



**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)**

This table presents the number of visits made by Medi-Cal certified eligibles to FQHCs and the payments made by the program for these services. Expenditures are for Fee-for-Service (FFS) eligibles and carve-out expenditures for managed care (MC)<sup>1</sup> eligibles, by coverage category and delivery of care model.

The four broad categories based on source of coverage and delivery of care model are:

- **FFS - Medi-Cal Only:** Certified eligibles receiving care under the FFS model with coverage from the Medi-Cal program only
- **FFS - Dual Eligibles:** Certified eligibles receiving care under the managed care model with coverage from the Medi-Cal program only
- **MC - Medi-Cal Only:** Certified eligibles receiving care under the FFS model who are dually-eligible for coverage from both the Medicare and Medi-Cal programs
- **MC - Dual Eligibles:** Certified eligibles receiving care under the managed care model who are dually-eligible for coverage from both the Medicare and Medi-Cal programs.

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

[Analytic Notes](#)

Coverage Category	Visits	Percent of Visits	Expenditures	Percent of Expenditures
FFS - Medi-Cal Only	2,394,252	31.68%	\$ 478,495,414	44.01%
FFS - Dual Eligibles	536,591	7.10%	\$ 40,616,274	3.74%
MC - Medi-Cal Only	4,428,762	58.60%	\$ 540,056,649	49.68%
MC - Dual Eligibles	198,009	2.62%	\$ 27,986,077	2.57%
<b>Total</b>	<b>7,557,614</b>	<b>100.00%</b>	<b>\$ 1,087,154,413</b>	<b>100.00%</b>

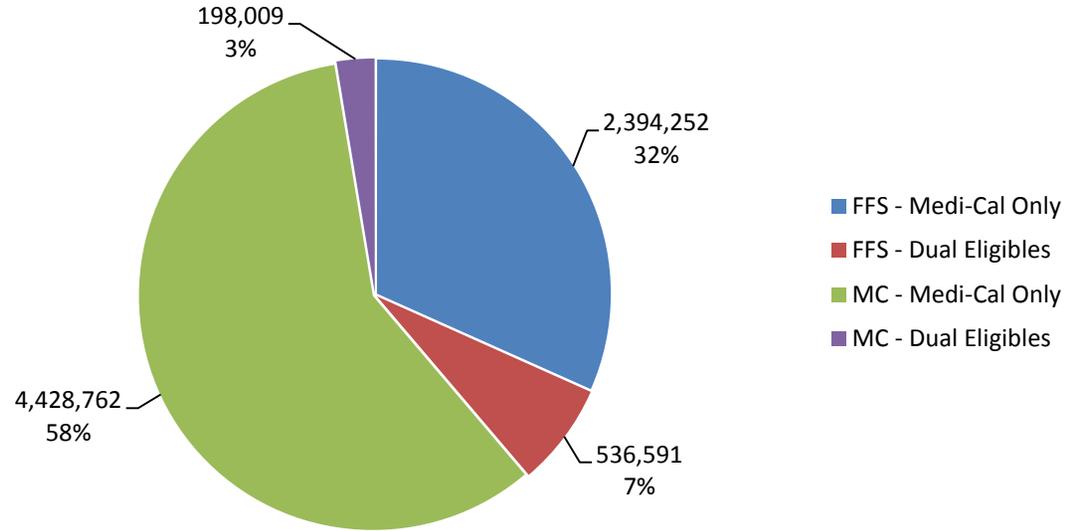
<sup>1</sup>Carve-out expenditures for managed care (MC) eligibles reflect services paid outside the managed care arrangement and do not include the capitation paid directly to the plan.

<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).

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

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### FQHC - Coverage Category base on Visits



### FQHC - Coverage Category base on Expenditures

