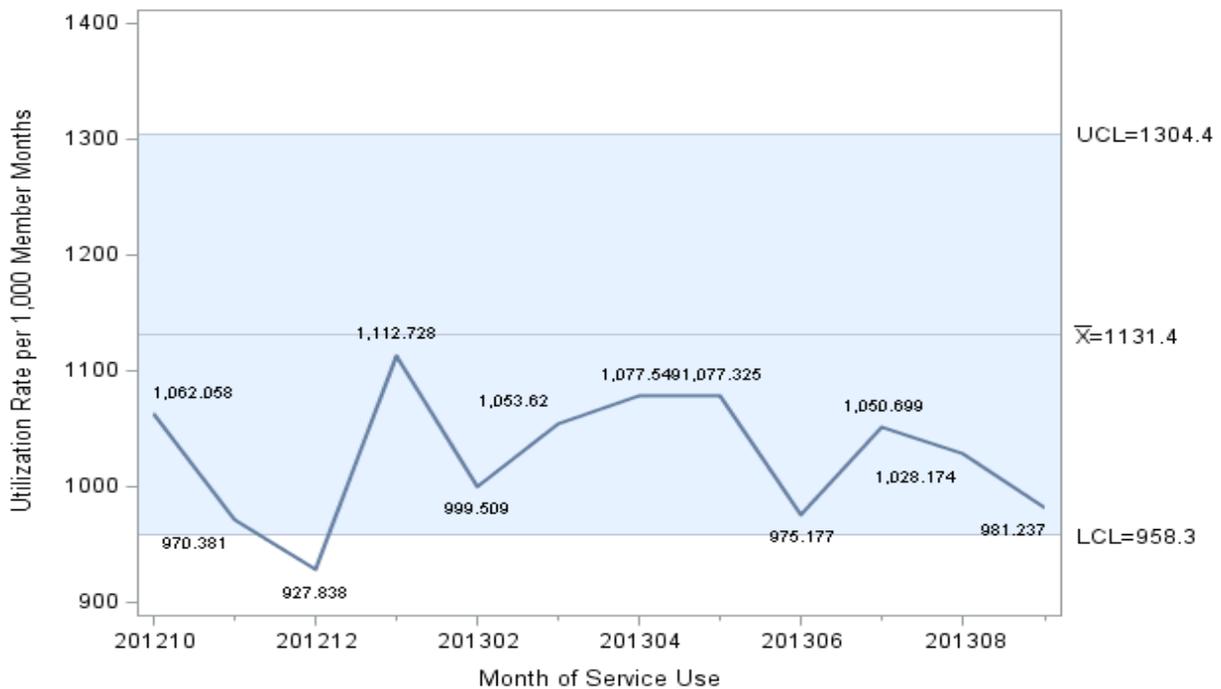


Figure SU-8: Physician/Clinic Utilization Rates Among Adults Ages 21+ in Family Aid Category, October 2012–September 2013 Unique User Count = 93,466

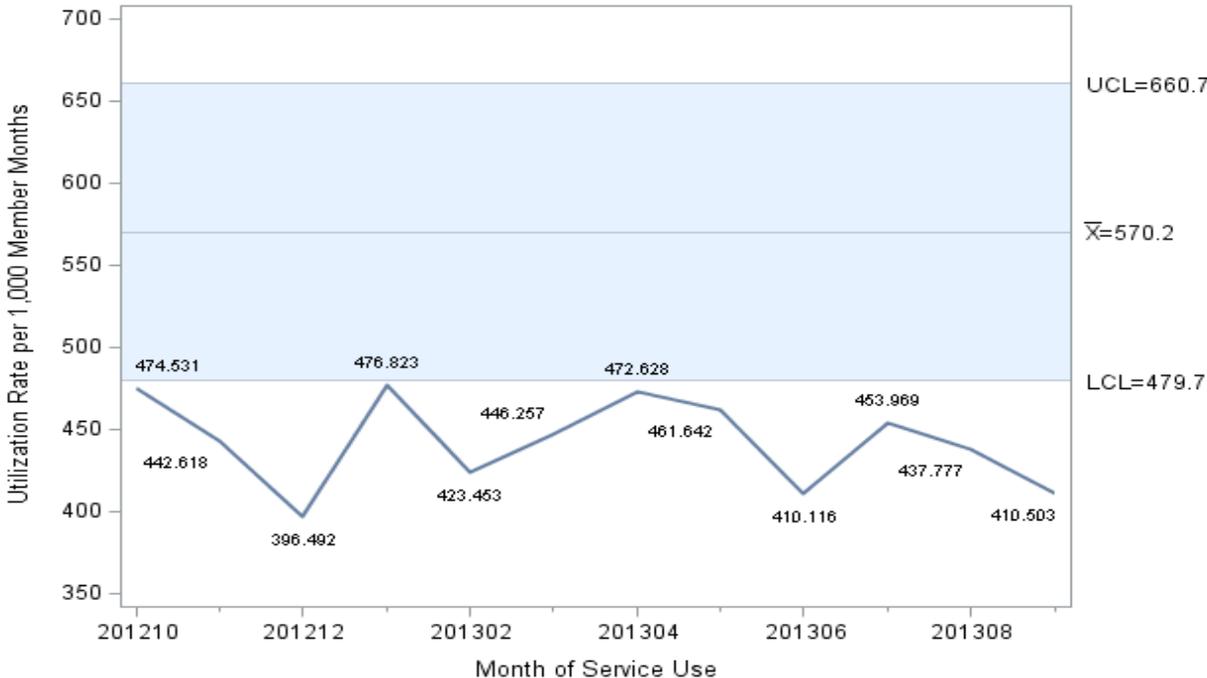


Figure SU-9: Physician/Clinic Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 45,621

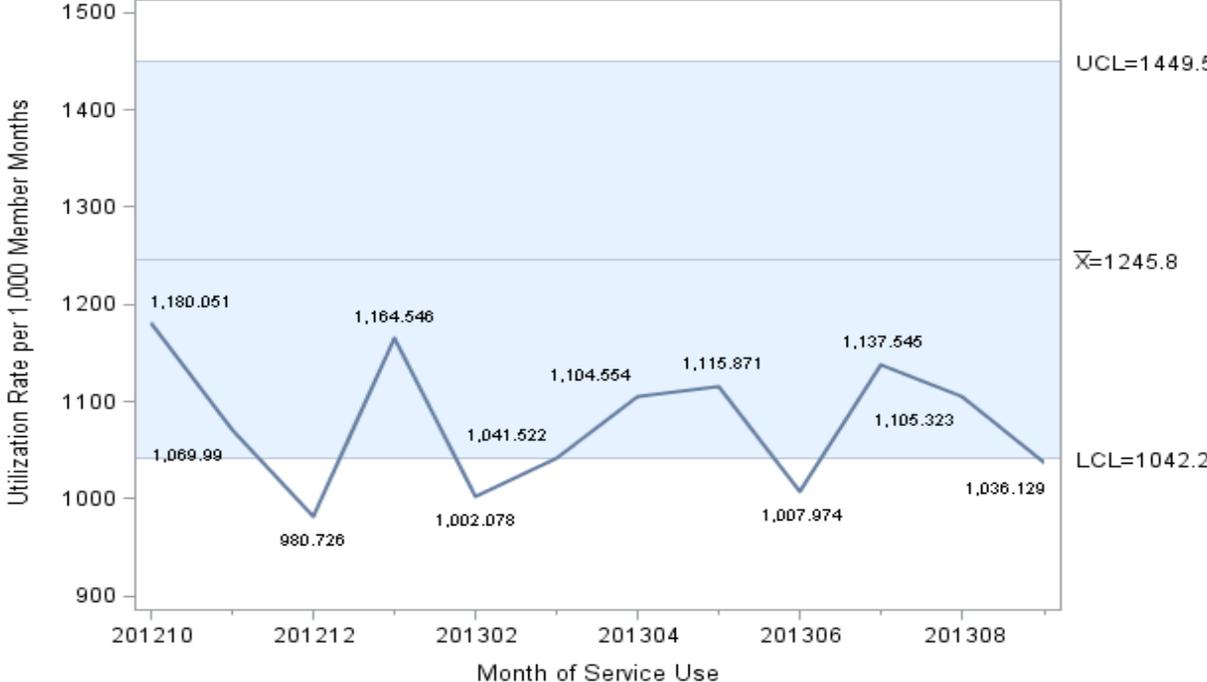
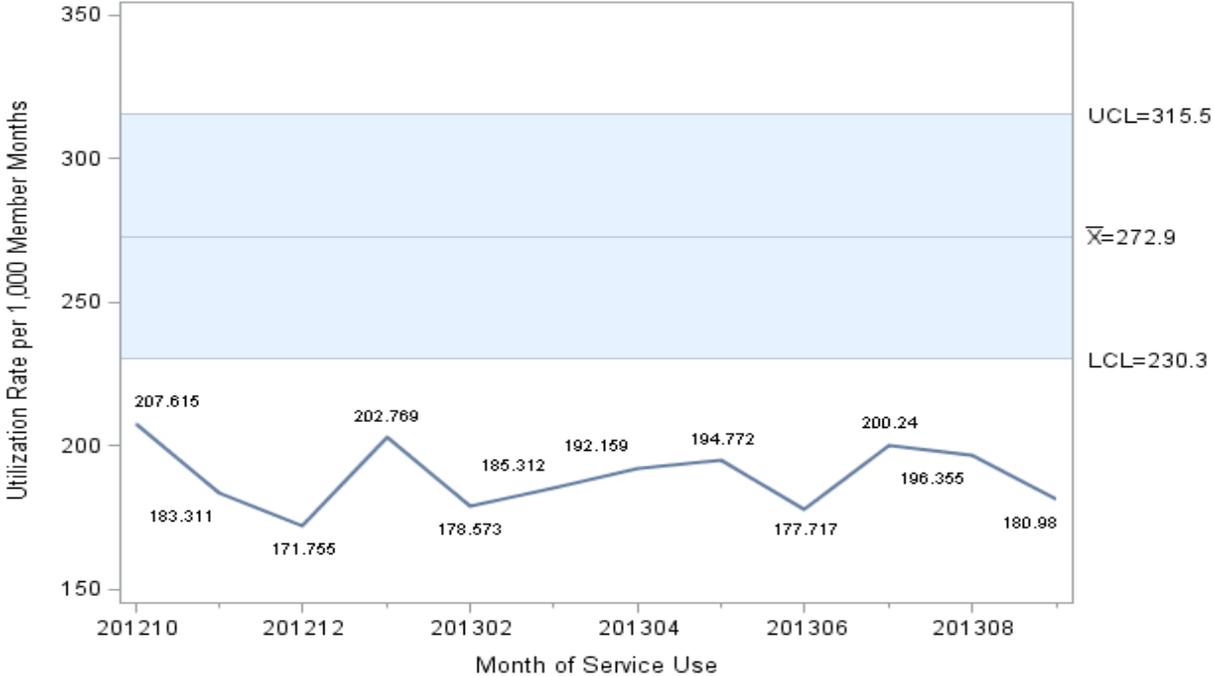


Figure SU-10: Physician/Clinic Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **80,238**



Source: Data for figures SU-6 to SU-10 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Non-Emergency Medical Transportation

Background

Non-emergency transportation is the transportation of sick, injured, invalid, convalescent, infirmed, or otherwise incapacitated persons when access to medical treatment is needed, but when the condition is not immediately life-threatening. An example of non-emergency transportation would be transport by litter van or wheelchair van to a doctor or clinic. Transportation services are also provided through air ambulance services. For non-emergencies, medical transportation by air is only covered when the medical condition of the patient or practical considerations make ground transportation impractical.

The Medi-Cal program covers medical transportation when a beneficiary cannot obtain medical services using ordinary means of transportation. Non-emergency transportation requires previous authorization and is covered only in limited situations. While most insurance plans apart from Medi-Cal provide their members with emergency medical transportation, non-emergency transportation is only covered by other plans in a limited form. For example, private insurance companies may cover non-emergency transportation when transferring a patient being discharged from the hospital, or when plan members seek specific treatment such as organ transplantation services.

Trend Analysis – Children

Children in all of the aid categories are excluded from this analysis because of their relatively small user counts (<500).

Trend Analysis – Adults

- Due to low user counts for most subpopulations, utilization rates of Non-Emergency Medical Transportation services are only reported for adults in the Blind/Disabled and Other aid categories. Service use rates for these two subpopulations were above expected ranges for the entire study period.

This analysis only focuses on Non-Emergency Medical Transportation services utilization among Medi-Cal adults ages 21 and older participating in the FFS delivery system and enrolled in the Blind/Disabled and Other aid categories. Among adults in these two aid categories, monthly Non-Emergency Medical Transportation services utilization rates ranged from 25.8 to 62.8 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013. The Non-Emergency Medical Transportation services utilization rates among adults across the analyzed aid categories were similar to the previous quarterly access reports. For instance, adults in the Blind/Disabled aid category exhibited noticeably higher utilization, with rates about 1.5 to 2 times higher than for adults in the Other aid category. Adults in the analyzed aid categories again exhibited Non-Emergency Medical Transportation utilization rates above the expected ranges observed in the baseline period of 2007 to 2009.

FFS Medi-Cal beneficiaries in the Undocumented aid category are not entitled to Non-Emergency Medical Transportation services and were subsequently excluded from this analysis. Additionally, adults in the Aged and Family aid categories were excluded due to their relatively small user counts (<500).

Figures SU-11 and SU-12 represent the control chart analysis for adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Non-Emergency Medical Transportation Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-11: Non-Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 2,662

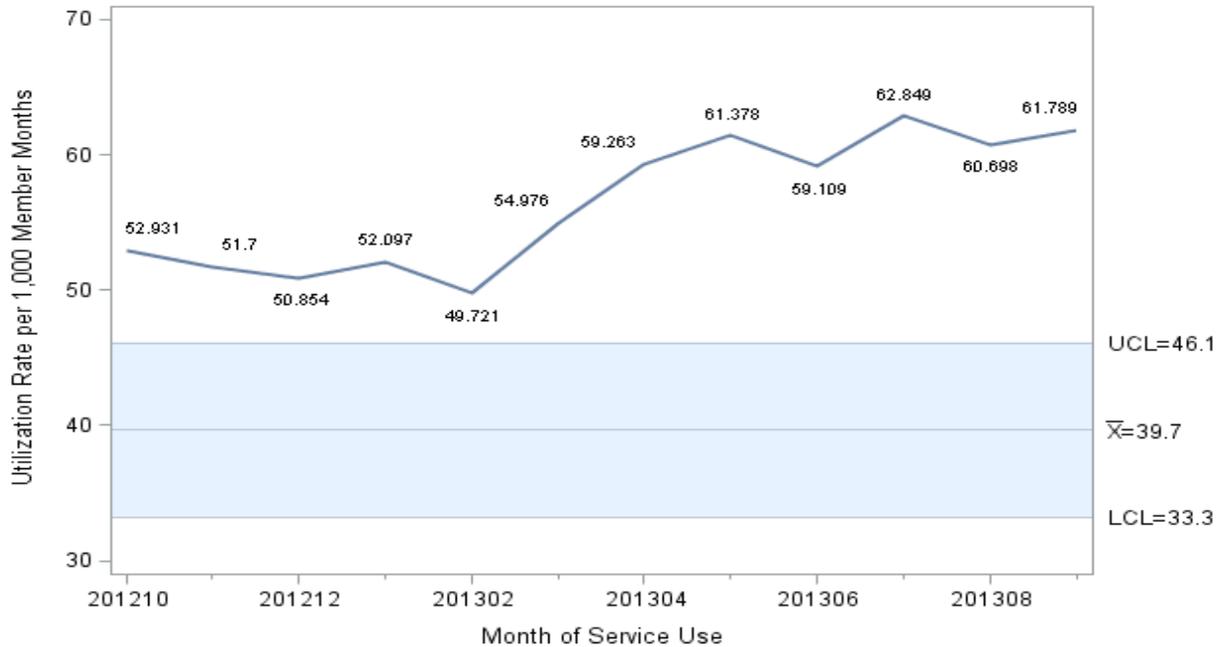
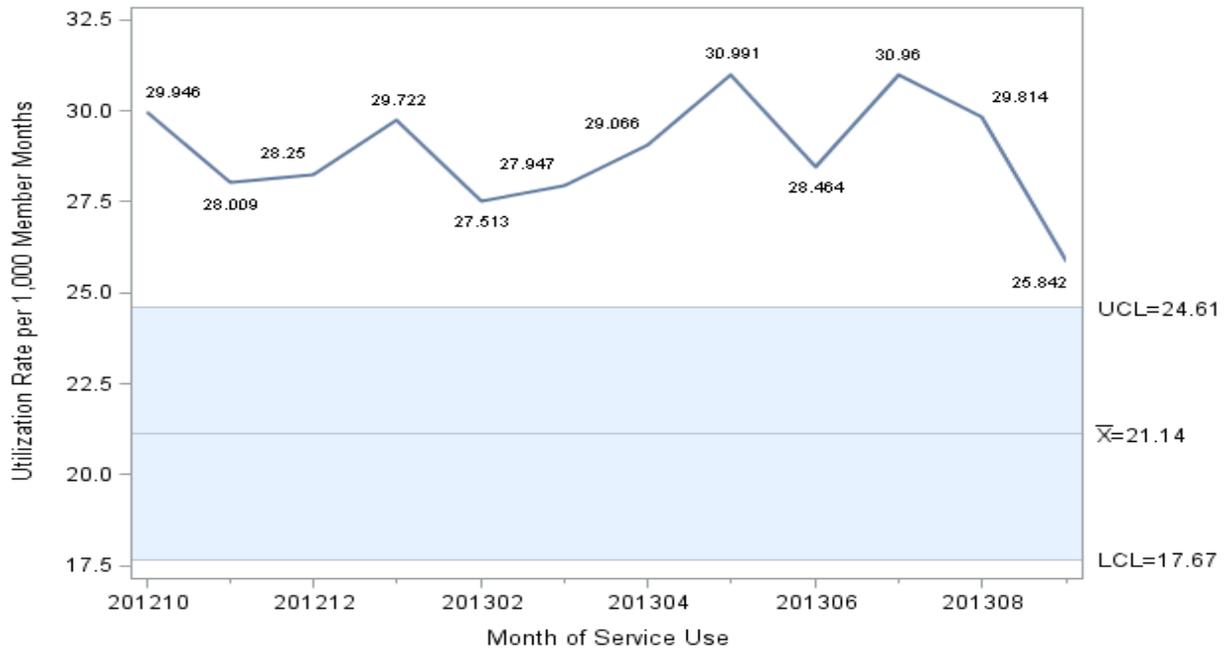


Figure SU-12: Non-Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 1,003



Source: Data for figures SU-11 and SU-12 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Emergency Medical Transportation

Background

Emergency transportation is the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated persons for medical treatment needed in life-threatening situations. Similar to non-emergency transportation, emergency transportation services are provided through air ambulance services and ground medical transportation providers. Transportation by air is covered for emergencies if the medical condition of the patient makes use of other means of transportation inadvisable, or if either the patient or the nearest hospital capable of attending to the patient's medical needs, is inaccessible by ground transportation. Approximately 2.5% of all emergency transportation services are provided by air ambulance.

Emergency transportation is covered by Medi-Cal. Although this type of transportation does not require prior authorization, each claim must include a justification for the emergency transportation.

Trend Analysis – Children

- Medi-Cal children used Emergency Medical Transportation services at below-average rates, except for those in the Family and Foster Care aid categories.

Among FFS Medi-Cal children ages 0–20, monthly Emergency Medical Transportation services utilization rates ranged from 1.5 to 9.3 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Patterns of service use among children in all of the analyzed aid categories mostly followed those identified in the previous quarterly access reports. For instance, Emergency Medical Transportation services utilization was again noticeably higher among children in the Blind/Disabled aid category, with rates ranging from 7.0 to 9.3 visits per 1,000 member months. In contrast, utilization rates for children in the Family and Other aid categories ranged from 1.9 to 3.5 visits per 1,000 member months. Children in the Blind/Disabled, Other, and Undocumented aid categories continued to mostly exhibit below-average utilization, while those in the Foster Care aid category again primarily displayed above-average utilization rates. Additionally, the Emergency Medical Transportation utilization rates for children in the Other aid category fell below the expected baseline ranges over the final 8 months of the study period.

Trend Analysis – Adults

- Utilization among adults in the Blind/Disabled aid category was mostly above-average and at times above expected ranges.

The monthly Emergency Medical Transportation services utilization rates for adults ages 21 and older ranged from 1.8 to 46.0 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the previous access quarterly reports, the utilization rates were noticeably higher for adults in the Blind/Disabled aid category, while adults in the Undocumented aid category rarely utilized these services. Adults in the Family aid category exhibited mostly below-average Emergency Medical Transportation services utilization patterns that fell within the expected baseline ranges, whereas adults in the Blind/Disabled aid category primarily displayed above-average utilization rates that often reached above the baseline ranges. The utilization rates for adults in the Undocumented aid category again primarily fell below the expected baseline ranges.

Adults in the Aged aid category were excluded due to their relatively small user counts (<500).

Figures SU-13 to SU-21 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Emergency Medical Transportation Services Utilization Rates Among Children, October 2012–September 2013

Figure SU-13: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 628

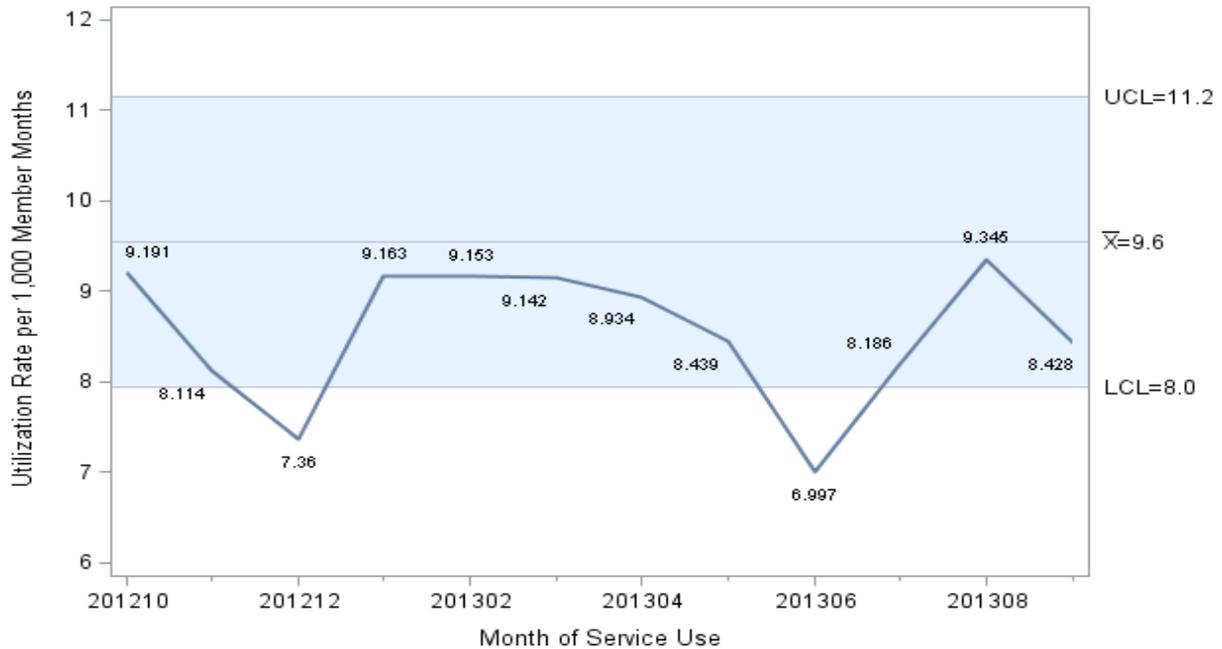


Figure SU-14: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012–September 2013 Unique User Count = 2,692

