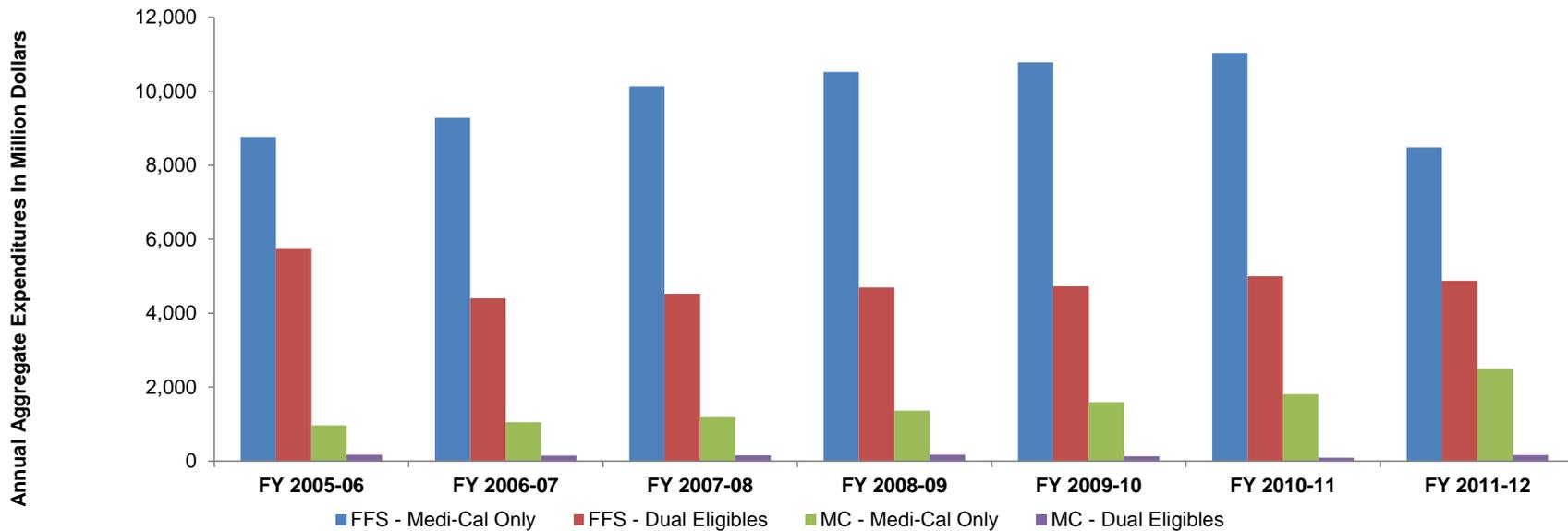


Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Years of Service: 2005-06 to 2011-12
FFS Expenditures for FFS Eligibles (FFS) and FFS Carve-Out Expenditures for Managed Care Eligibles (MC)^{1/},
and Medi-Cal Only vs. Medi-Cal/Medicare Dual Eligibles^{2/}

Fiscal Year	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
FFS - Medi-Cal Only	\$ 8,769,253,550	\$ 9,283,982,172	\$ 10,130,246,988	\$ 10,520,974,438	\$ 10,784,908,316	\$ 11,038,429,214	\$ 8,490,114,665
FFS - Dual Eligibles	\$ 5,738,609,649	\$ 4,397,226,164	\$ 4,530,770,261	\$ 4,698,128,807	\$ 4,723,789,934	\$ 4,999,797,939	\$ 4,875,321,448
MC - Medi-Cal Only	\$ 968,495,111	\$ 1,049,825,700	\$ 1,191,566,698	\$ 1,365,234,849	\$ 1,590,866,648	\$ 1,808,904,195	\$ 2,486,709,061
MC - Dual Eligibles	\$ 169,492,341	\$ 145,852,102	\$ 157,803,415	\$ 166,730,206	\$ 132,222,705	\$ 91,062,562	\$ 160,455,794

**Medi-Cal Program Fee-For-Service Paid Claims
for Fiscal Years 2005-06 to 2011-12 of Service**



^{1/} Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

^{2/} Expenditures do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these programs is determined by Providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Fee-For-Service Medi-Cal '35' file paid claims data, July 2005 - June 2012 months of payment.

