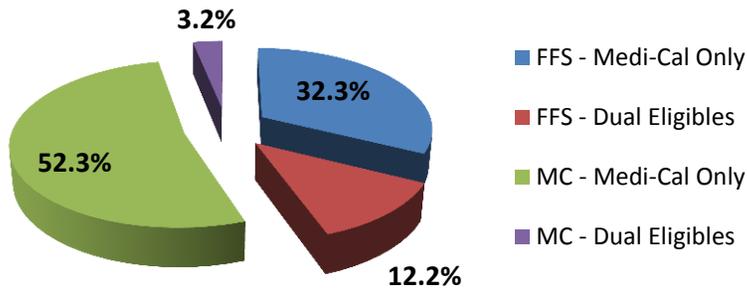


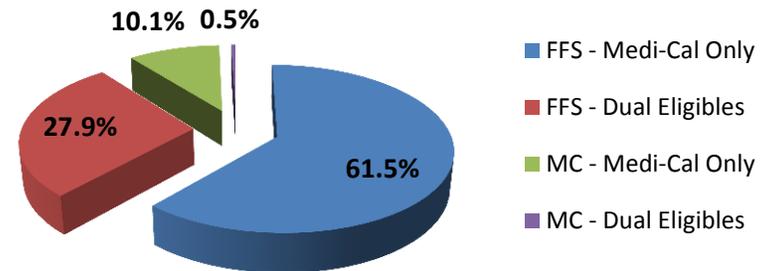
**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
 Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
 Expenditures for FFS Eligibles (FFS) and Carve-Out Expenditures for Managed Care (MC) Eligibles<sup>†</sup>,  
 Medi-Cal Only vs. Medi-Cal/Medicare Dual Eligibles**

Coverage Category	Member Months	Total Expenditures
FFS - Medi-Cal Only	29,116,238	\$11,038,429,214
FFS - Dual Eligibles	10,967,573	\$4,999,797,939
MC - Medi-Cal Only	47,088,400	\$1,808,904,195
MC - Dual Eligibles	2,885,574	\$91,062,562
<b>Total<sup>††</sup></b>	<b>90,057,785</b>	<b>\$17,938,193,910</b>

**Medi-Cal Program for Fiscal Year of Enrollment 2010-2011**



**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year of Service 2010-2011**



<sup>†</sup> 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.

<sup>††</sup> 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.

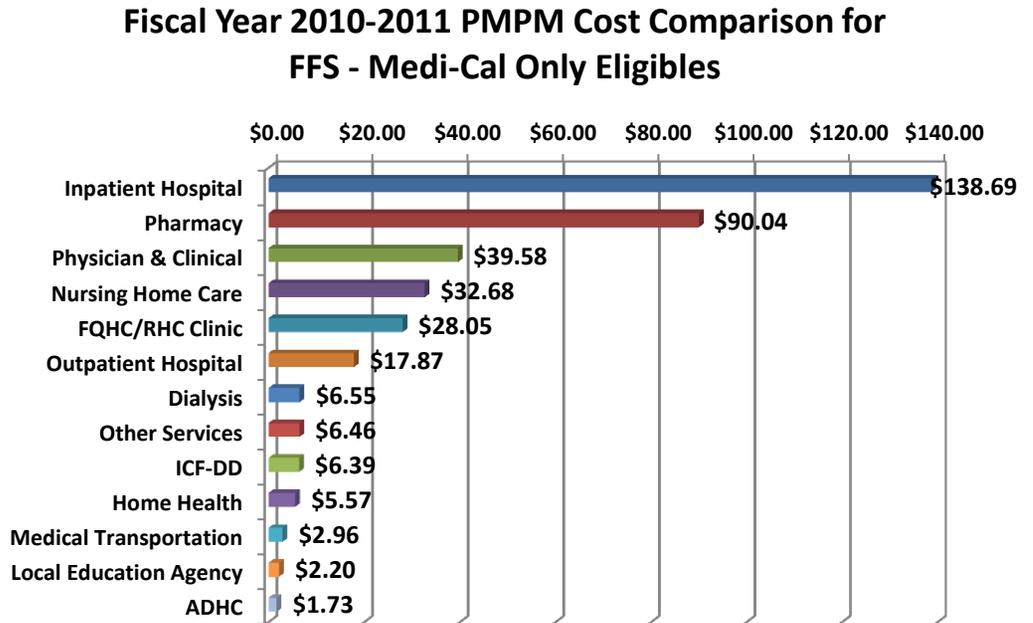
Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary July 2010- June 2012 months of payment.  
 Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
 Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
 Fee-For-Service (FFS) Medi-Cal Only Eligibles by Service Category**