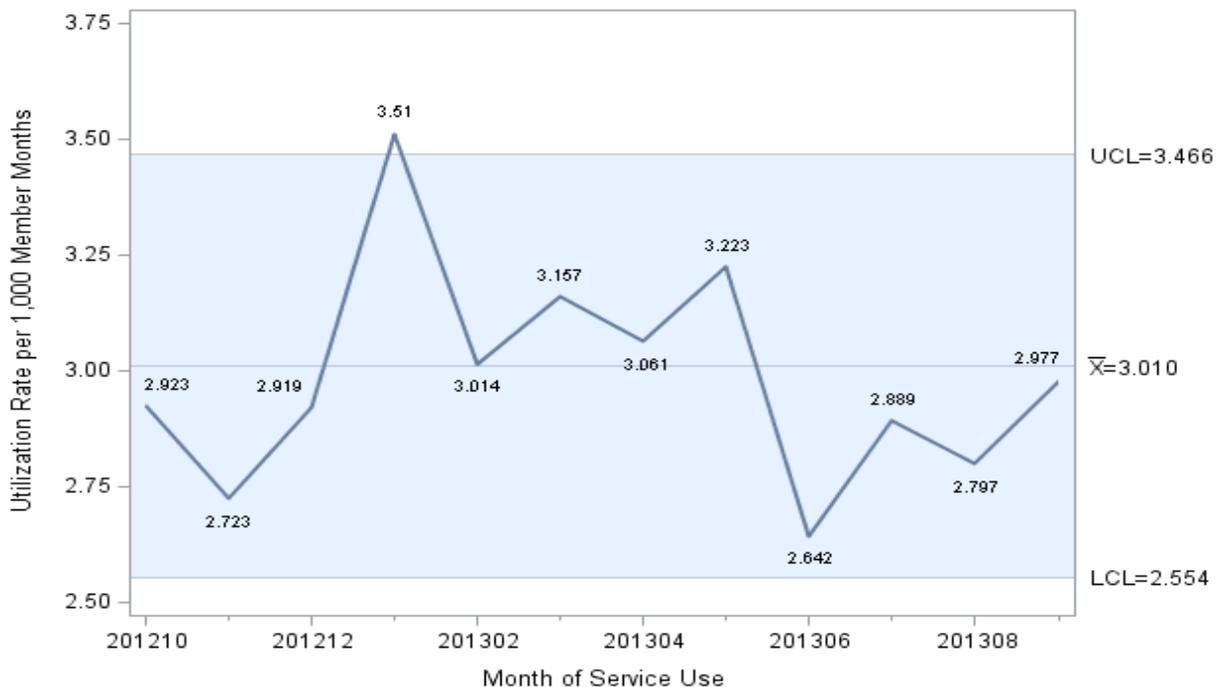


Figure SU-15: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = 1,083

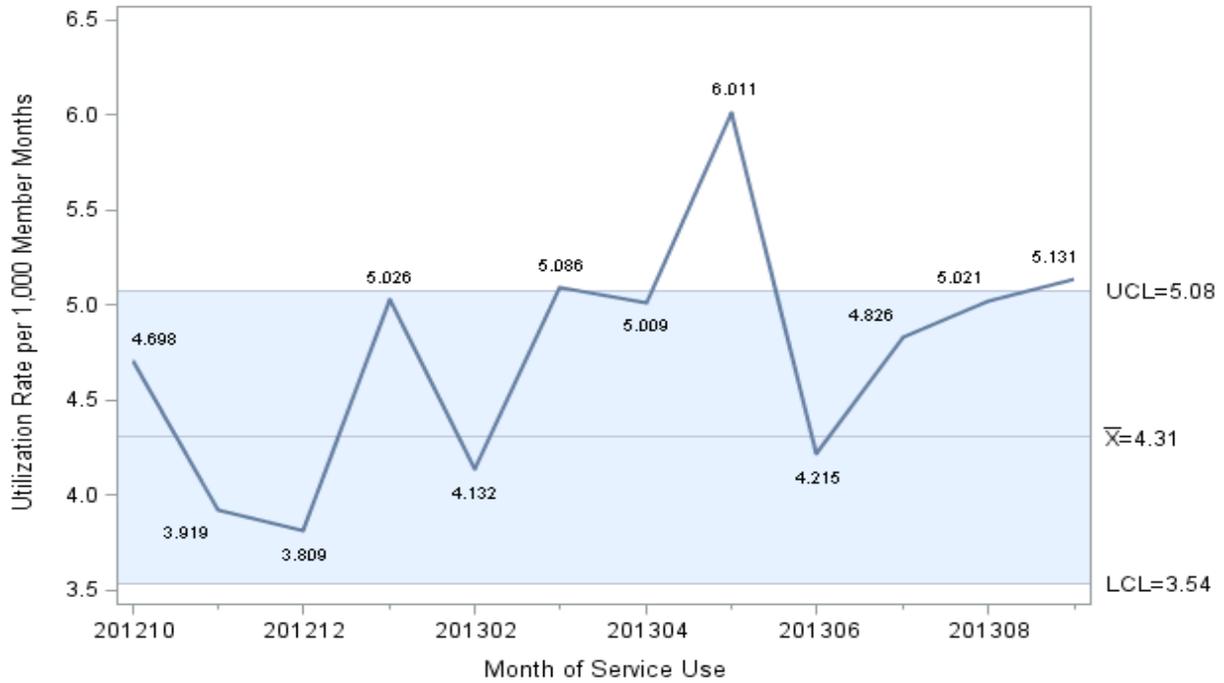


Figure SU-16: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = 1,726

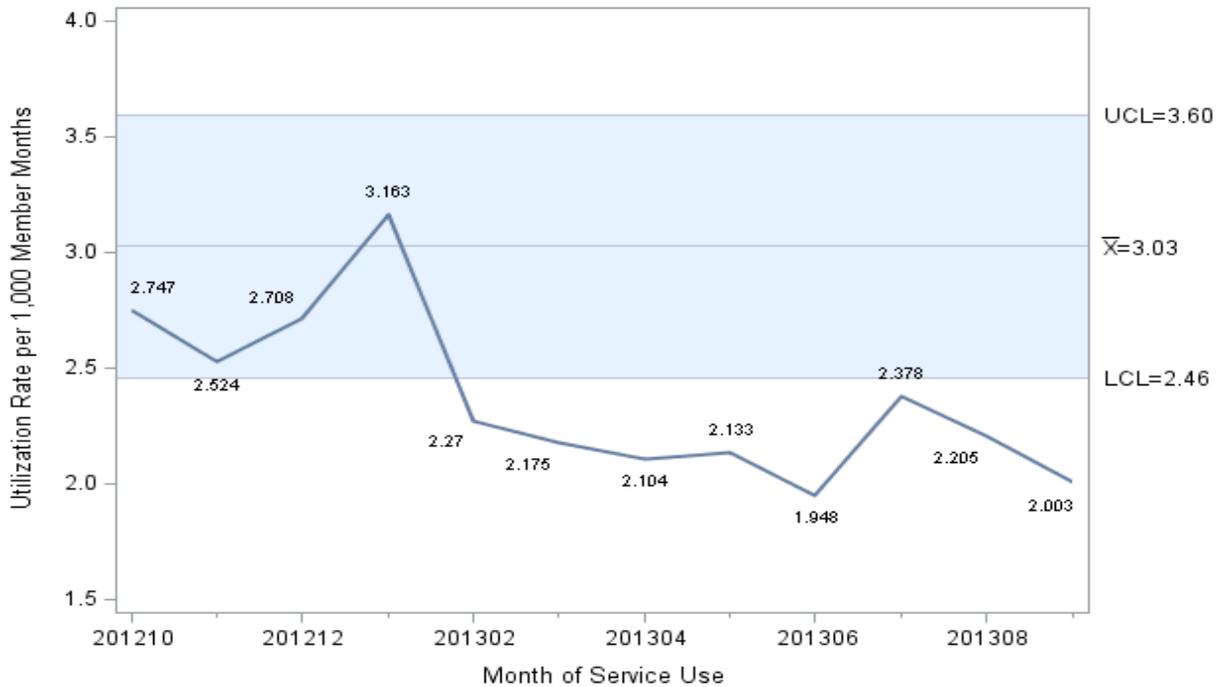
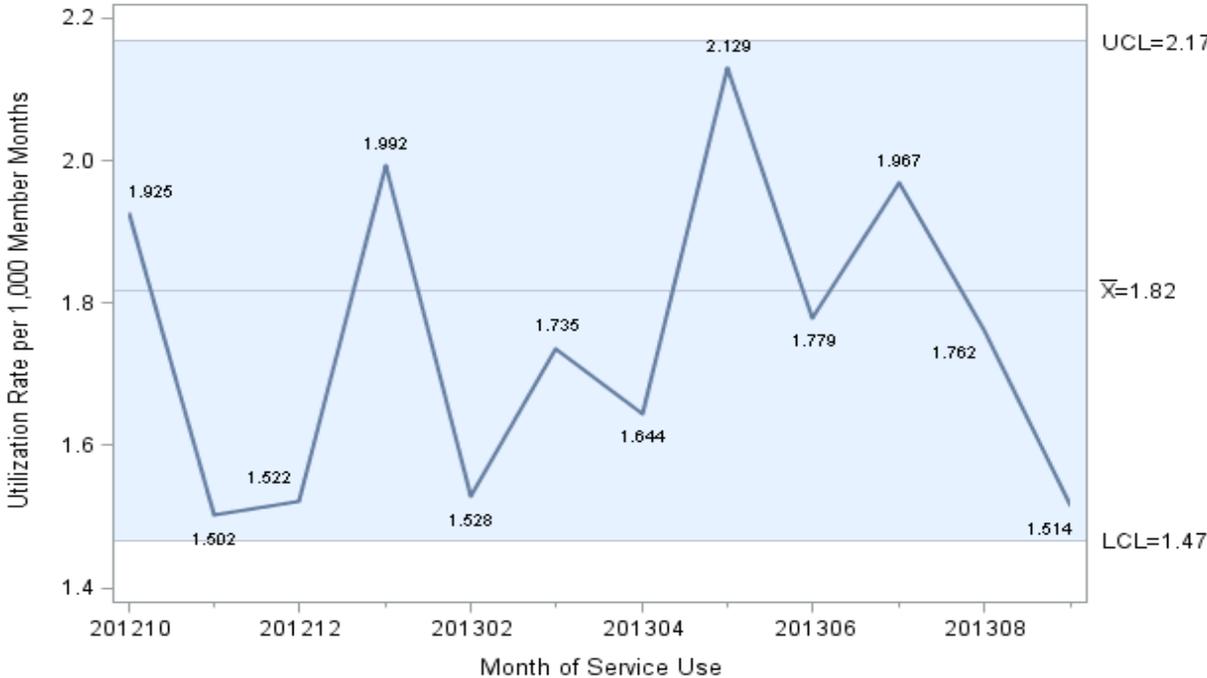


Figure SU-17: Emergency Transportation Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = 645



Source: Data for figures SU-13 to SU-17 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Emergency Transportation Services Utilization Rates among Adults, October 2012–September 2013

Figure SU-18: Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 7,034

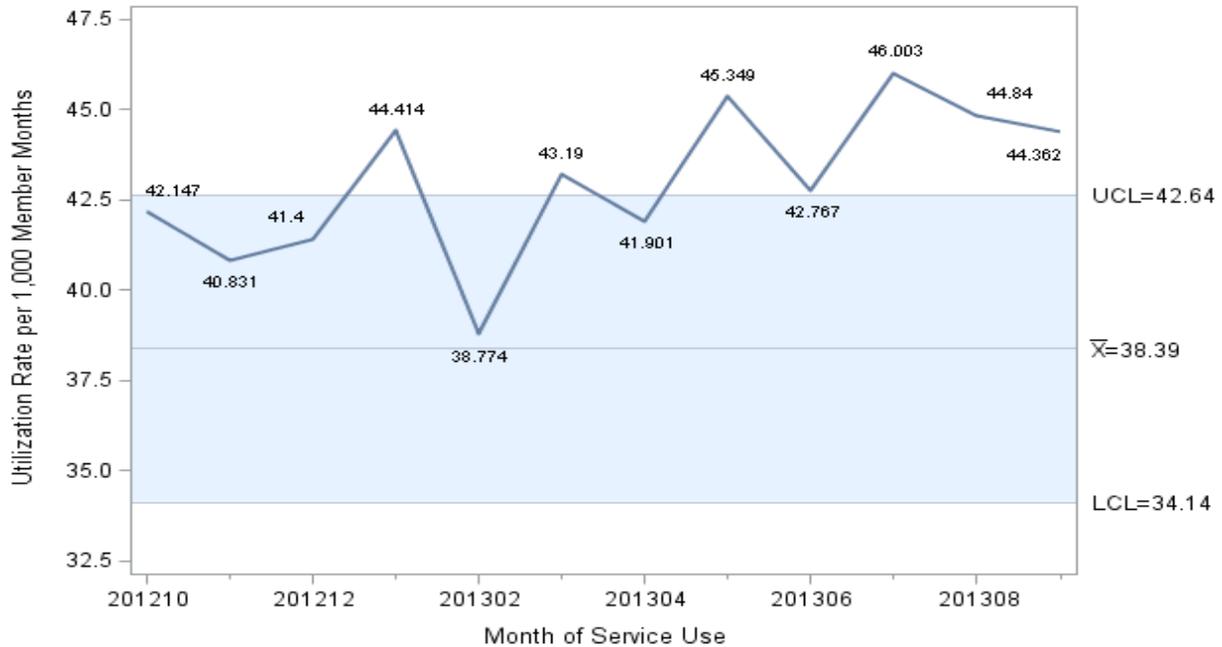


Figure SU-19: Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012–September 2013 Unique User Count = 3,894

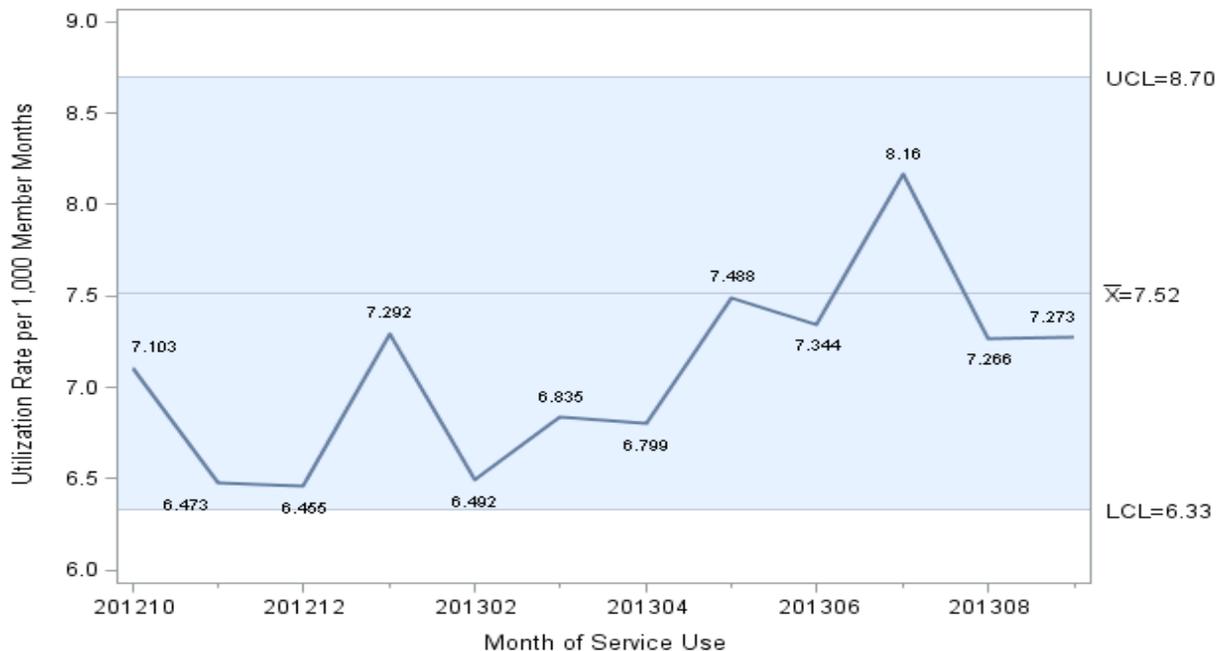


Figure SU-20: Emergency Transportation Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 1,538

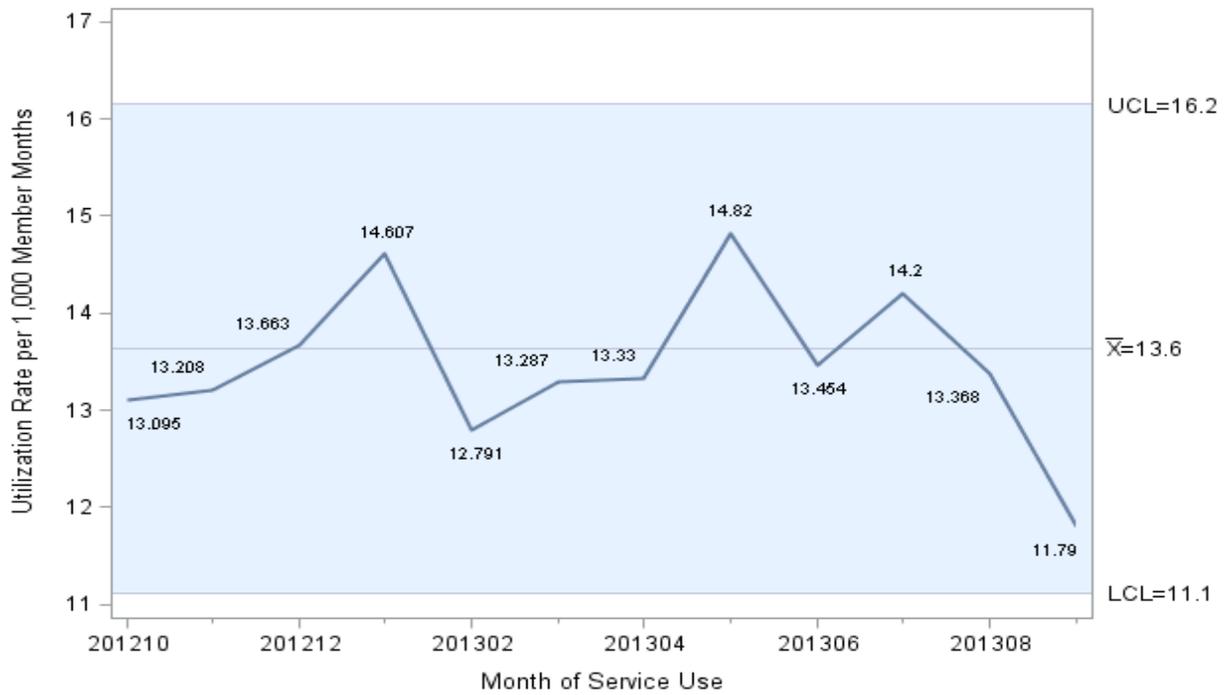
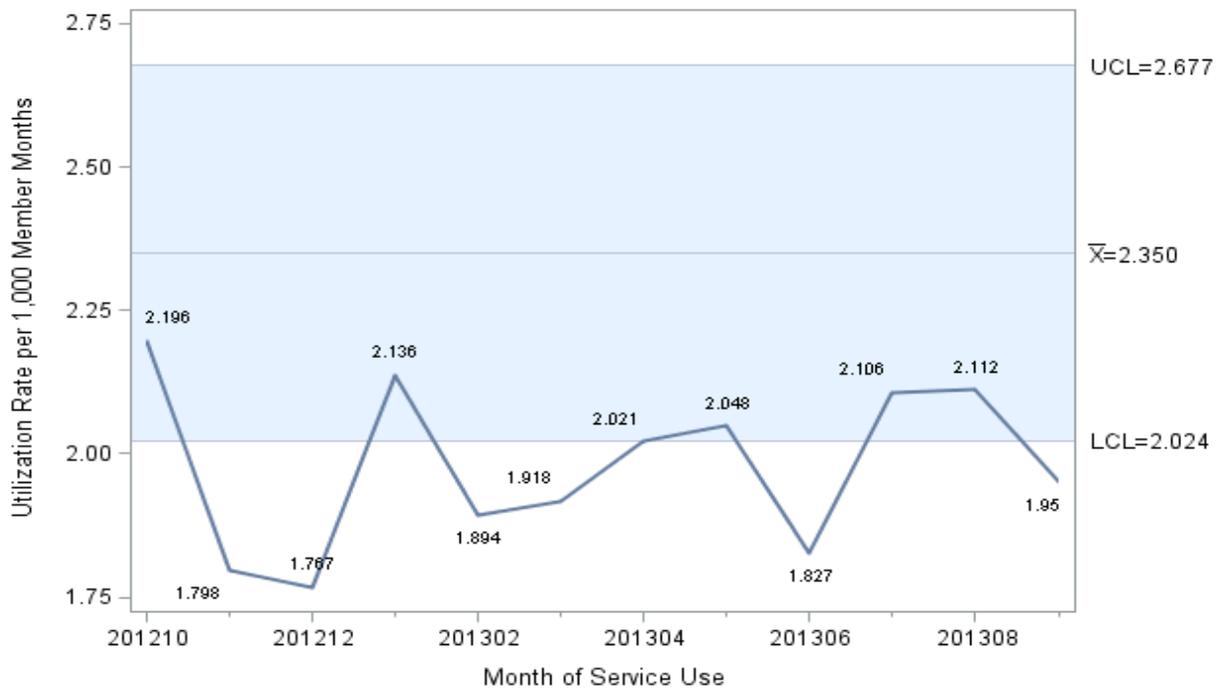


Figure SU-21: Emergency Transportation Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013 Unique User Count = 3,154



Source: Data for figures SU-18 to SU-21 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Home Health Services

Background

Home Health services provide outpatient care to Medi-Cal beneficiaries on an intermittent or part-time basis. Services include:

- Part-time or intermittent skilled nursing by licensed nursing personnel
- In-home medical care
- Physical, occupational, or speech therapy
- Home health aide
- Provision of medical supplies, excluding drugs and biological
- Medical social services
- Use of medical appliances

These services must be prescribed by a physician under a written plan renewed every 60 days, and be provided at the recipient's place of residence. Most services require prior authorization, except for services related to case evaluations and early discharge follow-up visits.

Home Health services paid through FFS Medi-Cal comprise any claim paid under provider type "014–Home Health Agency," which covers a variety of services, including services provided by home health agencies, home and community-based services, residential care and home health under the assisted living waiver, and pediatric palliative care waiver services.

Trend Analysis – Children

- Use of Home Health services is now concentrated among children and adults in the Blind/Disabled aid category.

This analysis focuses only on Home Health services utilization rates among FFS Medi-Cal children ages 0–20 enrolled in the Blind/Disabled aid category.

The monthly Home Health services utilization rates for children in this aid category ranged from 135.4 to 169.1 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013. Children in the Blind/Disabled aid category again exhibited utilization rates above the thresholds established in the baseline period of 2007 to 2009 throughout the study period.

Trend Analysis – Adults

- Adults in the Blind/Disabled aid code exhibited much lower Home Health services utilization than children in the same aid category.

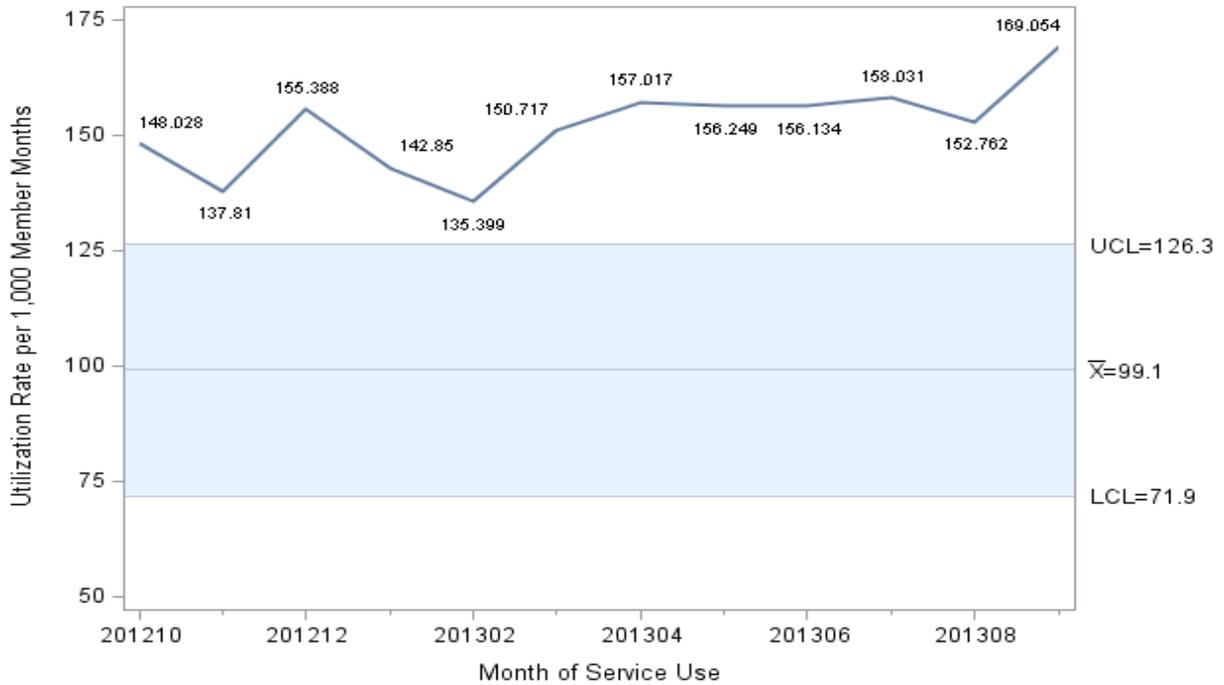
For adults ages 21 and older, this analysis only focuses on Home Health services utilization among beneficiaries enrolled in the Blind/Disabled aid category. The monthly Home Health services utilization rates for adults in this aid category ranged from 11.6 to 15.1 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013. Similar to the previous access quarterly reports, adults in the Blind/Disabled aid group exhibited much lower overall Home Health services utilization rates than children in the same aid category. Adults in this aid category primarily displayed above-average utilization that also remained within the expected baseline ranges.

FFS Medi-Cal beneficiaries in the Undocumented aid category are not entitled to Home Health services and were, subsequently, excluded from this analysis. Additionally, adults in the Aged, Family, and Other aid categories as well as children in the Family, Foster Care, and Other aid categories were excluded because of their relatively small user counts (<500).

Figures SU-22 and SU-23 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Home Health Services Utilization Rates Among Children, October 2012–September 2013

Figure SU-22: Home Health Services Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 1,575

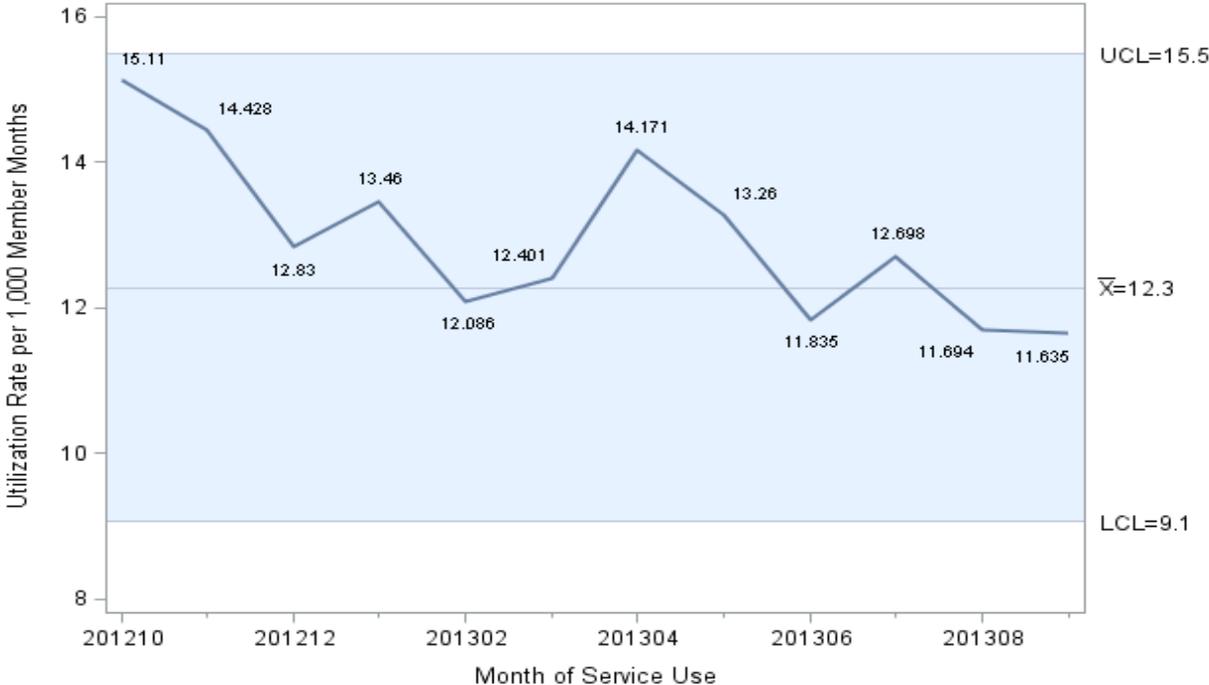


Source: Data for figure SU-22 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Home Health Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-23: Home Health Services Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013

Unique User Count = **1,035**



Source: Data for figure SU-23 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Hospital Inpatient Services

Background

Hospital Inpatient services are those services provided by a physician to patients admitted to the hospital at least overnight or who are transferred to another facility in the same day. Hospital Inpatient services do not include skilled nursing and intermediate care services furnished by a hospital with a swing-bed approval.

The general public is ensured access to emergency medical services, regardless of their ability to pay, under the Emergency Medical Treatment & Labor Act (EMTALA).^{viii} Under this act, individuals who present to hospitals having emergency rooms must be appropriately screened and examined to determine whether or not an emergency medical condition exists, and must receive stabilizing treatment when medically needed. Emergency medical conditions include women in active labor. This provision is equally applicable to Medi-Cal beneficiaries seeking emergency and pregnancy-related services, including beneficiaries who are in restricted-scope aid categories with limited benefits.

^{viii} <http://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html?redirect=/EMTALA/>

Trend Analysis – Children

- Children in the Blind/Disabled aid category had notably higher Hospital Inpatient use rates than children in the other aid categories.

The monthly Hospital Inpatient services utilization rates for FFS Medi-Cal children ages 0–20 ranged from 14.6 to 151.3 days per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the trends identified in the previous quarterly access reports, Hospital Inpatient services utilization was notably higher among children in the Blind/Disabled aid category. Children in the Blind/Disabled and Family aid categories exhibited mostly above-average Hospital Inpatient services utilization rates that at times reached above the expected ranges observed in the baseline period of 2007 to 2009. In contrast, children in the Foster Care, Other, and Undocumented aid categories again mostly exhibited below-average utilization of Hospital Inpatient services. Of particular note, after exhibiting utilization below the expected ranges, service use among children in the Undocumented aid category increased to levels well above the expected ranges during the last quarter of the study period. Additionally, children in the Family and Other aid categories displayed noticeable increases in Hospital Inpatient services utilization during the last quarter of the study period. These increases are attributable to an administrative change in how pregnancy-related claims are processed. For instance, the implementation of the All Patient Refined Diagnosis Related Group (APR-DRG) payment methodology in July 2013 required providers to submit hospital inpatient claims for babies separately from their mothers'. This administrative billing change resulted in an increase of inpatient claims while actual utilization of services were consistent with recent trends.

Trend Analysis – Adults

- Adults in the Aged, Blind/Disabled, and Other aid categories had noticeably higher Hospital Inpatient service use rates, while service use for adults in the Family and Undocumented aid categories were mostly below-average.

For adults ages 21 and older, monthly Hospital Inpatient services utilization rates ranged from 29.4 to 302.3 days per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Hospital Inpatient services use was again noticeably higher for adults in the Aged, Blind/Disabled, and Other aid categories. Adults in the Aged and Blind/Disabled aid categories exhibited above-average utilization above the baseline thresholds throughout the study period. In contrast, adults in the Family, Other, and Undocumented aid categories exhibited below-average Hospital Inpatient services utilization rates that often fell below the expected ranges.