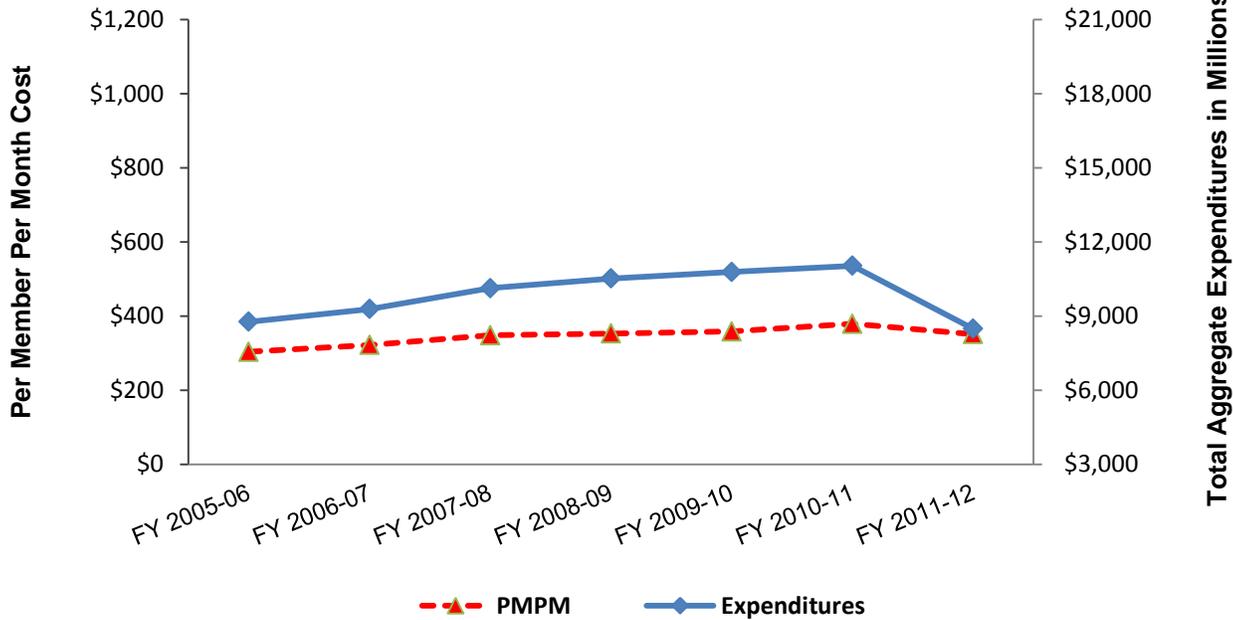
Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Fee-For-Service Paid Claims Trends. Report Date: August 2013.

Created by the Research and Analytic Studies Section; California Department of Health Care Services

**Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year of Services: 2005-06 to 2011-12
 Medi-Cal Program Certified Member Months for Fiscal Years 2005-06 to 2011-12 of Enrollment
 Fee-For-Service (FFS) Medi-Cal Only Eligibles By Fiscal Year of Service**

ANNUAL PMPM COST FOR FFS MEDI-CAL ONLY ELIGIBLES			
Fiscal Year	Member Months	Expenditures	PMPM
FY 2005-06	28,903,079	\$8,769,253,550	\$303.40
FY 2006-07	28,832,912	\$9,283,982,172	\$321.99
FY 2007-08	29,101,113	\$10,130,246,988	\$348.11
FY 2008-09	29,805,912	\$10,520,974,438	\$352.98
FY 2009-10	30,083,380	\$10,784,908,316	\$358.50
FY 2010-11	29,116,238	\$11,038,429,214	\$379.12
FY 2011-12	24,172,675	\$8,490,114,665	\$351.23
Compound Annual Growth Rate; FY 2005-FY 2011	-5.8%	-1.1%	5.0%
Compound Annual Growth Rate; FY 2006-FY 2011	-8.4%	-4.4%	4.4%

Annual PMPM Cost for FFS Medi-Cal Only Eligibles



Note: Expenditures, member months, and PMPM do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these program is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Fee-For-Service Medi-Cal '35' file paid claims data, July 2005 - June 2012 months of payment.

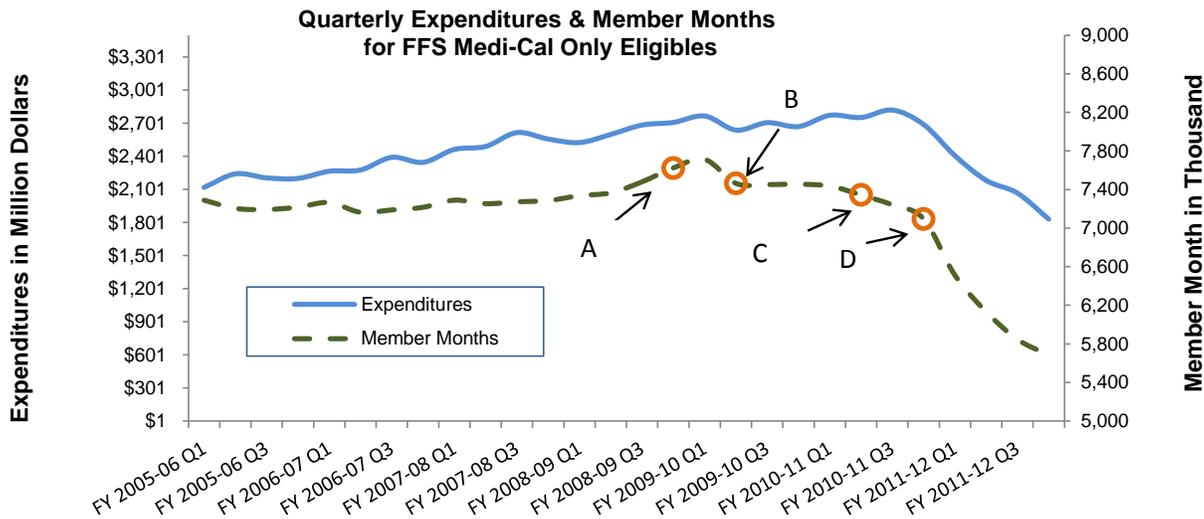
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Fee-For-Service Paid Claims Trends. Report Date: August 2013.

