



**Fiscal Year of Service 2011-2012**  
**Medi-Cal Program Claims Paid by the Fiscal Intermediary**  
**Medi-Cal Visits and FFS Expenditures at Federally Qualified Health Centers (FQHCs)**

These tables present the number of visits made by Medi-Cal beneficiaries to FQHCs and the payments made by the program for these services. The tables are summarized by aid code category, which is based on the certified aid code in the first position on the claim.

Please refer to the analytic notes as they are an integral part of this report.

[Analytic Notes](#)

*Visits by Aid Code Category and Sex*

Aid Code Category	Female	Male
Adoption or Foster Care	32,270	100
Aged	412,898	227,088
BCCTP	529,616	14,346
Blind	50,914	47,039
Disabled	799,639	654,466
Families	2,493,005	1,456,207
Long Term Care	202,104	184,730
MI - Except LTC and AFC	8,276	8,264
Other	10,113	8,370
Undocumented	260,039	158,130
<b>Total</b>	<b>4,798,874</b>	<b>2,758,740</b>

\*BCCTP = Breast and Cervical Cancer Treatment Program

\*MI -Except LTC and AFC = Medically Indigent - Except Long Term Care & Adoption or Foster Care

*Expenditures by Aid Code Category and Sex*

Aid Code Category	Female	Male
Adoption or Foster Care	\$ 9,929,431	\$ 9,483,269
Aged	\$ 29,587,925	\$ 17,620,934
BCCTP	\$ 10,516,702	\$ 37,103
Blind	\$ 1,546,018	\$ 1,391,230
Disabled	\$ 120,959,044	\$ 109,464,349
Families	\$ 325,711,784	\$ 193,701,325
Long Term Care	\$ 1,259,789	\$ 1,588,299
MI - Except LTC and AFC	\$ 29,161,552	\$ 26,840,239
Other	\$ 65,491,145	\$ 30,289,836
Undocumented	\$ 99,910,376	\$ 2,664,064
<b>Total</b>	<b>\$ 694,073,765</b>	<b>\$ 393,080,648</b>

\*BCCTP = Breast and Cervical Cancer Treatment Program

\*MI -Except LTC and AFC = Medically Indigent - Except Long Term Care & Adoption or Foster Care

<sup>1</sup>Carve-out expenditures for managed care (MC) eligibles reflect services paid outside the managed care arrangement and do not include the capitation paid directly to the plan.

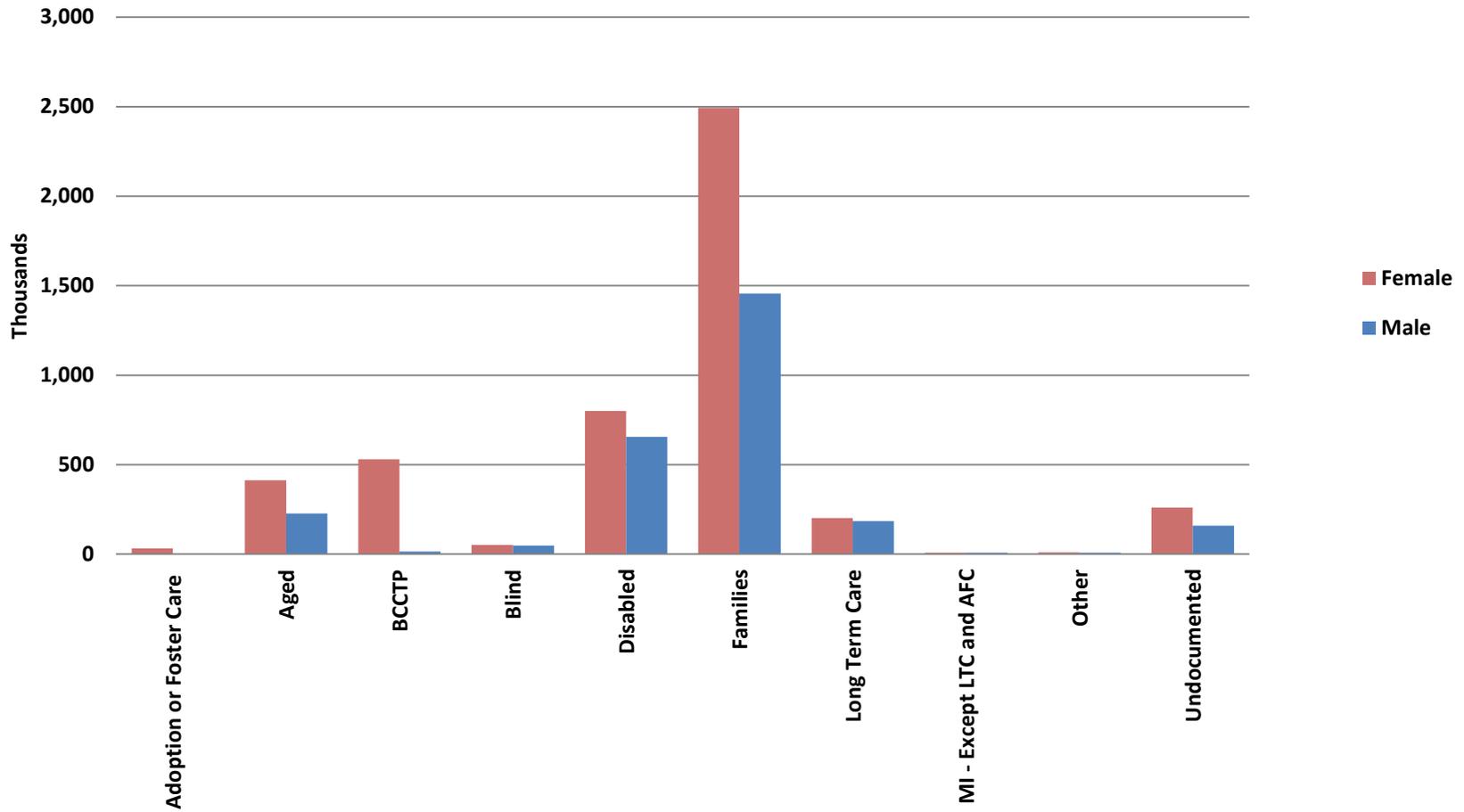
<sup>2</sup>Visit and expenditure calculations do not include Family PACT (Planning, Access, Care, and Treatment) family planning services or maternity care provided under Presumptive Eligibility. Eligibility and enrollment for these programs is determined by providers and is not available in the MEDS (Medi-Cal Eligibility Determination System) Monthly Extract File (MMEF).

<sup>3</sup>Invalid/unknown visits and expenditures are not included in the graphs due to the small counts or amounts.

Source: Claims paid by the contracted Medi-Cal Fiscal Intermediary, July 2011 - June 2013 months of payment.

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## FQHC Visits by Aid Code Category and Gender



## FQHC Expenditures by Aid Code Category and Gender