Figures SU-24 to SU-33 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Hospital Inpatient Services Utilization Rates Among Children, October 2012–September 2013

Figure SU-24: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 1,182

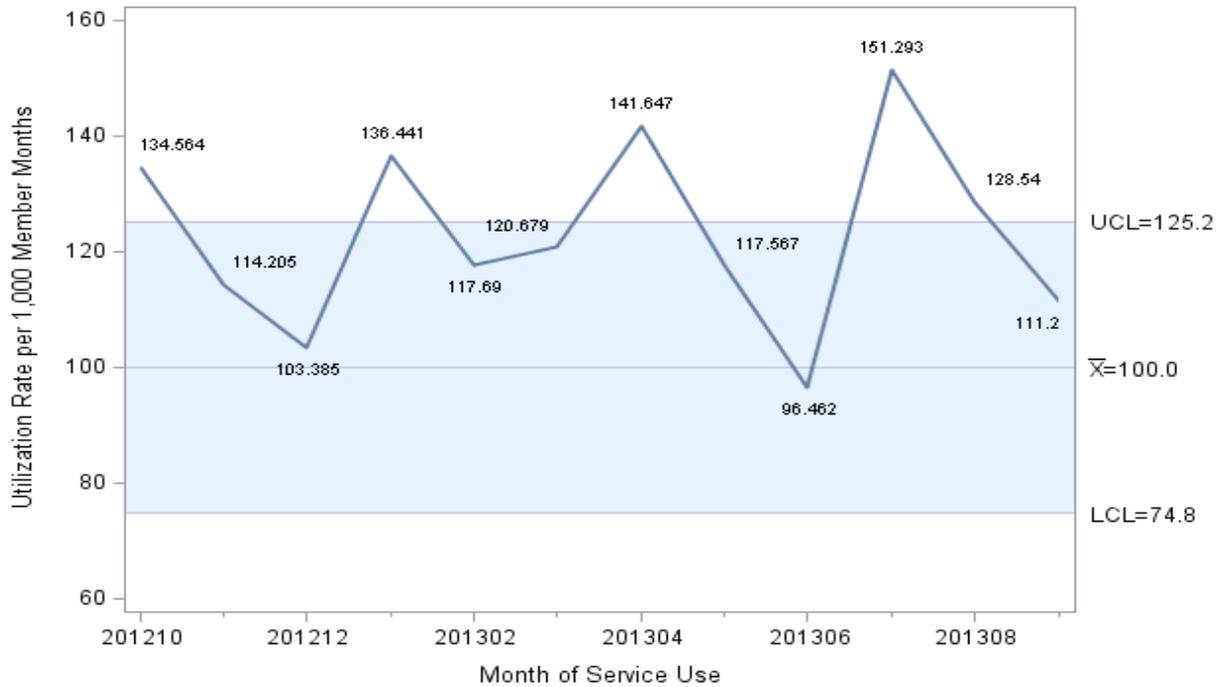


Figure SU-25: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012–September 2013 Unique User Count = 9,143

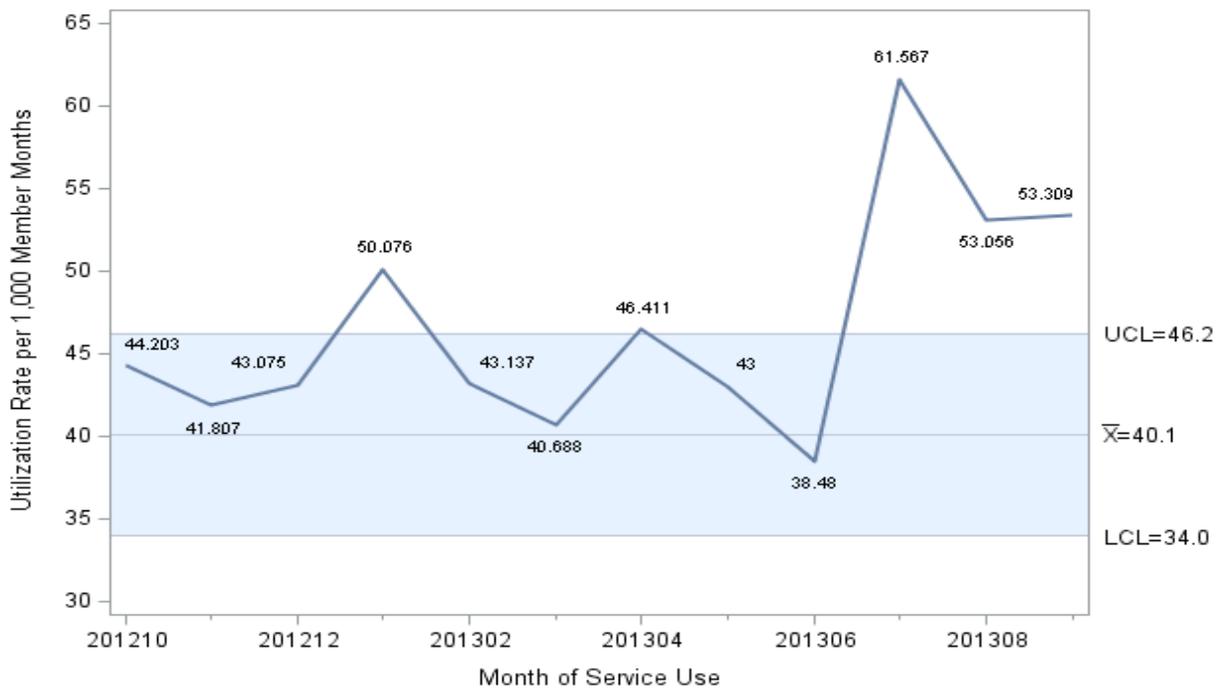


Figure SU-26: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = 769

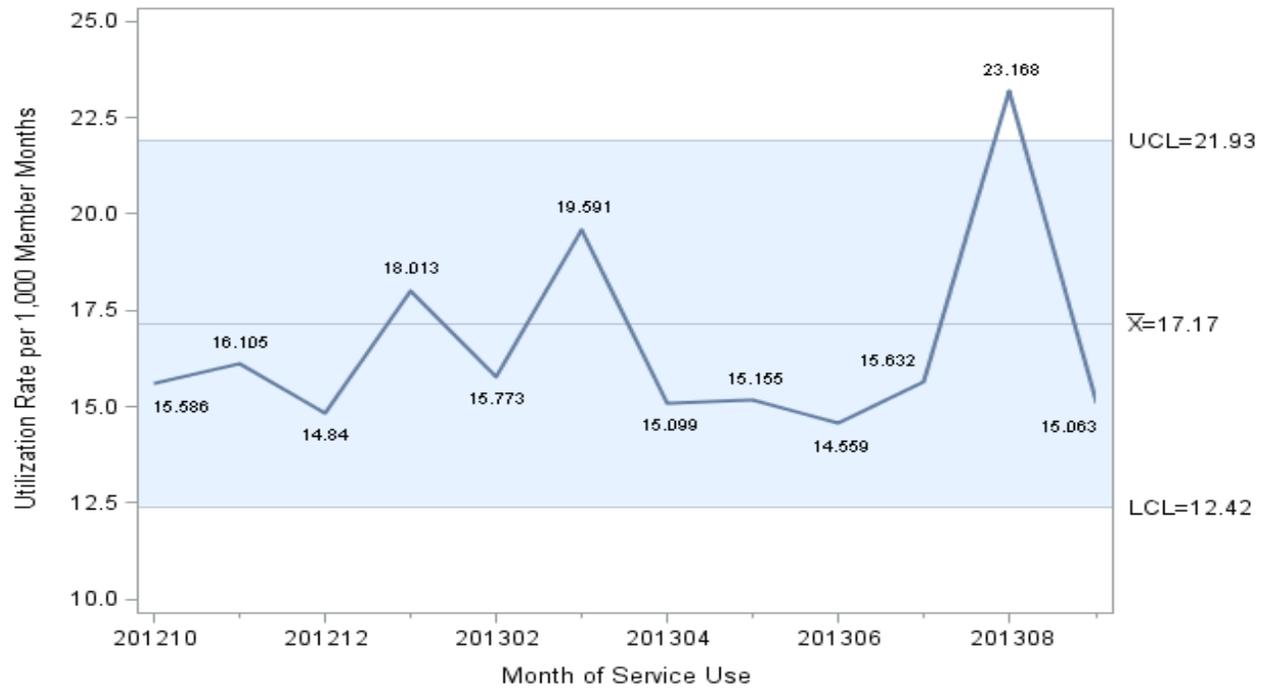


Figure SU-27: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = 12,468

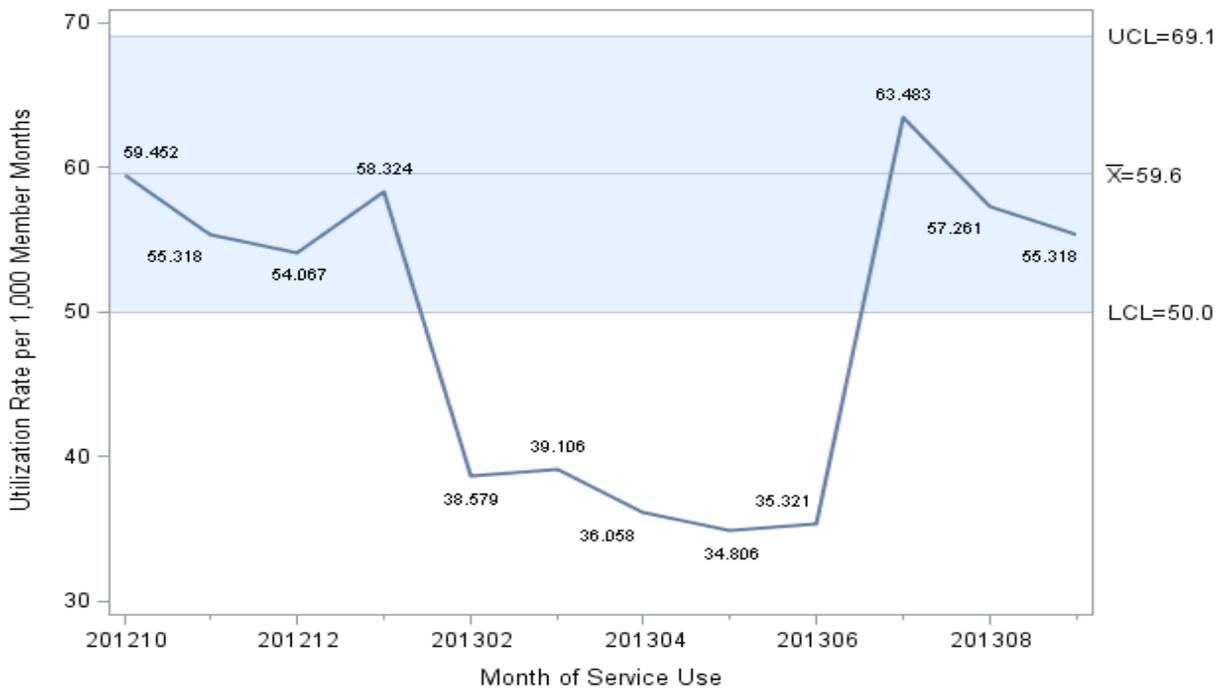
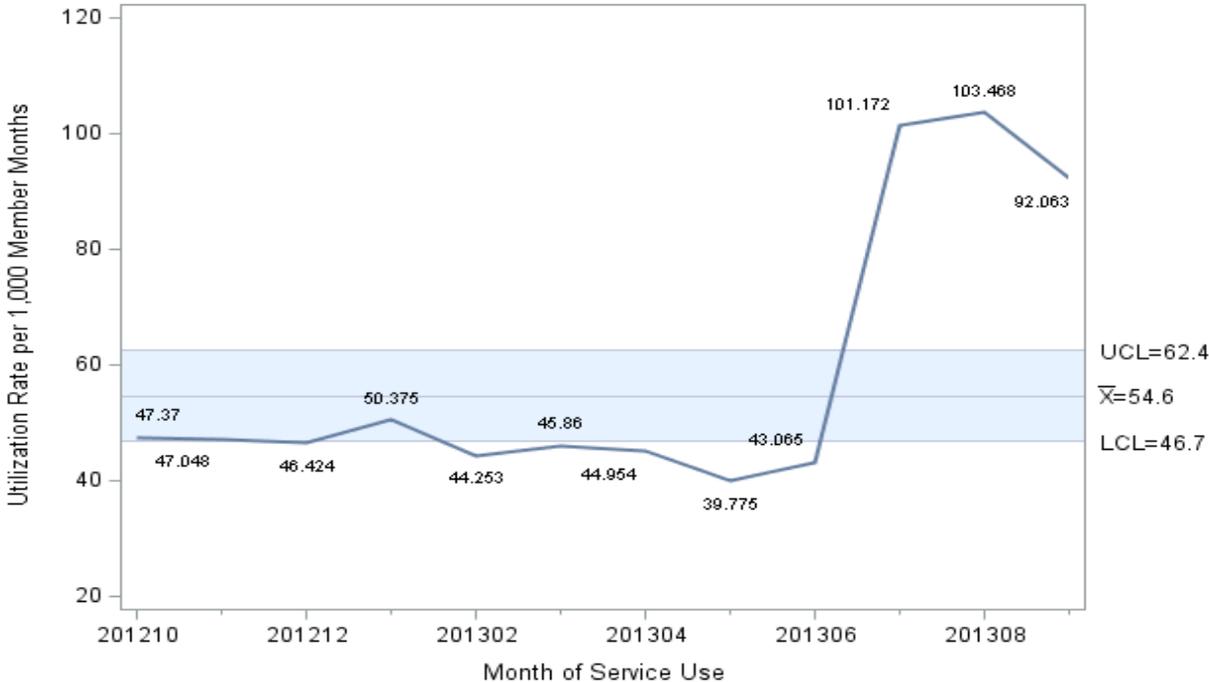


Figure SU-28: Hospital Inpatient Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **13,414**



Source: Data for figures SU-24 to SU-28 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Hospital Inpatient Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-29: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = 930

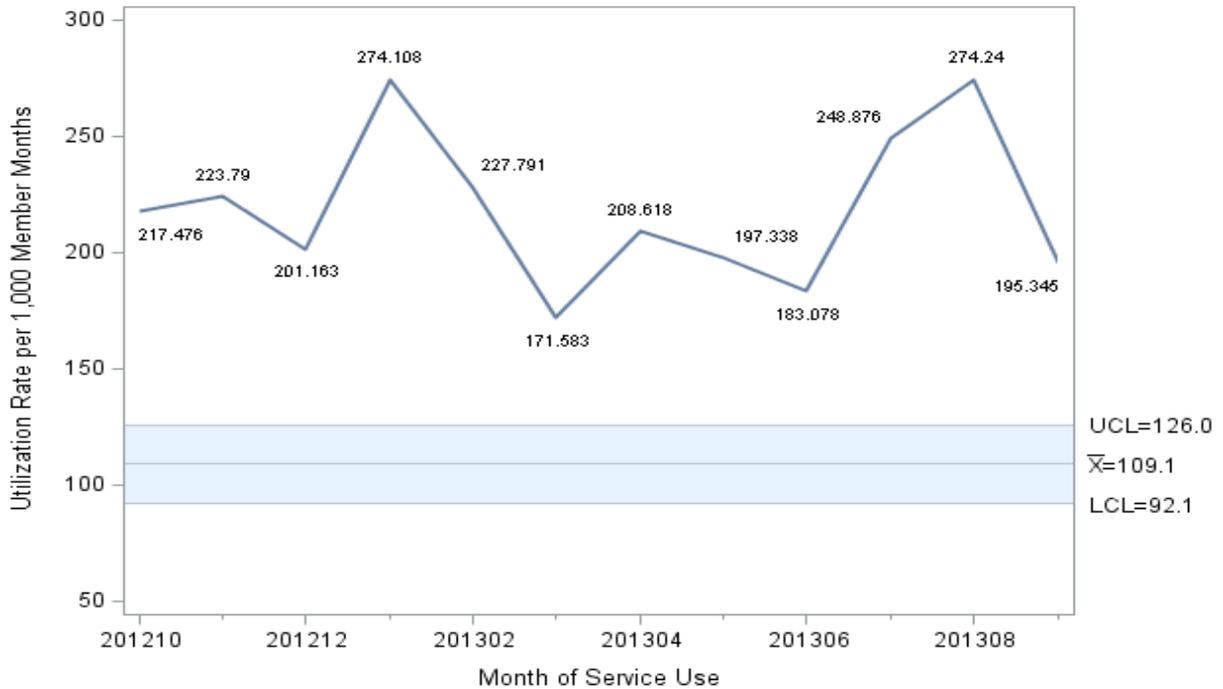


Figure SU-30: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 7,525

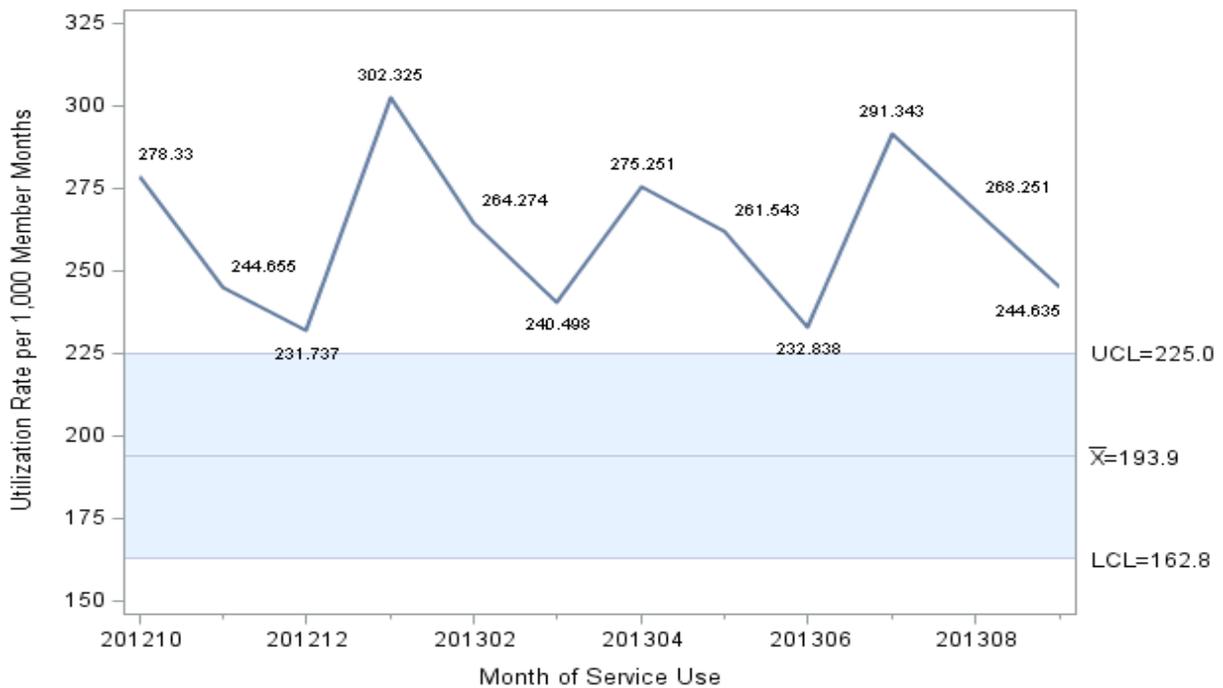


Figure SU-31: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012–September 2013 Unique User Count = 9,401

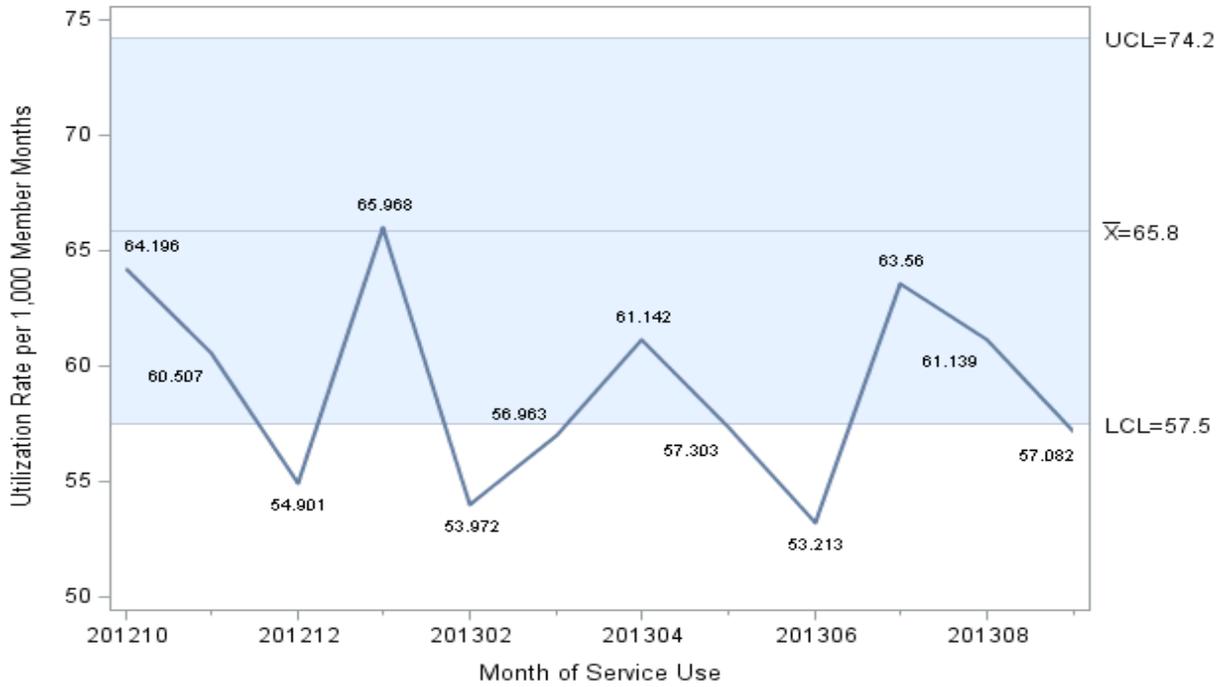


Figure SU-32: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 10,928

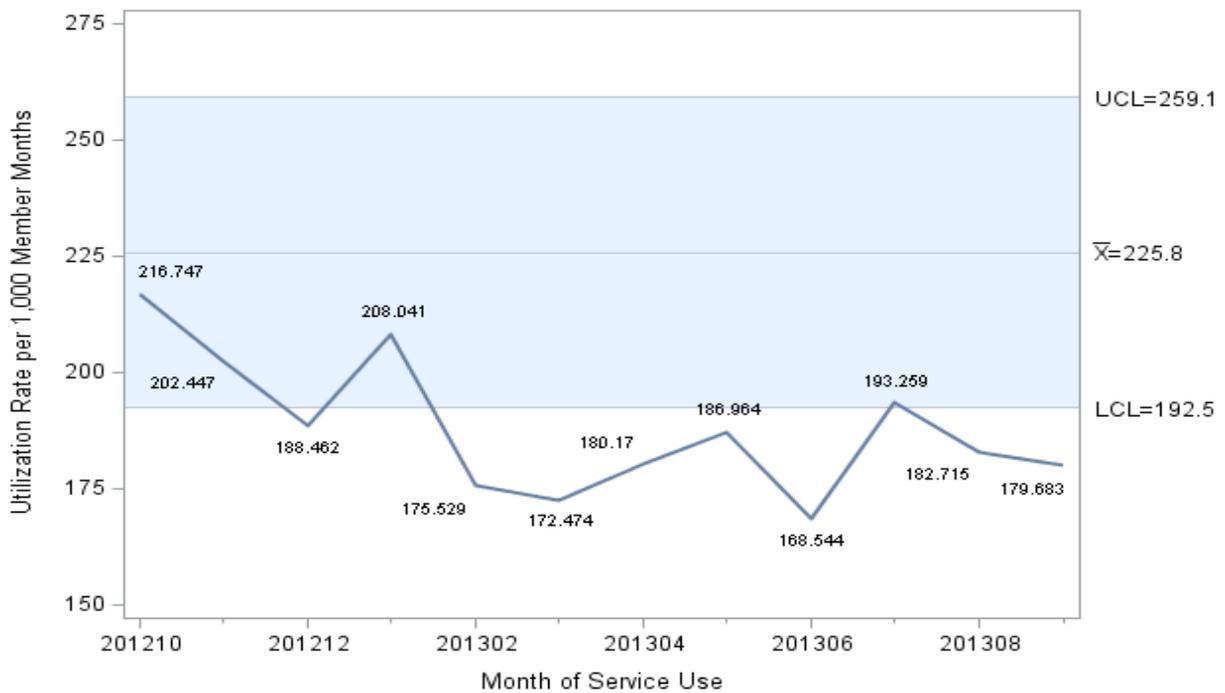
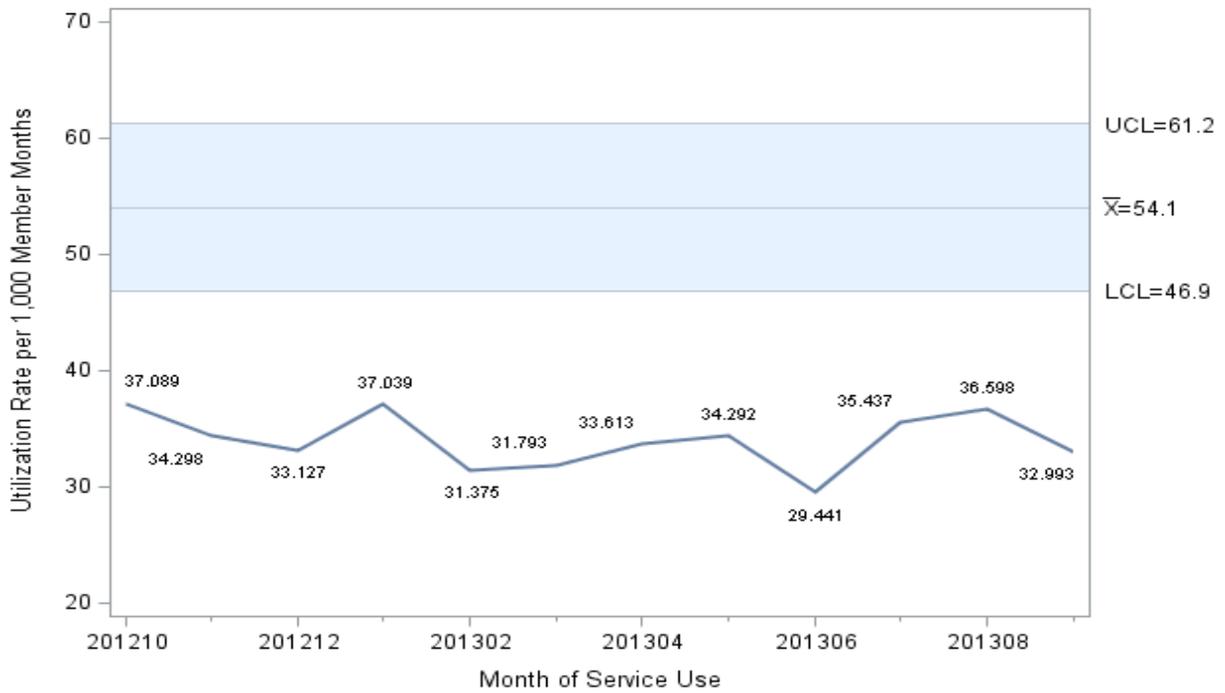


Figure SU-33: Hospital Inpatient Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013 Unique User Count = 20,213



Source: Data for figures SU-29 to SU-33 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Hospital Outpatient Services

Background

Hospital Outpatient services are diagnostic, preventative, or therapeutic services furnished on an outpatient basis on the premises of a hospital. These services are rendered on the expectation that a patient will not require services beyond a 24-hour period. Hospital Outpatient services may include visits to an emergency room, as well as scheduled procedures that do not require overnight hospitalization.

The general public is ensured access to emergency medical services under the EMTALA, regardless of their ability to pay. Under this act, individuals who seek care at hospitals with an emergency room must be appropriately screened and examined to determine if an emergency medical condition exists, and must receive stabilizing treatment when medically needed. Emergency medical conditions include women in active labor. This provision is equally applicable to Medi-Cal beneficiaries seeking emergency and pregnancy-related services, including beneficiaries who are in restricted-scope aid categories with limited benefits.

Trend Analysis – Children

- Children in the Blind/Disabled aid category used Hospital Outpatient services at rates two to three times higher than children in other aid categories.