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Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year of Services: 2005-06 to 2011-12
 Medi-Cal Program Certified Member Months for Fiscal Years 2005-06 to 2011-12 of Enrollment
 Fee-For-Service (FFS) Medi-Cal Only Eligibles By Fiscal Year of Service

QUARTERLY PMPM COST FOR FFS MEDI-CAL ONLY ELIGIBLES			
Fiscal Year & Quarter	Member Months	Expenditures	PMPM
FY 2005-06 Q1	7,289,005	\$2,119,618,621	\$290.80
FY 2005-06 Q2	7,204,407	\$2,242,296,407	\$311.24
FY 2005-06 Q3	7,193,228	\$2,206,099,052	\$306.69
FY 2005-06 Q4	7,216,439	\$2,201,239,470	\$305.03
FY 2006-07 Q1	7,265,059	\$2,266,409,136	\$311.96
FY 2006-07 Q2	7,163,662	\$2,277,871,249	\$317.98
FY 2006-07 Q3	7,188,468	\$2,392,796,505	\$332.87
FY 2006-07 Q4	7,215,723	\$2,346,905,282	\$325.25
FY 2007-08 Q1	7,289,666	\$2,464,161,661	\$338.03
FY 2007-08 Q2	7,253,273	\$2,491,204,892	\$343.46
FY 2007-08 Q3	7,272,520	\$2,616,806,590	\$359.82
FY 2007-08 Q4	7,285,654	\$2,558,073,845	\$351.11
FY 2008-09 Q1	7,336,042	\$2,526,326,930	\$344.37
FY 2008-09 Q2	7,365,895	\$2,600,375,596	\$353.03
FY 2008-09 Q3	7,479,718	\$2,685,389,849	\$359.02
FY 2008-09 Q4	7,624,257	\$2,708,882,062	\$355.30
FY 2009-10 Q1	7,712,984	\$2,767,325,506	\$358.79
FY 2009-10 Q2	7,463,728	\$2,639,551,727	\$353.65
FY 2009-10 Q3	7,451,695	\$2,706,699,914	\$363.23
FY 2009-10 Q4	7,454,973	\$2,671,331,169	\$358.33
FY 2010-11 Q1	7,435,842	\$2,773,879,125	\$373.04
FY 2010-11 Q2	7,344,508	\$2,753,564,300	\$374.91
FY 2010-11 Q3	7,240,771	\$2,820,876,199	\$389.58
FY 2010-11 Q4	7,095,117	\$2,690,109,590	\$379.15
FY 2011-12 Q1	6,511,259	\$2,407,426,848	\$369.73
FY 2011-12 Q2	6,132,398	\$2,183,200,498	\$356.01
FY 2011-12 Q3	5,846,167	\$2,067,716,856	\$353.69
FY 2011-12 Q4	5,682,851	\$1,831,770,464	\$322.33



Note: Expenditures, member months, and PMPM do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these program is determined by providers and is not available in the MEDS Eligibility System.

Please refer to the Analytic Notes, they are an intergal part of this report.

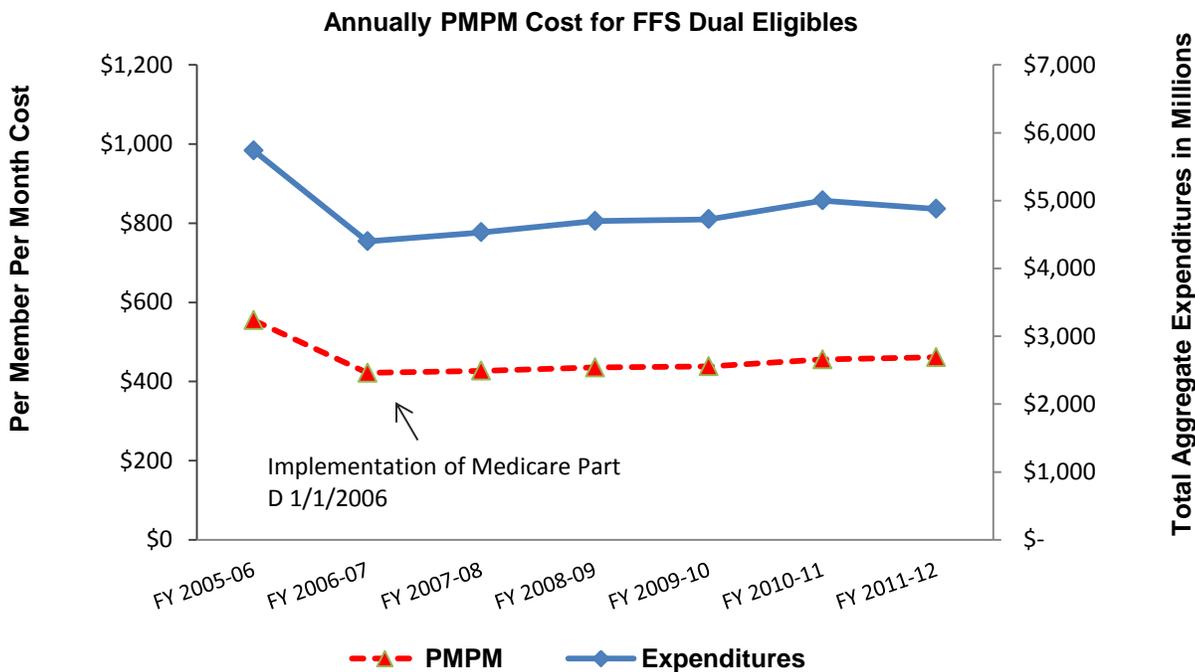
Source for Medi-Cal Expenditures: Fee-For-Service Medi-Cal '35' file paid claims data, July 2005 - June 2012 month of payment.

Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

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Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Years of Service: 2005-06 to 2011-12
Medi-Cal Program Certified Member Months for Fiscal Years 2005-06 to 2011-12 of Enrollment
Fee-For-Service (FFS) Medi-Cal/Medicare Dual Eligibles by Fiscal Year of Service

ANNUAL PMPM COST FOR FFS DUAL ELIGIBLES			
Fiscal Year	Member Months	Expenditures	PMPM
FY 2005-06	10,340,804	\$5,738,609,649	\$554.95
FY 2006-07	10,429,526	\$4,397,226,164	\$421.61
FY 2007-08	10,614,080	\$4,530,770,261	\$426.86
FY 2008-09	10,794,934	\$4,698,128,807	\$435.22
FY 2009-10	10,776,405	\$4,723,789,934	\$438.35
FY 2010-11	10,967,573	\$4,999,797,939	\$455.87
FY 2011-12	10,568,276	\$4,875,321,448	\$461.32
Compound Annual Growth Rate; FY 2005-FY 2011	0.7%	-5.3%	-6.0%
Compound Annual Growth Rate; FY 2006-FY 2011	0.7%	5.3%	4.6%



Note: Expenditures, member months, and PMPM do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these program is determined by providers and is not available in the MEDS Eligibility System.

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Source for Medi-Cal Expenditures: Fee-For-Service Medi-Cal '35' file paid claims data, July 2005 - June 2012 month of payment.

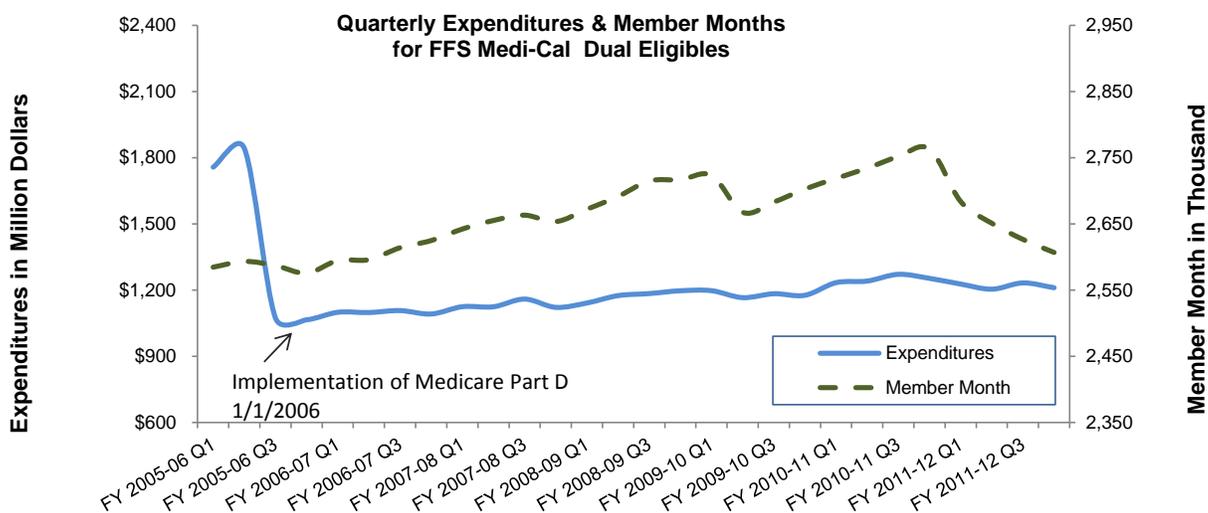
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

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Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Years of Service: 2005-06 to 2011-12
Medi-Cal Program Certified Member Months for Fiscal Years 2005-06 to 2011-12 of Enrollment
Fee-For-Service (FFS) Medi-Cal/Medicare Dual Eligibles by Fiscal Year of Service