<b>Per Member Per Month (PMPM) Costs for FFS - Medi-Cal Only Eligibles</b>		
<b>Service Category</b>	<b>Expenditures</b>	<b>PMPM</b>
<b>Inpatient Hospital</b>	<b>\$4,038,047,029</b>	<b>\$138.69</b>
<b>Pharmacy</b>	<b>\$2,621,551,749</b>	<b>\$90.04</b>
<b>Physician &amp; Clinical</b>	<b>\$1,152,384,281</b>	<b>\$39.58</b>
<b>Nursing Home Care</b>	<b>\$951,617,120</b>	<b>\$32.68</b>
<b>FQHC/RHC Clinic</b>	<b>\$816,746,211</b>	<b>\$28.05</b>
<b>Outpatient Hospital</b>	<b>\$520,316,339</b>	<b>\$17.87</b>
<b>Dialysis</b>	<b>\$190,616,288</b>	<b>\$6.55</b>
<b>Other Services</b>	<b>\$187,977,170</b>	<b>\$6.46</b>
<b>ICF-DD</b>	<b>\$186,167,183</b>	<b>\$6.39</b>
<b>Home Health</b>	<b>\$162,240,821</b>	<b>\$5.57</b>
<b>Medical Transportation</b>	<b>\$86,135,063</b>	<b>\$2.96</b>
<b>Local Education Agency</b>	<b>\$64,013,380</b>	<b>\$2.20</b>
<b>ADHC</b>	<b>\$50,401,541</b>	<b>\$1.73</b>
<b>Rehab Facility</b>	<b>\$10,215,038</b>	<b>\$0.35</b>
<b>Total<sup>††</sup></b>	<b>\$11,038,429,214</b>	<b>\$379.12</b>



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

Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

<sup>††</sup> 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: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- June 2012 months of payment.

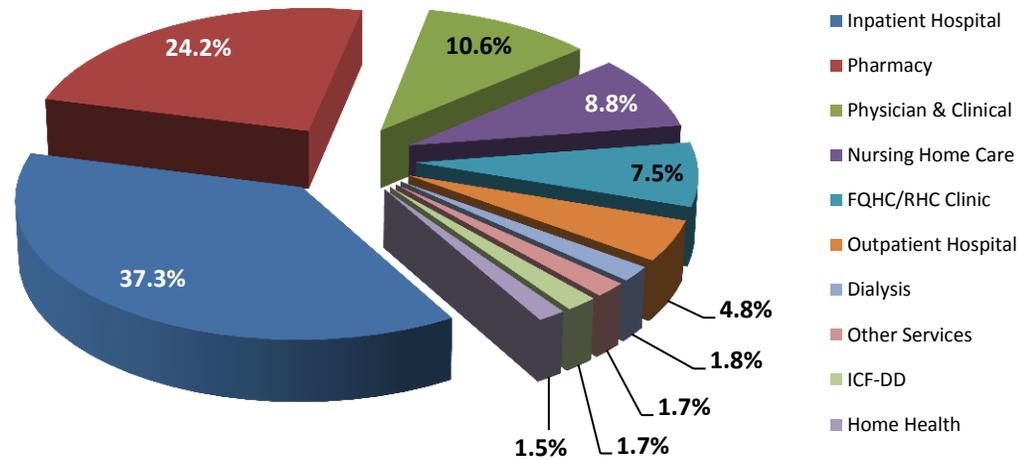
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
 Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
 Fee-For-Service (FFS) Medi-Cal Only Eligibles by Service Category**

**Fiscal Year 2010-2011 Service Category Expenditures for  
 FFS - Medi-Cal Only Eligibles**



Note: Totals may not add to 100% as service categories less than 1.0% of expenditures were excluded from the graph. Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

<sup>TT</sup> 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: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- June 2012 months of payment.