Among FFS Medi-Cal children ages 0–20, monthly Hospital Outpatient services utilization rates ranged from 54.8 to 184.1 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Hospital Outpatient services use continued to be higher among children in the Blind/Disabled aid category, with rates ranging from two to three times higher than for children in any other aid category. Children in the Foster Care and Undocumented aid categories mostly exhibited below-average utilization of Hospital Outpatient services. Service use among children in the Family aid category fell below the expected ranges in the last analyzed quarter, while children in the Other aid group displayed utilization below the expected ranges throughout the study period. Additionally, children in the Family and Other aid categories displayed a downward trend in Hospital Outpatient services utilization between January and June 2013.

Trend Analysis – Adults

- Adults in the Blind/Disabled and Other aid categories experienced higher utilization rates for Hospital Outpatient services.

The monthly Hospital Outpatient services utilization rates for adults ages 21 and older ranged from 44.1 to 295.0 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

As noted in the previous access quarterly reports, Hospital Outpatient services utilization rates were noticeably higher for adults in the Blind/Disabled and Other aid categories. Adults in the Aged and Blind/Disabled aid categories mostly exhibited above-average use of Hospital Outpatient services, while adults in the Family, Other, and Undocumented aid categories displayed below-average utilization. Service use among adults in the Family and Undocumented aid categories fell below the expected ranges during most of the study period. Additionally, adults in the Other aid category exhibited several non-consecutive months of Hospital Outpatient services utilization below the expected ranges.

Figures SU-34 to SU-43 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Hospital Outpatient Services Utilization Rates Among Children, October 2012–September 2013

Figure SU-34: Hospital Outpatient Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 7,564

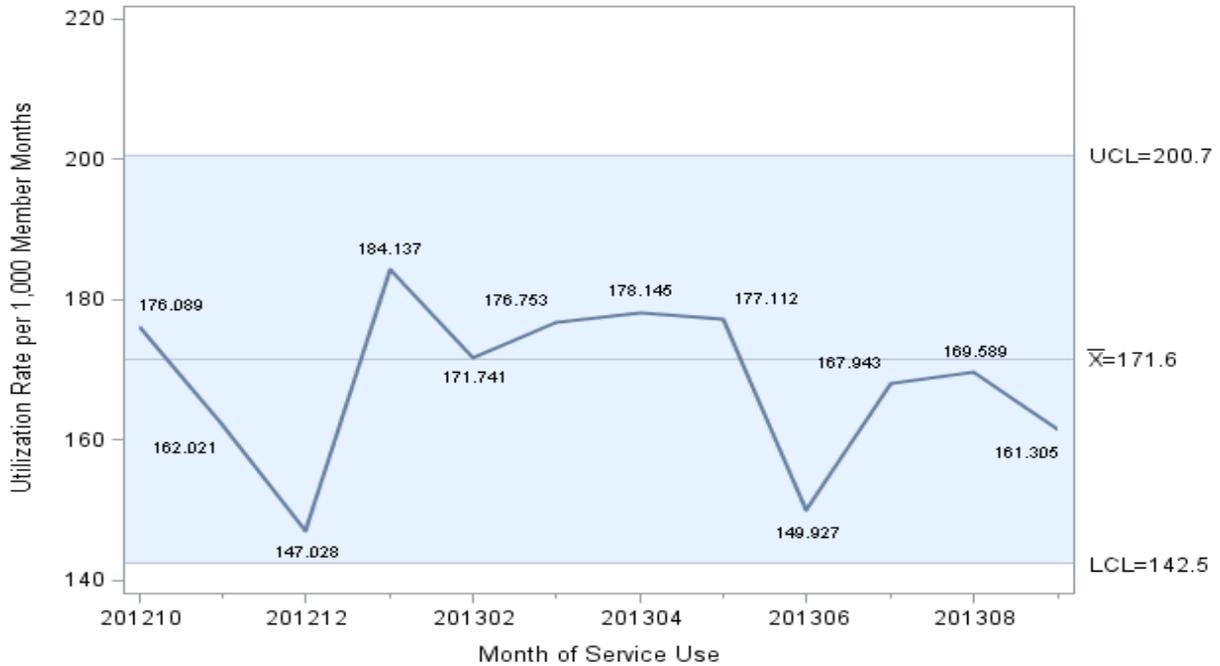


Figure SU-35: Hospital Outpatient Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012–September 2013

Unique User Count = 50,276

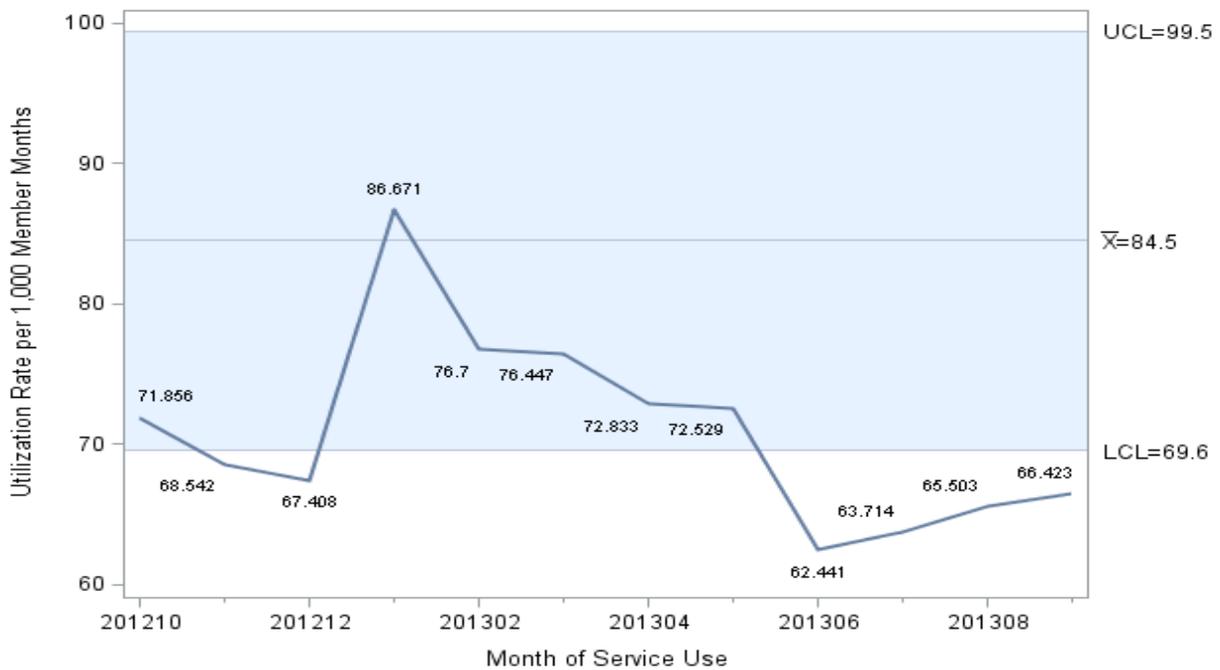


Figure SU-36: Hospital Outpatient Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013

Unique User Count = **12,027**

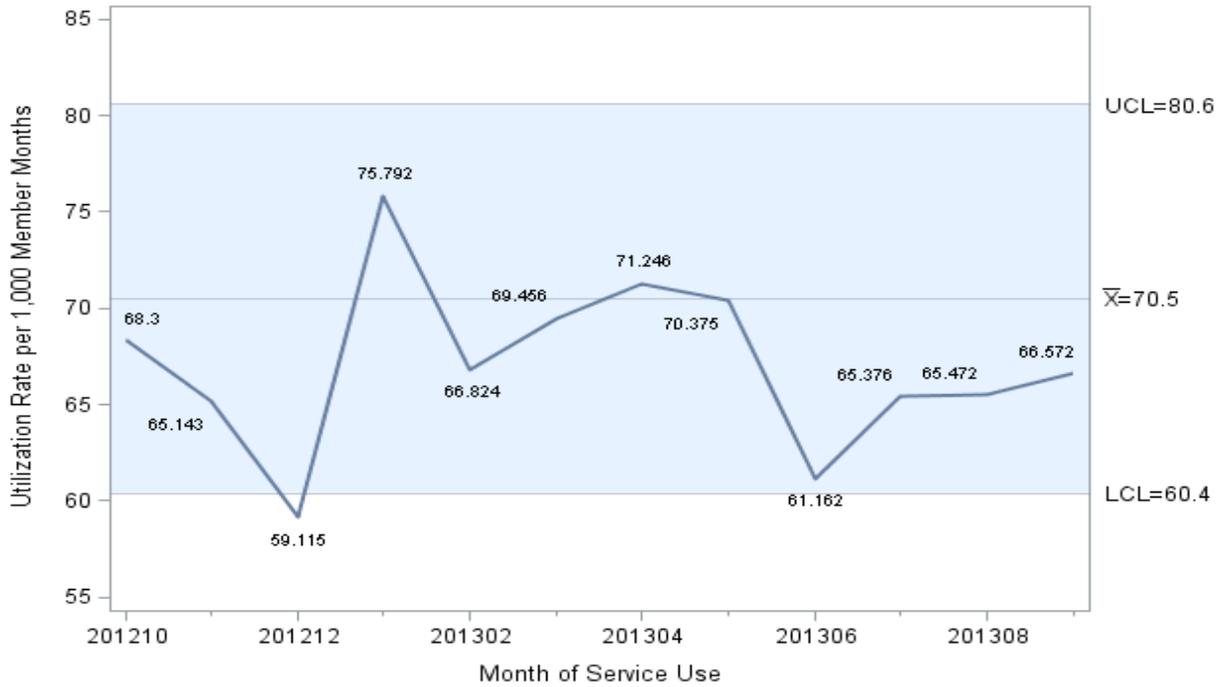


Figure SU-37: Hospital Outpatient Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013

Unique User Count = **39,423**

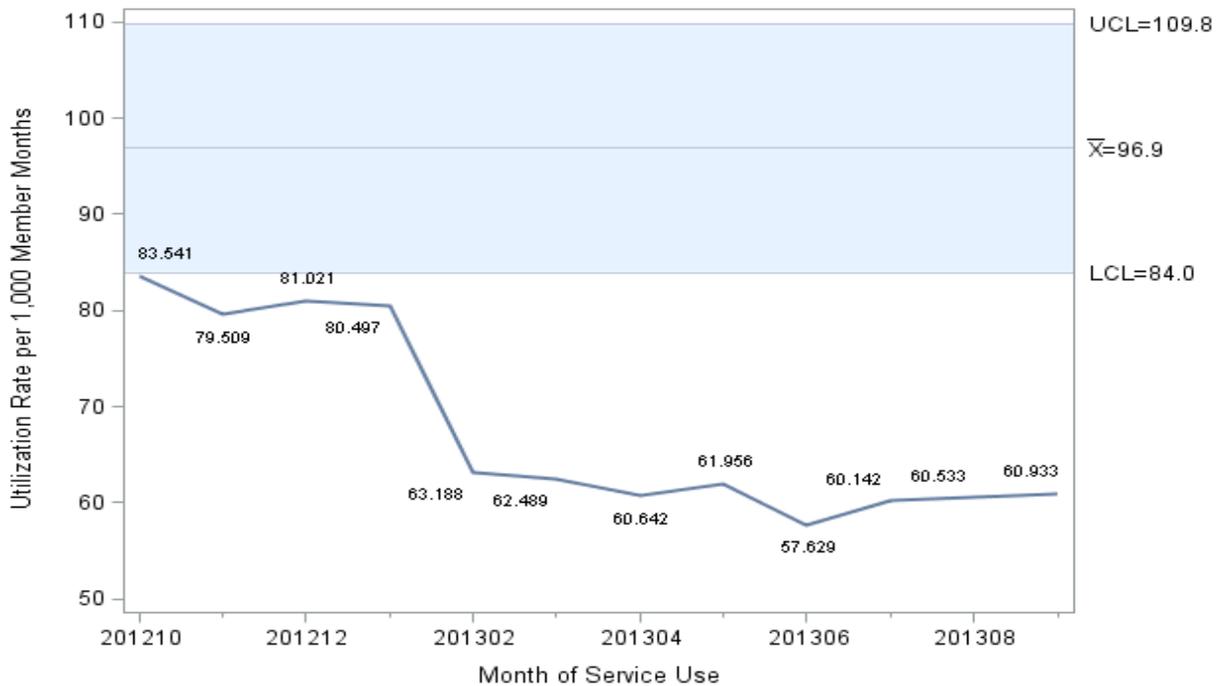
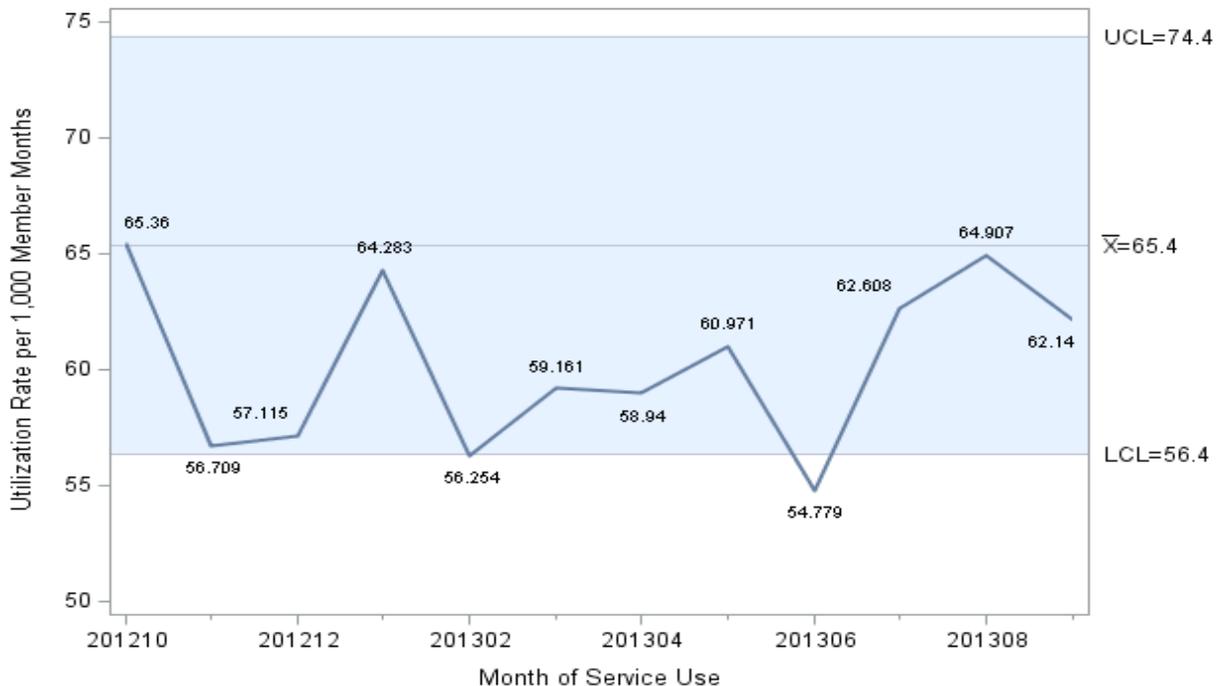


Figure SU-38: Hospital Outpatient Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **19,354**



Source: Data for figures SU-34 to SU-38 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Hospital Outpatient Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-39: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013
Unique User Count = 2,324

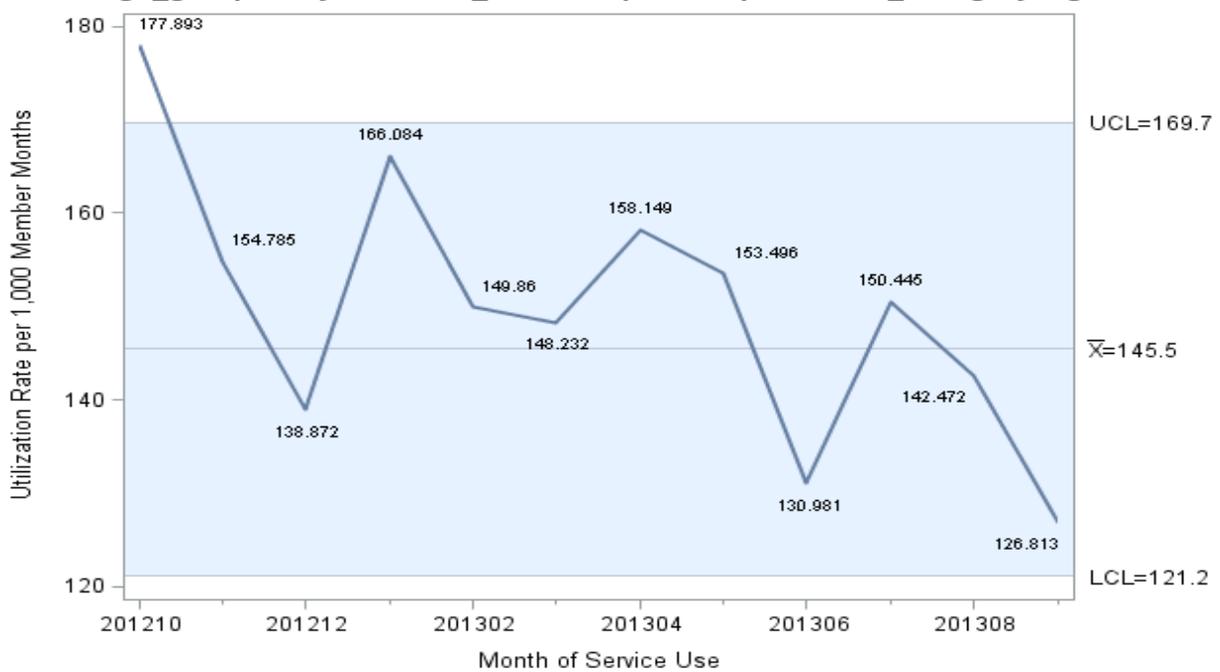


Figure SU-40: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013
Unique User Count = 29,809

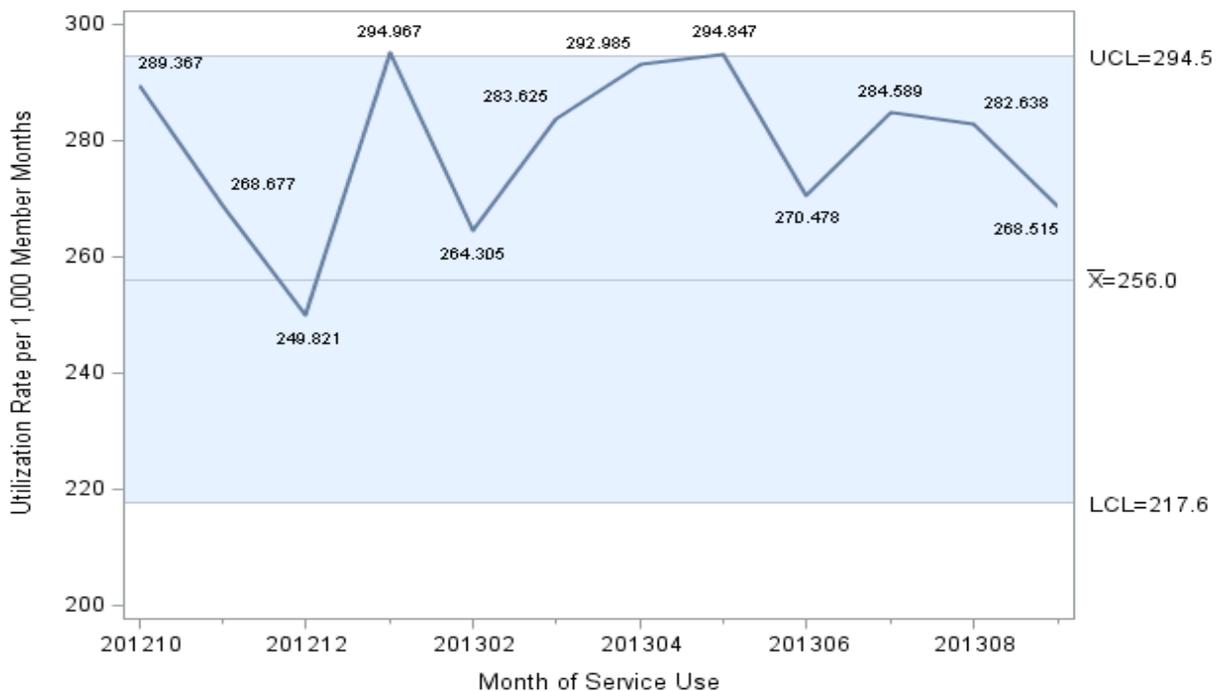


Figure SU-41: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012–September 2013

Unique User Count = **48,044**

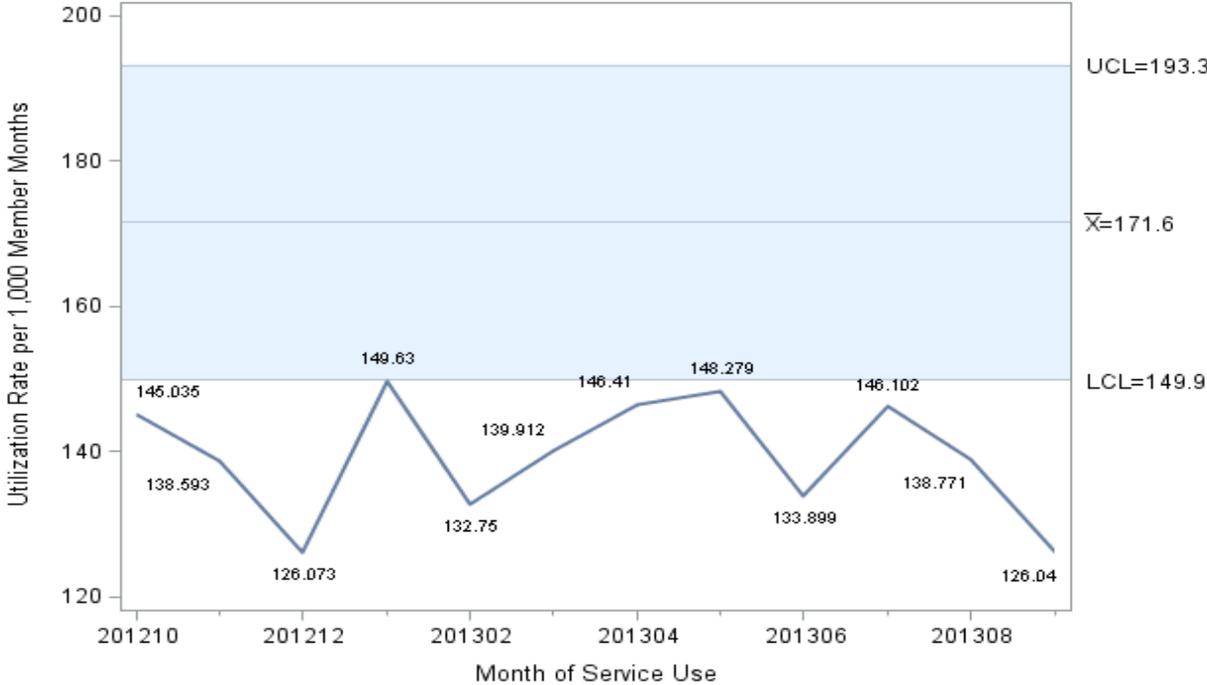


Figure SU-42: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013

Unique User Count = **21,286**

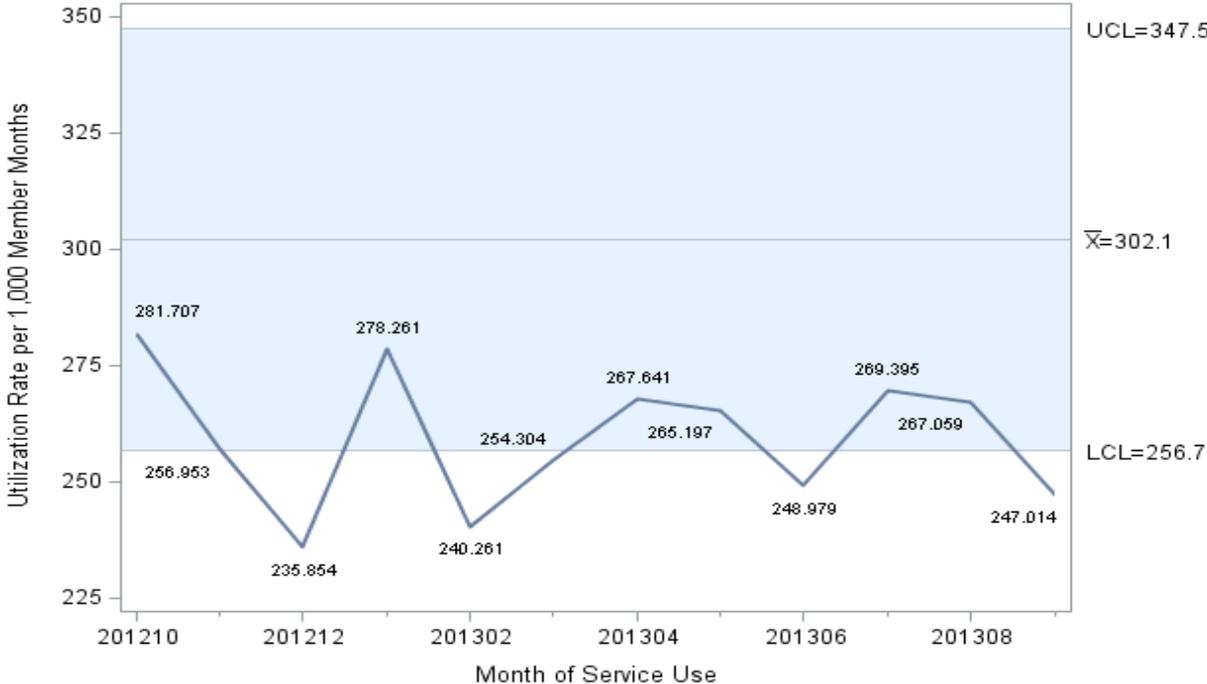
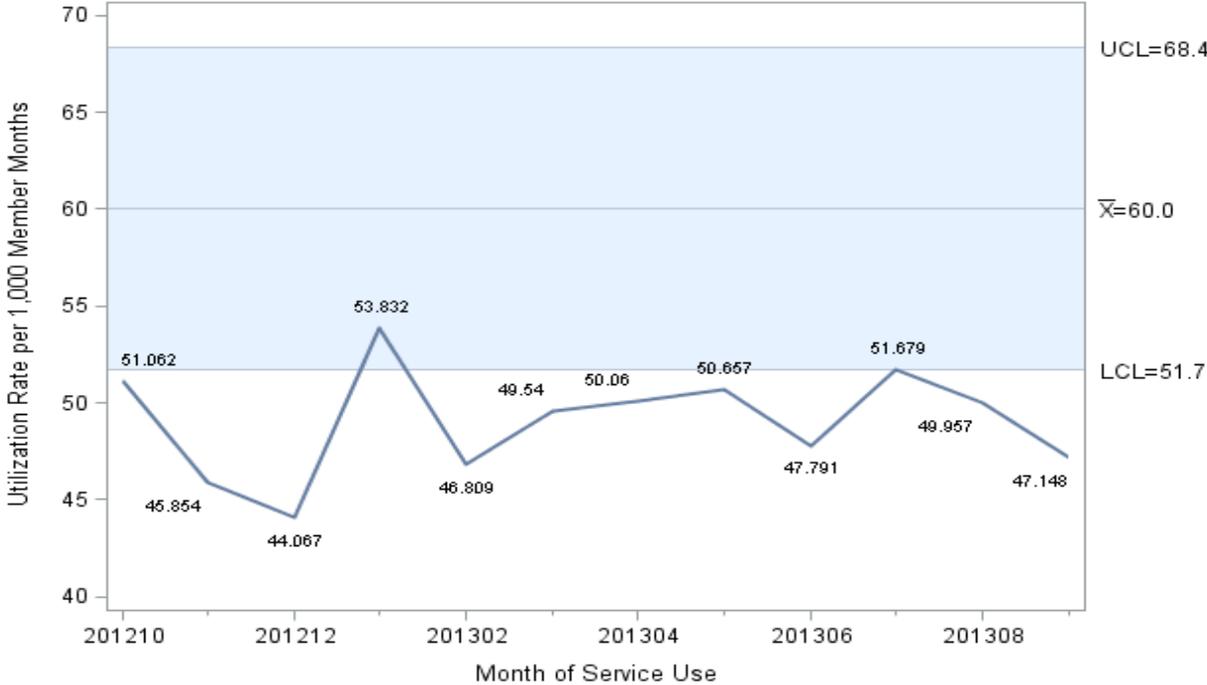


Figure SU-43: Hospital Outpatient Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **53,211**



Source: Data for figures SU-39 to SU-43 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Nursing Facility Services

Background

Nursing Facility services offered under the Medi-Cal program encompass a variety of provider types, including intermediate care facilities for the developmentally disabled (ICF/DD), nursing facility Level A and B care, and certified hospice services.