QUARTERLY PMPM COST FOR FFS DUAL ELIGIBLES ONLY			
Fiscal Year & Quarter	Member Month	Expenditures	PMPM
FY 2005-06 Q1	2,584,712	\$1,757,072,805	\$679.79
FY 2005-06 Q2	2,593,331	\$1,842,307,256	\$710.40
FY 2005-06 Q3	2,587,092	\$1,073,555,402	\$414.97
FY 2005-06 Q4	2,575,669	\$1,065,674,186	\$413.75
FY 2006-07 Q1	2,594,632	\$1,099,524,015	\$423.77
FY 2006-07 Q2	2,595,981	\$1,098,438,972	\$423.13
FY 2006-07 Q3	2,614,053	\$1,107,389,625	\$423.63
FY 2006-07 Q4	2,624,860	\$1,091,873,552	\$415.97
FY 2007-08 Q1	2,642,252	\$1,124,851,806	\$425.72
FY 2007-08 Q2	2,655,159	\$1,124,675,348	\$423.58
FY 2007-08 Q3	2,663,184	\$1,159,347,658	\$435.32
FY 2007-08 Q4	2,653,485	\$1,121,895,449	\$422.80
FY 2008-09 Q1	2,672,132	\$1,141,646,432	\$427.24
FY 2008-09 Q2	2,691,363	\$1,175,098,772	\$436.62
FY 2008-09 Q3	2,714,786	\$1,184,311,020	\$436.24
FY 2008-09 Q4	2,716,653	\$1,197,072,583	\$440.64
FY 2009-10 Q1	2,723,200	\$1,197,492,007	\$439.74
FY 2009-10 Q2	2,667,594	\$1,165,985,999	\$437.09
FY 2009-10 Q3	2,682,938	\$1,183,616,046	\$441.16
FY 2009-10 Q4	2,702,673	\$1,176,695,882	\$435.38
FY 2010-11 Q1	2,718,655	\$1,233,847,382	\$453.84
FY 2010-11 Q2	2,734,211	\$1,241,068,746	\$453.90
FY 2010-11 Q3	2,751,655	\$1,271,535,235	\$462.10
FY 2010-11 Q4	2,763,052	\$1,253,346,576	\$453.61
FY 2011-12 Q1	2,683,842	\$1,227,512,334	\$457.37
FY 2011-12 Q2	2,650,972	\$1,204,266,956	\$454.27
FY 2011-12 Q3	2,626,587	\$1,232,672,507	\$469.31
FY 2011-12 Q4	2,606,875	\$1,210,869,652	\$464.49



Note: Expenditures, member months, and PMPM do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these program is determined by providers and is not available in the MEDS Eligibility System.

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Source for Medi-Cal Expenditures: Fee-For-Service Medi-Cal '35' file paid claims data, July 2005 - June 2012 months of payment.

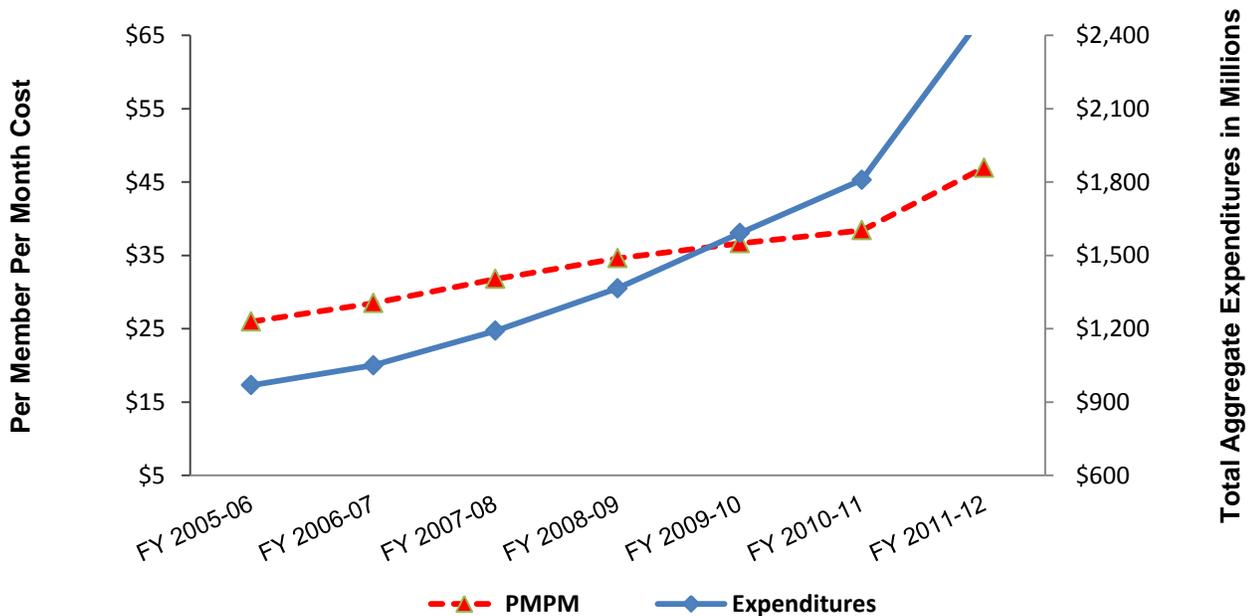
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

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Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year of Service: 2005-06 to 2011-12
Medi-Cal Program Certified Member Months for Fiscal Years 2005-06 to 2011-12 of Enrollment
Fee-For-Service (FFS) Carve-Outs for Managed Care (MC)^{1/} Medi-Cal Only Eligibles by Fiscal Year of Service

