



**Medi-Cal Fee-for-Service  
Access to Care  
Quarterly Monitoring Report #8  
2013 Quarter 3**

**Executive Summary**

**October 2014**

California Department of Health Care Services  
Research and Analytic Studies Division  
MS 1200, P.O. Box 997413  
Sacramento, CA 95899-7413

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## Abstract

The California Department of Health Care Services' (DHCS) quarterly analysis of access in the Medi-Cal Fee-for-Service (FFS) delivery system includes an evaluation of four measures identified as a means of detecting the early signs of health care access disruptions. The areas evaluated include changes in physician supply, Medi-Cal beneficiary participation, service utilization rates per 1,000 member months, and beneficiary feedback.

Medi-Cal's assessment of health care access for the third quarter of 2013 disclosed that for the most part participation trends, provider supply, and service utilization rates were within expected ranges. Key findings regarding these study areas are summarized below.

## Key Findings

- Overall findings indicate that the statewide supply of physicians potentially available to full-scope Fee-for-Service (FFS) Medi-Cal Only beneficiaries continued to grow modestly during the study period. For instance, the site-specific overall physician supply, or total physicians at distinct locations, increased 3.0% statewide, from 76,766 to 79,062. Physician specialists such as primary care, Obstetrics and Gynecology, and Pediatricians also experienced modest growth.
- Overall, FFS Medi-Cal participation by full-scope beneficiaries increased 3.0% during the study period, from 1,127,039 to 1,161,207 average monthly eligibles. However, the participation of FFS Medi-Cal Only beneficiaries entitled to full-scope benefits declined 2.7% between the second quarter of 2013 and the third quarter of 2013.
- Service utilization patterns for both children and adults in most aid categories primarily followed the patterns identified in the previous access quarterly report. The shifts in utilization observed in this report may be attributable to a combination of factors such as a change in population case mix, a declining birth rate, the expansion of the County Organized Health Systems (COHS), and the transition of the Healthy Families Program (HFP) into Medi-Cal. Of particular note, as beneficiary participation continued to shift away from the FFS delivery system and into managed care, many service categories experienced a noticeable decline in user counts that made the data unsuitable for analysis.
- Beneficiaries participating in FFS continue to call into DHCS' Medi-Cal Managed Care Division's Office of the Ombudsman for assistance. During the study period, the Office of the Ombudsman received 10,633 calls from FFS Medi-Cal beneficiaries, which marks an increase in call volume from the previous study period. The increase in call volume in 2013 likely reflects the transition of children from the Healthy Families Program into Medi-Cal that began January 1, 2013, as well as the establishment of County Organized Health Systems in eight counties during September 2013.

## Introduction

DHCS is directly responsible for ensuring access to health care providers for beneficiaries enrolled in the FFS delivery system, where the Medi-Cal program serves as the primary source of coverage. This report is the eighth in a series of quarterly reports analyzing health care access for FFS Medi-Cal Only<sup>i</sup> beneficiaries. The information presented in this report serves as an early-warning mechanism for alerting State administrators to potential deficiencies in accessing FFS Medi-Cal services.

This report covers the third quarter of 2013, and presents data from the three previous quarters for comparison purposes. This DHCS quarterly health care access monitoring report presents the following four specific early warning measures:

- Physician Supply
- Medi-Cal Beneficiary Participation
- Service Utilization per 1,000 Member Months
- Beneficiary Helpline Feedback

## Background

### Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. A court injunction delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0–20;
- Hospital inpatient and outpatient services;
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).<sup>ii,iii,iv</sup>

### Baseline Comparisons

The DHCS access monitoring system required the establishment of baseline statistics for trend comparisons. These baseline statistics were established using data incorporating dates of service between 2007 and 2009. Since 2007, Medi-Cal has undergone dramatic changes brought on by a deep economic recession and continual efforts to restructure its health care delivery system. In some cases, these changes dramatically affected Medi-Cal's FFS population,

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<sup>i</sup> The term "Medi-Cal Only" refers to individuals eligible for Medi-Cal but not Medicare.

<sup>ii</sup> California Assembly Bill 97, (2011).

<sup>iii</sup> California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

<sup>iv</sup> California Department of Health Care Services, State Plan Amendment, SPA 11-009.

thus impacting how beneficiaries receive services. As a result, the present baseline metrics that were established during Medi-Cal's transformational period may not always reflect the new reality. Therefore, the baseline statistics, or benchmarks, will be recalculated for use in the Medi-Cal Access to Care Quarterly Monitoring Report, 2013 Quarter 4.

