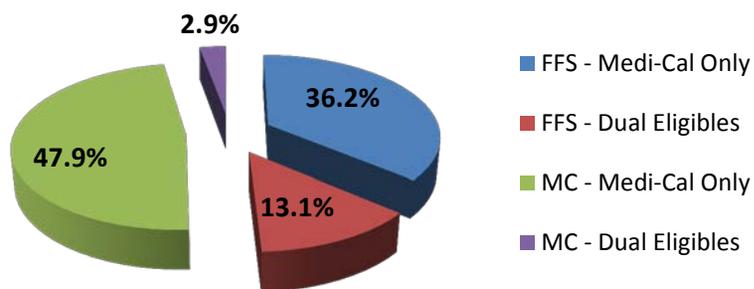


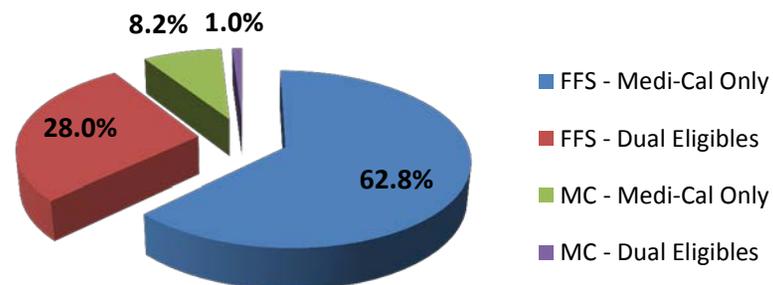
**Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year 2008-2009 of Service
 Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
 FFS Expenditures for FFS Eligibles (FFS) and FFS Carve-Out Expenditures for Managed Care Eligibles (MC)[†],
 and Medi-Cal Only vs. Medi-Cal/Medicare Dual Eligibles**

Expenditure - Eligible Type	Member Months	Total Expenditures
FFS - Medi-Cal Only	29,805,912	\$10,520,974,438
FFS - Dual Eligibles	10,794,934	\$4,698,128,807
MC - Medi-Cal Only	39,457,338	\$1,365,234,849
MC - Dual Eligibles	2,367,751	\$166,730,206
Total^{††}	82,425,935	\$16,751,068,300

Medi-Cal Program Fee-For-Service Eligibles for Fiscal Year of Service 2008-2009



Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year of Service 2008-2009



[†] 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.

^{††} Expenditure and member month totals and PMPM calculations 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, DHCS administered, Medi-Cal '35' file paid claims data, July 2008- June 2010 months of payment.

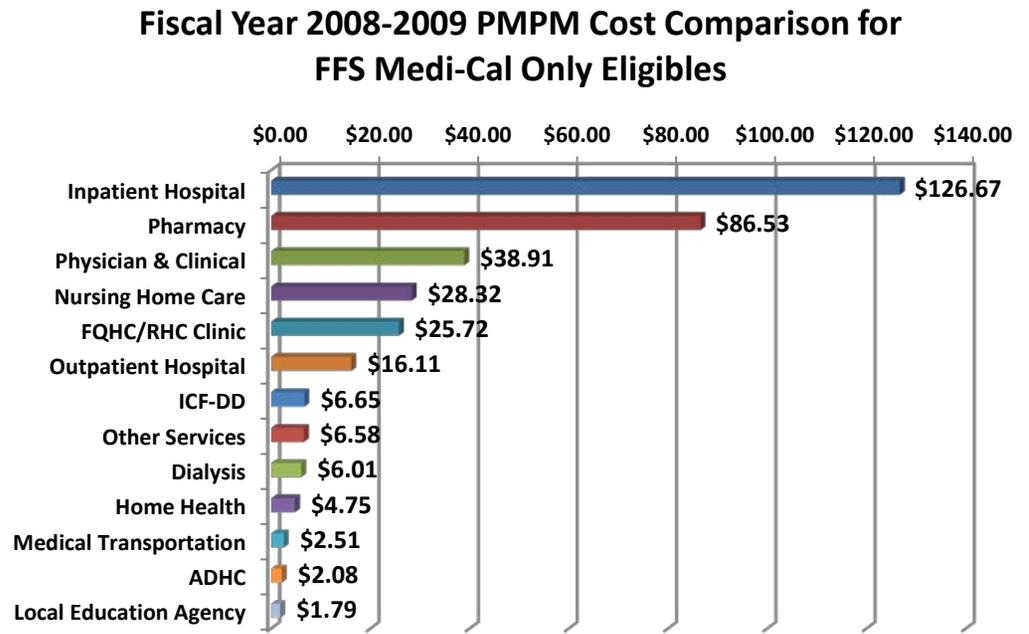
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Fee-For-Service Paid Claims and Certified Member Months for Fiscal Year 2008-2009 Months of Service 2008-07 - 2009-06, Report Date: March 2011.