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

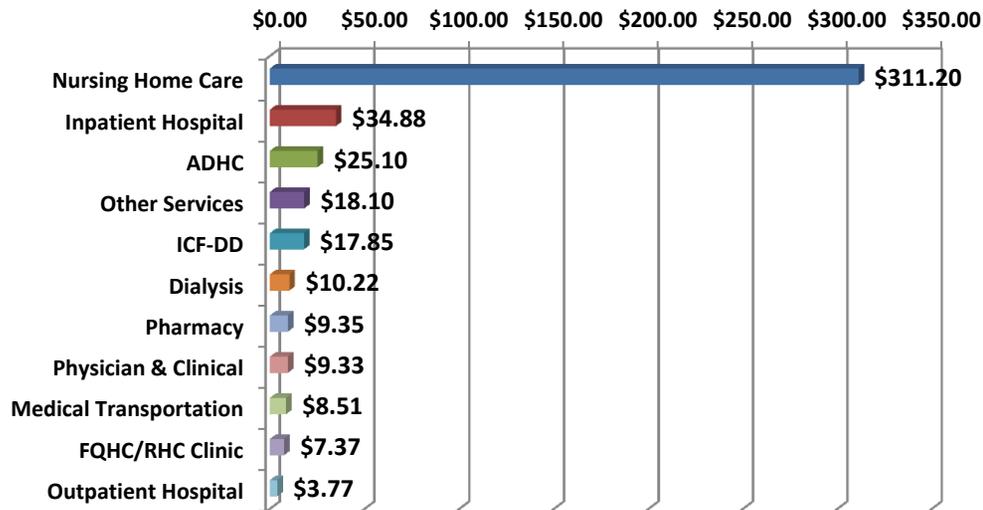
Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
Fee-For-Service (FFS) Medi-Cal/Medicare Dual Eligibles by Service Category**

<b>Per Member Per Month (PMPM) Costs for FFS - Dual Eligibles</b>		
<b>Service Category</b>	<b>Expenditures</b>	<b>PMPM</b>
<b>Nursing Home Care</b>	<b>\$3,413,145,926</b>	<b>\$311.20</b>
<b>Inpatient Hospital</b>	<b>\$382,538,451</b>	<b>\$34.88</b>
<b>ADHC</b>	<b>\$275,322,849</b>	<b>\$25.10</b>
<b>Other Services</b>	<b>\$198,541,821</b>	<b>\$18.10</b>
<b>ICF-DD</b>	<b>\$195,765,838</b>	<b>\$17.85</b>
<b>Dialysis</b>	<b>\$112,063,512</b>	<b>\$10.22</b>
<b>Pharmacy</b>	<b>\$102,526,240</b>	<b>\$9.35</b>
<b>Physician &amp; Clinical</b>	<b>\$102,287,122</b>	<b>\$9.33</b>
<b>Medical Transportation</b>	<b>\$93,366,758</b>	<b>\$8.51</b>
<b>FQHC/RHC Clinic</b>	<b>\$80,883,095</b>	<b>\$7.37</b>
<b>Outpatient Hospital</b>	<b>\$41,360,285</b>	<b>\$3.77</b>
<b>Home Health</b>	<b>\$1,597,172</b>	<b>\$0.15</b>
<b>Local Education Agency</b>	<b>\$377,474</b>	<b>\$0.03</b>
<b>Rehab Facility</b>	<b>\$21,396</b>	<b>\$0.00</b>
<b>Total<sup>††</sup></b>	<b>\$4,999,797,939</b>	<b>\$455.87</b>

**Fiscal Year 2010-2011 PMPM Cost Comparison for FFS - 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, Research and Analytical Studies Branch.

<sup>††</sup> 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: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- June 2012 months of payment.