ANNUAL PMPM COST FOR FFS CARVE-OUTS MC MEDI-CAL ONLY ELIGIBLES			
Fiscal Year	Member Months	Expenditures	PMPM
FY 2005-06	37,285,988	\$968,495,111	\$25.97
FY 2006-07	36,868,552	\$1,049,825,700	\$28.47
FY 2007-08	37,503,400	\$1,191,566,698	\$31.77
FY 2008-09	39,457,338	\$1,365,234,849	\$34.60
FY 2009-10	43,420,782	\$1,590,866,648	\$36.64
FY 2010-11	47,088,400	\$1,808,904,195	\$38.42
FY 2011-12	52,979,629	\$2,486,709,061	\$46.94
Compound Annual Growth Rate; FY 2005-FY 2011	12.4%	36.9%	21.8%
Compound Annual Growth Rate; FY 2006-FY 2011	19.9%	53.9%	28.4%

Annual PMPM Cost for FFS Carve-Outs MC Medi-Cal Only Eligibles



^{1/} Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

Note: Expenditures, member months, and PMPM do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these program is determined by providers and is not available in the MEDS Eligibility System.

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Source for Medi-Cal Expenditures: Fee-For-Service Medi-Cal '35' file paid claims data, July 2005 - June 2012 months of payment.

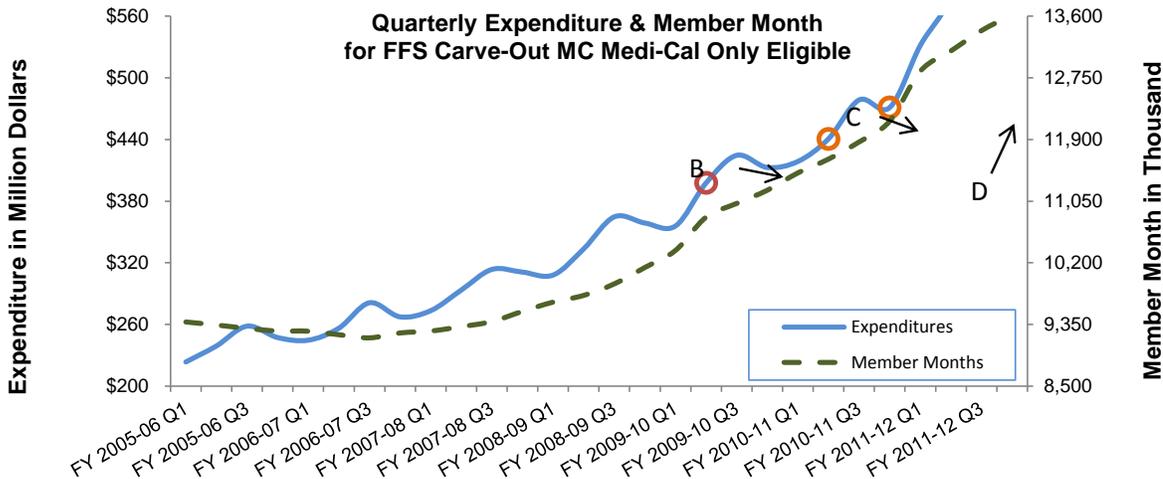
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

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Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year of Service: 2005-06 to 2011-12
 Medi-Cal Program Certified Member Months for Fiscal Years 2005-06 to 2011-12 of Enrollment
 Fee-For-Service (FFS) Carve-Outs for Managed Care (MC) Medi-Cal Only Eligibles by Fiscal Year of
 Service ^{1/}

QUARTERLY PMPM COST FOR FFS CARVE-OUT MC MEDI-CAL ONLY ELIGIBLES			
Fiscal Year & Quarter	Member Months	Expenditures	PMPM
FY 2005-06 Q1	9,385,001	\$223,595,098	\$23.82
FY 2005-06 Q2	9,343,557	\$239,156,694	\$25.60
FY 2005-06 Q3	9,296,721	\$258,416,556	\$27.80
FY 2005-06 Q4	9,260,709	\$247,326,764	\$26.71
FY 2006-07 Q1	9,258,121	\$244,772,914	\$26.44
FY 2006-07 Q2	9,209,762	\$256,443,642	\$27.84
FY 2006-07 Q3	9,166,672	\$281,165,783	\$30.67
FY 2006-07 Q4	9,233,997	\$267,443,361	\$28.96
FY 2007-08 Q1	9,260,123	\$273,455,107	\$29.53
FY 2007-08 Q2	9,320,646	\$293,534,097	\$31.49
FY 2007-08 Q3	9,390,994	\$313,591,713	\$33.39
FY 2007-08 Q4	9,531,637	\$310,985,781	\$32.63
FY 2008-09 Q1	9,658,831	\$308,116,853	\$31.90
FY 2008-09 Q2	9,751,469	\$333,639,272	\$34.21
FY 2008-09 Q3	9,910,507	\$364,749,905	\$36.80
FY 2008-09 Q4	10,136,531	\$358,728,819	\$35.39
FY 2009-10 Q1	10,371,387	\$355,837,059	\$34.31
FY 2009-10 Q2	10,829,708	\$397,700,425	\$36.72
FY 2009-10 Q3	11,018,808	\$424,571,543	\$38.53
FY 2009-10 Q4	11,200,879	\$412,757,621	\$36.85
FY 2010-11 Q1	11,439,709	\$418,653,656	\$36.60
FY 2010-11 Q2	11,629,951	\$440,650,782	\$37.89
FY 2010-11 Q3	11,866,203	\$478,496,791	\$40.32
FY 2010-11 Q4	12,152,537	\$471,102,966	\$38.77
FY 2011-12 Q1	12,840,959	\$531,508,262	\$41.39
FY 2011-12 Q2	13,120,289	\$580,183,088	\$44.22
FY 2011-12 Q3	13,401,104	\$678,482,743	\$50.63
FY 2011-12 Q4	13,617,277	\$696,534,967	\$51.15