ICF/DD facilities provide 24-hour personal, habilitation, developmental, and supportive health care to clients who need developmental services and who have a recurring but intermittent need for skilled nursing services. There are three types of ICF/DD facilities that are distinguished by the different levels of developmental and skilled nursing services they provide. ICF/DD facilities primarily provide developmental services for individuals who may have a recurring, intermittent need for skilled nursing. ICF/DD–Habilitative facilities provide developmental services to 15 or fewer clients who do not require the availability of continuous skilled nursing care. ICF/DD–Nursing facilities offer the same services as those found in an ICF/DD–Habilitative facility, but focus their services on medically frail persons requiring a greater level of skilled nursing care.

Nursing Facility Level A (NF-A) provides intermediate care for non-developmentally disabled clients. These facilities provide inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and supportive care, but who do not require the availability of continuous skilled nursing care.

Skilled Nursing Facility Level B (SNF-B) provides skilled nursing and supportive care to patients whose primary need is for continuous care on an extended basis, such as those with physical and/or mental limitations and those requiring subacute care.

Certified hospice services are designed to meet the unique needs of terminally ill individuals who opt to receive palliative care versus care to treat their illness. The following providers may render hospice services to program beneficiaries: hospitals; skilled nursing facilities; intermediate care facilities; home health agencies; and licensed Medi-Cal health providers who are certified by Medicare to provide hospice services. Hospice services may include: nursing and physician services; medical social and counseling services; home health aide and homemaker services; bereavement counseling; and any additional service that may otherwise be paid under the Medi-Cal program.

Trend Analysis – Children

Children in all of the aid categories are excluded from this analysis because of their relatively small user counts (<500).

Trend Analysis – Adults

- Nursing Facility use is now concentrated among three beneficiary subpopulations: adults in the Blind/Disabled, Aged, and Other aid categories.
- These trends highlight how markedly the case mix of the adult FFS Medi-Cal beneficiary population has changed since the baseline utilization rates were established.

This analysis only focuses on Nursing Facility services utilization among FFS Medi-Cal adults ages 21 and older enrolled in the Aged, Blind/Disabled, and Other aid categories.

Among adults in these aid categories, the monthly Nursing Facility services utilization rates ranged from 655.4 to 2,174.0 days per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

The Nursing Facility services utilization rates were again highest among adults in the Blind/Disabled and Other aid categories. The high utilization among adults in the Other aid category is understandable given that this subgroup contains beneficiaries enrolled in long-term care aid codes, while the utilization exhibited by adults in the Blind/Disabled aid category is most likely due to their inherent complex medical needs. Although displaying high use, adults in the Other aid category continued to exhibit below-average Nursing Facility services utilization that predominantly fell below the expected ranges observed in the baseline period of 2007 to 2009. In contrast, adults in the Aged and Blind/Disabled aid categories displayed above-average utilization of Nursing Facility services that reached levels well above the expected ranges throughout the study period.

FFS Medi-Cal beneficiaries in the Undocumented aid category are not eligible for Nursing Facility services and were subsequently excluded from this analysis. Additionally, adults in the Family aid category were excluded due to their relatively small user counts (<100).

Figures SU-44 to SU-46 represent the control chart analysis for adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Nursing Facility Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-44: Nursing Facility Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013* Unique User Count = 559

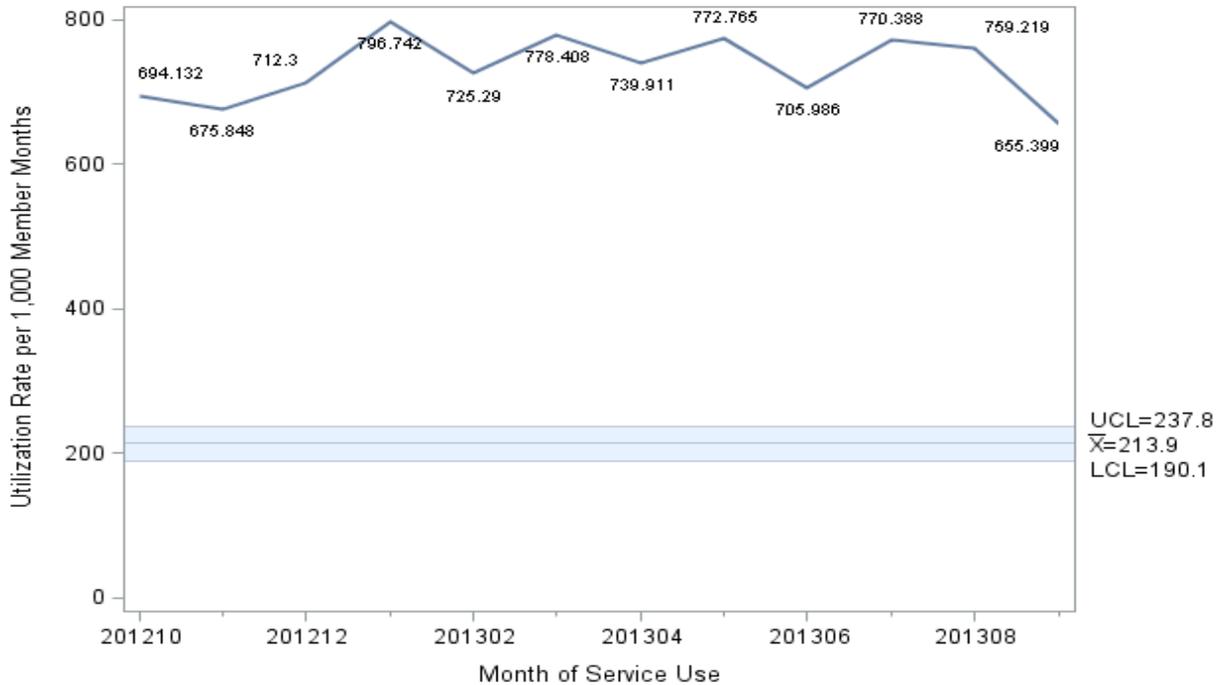


Figure SU-45: Nursing Facility Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013* Unique User Count = 7,478

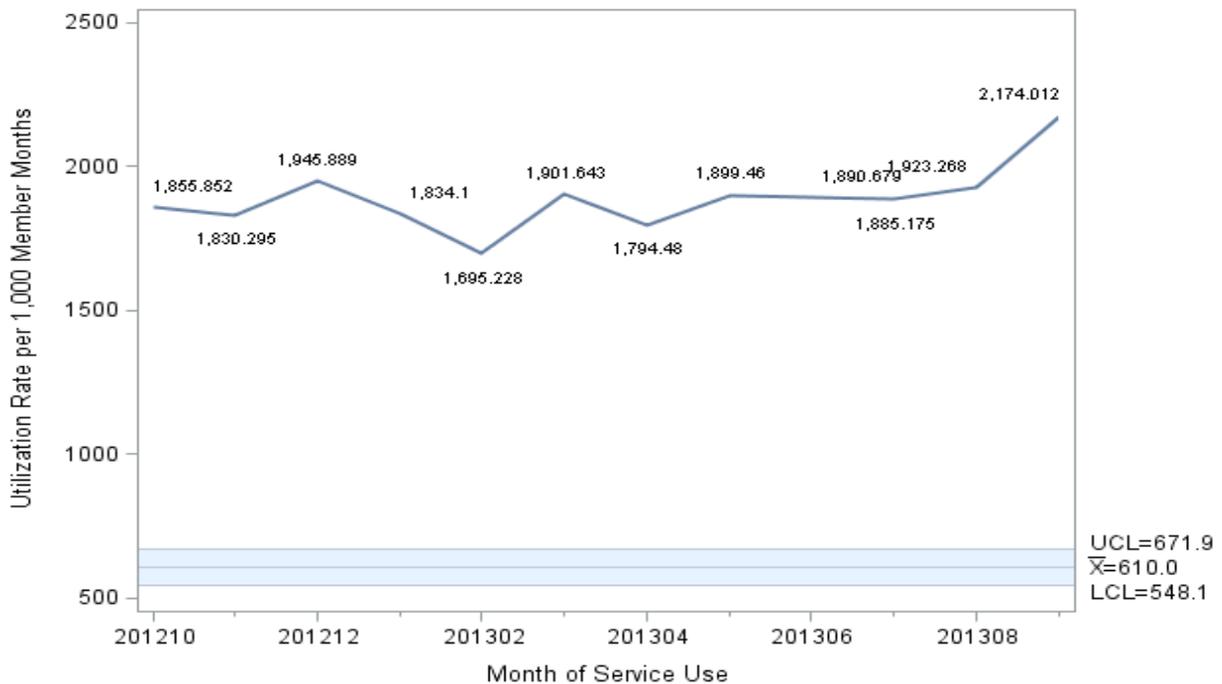
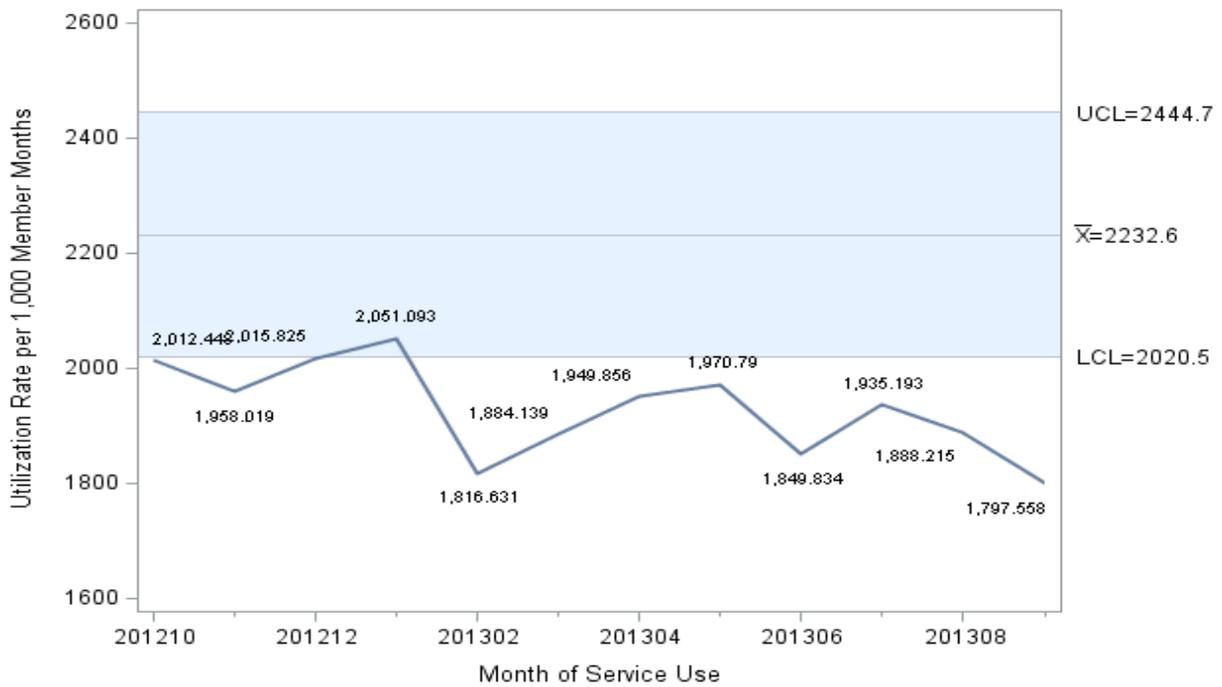


Figure SU-46: Nursing Facility Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013*** Unique User Count = 5,205



Source: Data for figures SU-44 to SU-46 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

*Figure SU-44: January 2013 – 796.742

**Figure SU-45: June 2013 – 1,890.679, August 2013 – 1,923.268

***Figure SU-46: October 2012 – 2,012.4480, December 2012 – 2,015.8248

Pharmacy Services

Background

Pharmacy services are the most frequently used Medi-Cal benefit and the fastest-growing portion of the Medi-Cal budget. Pharmacy coverage is a significant proportion of the benefits received by the elderly and for beneficiaries with a disability, mental illness, or chronic condition.

Pharmacy providers not only dispense prescription drugs; they also bill for over-the-counter drugs, enteral formula, medical supplies, incontinent supplies, and durable medical equipment. Most outpatient prescription drug claims are billed by pharmacy providers. Physicians and clinics may also bill for drugs administered in their office, as well as prenatal care vitamins that are distributed through Comprehensive Perinatal Services Program providers.

Pharmacy services for beneficiaries eligible for FFS Medi-Cal Only are restricted to six prescriptions per month per beneficiary for most drugs. Previous authorization is needed to obtain coverage beyond the six-prescription cap. A copayment of \$1 per prescription is required for most beneficiaries, although beneficiaries cannot be denied coverage if they can't afford the copayment. Federal law prohibits states from imposing cost-sharing on children, pregnant women, and institutionalized beneficiaries, and for family planning services, hospice services, emergencies, and American Indians served by an Indian health care provider.

Trend Analysis – Children

- Among children in the Blind/Disabled aid category, Pharmacy service use was two to six times higher than for children in other aid categories.

The monthly Pharmacy services utilization rates for FFS Medi-Cal children ages 0–20 ranged from 64.7 to 1,372.8 prescriptions per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the previous access quarterly reports, the utilization of Pharmacy services was noticeably higher among children in the Blind/Disabled aid category, with rates about two times higher than children in the Foster Care aid category and five to six times higher than children in the Family and Other aid categories. Children in the Family, Other, and Undocumented aid categories again primarily displayed below-average Pharmacy services utilization that at times reached levels below the expected ranges observed in the baseline period of 2007 to 2009. In contrast, children in the Blind/Disabled aid category exhibited above-average utilization that remained within the baseline ranges, while children in the Foster Care aid category continued to exhibit predominantly normal use patterns. Of particular note, children in the Family, Other, and Undocumented aid categories displayed a downward trend in utilization over the first two quarters of 2013.

Trend Analysis – Adults

- Use of Pharmacy services was highest among adults in the Blind/Disabled aid category.

Among adults ages 21 and older, monthly Pharmacy services utilization rates ranged from 172.9 to 3,047.4 prescriptions per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the trends identified in the prior access quarterly reports, Pharmacy services utilization was again noticeably higher among adults in the Blind/Disabled aid category. Additionally, adults in the Aged and Other aid categories exhibited high utilization rates of Pharmacy services, while adults in the Undocumented aid category utilized these services at much lower rates. Adults in the Aged, Blind/Disabled, Family, and Other aid categories mostly displayed below-average Pharmacy services utilization, while adults in the Undocumented aid category mostly displayed above-average utilization. The Pharmacy services utilization rates for adults in the Aged, Blind/Disabled, and Family aid categories primarily fell below the expected ranges. In contrast, Pharmacy services utilization rates for adults in the Other and Undocumented aid groups again fell within the expected ranges.

Figures SU-47 to SU-56 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Pharmacy Services Utilization Rates Among Children, October 2012–September 2013

Figure SU-47: Pharmacy Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 18,669

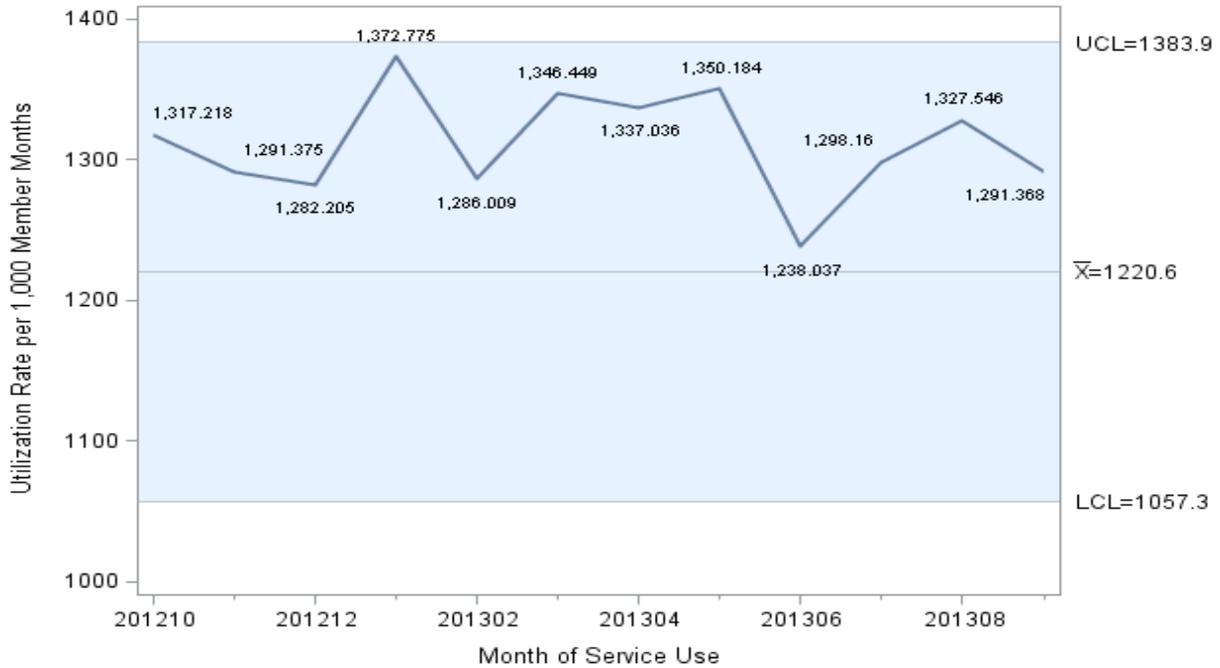


Figure SU-48: Pharmacy Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012–September 2013 Unique User Count = 83,958

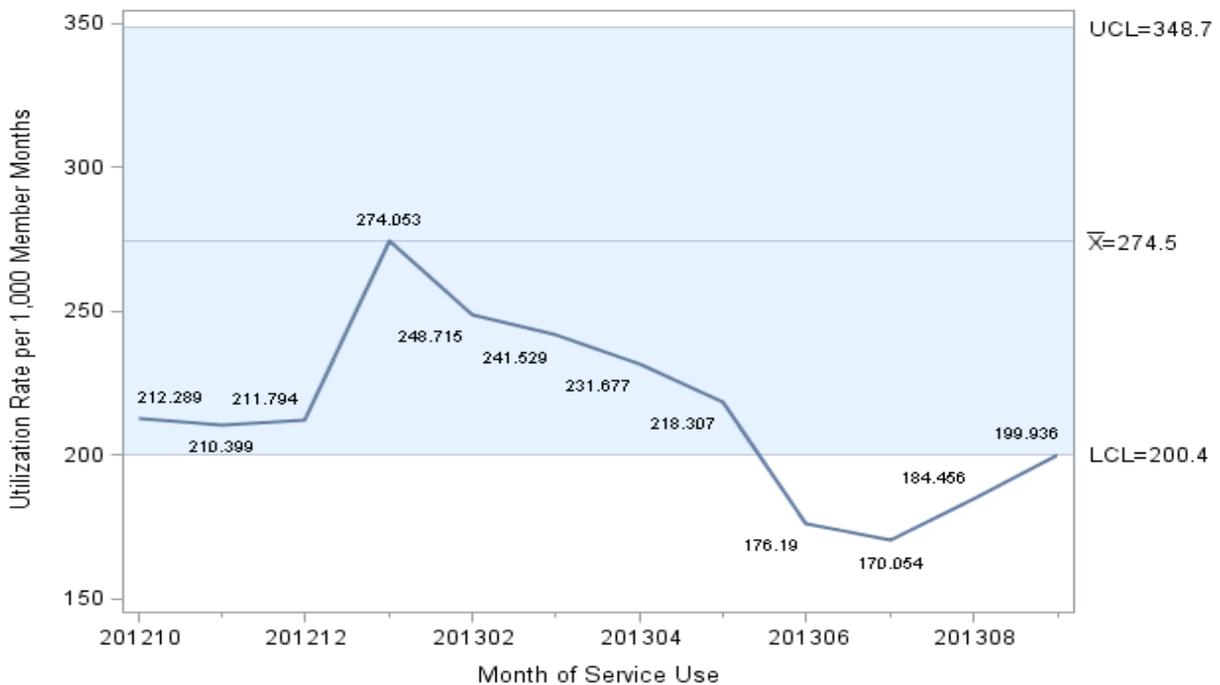


Figure SU-49: Pharmacy Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013

Unique User Count = **33,973**

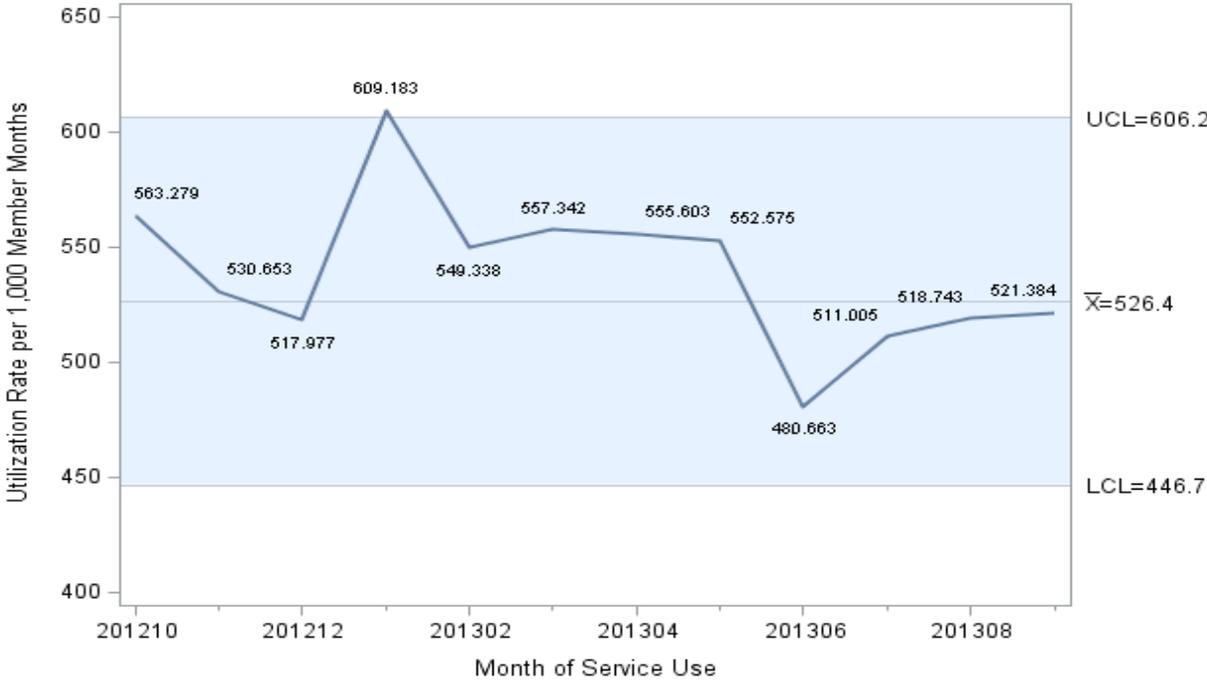


Figure SU-50: Pharmacy Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013*

Unique User Count = **70,526**

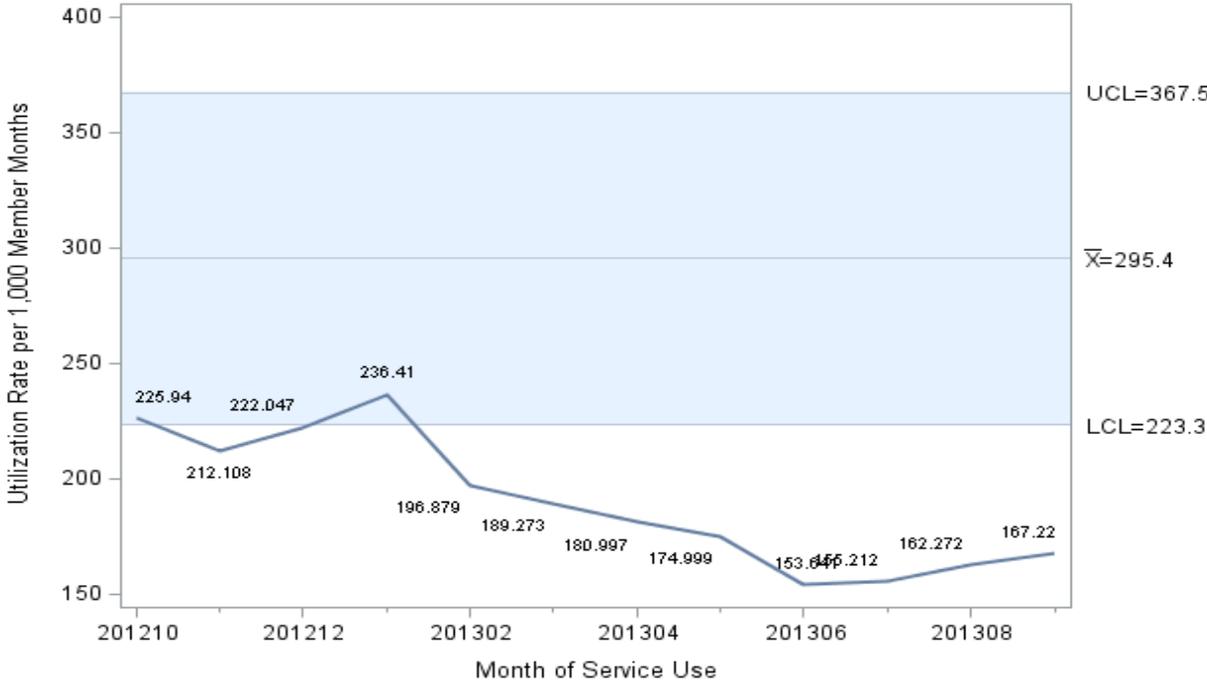
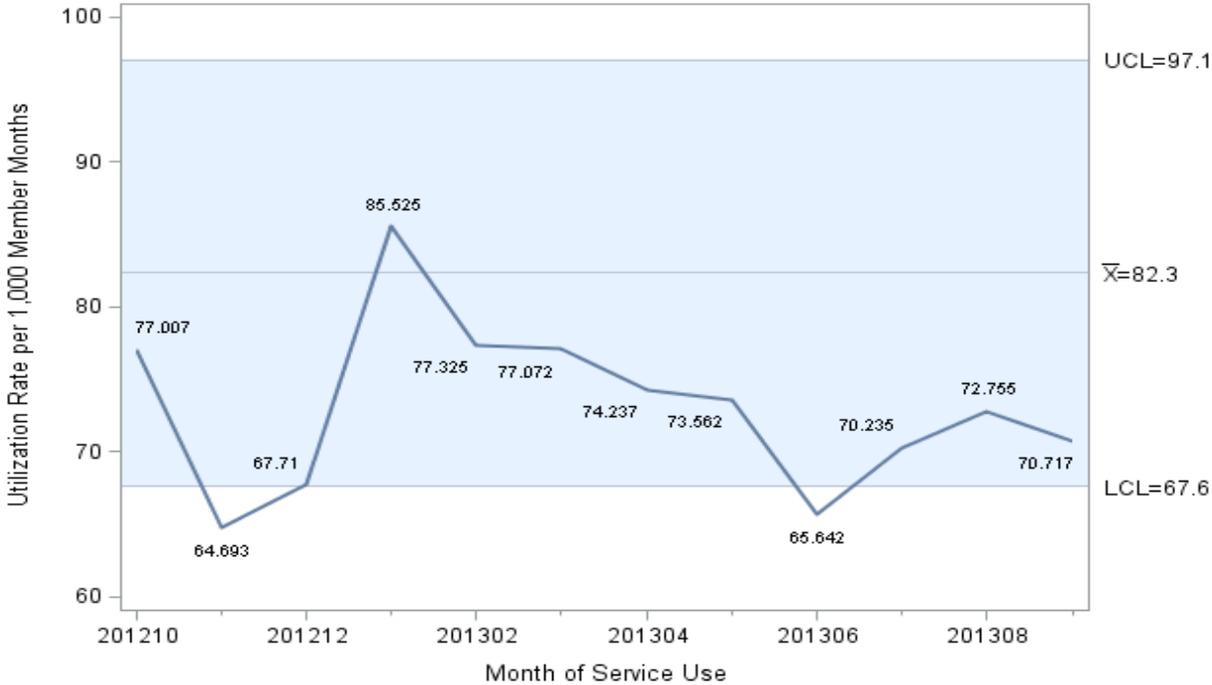