## Medi-Cal Enrollment Transitions

Significant program changes have occurred within Medi-Cal that impacted participation distributions between Medi-Cal's traditional FFS system and managed care.

**Expansion of Medi-Cal Managed Care** – Several subpopulations transitioned from the FFS health delivery system into Medi-Cal managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries transitioned into a Medi-Cal managed care plan in September 2013 due to the establishment of COHS in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties (Table ES-1).

**Table ES-1:** FFS Medi-Cal Only Beneficiaries Shifting to Medi-Cal Managed Care in September 2013

Transition County	Transition Type	Approximate Number of Beneficiaries
Del Norte	Managed Care – COHS	5,837
Humboldt	Managed Care – COHS	19,913
Lake	Managed Care – COHS	12,749
Lassen	Managed Care – COHS	3,507
Modoc	Managed Care – COHS	1,376
Shasta	Managed Care – COHS	28,430
Siskiyou	Managed Care – COHS	7,736
Trinity	Managed Care – COHS	1,940
<b>Total</b>		<b>81,488</b>

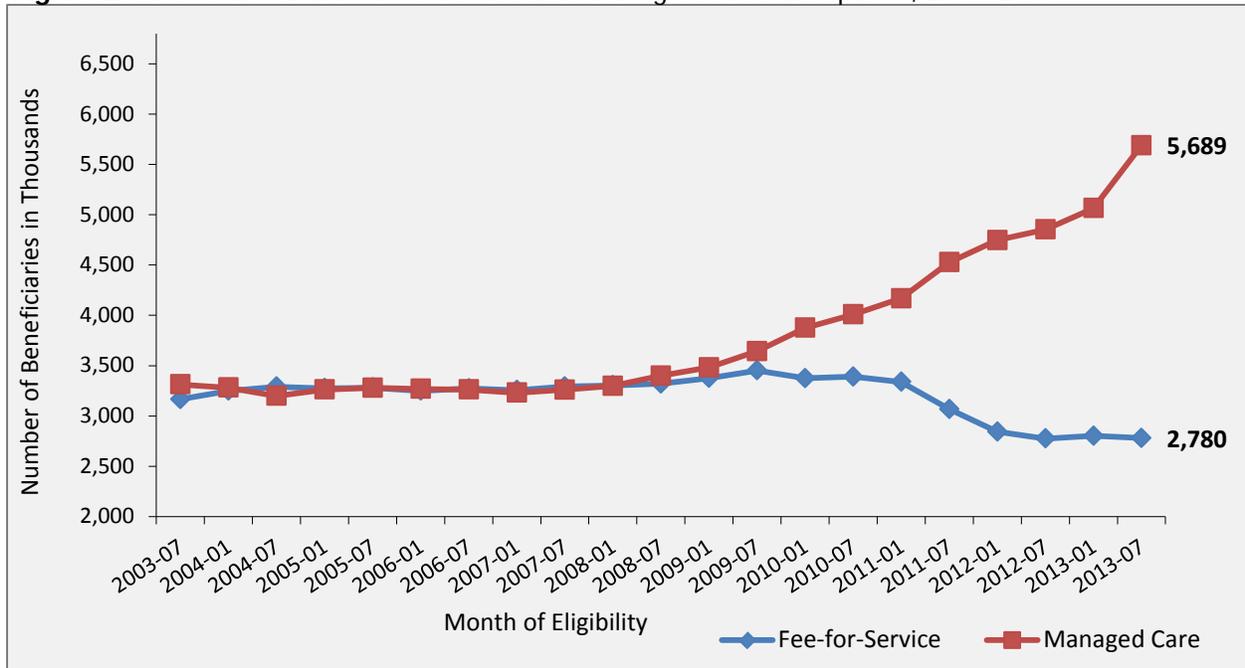
**Source:** Created by DHCS' Research and Analytic Studies Division (RASD) using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

**Healthy Families Transition** – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the HFP into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Other aid category in this report. Participation rates for these children are expected to decline throughout 2013 and beyond as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

## Medi-Cal Program Composition

The continued transition of beneficiaries from FFS to managed care has greatly impacted the composition of the overall Medi-Cal program (Figure ES-1).