^{1/} Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

Note: Expenditures, member months, and PMPM do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these program is determined by providers and is not available in the MEDS Eligibility System.

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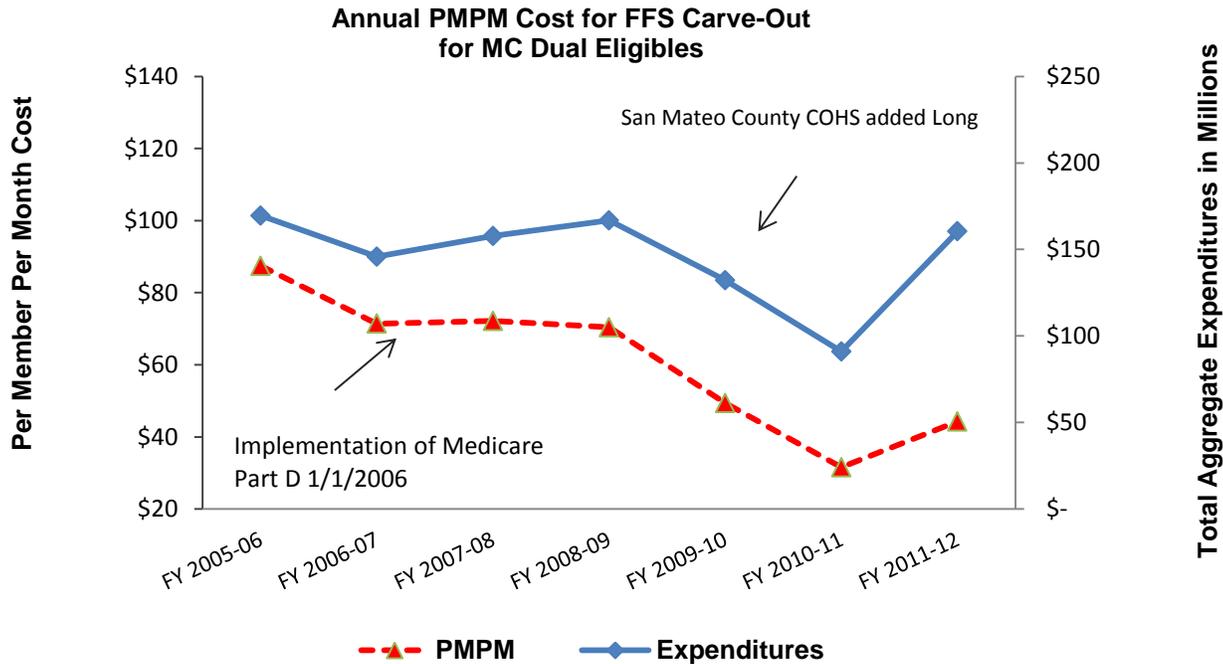
Source for Medi-Cal Expenditures: Fee-For-Service Medi-Cal '35' file paid claims data, July 2005 - June 2012 months of payment.

Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

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Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year 2005-06 to 2011-12 of Services
 Medi-Cal Program Certified Member Months for Fiscal Year 2005-06 to 2011-12 of Enrollment
 FFS (FFS) Carve-Outs for Managed Care (MC), Medi-Cal/Medicare Dual Eligibles by Fiscal Year of
 Service^{1/}

ANNUAL PMPM COST FOR FFS CARVE-OUTS FOR MC DUAL ELIGIBLES			
Fiscal Year	Member Months	Expenditures	PMPM
FY 2005-06	1,938,473	\$169,492,341	\$87.44
FY 2006-07	2,041,821	\$145,852,102	\$71.43
FY 2007-08	2,186,542	\$157,803,415	\$72.17
FY 2008-09	2,367,751	\$166,730,206	\$70.42
FY 2009-10	2,676,398	\$132,222,705	\$49.40
FY 2010-11	2,885,574	\$91,062,562	\$31.56
FY 2011-12	3,624,523	\$160,455,794	\$44.27
Compound Annual Growth Rate; FY 2005-FY 2011	23.2%	-1.8%	-20.3%
Compound Annual Growth Rate; FY 2006-FY 2011	33.2%	4.9%	-21.3%



^{1/} Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.

Note: Expenditures, member months, and PMPM do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these program is determined by providers and is not available in the MEDS Eligibility System.