Figure SU-51: Pharmacy Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **11,476**



Source: Data for figures SU-47 to SU-51 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

*Figure SU-50: June 2013 – 153.6410, July 2013 – 155.2122

Trends of Monthly Pharmacy Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-52: Pharmacy Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = 14,068

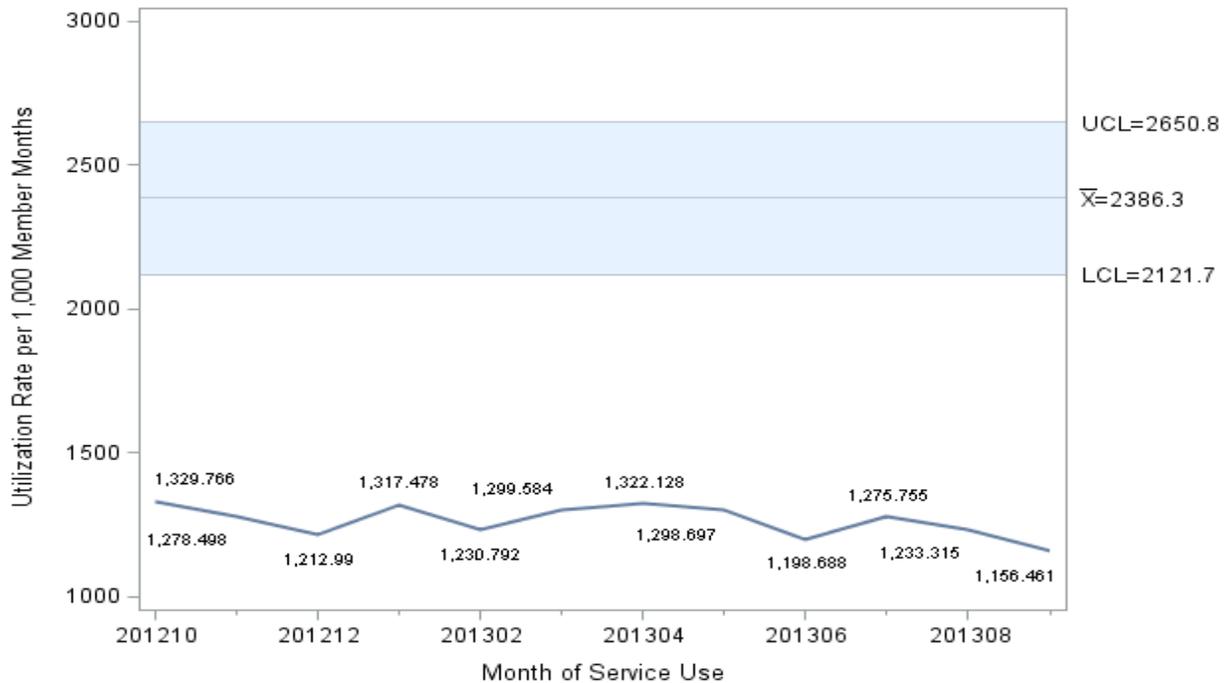


Figure SU-53: Pharmacy Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 77,608

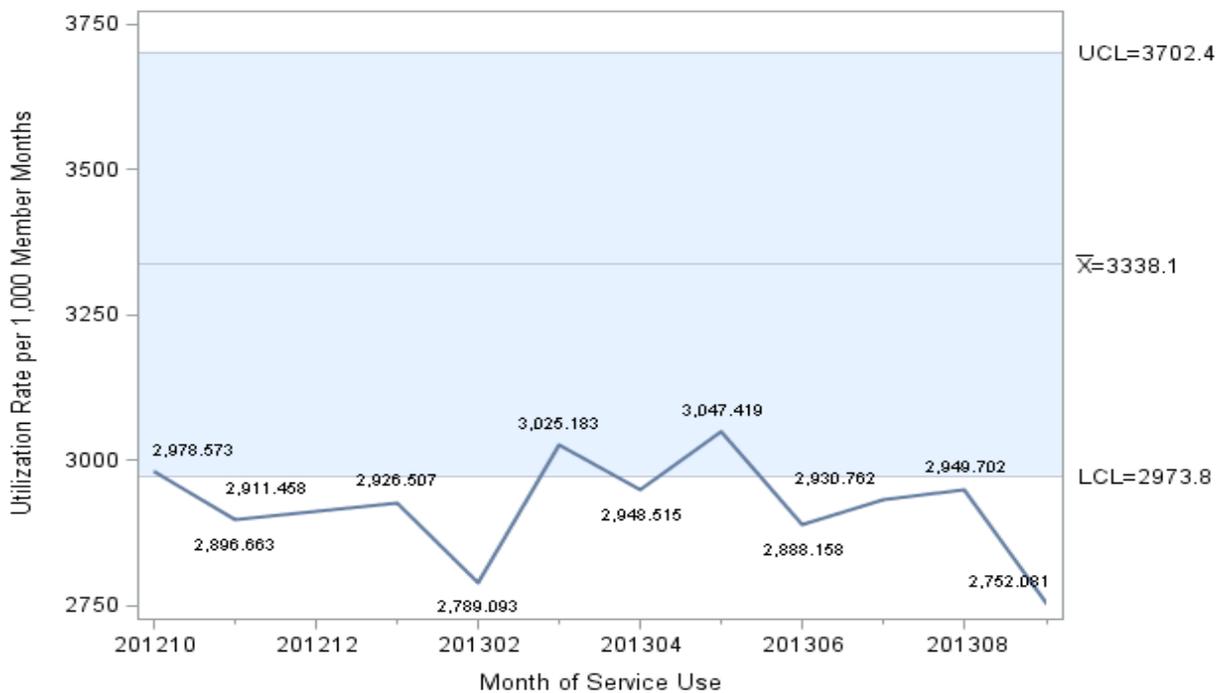


Figure SU-54: Pharmacy Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012–September 2013 Unique User Count = 79,553

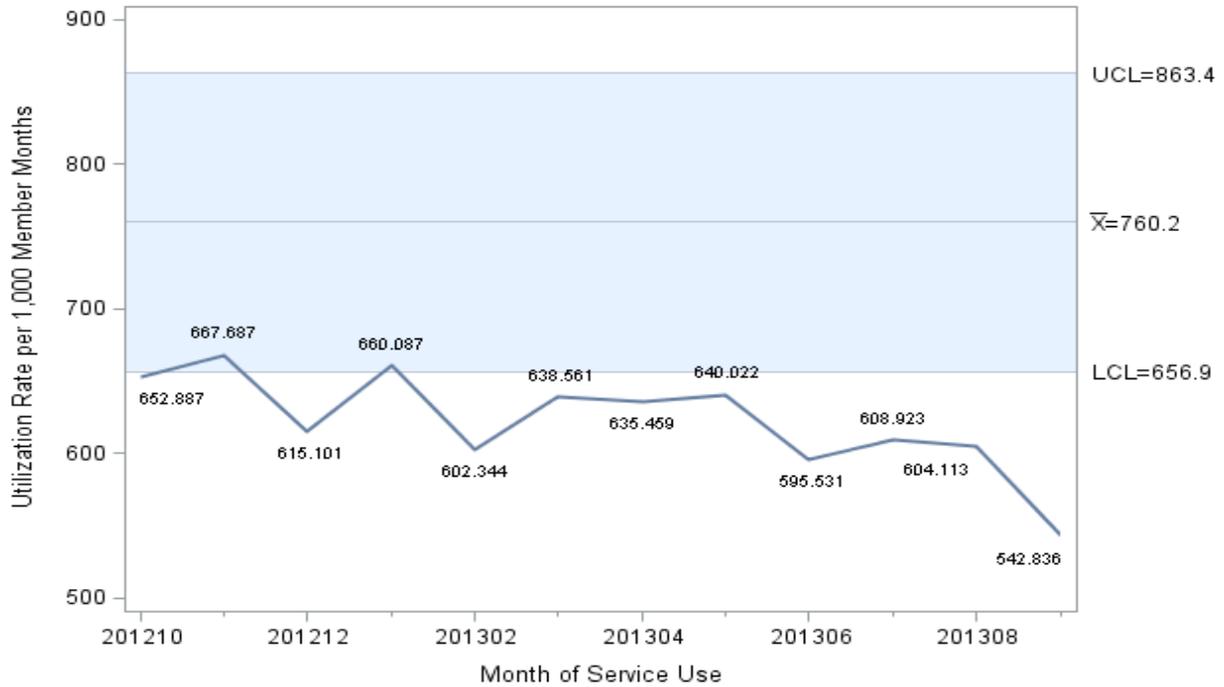


Figure SU-55: Pharmacy Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 34,297

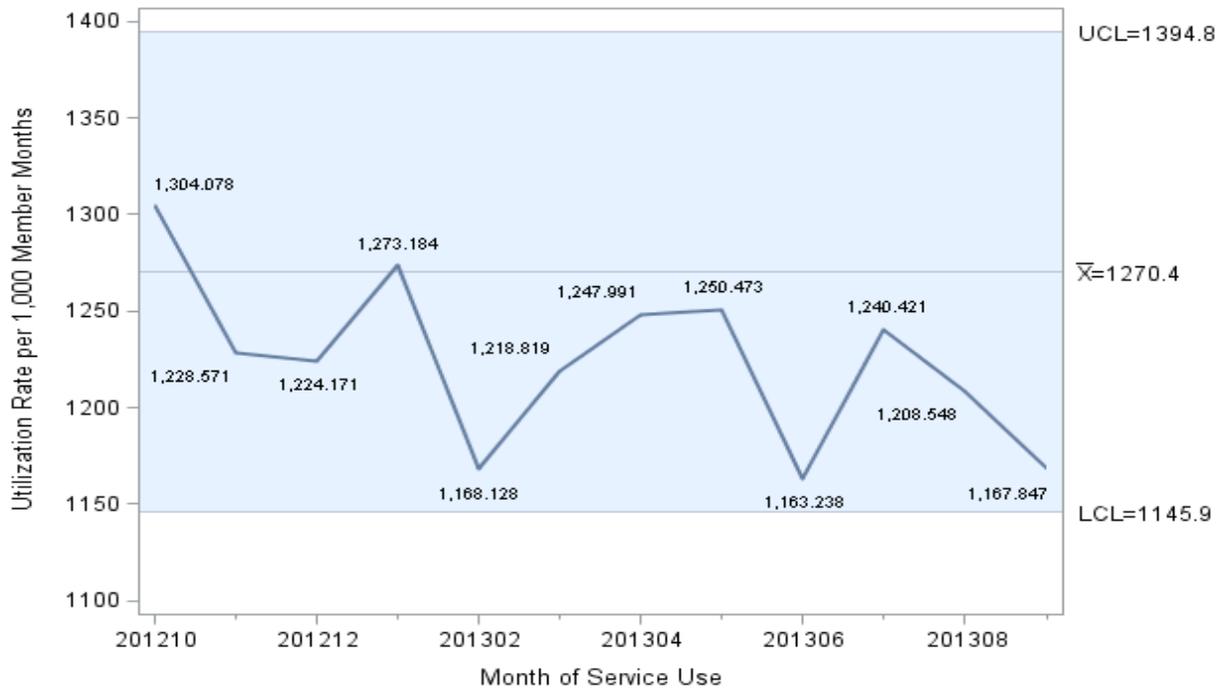
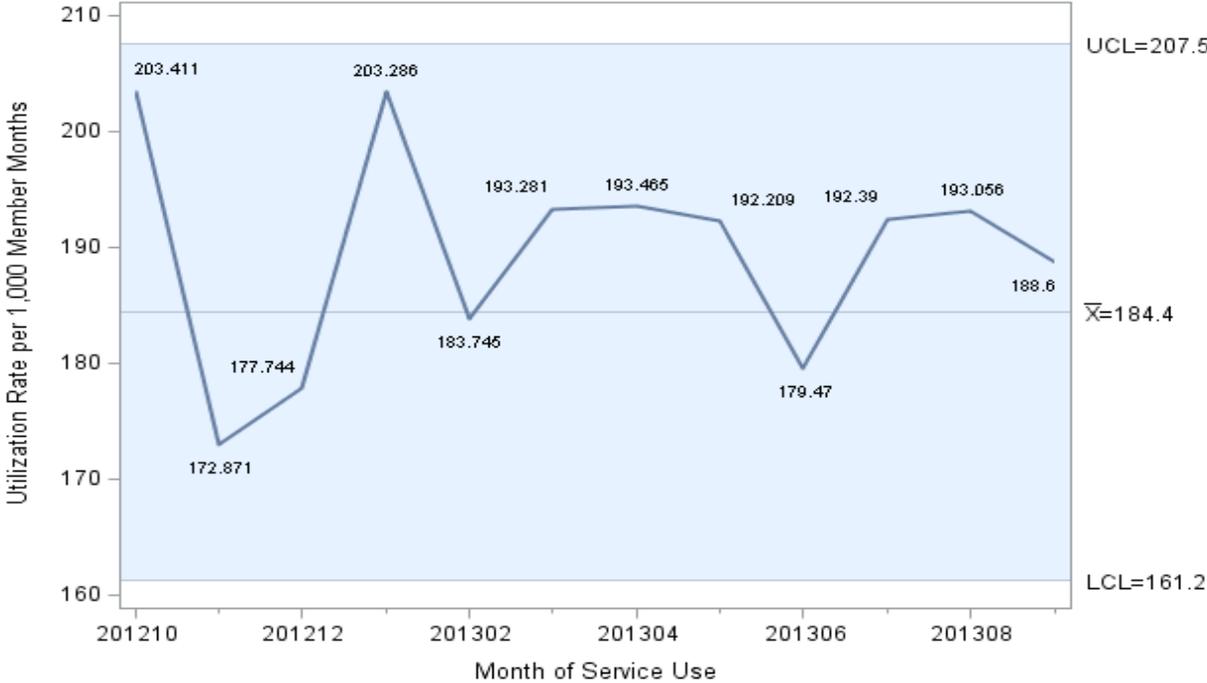


Figure SU-56: Pharmacy Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **94,602**



Source: Data for figures SU-52 to SU-56 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Other Services

Background

Service providers covered under the Other aid category include the following partial list:

- Community-Based Adult Services Program (formerly called Adult Day Health Care)
- Assistive Device and Sick Room Supply Dealers
- Audiologists and Hearing Aid Dispensers
- Certified Nurse Practitioners and Pediatric Nurse Practitioners
- Physical, Occupational, and Speech Therapists
- Orthotists and Prosthetists
- Podiatrists
- Psychologists
- Genetic Disease Testing
- Local Education Agency (LEA)
- Respiratory Care Practitioners
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services Providers
- Health Access Program (HAP)

For a full list of provider types, see the [Appendix](#). Beginning in July 2009, several optional benefits were excluded from the Medi-Cal program. These benefits comprise the following list and impact most beneficiaries except those eligible for EPSDT services, beneficiaries in skilled nursing facilities or residing in intermediate care facilities for the developmentally disabled (ICF/DD), and beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly (PACE):

- Acupuncture
- Adult Dental Services
- Audiology Services
- Chiropractic Services
- Incontinence Creams and Washes
- Dispensing Optician Services
- Fabricating Optical Laboratory Services
- Podiatric Services
- Psychology Services
- Speech Therapy

Trend Analysis – Children

- Use of Other services by children in Blind/Disabled, Family, Foster Care, and Other aid categories increased in the last quarter of the study period.

Among FFS Medi-Cal children ages 0–20, monthly utilization rates for Other services ranged from 13.5 to 1,424.0 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the prior reporting period, the utilization of Other services was again noticeably higher among children in the Blind/Disabled aid category. Children in the Blind/Disabled, Family, and Foster Care aid categories exhibited mostly normal utilization of Other services. In contrast, children in the Undocumented aid category exhibited below-average utilization that fell below the expected ranges observed in the baseline period of 2007 to 2009. Additionally, after exhibiting a noticeable decline in utilization in the second quarter of 2013, children in the Blind/Disabled, Family, Foster Care, and Other aid categories displayed an increase in utilization during the last quarter of the study period.

Trend Analysis – Adults

- Utilization rates of Other services were noticeably higher among adults in the Aged, Blind/Disabled, and Other aid categories.

The monthly utilization rates for Other services among adults ages 21 and older ranged from 36.7 to 329.0 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Consistent with the trends identified in the previous access quarterly reports, Other services utilization rates were noticeably higher for adults in the Aged, Blind/Disabled, and Other aid categories, and lowest among adults in the Undocumented aid group. Adults in all of the analyzed aid categories exhibited mostly below-average use of Other services throughout the study period. Additionally, adults in the Aged and Undocumented aid categories again displayed utilization rates below the expected ranges throughout most of the study period.

Figures SU-57 to SU-66 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Other Services Utilization Rates Among Children, October 2012–September 2013

Figure SU-57: Other Services Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 11,734

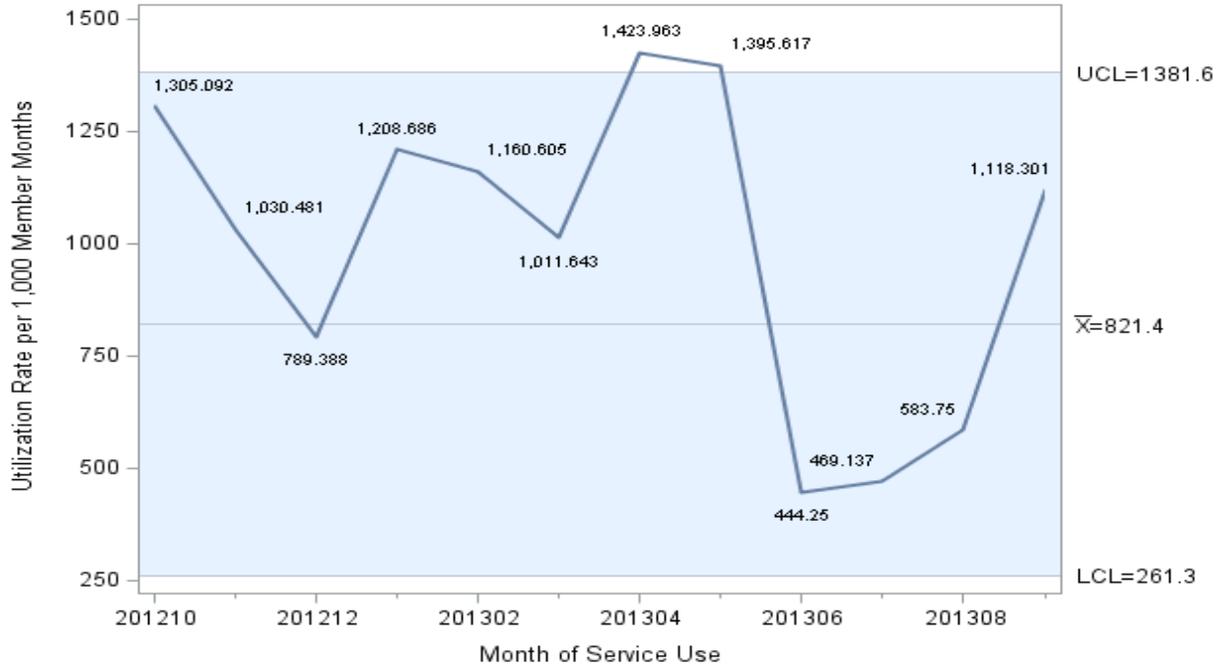


Figure SU-58: Other Services Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012–September 2013 Unique User Count = 38,078

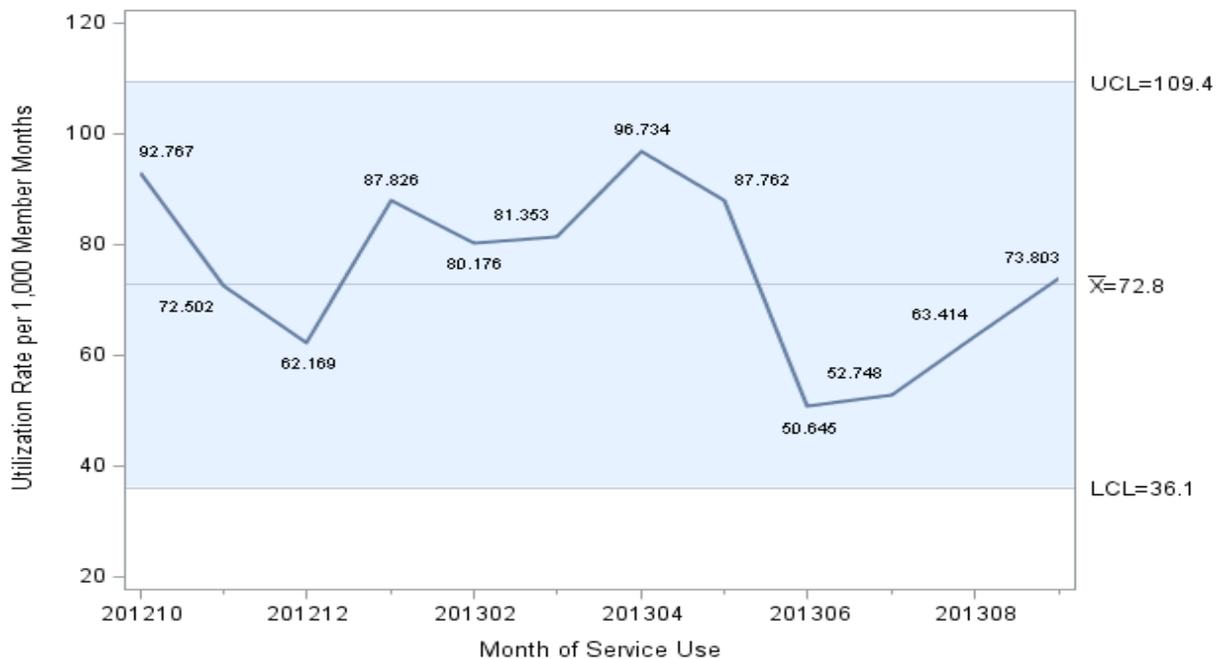


Figure SU-59: Other Services Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = **16,170**

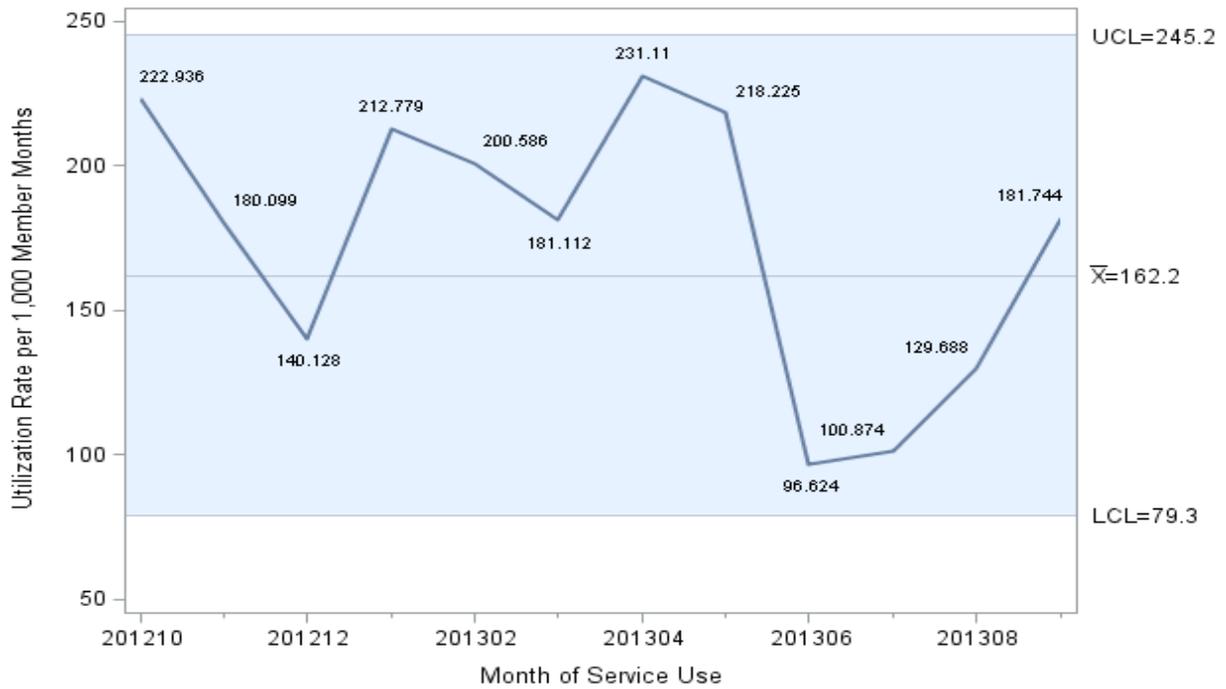


Figure SU-60: Other Services Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = **44,050**

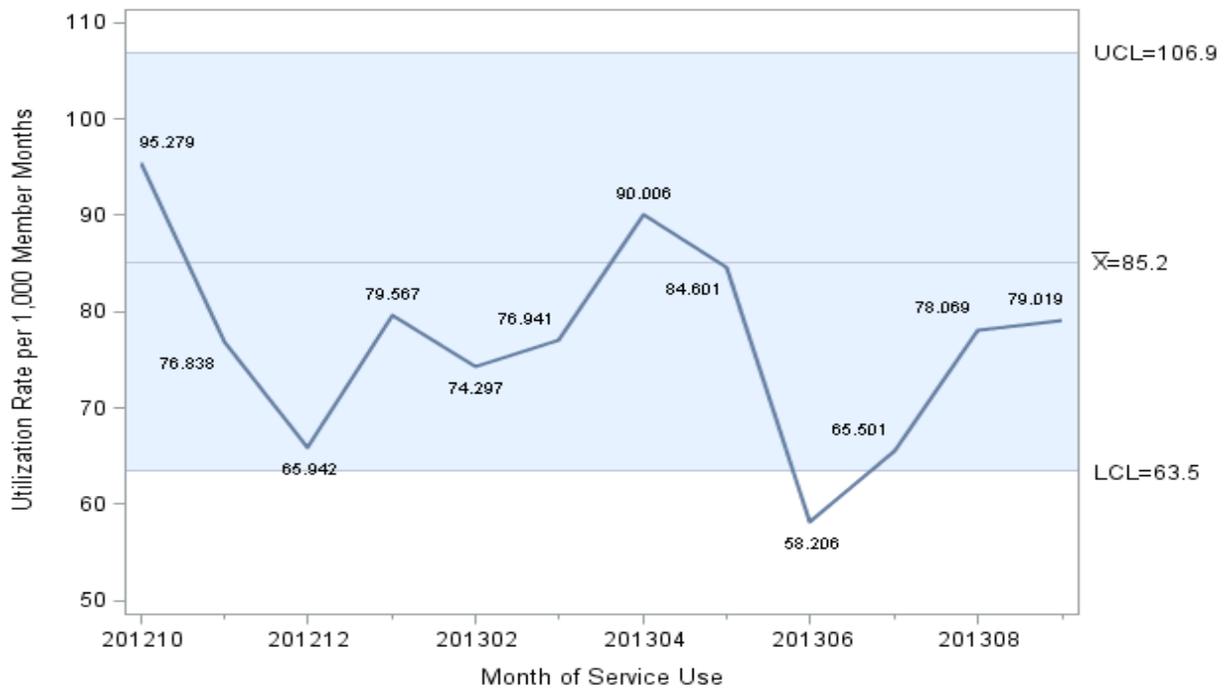
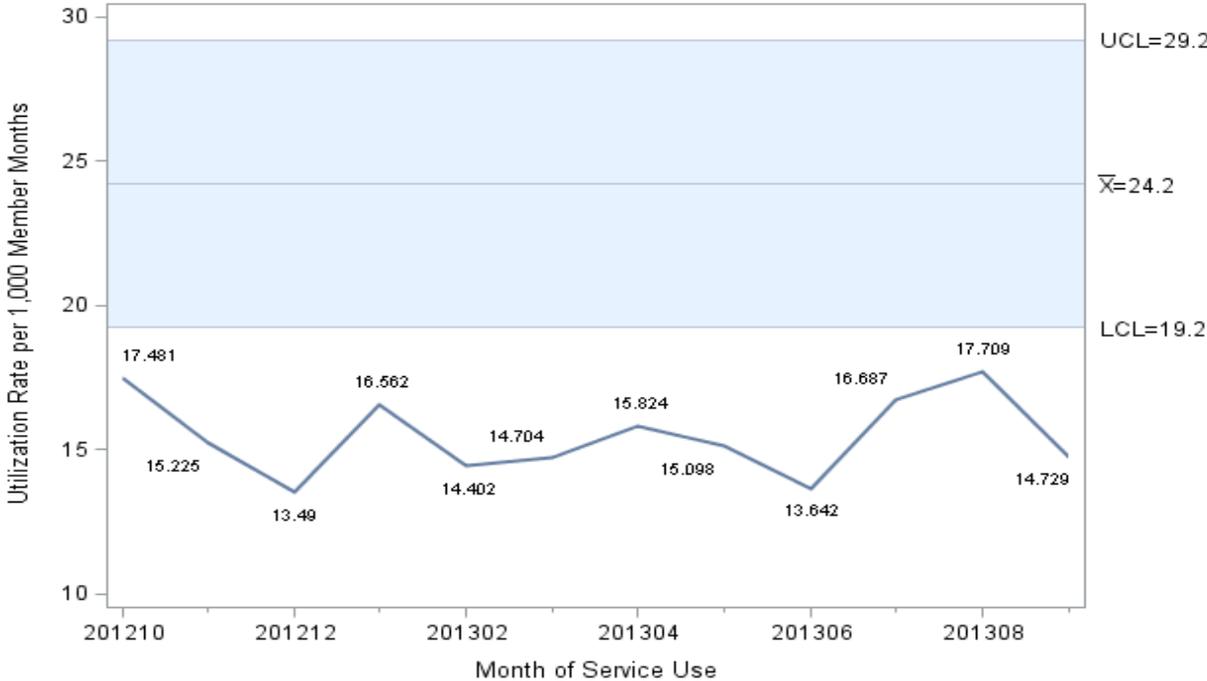