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 2008-2009 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
Fee-For-Service (FFS) Medi-Cal Only Eligibles by Service Category**

PMPM Cost for FFS Medi-Cal Only Eligibles		
Service Category	Expenditures	PMPM
Inpatient Hospital	\$3,775,377,397	\$126.67
Pharmacy	\$2,579,188,674	\$86.53
Physician & Clinical	\$1,159,771,826	\$38.91
Nursing Home Care	\$844,208,639	\$28.32
FQHC/RHC Clinic	\$766,481,100	\$25.72
Outpatient Hospital	\$480,249,001	\$16.11
ICF-DD	\$198,292,820	\$6.65
Other Services	\$196,116,622	\$6.58
Dialysis	\$179,251,088	\$6.01
Home Health	\$141,552,295	\$4.75
Medical Transportation	\$74,722,206	\$2.51
ADHC	\$62,034,274	\$2.08
Local Education Agency	\$53,213,835	\$1.79
Rehab Facility	\$10,514,661	\$0.35
Total^{††}	\$10,520,974,438	\$352.98



Note: PMPM values less than \$0.50 are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Fiscal Forecasting and Data Management Branch, Research and Analytical Studies Section.

^{††} Expenditure and member month totals and PMPM calculations 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.

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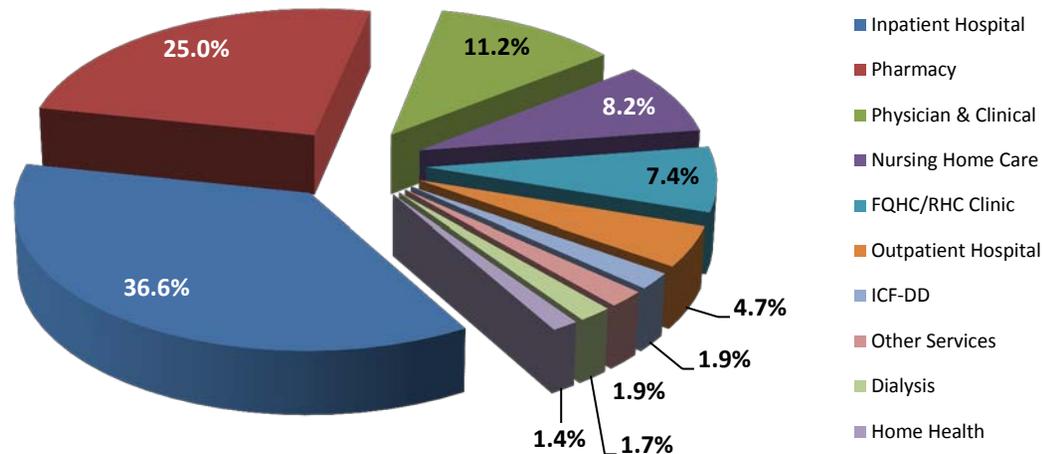
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File

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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 2008-2009 of Service
 Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
 Fee-For-Service (FFS) Medi-Cal Only Eligibles by Service Category**

**Fiscal Year 2008-2009 Service Category Expenditures for FFS
 Medi-Cal Only Eligibles**



Note: Percentages less than 1.0% are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Fiscal Forecasting and Data Management Branch, Research and Analytical Studies Section.

†† Expenditure and member month totals and PMPM calculations 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, DHCS administered, Medi-Cal '35' file paid claims data, July 2008- June 2010 months of payment.