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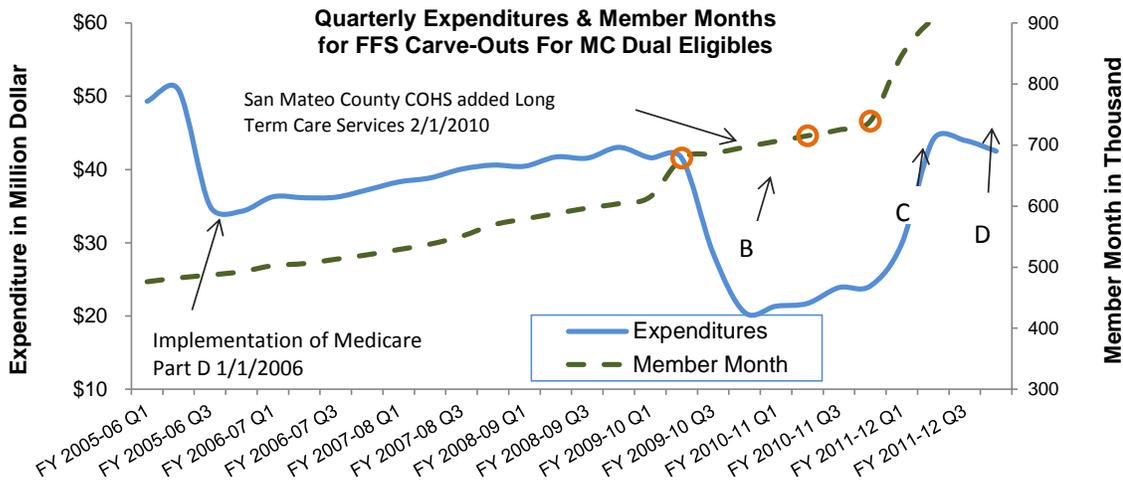
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**Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year 2005-06 to 2011-12 of Services
 Medi-Cal Program Certified Member Months for Fiscal Year 2005-06 to 2011-12 of Enrollment
 FFS (FFS) Carve-Outs for Managed Care (MC), Medi-Cal/Medicare Dual Eligibles by Fiscal Year of
 Service ^{1/}**

QUARTERLY PMPM COST FOR FFS CARVE-OUT FOR MC DUAL ELIGIBLES			
Fiscal Year & Quarter	Member Month	Expenditures	PMPM
FY 2005-06 Q1	476,162	\$49,314,612	\$103.57
FY 2005-06 Q2	482,475	\$50,866,371	\$105.43
FY 2005-06 Q3	487,178	\$35,014,069	\$71.87
FY 2005-06 Q4	492,658	\$34,297,289	\$69.62
FY 2006-07 Q1	502,528	\$36,274,603	\$72.18
FY 2006-07 Q2	505,964	\$36,140,493	\$71.43
FY 2006-07 Q3	513,069	\$36,221,062	\$70.60
FY 2006-07 Q4	520,260	\$37,215,944	\$71.53
FY 2007-08 Q1	528,894	\$38,300,216	\$72.42
FY 2007-08 Q2	537,826	\$38,850,915	\$72.24
FY 2007-08 Q3	550,604	\$40,050,601	\$72.74
FY 2007-08 Q4	569,218	\$40,601,683	\$71.33
FY 2008-09 Q1	579,024	\$40,441,809	\$69.84
FY 2008-09 Q2	587,877	\$41,713,388	\$70.96
FY 2008-09 Q3	596,789	\$41,553,431	\$69.63
FY 2008-09 Q4	604,061	\$43,021,577	\$71.22
FY 2009-10 Q1	615,259	\$41,608,372	\$67.63
FY 2009-10 Q2	678,520	\$41,554,762	\$61.24
FY 2009-10 Q3	686,086	\$28,560,804	\$41.63
FY 2009-10 Q4	696,533	\$20,498,767	\$29.43
FY 2010-11 Q1	706,154	\$21,348,649	\$30.23
FY 2010-11 Q2	715,234	\$21,723,690	\$30.37
FY 2010-11 Q3	724,880	\$23,886,134	\$32.95
FY 2010-11 Q4	739,306	\$24,104,089	\$32.60
FY 2011-12 Q1	847,031	\$29,896,679	\$35.30
FY 2011-12 Q2	906,089	\$44,090,003	\$48.66
FY 2011-12 Q3	925,270	\$43,967,465	\$47.52
FY 2011-12 Q4	946,133	\$42,501,647	\$44.92



^{1/} Carve-out expenditures for managed care eligibles reflect services paid outside the managed care arrangement and are in addition to the capitation paid directly to the plan.
 Note: Expenditures, member months, and PMPM do not include Family PACT or Presumptive Eligibles. Eligibility and enrollment for these program is determined by providers and is not available in the MEDS Eligibility System.

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 Source for Medi-Cal Expenditures: Fee-For-Service Medi-Cal '35' file paid claims data, July 2005 - June 2012 months of payment.

Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.
 Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Fee-For-Service Paid Claims Trends. Report Date: August 2013.

QUARTERLY MEMBER MONTHS NOTES

- A Rise In Unemployment
- B Implementation of Merced and Sonoma Counties COHS Oct. 2009
- C Kings and Madera Counties Transitioned from FFS to Managed Care Oct. 2010
- D SPD Beneficiaries began Transitioning from FFS to Managed Care Jun. 2011