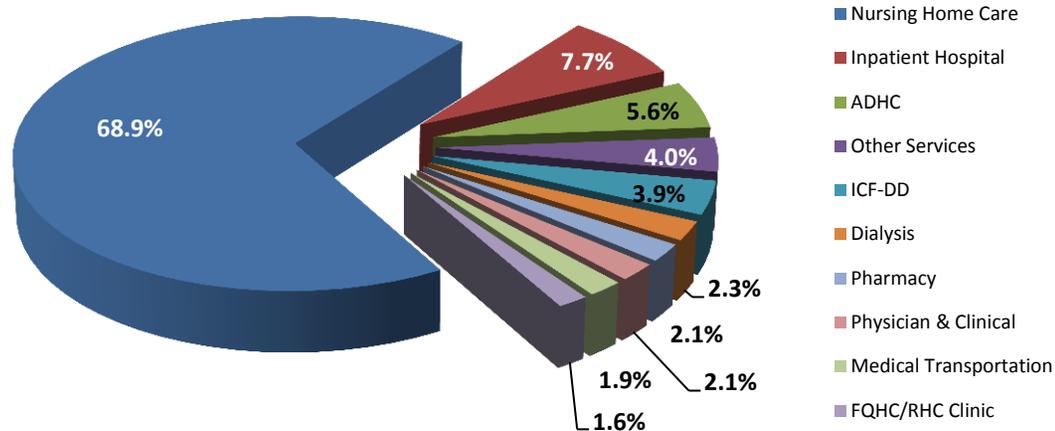
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
 Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
 Fee-For-Service (FFS) Medi-Cal/Medicare Dual Eligibles by Service Category**

**Fiscal Year 2010-2011 Service Category Expenditures for  
 FFS - Dual Eligibles**



Note: Totals may not add to 100% as service categories less than 1.0% of expenditures were excluded from the graph. Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

<sup>TT</sup> 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. Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- June 2012 months of payment.

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

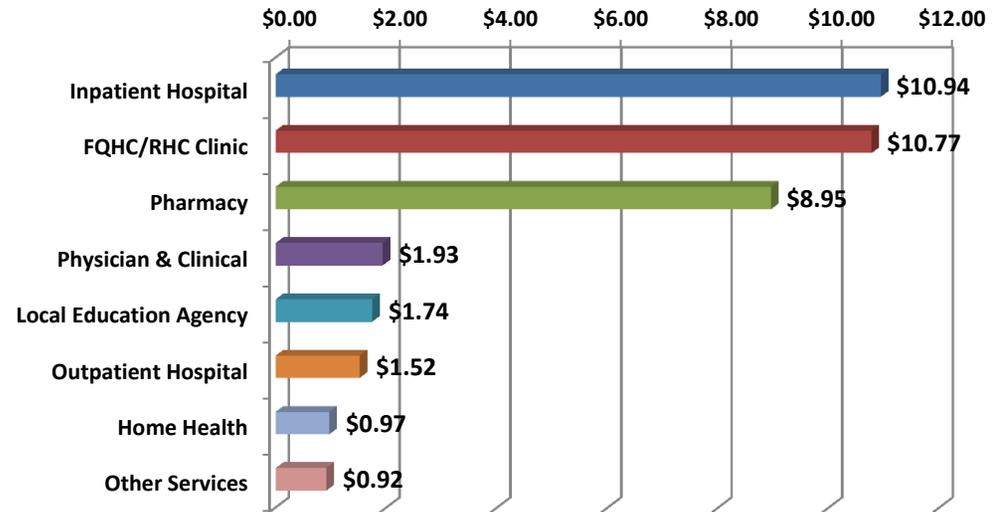
Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
 Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
 Carve-Out Expenditures for Managed Care (MC)<sup>†</sup> Medi-Cal Only Eligibles by Service Category**

<b>Per Member Per Month (PMPM) Costs for MC - Medi-Cal Only Eligibles</b>		
<b>Service Category</b>	<b>Expenditures</b>	<b>PMPM</b>
Inpatient Hospital	\$515,121,014	\$10.94
FQHC/RHC Clinic	\$507,333,228	\$10.77
Pharmacy	\$421,563,965	\$8.95
Physician & Clinical	\$90,874,816	\$1.93
Local Education Agency	\$82,056,437	\$1.74
Outpatient Hospital	\$71,370,575	\$1.52
Home Health	\$45,701,808	\$0.97
Other Services	\$43,210,197	\$0.92
Nursing Home Care	\$11,672,535	\$0.25
ADHC	\$8,200,494	\$0.17
Rehab Facility	\$6,026,267	\$0.13
Medical Transportation	\$2,458,369	\$0.05
Dialysis	\$2,189,017	\$0.05
ICF-DD	\$1,125,473	\$0.02
<b>Total<sup>†</sup></b>	<b>\$1,808,904,195</b>	<b>\$38.42</b>

**Fiscal Year 2010-2011 PMPM Cost Comparison for MC - Medi-Cal Only 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, Research and Analytical Studies Branch.