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

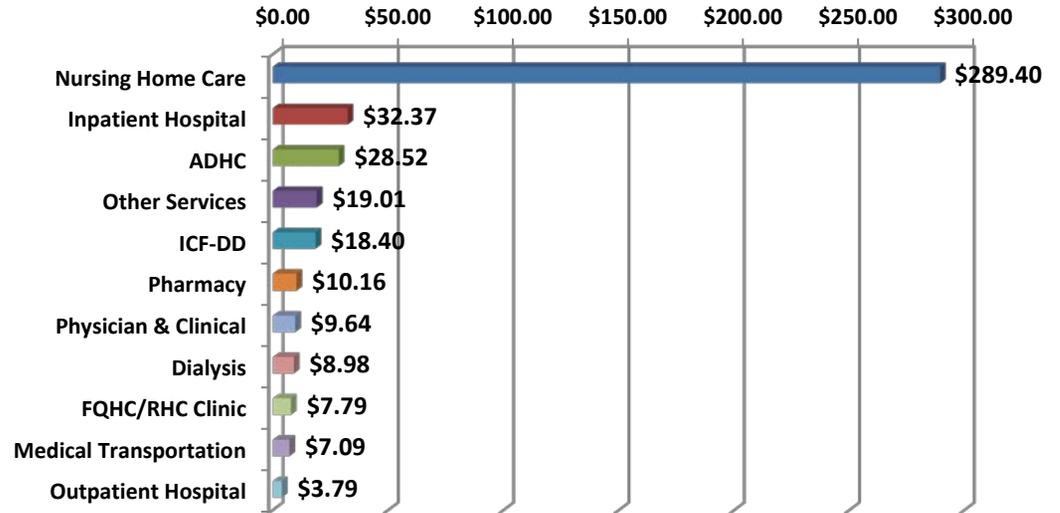
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**Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year 2008-2009 of Service
Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
Fee-For-Service (FFS) Medi-Cal/Medicare Dual Eligibles by Service Category**

PMPM Cost for FFS Dual Eligibles		
Service Category	Expenditures	PMPM
Nursing Home Care	\$3,124,019,139	\$289.40
Inpatient Hospital	\$349,422,333	\$32.37
ADHC	\$307,840,420	\$28.52
Other Services	\$205,245,373	\$19.01
ICF-DD	\$198,576,765	\$18.40
Pharmacy	\$109,709,384	\$10.16
Physician & Clinical	\$104,086,355	\$9.64
Dialysis	\$96,980,765	\$8.98
FQHC/RHC Clinic	\$84,071,621	\$7.79
Medical Transportation	\$76,523,300	\$7.09
Outpatient Hospital	\$40,892,967	\$3.79
Home Health	\$462,157	\$0.04
Local Education Agency	\$265,418	\$0.02
Rehab Facility	\$32,811	\$0.00
Total^{††}	\$4,698,128,807	\$435.22

**Fiscal Year 2008-2009 PMPM Cost Comparison for
FFS Medi-Cal Only Dual Eligibles**



Note: PMPM values less than \$0.50 are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Fiscal Forecasting and Data Management Branch, Research and Analytical Studies Section.

^{††} Expenditure and member month totals and PMPM calculations 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. The member months and expenditures values used in calculating the total PMPM include aid categories not included above.

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

Source for Medi-Cal Expenditures: Fee-For-Service, DHCS administered, Medi-Cal '35' file paid claims data, July 2008- June 2010 months of payment.