Figure SU-61: Other Services Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **4,493**



Source: Data for figures SU-57 to SU-61 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Other Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-62: Other Services Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = 3,134

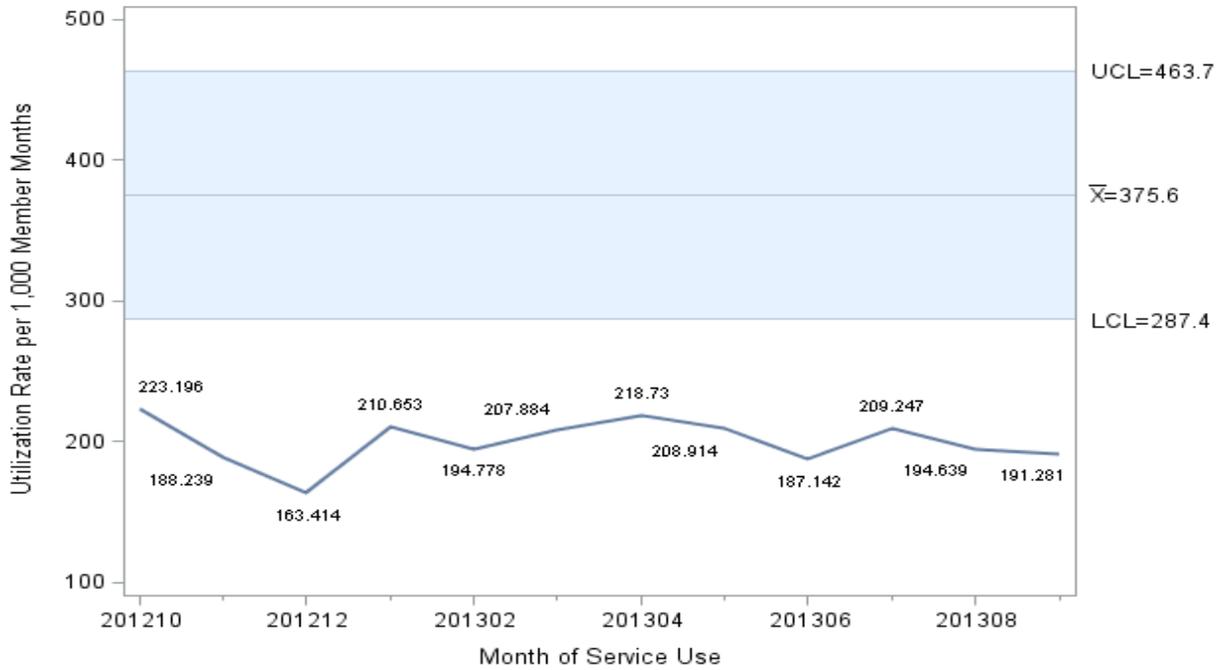


Figure SU-63: Other Services Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 25,349

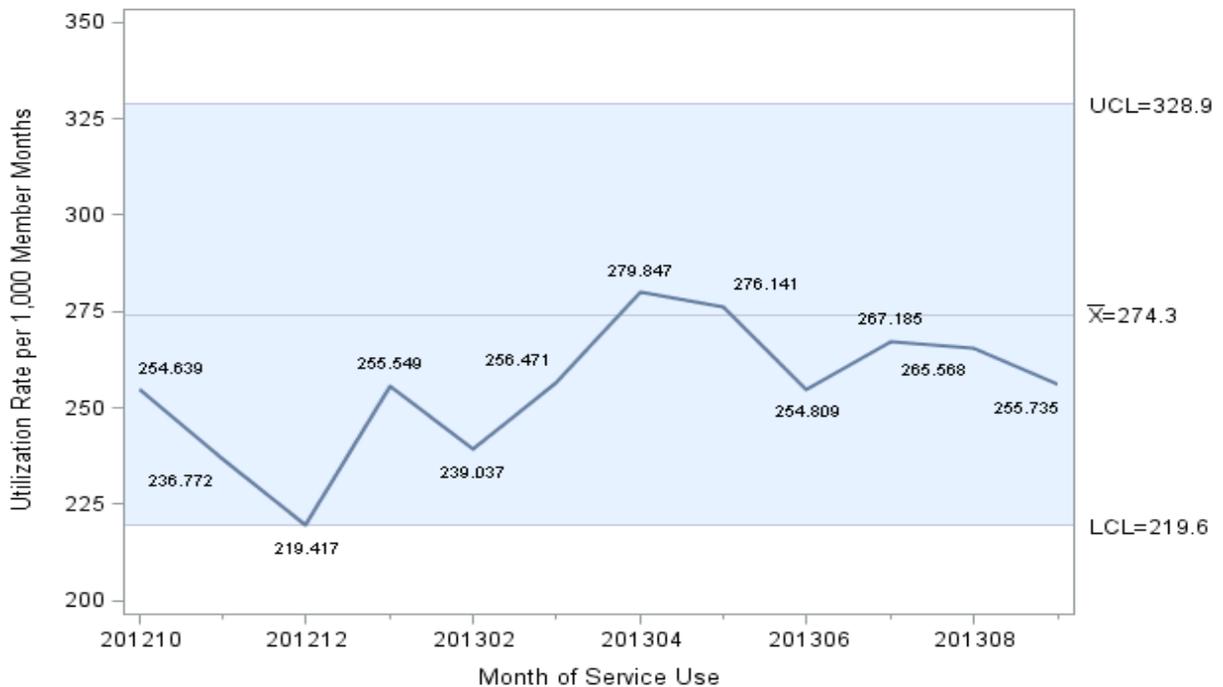


Figure SU-64: Other Services Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012–September 2013 Unique User Count = 37,224

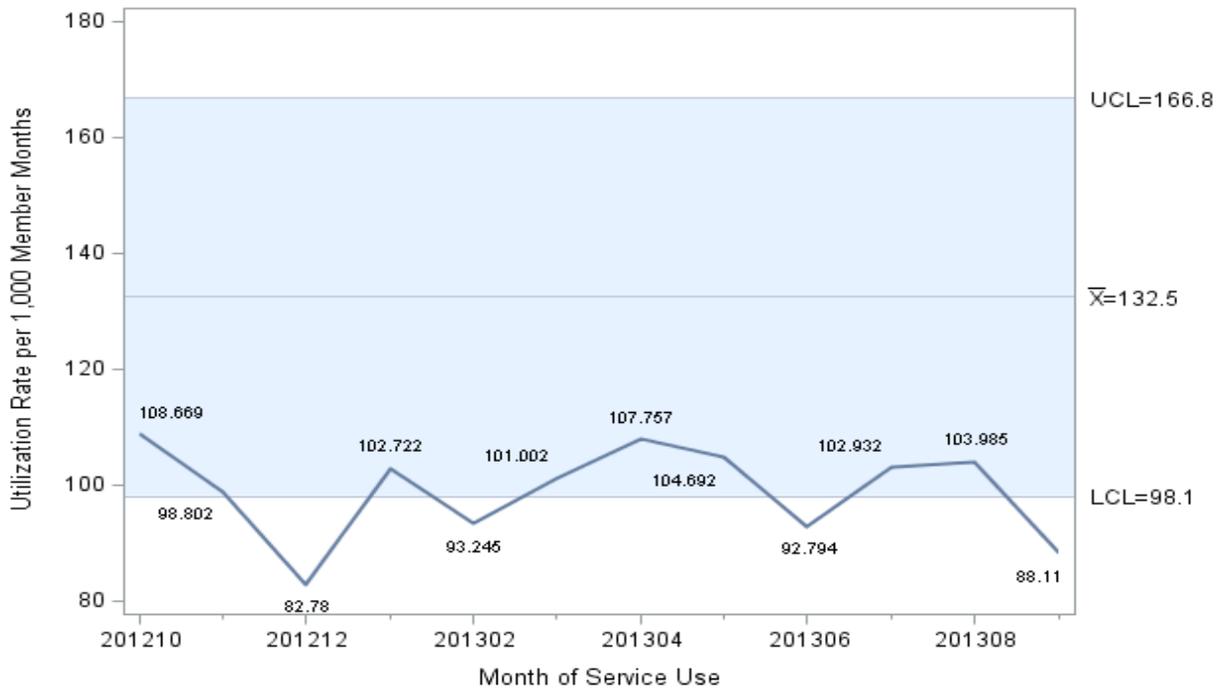


Figure SU-65: Other Services Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 29,607

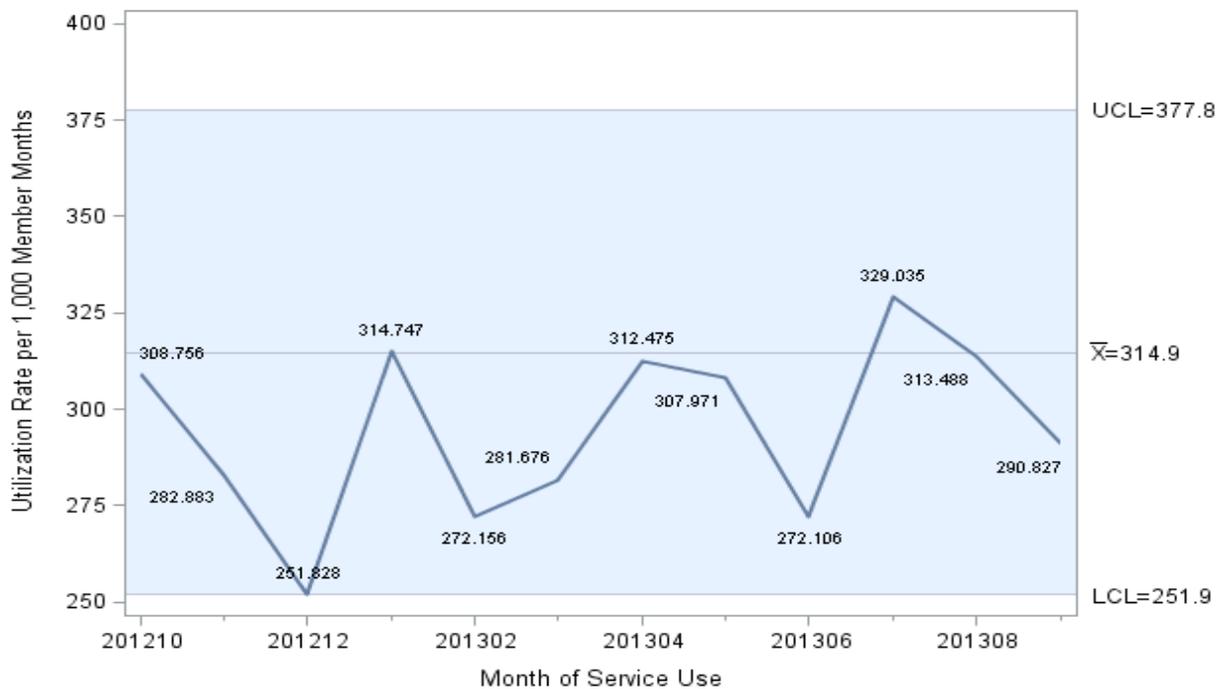
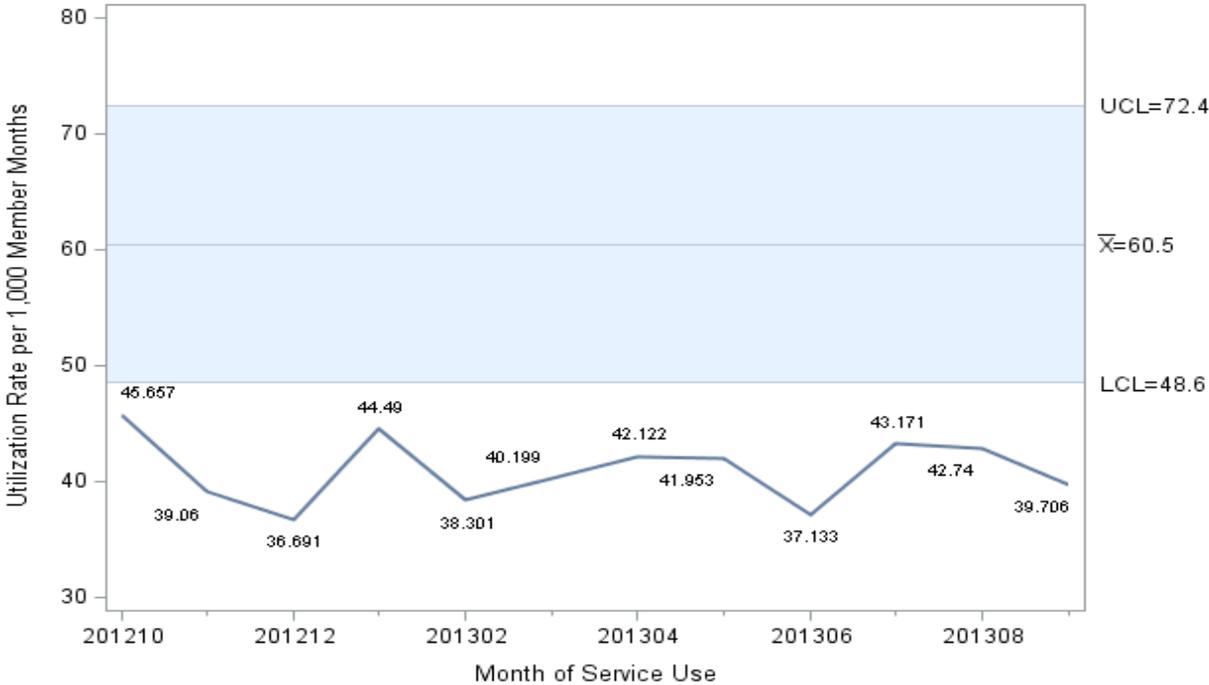


Figure SU-66: Other Services Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **37,869**



Source: Data for figures SU-62 to SU-66 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Radiology Services

Background

Radiology services are used to diagnose, treat, or manage medical conditions. Radiology services covered by Medi-Cal's state plan include:

- Computed Tomography (CT) Scans
- Computed Tomography Angiography (CTA) Scans
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography
- Magnetic Resonance Cholangiopancreatography (MRCP)
- Fluoroscopy and Esophagus Studies
- Screening and Diagnostic Mammography
- Mammography with Xeroradiography
- Dual Energy X-Ray Absorptiometry (DXA)
- Angiography Services
- Single Photon Emission Computed Tomography (SPECT)
- Positron Emission Tomography (PET) Scans
- Radiation Oncology Procedures
- Other Nuclear Medicine Services
- Ultrasound Services
- X-Ray and Portable X-Ray Services

Radiology services are administered in several medical settings including Inpatient Hospitals, Outpatient Hospitals, Physician/Clinics, and independent clinical laboratories. The federal Clinical Laboratory Improvement Act mandates that all providers must be certified for the types of radiology services that they administer.^{ix,x}

Radiology services must be medically appropriate for health screening, preoperative evaluation, method surveillance, and complication management, and must be ordered by a Family Planning, Access, Care, and Treatment Program provider, Medi-Cal provider, or their associated practitioners.⁶

^{ix} Centers for Medicare and Medicaid Services, Clinical Laboratory Improvement Amendments (<http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/HowObtainCLIACertificate.pdf>).

^x Additional information on radiology services can be viewed at www.medi-cal.ca.gov under the Publications tab and selecting the [Clinics and Hospitals link](#) under Provider Manuals.

Trend Analysis – Children

- Utilization rates for children in the Blind/Disabled aid category were two to three times higher than for children in other aid categories.

Among FFS Medi-Cal children ages 0–20, monthly Radiology services utilization rates ranged from 30.5 to 113.9 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Radiology services utilization was again noticeably higher among children in the Blind/Disabled aid category, with rates ranging from two to three times higher than for children in any other aid category. The Radiology services utilization rates exhibited by children in the Foster Care aid category continued to closely follow the average rates observed in the baseline period of 2007-2009. In contrast, children in the Blind/Disabled, Other, and Undocumented aid categories primarily displayed below-average utilization. Children in the Blind/Disabled, Family, Foster Care, and Undocumented aid categories displayed service use rates that primarily fell within the baseline ranges, while rates for those in the Other aid category fell below the expected ranges during the last three quarters of the study period.

Trend Analysis – Adults

- Utilization rates were highest among adults in the Blind/Disabled and Other aid categories.

Radiology service utilization rates for adults ages 21 and older ranged from 51.4 to 333.2 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Services utilization rates were again highest among adults in the Blind/Disabled and Other aid categories, while adults in the Undocumented aid category exhibited markedly lower utilization. Utilization rates for adults in the Aged and Blind/Disabled aid categories continued to be above-average and often reached levels above the expected baseline ranges. Radiology utilization rates for adults in the other analyzed aid categories (Family, Other, and Undocumented) again fell within the expected baseline ranges throughout the study period.

Figures SU-67 to SU-76 represent the analysis of Radiology services utilization for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

Trends of Monthly Radiology Services Utilization Rates Among Children, October 2012–September 2013

Figure SU-67: Radiology Utilization Rates Among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 3,564

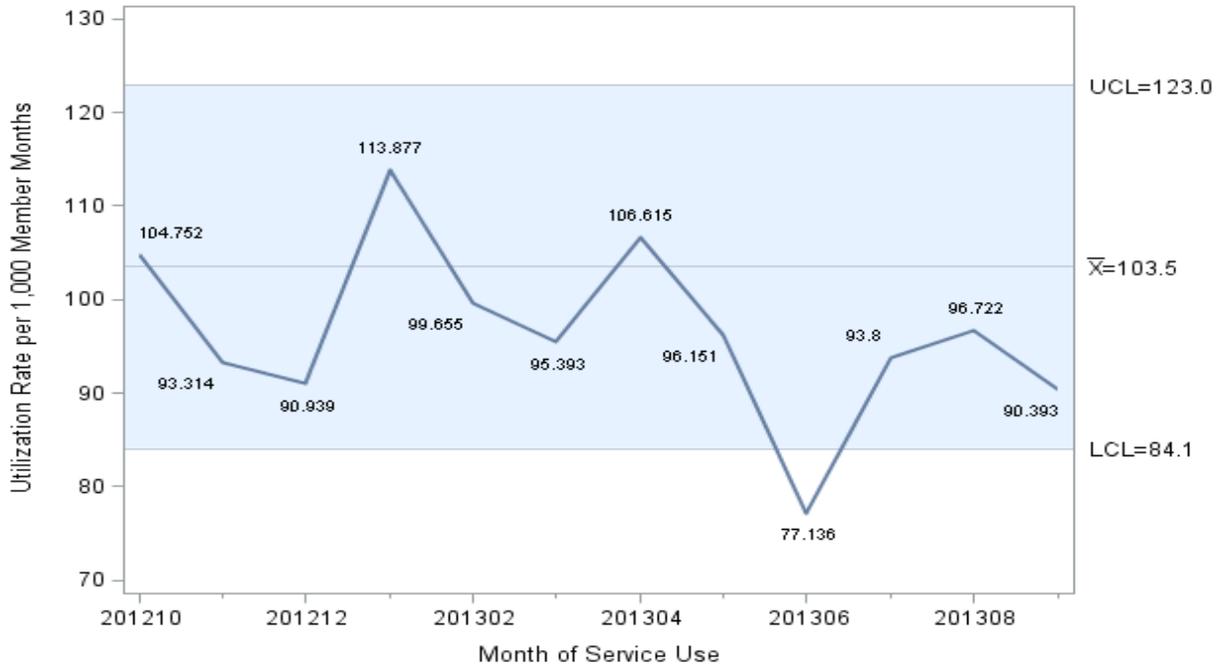


Figure SU-68: Radiology Utilization Rates Among Children Ages 0–20 in the Family Aid Category, October 2012–September 2013 Unique User Count = 22,880

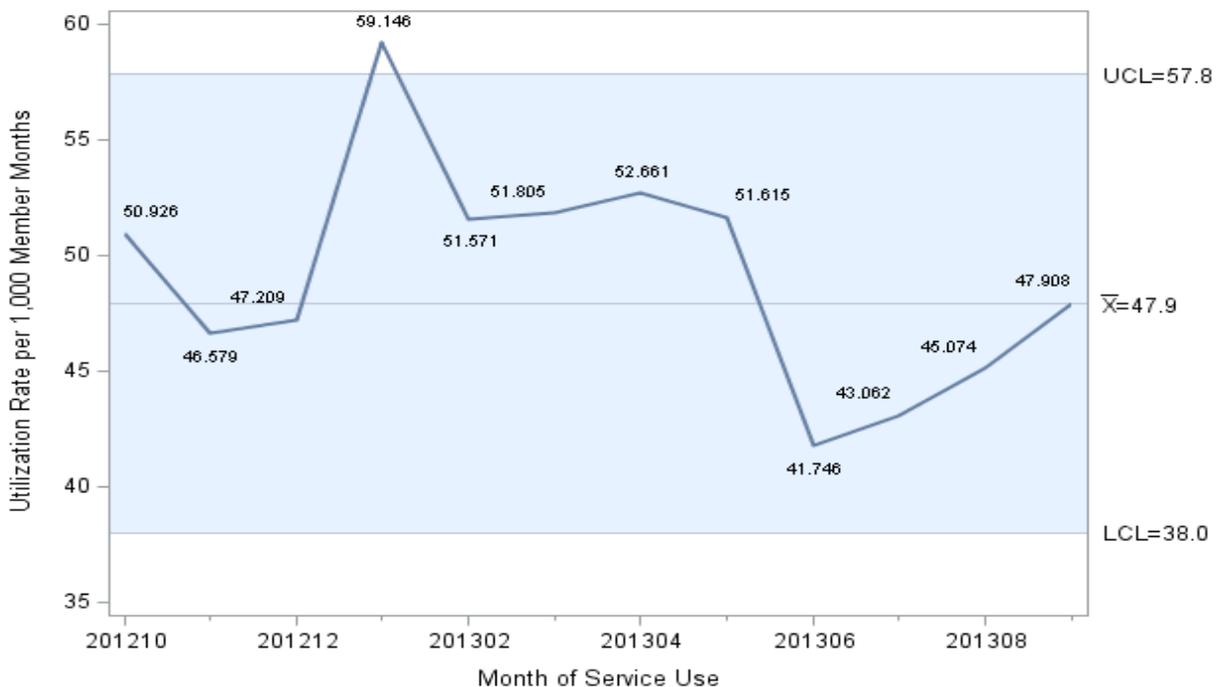


Figure SU-69: Radiology Utilization Rates Among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = 5,771

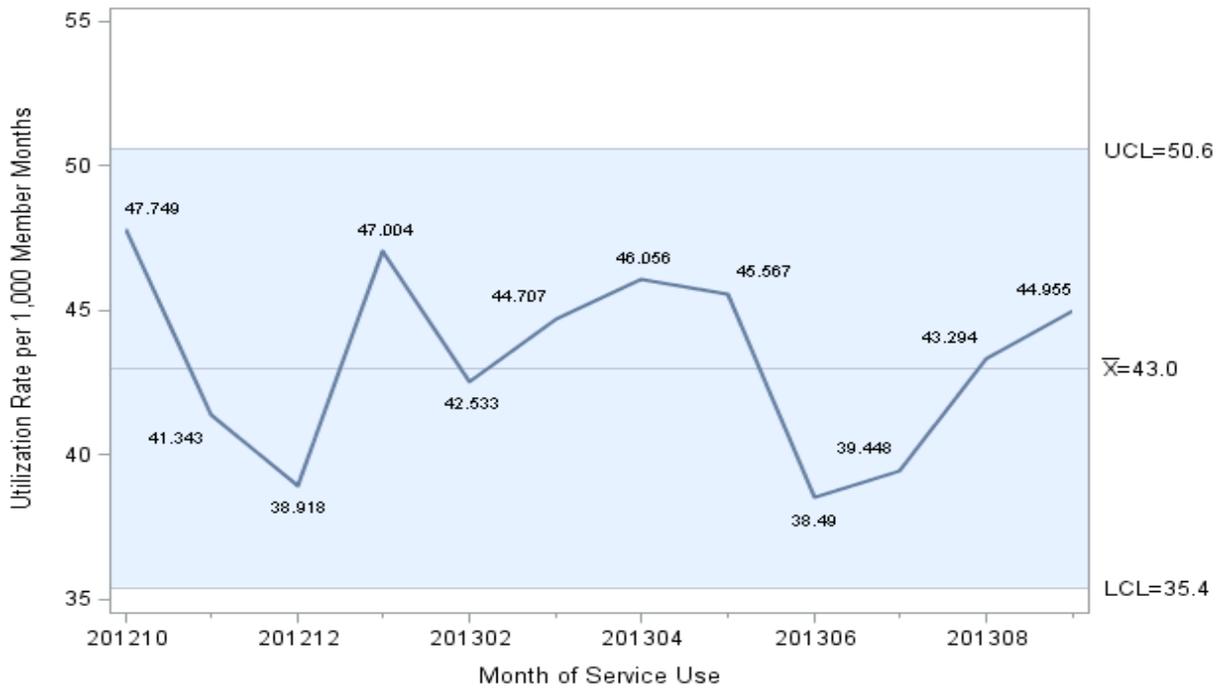


Figure SU-70: Radiology Utilization Rates Among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = 19,704