<sup>†</sup> 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.

<sup>††</sup> 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: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- June 2012 months of payment.

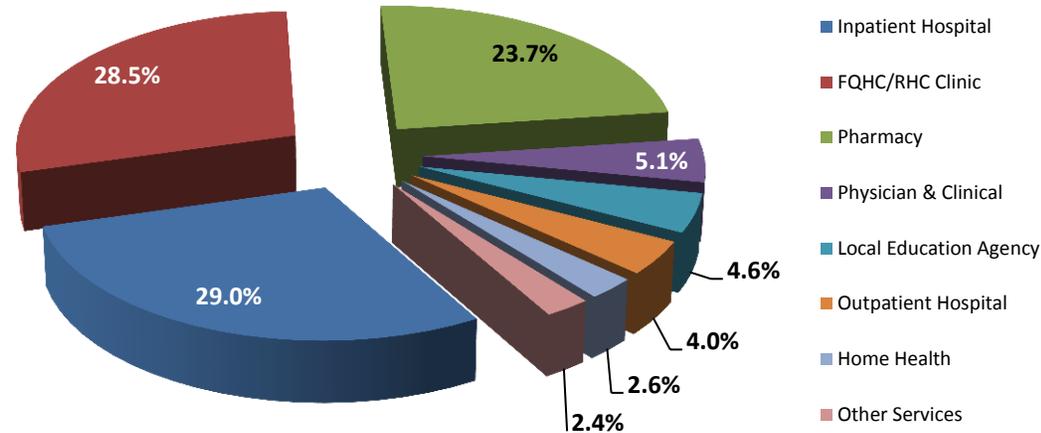
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
 Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
 Carve-Out Expenditures for Managed Care (MC)<sup>†</sup> Medi-Cal Only Eligibles by Service Category**

**Fiscal Year 2010-2011 Service Category Expenditures for  
 MC - Medi-Cal Only Eligibles**



Note: Totals may not add to 100% as service categories less than 1.0% of expenditures were excluded from the graph. Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

<sup>†</sup> 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.

<sup>††</sup> 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: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- June 2012 months of payment.

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

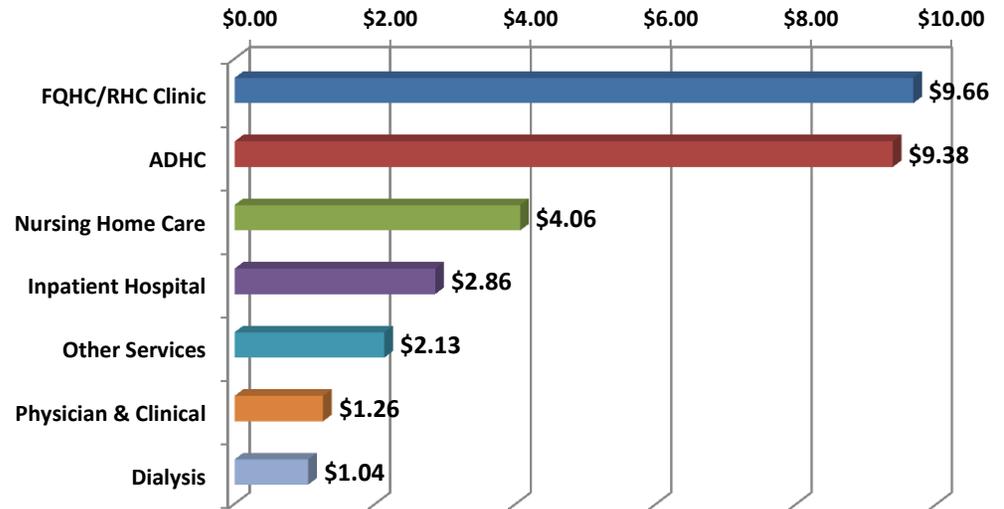
Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
 Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
 Carve-Out Expenditures for Managed Care (MC)<sup>†</sup> Medi-Cal/Medicare Dual Eligibles by Service Category**