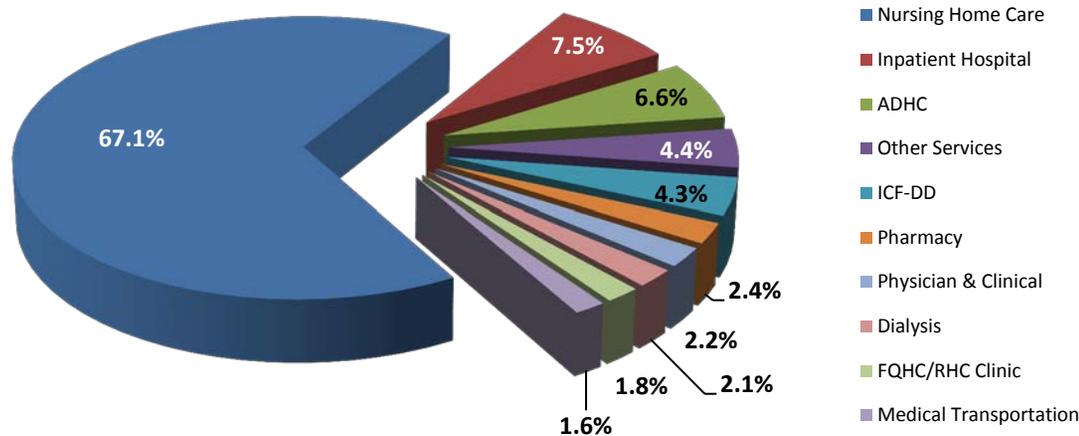
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File

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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 2008-2009 of Service
 Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
 Fee-For-Service (FFS) Medi-Cal/Medicare Dual Eligibles by Service Category**

**Fiscal Year 2008-2009 Service Category Expenditures for FFS
 Medi-Cal Only Dual Eligibles**



Note: Percentages less than 1.0% are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Fiscal Forecasting and Data Management Branch, Research and Analytical Studies Section.

†† Expenditure and member month totals and PMPM calculations 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. The member months and expenditures values used in calculating the total PMPM include aud categories not included above.

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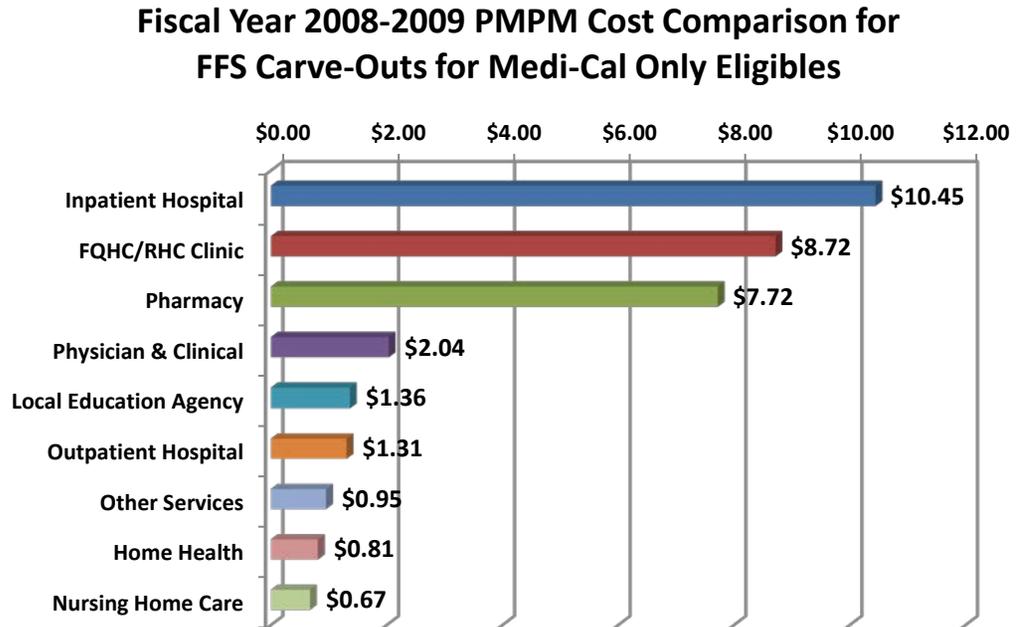
Source for Medi-Cal Expenditures: Fee-For-Service, DHCS administered, Medi-Cal '35' file paid claims data, July 2008- June 2010 months of payment.