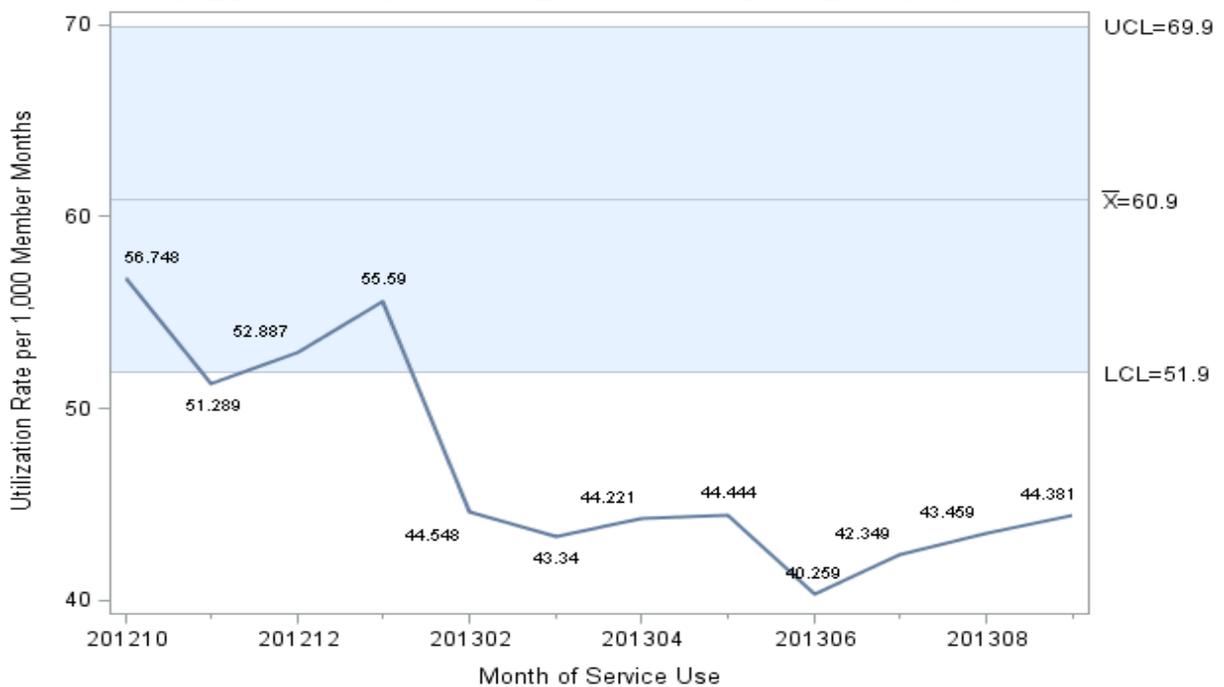
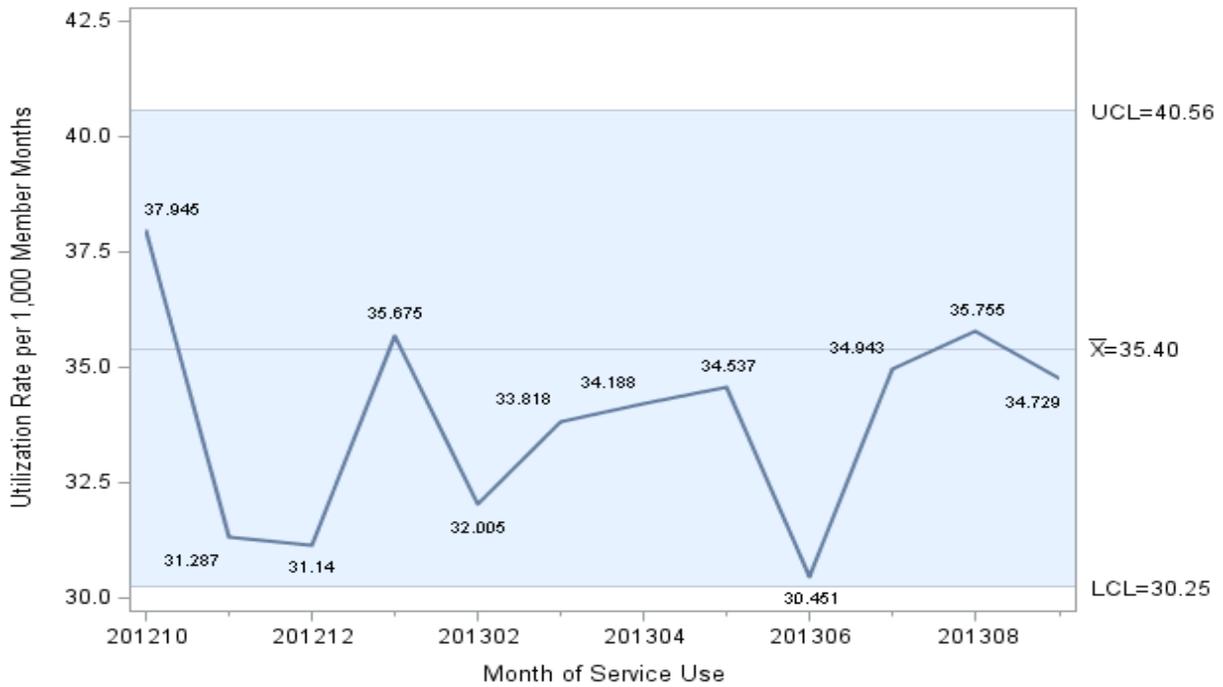


Figure SU-71: Radiology Utilization Rates Among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013 Unique User Count = **6,814**



Source: Data for figures SU-67 to SU-71 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Radiology Services Utilization Rates Among Adults, October 2012–September 2013

Figure SU-72: Radiology Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = 2,766

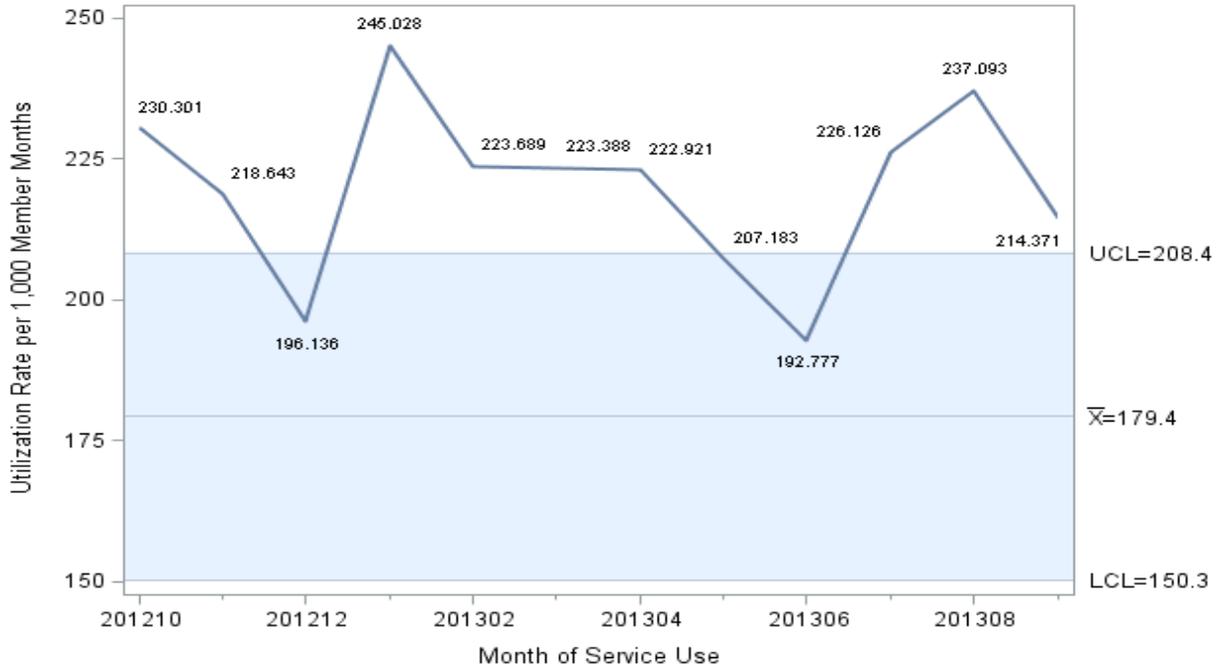


Figure SU-73: Radiology Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 23,660

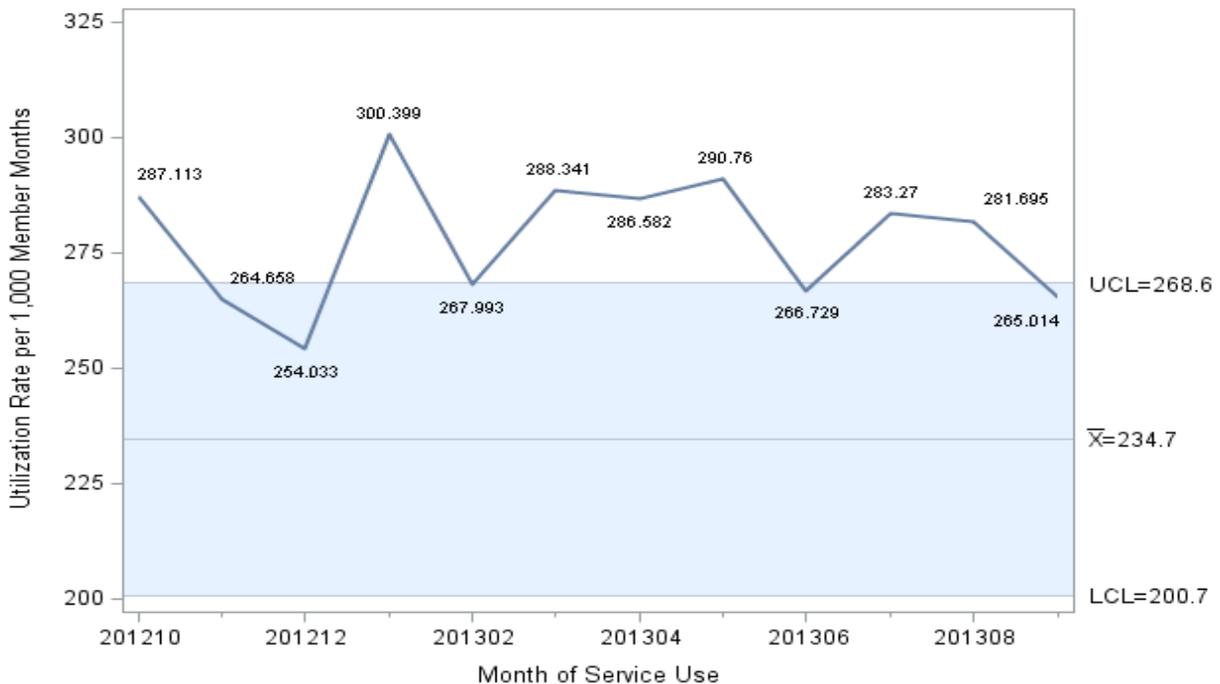


Figure SU-74: Radiology Utilization Rates Among Adults Ages 21+ in the Family Aid Category, October 2012–September 2013 Unique User Count = 39,281

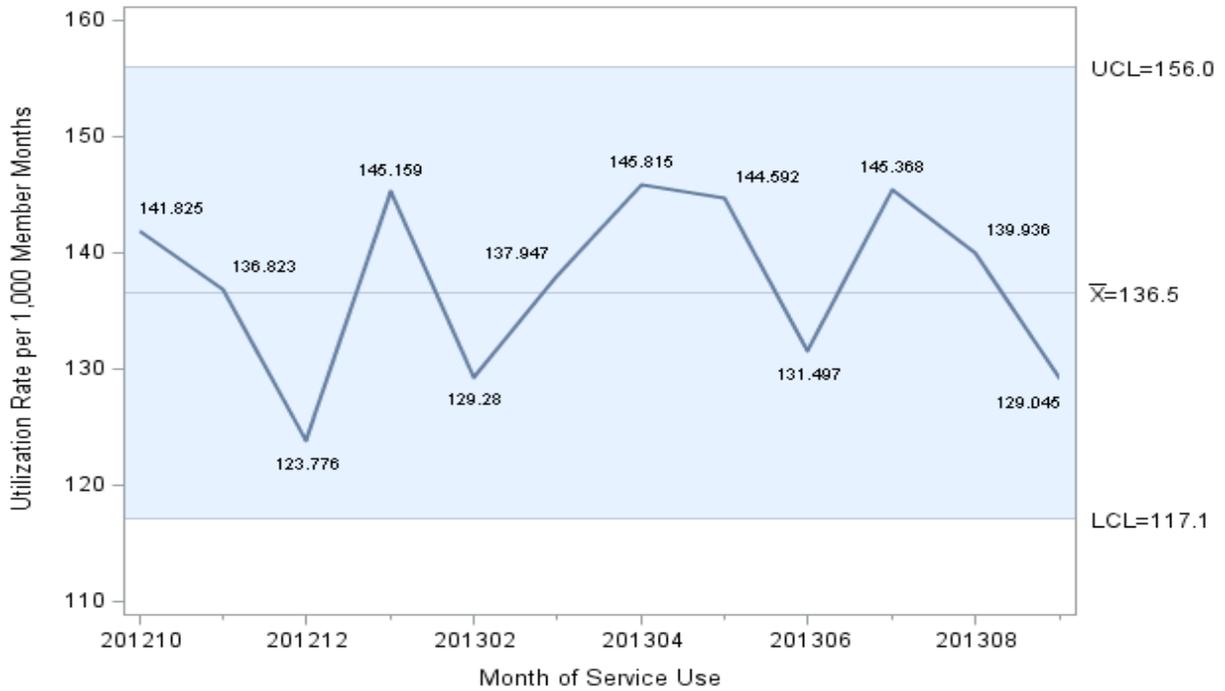


Figure SU-75: Radiology Utilization Rates Among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 24,952

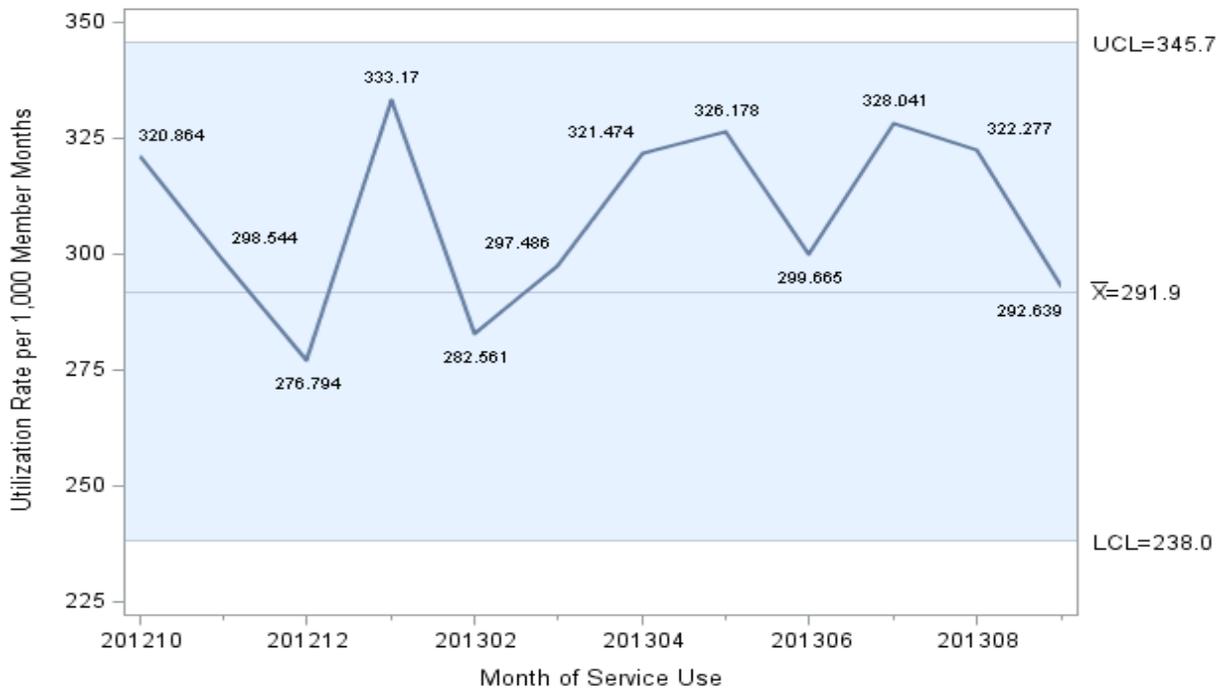
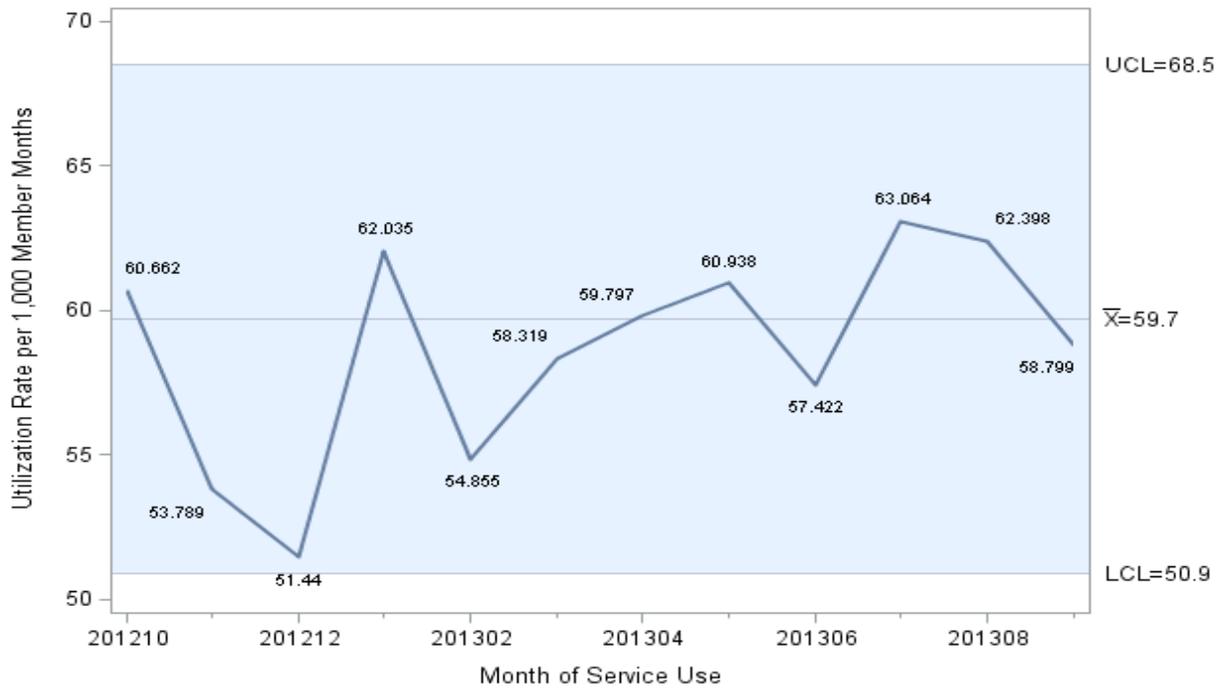


Figure SU-76: Radiology Utilization Rates Among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013
 Unique User Count = **48,575**



Source: Data for figures SU-72 to SU-76 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for processing of claims and updates to enrollment.

Summary Tables

Tables SU-2 and SU-3 present the results of DHCS' analysis of the utilization trends among children and adults, by aid and service categories. The tables are color-coded to identify those cases when a particular cell, which presents utilization by aid and service categories, generated a utilization rate that was either lower or higher than the established confidence interval.

- Beige – Represents utilization rates found to be within the expected confidence intervals.
- Green – Represents utilization rates found to be outside of the expected confidence intervals.

In some cases, the utilization rate was found to be greater than expected. As noted above, there are a number of reasons why this might occur, such as changes in population mix.

Table SU-2: Summary of Service Utilization Trends Among FFS Medi-Cal Children Ages 0-20, by Aid Category and Service Category

Service Category Aid Category	Physician/Clinic Visits	Emergency Medical Transportation	Home Health Services	Hospital Inpatient Services	Hospital Outpatient Services	Pharmacy Services	Other Services	Radiology Services
Blind/ Disabled	Below-Average and Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range. Slight Downward Trend (Jan 2013–June 2013).	Above Expected Range.	Mostly Above-Average with Several Months Above Expected Range.	Within Expected Range.	Above-Average and Within Expected Range.	Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range.
Family	Mostly Below-Average and Mostly Within Expected Range.	Mostly Within Expected Range.	N/A	Mostly Above-Average. Increase Above Expected Range in Last Quarter (July 2013–Sept 2013).	Mostly Below-Average with 4 Consecutive Months Below Expected Range (June 2013–Sept 2013). Downward Trend (Jan 2013–June 2013).	Below-Average with 4 Consecutive Months Below Expected Range (June 2013–Sept 2013). Downward Trend (Jan 2013–July 2013).	Within Expected Range.	Mostly Within Expected Range.
Foster Care	Mostly Below-Average and Mostly Within Expected Range.	Mostly Above-Average and Mostly Within Expected Range. Increase in Last Quarter.	N/A	Mostly Below-Average and Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range.	Mostly Within Expected Range. Increase in Last Quarter.	Within Expected Range.	Within Expected Range.
Other	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013 – Sept 2013).	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013 – Sept 2013).	N/A	Mostly Below-Average with 5 Consecutive Months Below Expected Range (Feb 2013 – June 2013). Increase Back into Expected Range in Last Quarter.	Below Expected Range. Slight Downward Trend (Jan 2013–June 2013).	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013).	Mostly Below-Average and Mostly Within Expected Range.	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013 – Sept 2013)
Undocumented	Below Expected Range.	Mostly Below-Average and Within Expected Range.	N/A	Mostly Below-Average with 5 Consecutive Months Below Expected Range (Feb 2013 – June 2013). Increase Above Expected Range in Last Quarter.	Below-Average and Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range. Downward Trend (Jan 2013 – June 2013).	Below Expected Range.	Mostly Below-Average and Within Expected Range.

Note: Children were excluded from analyses of Non-Emergency Medical Transportation and Nursing Facility services utilization due to low user counts (n<500).

Table SU-3: Summary of Service Utilization Trends Among FFS Medi-Cal Adults Ages 21+, by Aid Category and Service Category

Service Category Aid Category	Physician/ Clinic Visits	Non- Emergency Transportation	Emergency Medical Transportation	Home Health Services	Hospital Inpatient Services	Hospital Outpatient Services	Nursing Facility Services	Pharmacy Services	Other Services	Radiology Services
Aged	Below-Average and Mostly Within Expected Range.	N/A	N/A	N/A	Above Expected Range.	Mostly Above-Average and Within Expected Range.	Above Expected Range.	Below Expected Range.	Below Expected Range.	Mostly Above Expected Range.
Blind/Disabled	Below-Average and Mostly Within Expected Range.	Above Expected Range.	Above-Average with 5 Consecutive Months Above Expected Range.	Mostly Above-Average and Within Expected Range.	Above Expected Range.	Mostly Above-Average and Mostly Within Expected Range.	Above Expected Range.	Mostly Below Expected Range.	Mostly Below-Average and Within Expected Range.	Mostly Above Expected Range.
Family	Below Expected Range.	N/A	Mostly Below-Average and Within Expected Range.	N/A	Mostly Below-Average with Several Months Below Expected Range.	Below Expected Range.	N/A	Mostly Below Expected Range.	Below-Average with Several Months Below Expected Range.	Within Expected Range.
Other	Below-Average and Mostly Within Expected Range.	Above Expected Range.	Within Expected Range.	N/A	Below-Average with 5 Consecutive Months Below Expected Range (Feb 2013–June 2013).	Below-Average with Several Months Below Expected Range.	Mostly Below-Expected Range.	Mostly Below-Average and Within Expected Range.	Mostly Below-Average and Within Expected Range.	Mostly Above-Average and Within Expected Range.
Undocumented	Below Expected Range.	N/A	Below-Average with Several Months Below Expected Range.	N/A	Below Expected Range.	Mostly Below Expected Range.	N/A	Mostly Above-Average. Within Expected Range.	Below Expected Range.	Within Expected Range.

Conclusions – Service Utilization of Children Participating in FFS Medi-Cal

1. Overall, service utilization patterns for children in most aid categories primarily followed the patterns identified in the previous access quarterly report. For example, the utilization rates for children in the Foster Care aid group across all of the analyzed service categories were once more observed to be within the expected ranges. Children in the Blind/Disabled, Other, and Undocumented aid categories again exhibited predominantly below-average Emergency Transportation services utilization. Additionally, children in the Blind/Disabled aid category continued to place a disproportionate demand on services of all kinds.
2. After displaying decreased utilization in Emergency Medical Transportation, Hospital Inpatient, Hospital Outpatient, and Pharmacy services, as well as Physician/Clinic visits during the second quarter of 2013, Blind/Disabled children exhibited slight increases in utilization of these service categories at the end of the study period.
3. Physician/Clinic service use patterns among children in most of the evaluated aid categories again fell below the average rates established during the baseline period.
4. The utilization of all the evaluated services by children in the Other aid category again mostly fell below either the average rates or the expected ranges established during the baseline period. Of particular note, this subpopulation's utilization of Emergency Transportation, Radiology, and Pharmacy services, as well as Physician/Clinic visits, noticeably declined below the expected ranges starting in February 2013.
5. As beneficiary participation shifted away from the FFS delivery system and into managed care, many service categories (e.g., Non-Emergency Transportation, Home Health, and Nursing Facility services) again experienced a noticeable decline in user counts that made the data unsuitable for analysis.

Conclusions – Service Utilization of Adults Participating in FFS Medi-Cal

1. As noted in the previous access quarterly reports, adults in the Blind/Disabled aid category continued to place a higher demand on Emergency Transportation, Hospital Inpatient, Hospital Outpatient, Non-Emergency Transportation, Nursing Facility, and Radiology services.
2. Physician/Clinic service use patterns among adults in all of the analyzed aid categories again fell below either the average rates or the expected ranges established during the baseline period.
3. Adults in the Family aid category continued to display below-average utilization of Emergency Transportation and Hospital Inpatient services, as well as Physician/Clinic visits, throughout most of the study period.
4. Adults in the Undocumented aid category, who are only eligible for emergency and pregnancy-related services, also continued to exhibit below-average and lower-than-expected use of Emergency Transportation and Hospital Inpatient services, as well as Physician/Clinic visits.
5. The continued decline in Medi-Cal's FFS population, which is a result of the transition of Medi-Cal beneficiaries into managed care plans, has directly reduced the pool of users for particular services. For instance, the number of adults in the Aged and Family aid categories that utilize Non-Emergency Transportation and Home Health services have declined to levels (<500) that render their use of these service categories inconsequential to the current analysis. The beneficiary subgroups that continue to use these service categories exhibited utilization patterns at above-average rates that often fell above the expected ranges.

Appendix – Detailed List of Other Providers

- Community-Based Adult Services Program (formerly called Adult Day Health Care) (PT 001)
- Assistive Device and Sick Room Supply Dealers (PT 002)
- Audiology Services–Audiologists (PT 003), Hearing Aid Dispensers (PT 013)
- Blood Banks (PT 004)
- Certified Nurse Midwife (PT 005)
- Chiropractors (PT 006)
- Certified Nurse Practitioner (PT 007), Group Certified Family/Pediatric Nurse Practitioners (PT 010)
- Christian Science Practitioner (PT 008)
- Fabricating Optical Lab (PT 011), Dispensing Opticians (PT 012), Optometrists (PT 020), and Optometric Groups (PT 023)
- Nurse Anesthetists (PT 018)
- Physical Therapist (PT 025), Occupational Therapist (PT 019), Speech Therapist (PT 037)
- Orthotists (PT 021), Prosthetists (PT 029)
- Podiatrists (PT 027)
- Portable X-Ray (PT 028)
- Psychologists (PT 031)
- Certified Acupuncturist (PT 032)
- Genetic Disease Testing (PT 033)
- Medicare Crossover Provider Only (PT 034)
- Outpatient Heroin Detoxification Center (PT 051)
- Local Education Agency (LEA) (PT 055)
- Respiratory Care Practitioner (056) and Respiratory Care Practitioner Group (PT 062)
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services Provider (PT 057)
- Health Access Program (HAP) (PT 058)
- Home and Community-Based Services (HCBS) Waiver Programs (Multiple Provider Types):
 - HCBS Nursing Facility (Congregate Living Health Facilities with Type A licensure) (PT 059)
 - HCBS Licensed Building Contractors (PT 063)
 - HCBS Employment Agency (PT 064)
 - HCBS Personal Care Agency (PT 066)
 - HCBS Benefit Provider (Licensed Clinical Social Worker, Licensed Psychologist, or Marriage and Family Therapist) (PT 068)
 - HCBS Professional Corporation (PT 069)
 - AIDS Waiver (PT 073)
 - Multipurpose Senior Services Program Waiver (PT 074)
 - Assisted Living Waiver-Facility (PT 092)
 - Assisted Living Waiver-Care Coordinator (PT 093)
 - HCBS Private Non-Profit (PT 095)

- Pediatric Subacute Care/LTC (PT 065)
- RVNS Individual Nurse Providers (PT 067)
- CCS/GHPP Non-Institutional Providers (PT 080)
- CCS/GHPP Institutional Providers (PT 081)
- Independent Diagnostic Testing Facility Crossover (PT 084)
- Clinical Nurse Specialist Crossover Provider (PT 085)
- Out-of-State Providers (PT 090)