<b>Per Member Per Month (PMPM) Costs for MC - Dual Eligibles</b>		
<b>Service Category</b>	<b>Expenditures</b>	<b>PMPM</b>
FQHC/RHC Clinic	\$27,888,491	\$9.66
ADHC	\$27,055,779	\$9.38
Nursing Home Care	\$11,725,774	\$4.06
Inpatient Hospital	\$8,243,027	\$2.86
Other Services	\$6,148,736	\$2.13
Physician & Clinical	\$3,635,778	\$1.26
Dialysis	\$3,015,360	\$1.04
Outpatient Hospital	\$1,279,088	\$0.44
Pharmacy	\$1,223,385	\$0.42
ICF-DD	\$439,564	\$0.15
Home Health	\$255,043	\$0.09
Local Education Agency	\$106,189	\$0.04
Medical Transportation	\$41,448	\$0.01
Rehab Facility	\$4,900	\$0.00
<b>Total<sup>†</sup></b>	<b>\$91,062,562</b>	<b>\$31.56</b>

**Fiscal Year 2010-2011 PMPM Cost Comparison for MC - 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, Research and Analytical Studies Branch.

<sup>†</sup> 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.

<sup>††</sup> 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 Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- June 2012 months of payment.

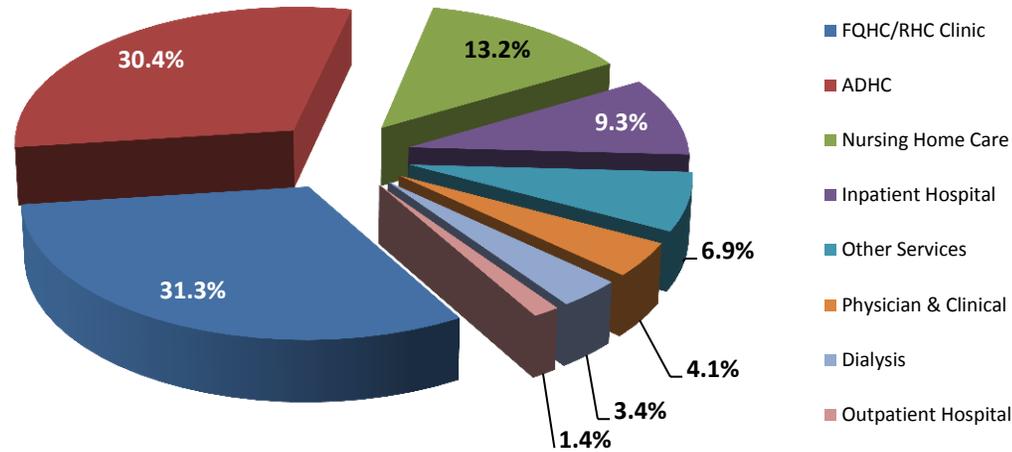
Source for Medi-Cal Eligibility Member Months: MEDS Eligibility System, MMEF File.

Suggested Citation: State of California, Department of Health Care Services, Medi-Cal Program Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.

**Medi-Cal Program Claims Paid by the Fiscal Intermediary for Fiscal Year 2010-2011 of Service  
 Medi-Cal Program Certified Member Months for Fiscal Year 2010-2011 of Enrollment  
 Carve-Out Expenditures for Managed Care (MC)<sup>†</sup> Medi-Cal/Medicare Dual Eligibles by Service Category**

**Fiscal Year 2010-2011 Service Category Expenditures for  
 MC - Dual Eligibles**



Note: Totals may not add to 100% as service categories less than 1.0% of expenditures were excluded from the graph. Service Categories are based on a grouping algorithm designed by the DHCS, Research and Analytical Studies Branch.

<sup>†</sup> 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.

<sup>††</sup> 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 Please refer to the Analytic Notes, they are an integral part of this report.

Source for Medi-Cal Expenditures: Claims Paid by the Contracted Medi-Cal Fiscal Intermediary, July 2010- 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 Claims Paid by the Fiscal Intermediary and Certified Member Months by Service Category for Fiscal Year 2010-2011; July 2010 - June 2011 Months of Service. Report Date: August 2012.

Created by the Research and Analytic Studies Branch (RASB); California Department of Health Care Services.