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 2008-2009 of Service
 Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
 Fee-For-Service (FFS) Carve-Outs for Managed Care (MC)[†]
 Medi-Cal Only Eligibles by Service Category**

PMPM Cost for FFS Carve-Outs for MC Medi-Cal Only Eligibles		
Service Category	Expenditures	PMPM
Inpatient Hospital	\$412,223,624	\$10.45
FQHC/RHC Clinic	\$344,029,469	\$8.72
Pharmacy	\$304,556,375	\$7.72
Physician & Clinical	\$80,347,460	\$2.04
Local Education Agency	\$53,846,720	\$1.36
Outpatient Hospital	\$51,600,098	\$1.31
Other Services	\$37,516,069	\$0.95
Home Health	\$31,987,207	\$0.81
Nursing Home Care	\$26,558,445	\$0.67
ADHC	\$9,613,004	\$0.24
Rehab Facility	\$5,352,112	\$0.14
ICF-DD	\$4,740,585	\$0.12
Medical Transportation	\$1,637,702	\$0.04
Dialysis	\$1,225,981	\$0.03
Total[†]	\$1,365,234,849	\$34.60



Note: PMPM values less than \$0.50 are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Fiscal Forecasting and Data Management Branch, Research and Analytical Studies Section.

[†] 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.

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

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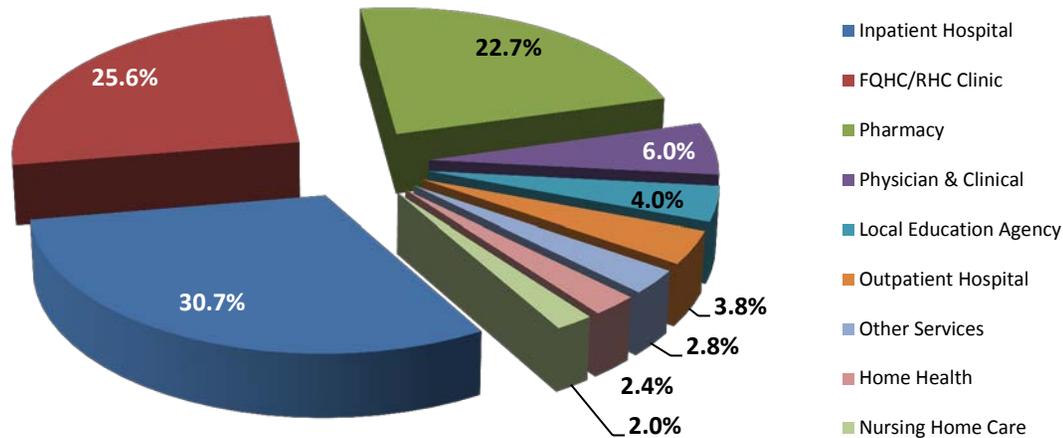
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File

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**Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year 2008-2009 of Service
 Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
 Fee-For-Service (FFS) Carve-Outs for Managed Care (MC)[†]
 Medi-Cal Only Eligibles by Service Category**

**Fiscal Year 2008-2009 Service Category Expenditures for FFS
 Carve-Outs for Medi-Cal Only Eligibles**



Note: Percentages less than 1.0% are excluded from the graph.

Service Categories are based on a grouping algorithm designed by the DHCS, Fiscal Forecasting and Data Management Branch, Research and Analytical Studies Section.

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

Source for Medi-Cal Expenditures: Fee-For-Service, DHCS administered, Medi-Cal '35' file paid claims data, July 2008- June 2010 months of payment.

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

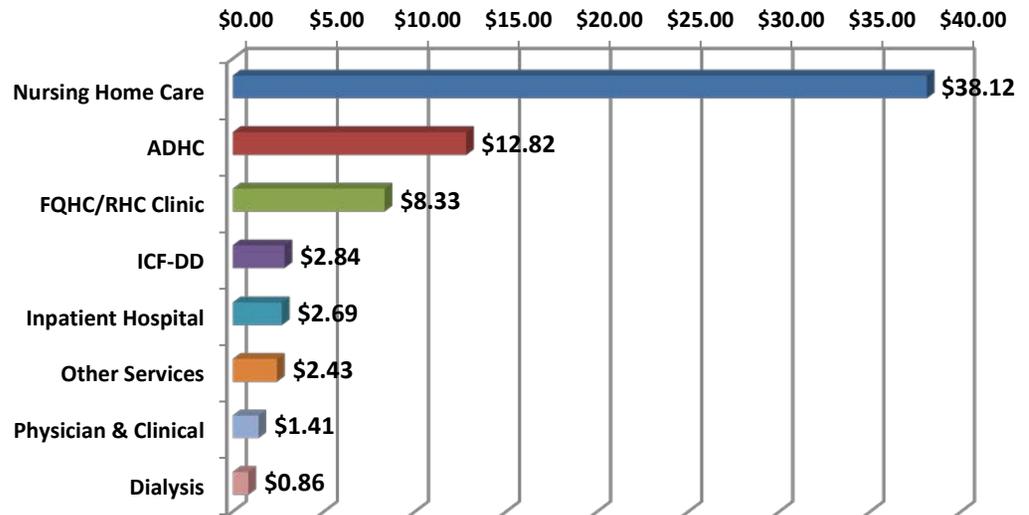
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Medi-Cal Program Fee-For-Service Paid Claims for Fiscal Year 2008-2009 of Service
 Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
 Fee-For-Service (FFS) Carve-Outs for Managed Care (MC)[†]
 Medi-Cal/Medicare Dual Eligibles by Service Category

PMPM Cost for FFS Carve-Outs for MC Dual Eligibles		
Service Category	Expenditures	PMPM
Nursing Home Care	\$90,247,794	\$38.12
ADHC	\$30,342,765	\$12.82
FQHC/RHC Clinic	\$19,735,143	\$8.33
ICF-DD	\$6,718,068	\$2.84
Inpatient Hospital	\$6,362,002	\$2.69
Other Services	\$5,753,200	\$2.43
Physician & Clinical	\$3,331,580	\$1.41
Dialysis	\$2,040,916	\$0.86
Outpatient Hospital	\$1,088,545	\$0.46
Pharmacy	\$902,215	\$0.38
Local Education Agency	\$86,731	\$0.04
Home Health	\$85,612	\$0.04
Medical Transportation	\$30,154	\$0.01
Rehab Facility	\$5,481	\$0.00
Total[†]	\$166,730,206	\$70.42

Fiscal Year 2008-2009 PMPM Cost Comparison for FFS Carve-Outs for Dual Eligibles



Note: PMPM values less than \$0.50 are excluded from the graph.

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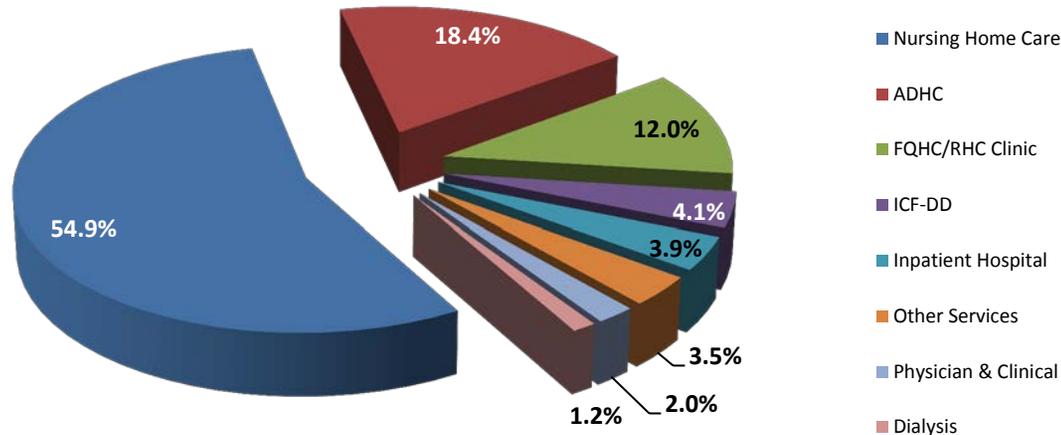
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 Medi-Cal Program Certified Member Months for Fiscal Year 2008-2009 of Enrollment
 Fee-For-Service (FFS) Carve-Outs for Managed Care (MC)[†]
 Medi-Cal/Medicare Dual Eligibles by Service Category**

**Fiscal Year 2008-2009 Service Category Expenditures for FFS
 Carve-Outs for Dual Eligibles**



Note: Percentages less than 1.0% are excluded from the graph.

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