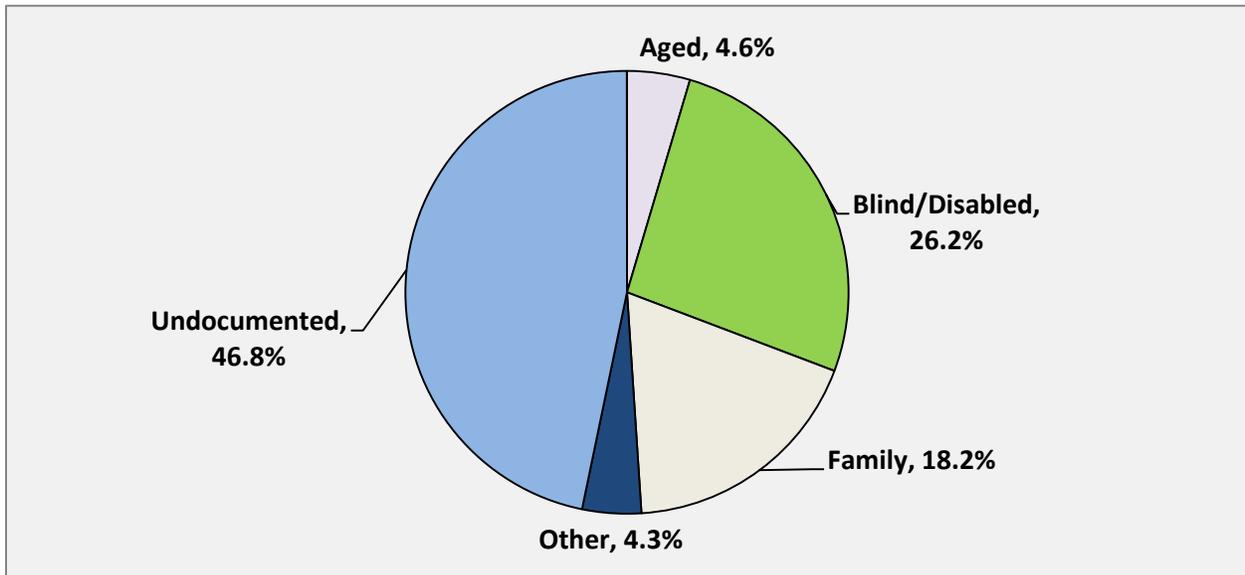
**Figure ES-1:** Trend in Biannual Medi-Cal FFS vs Managed Care Participation, 2004–2013



**Source:** Created by DHCS' RASD using data from the MIS/DSS eligibility tables for September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

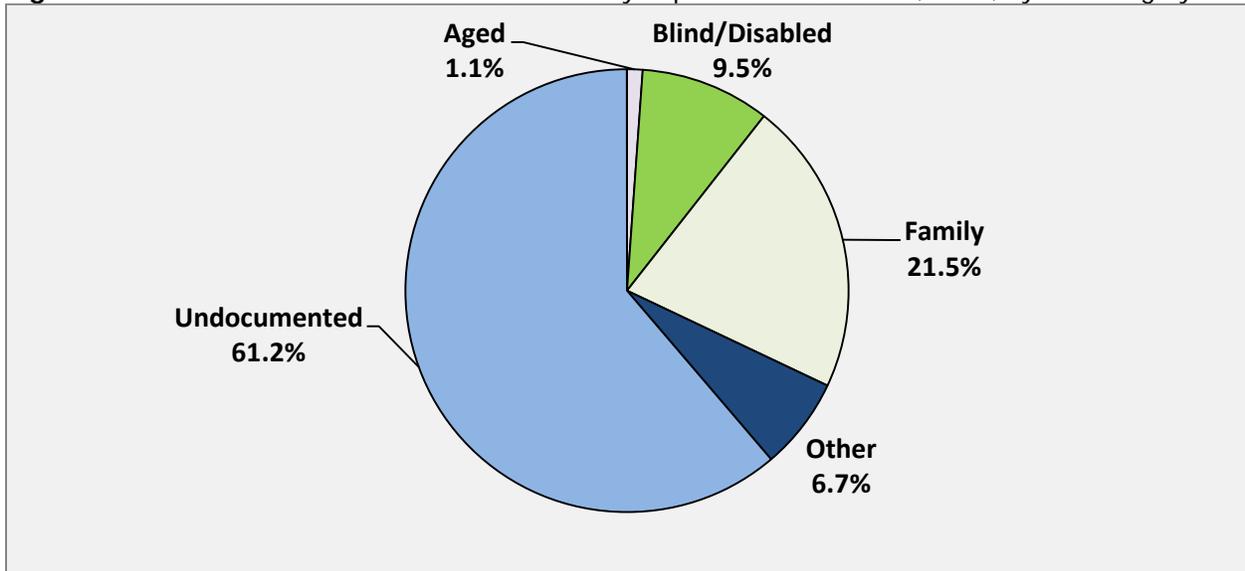
As beneficiaries are transitioned from FFS to managed care, the size and case mix of subpopulations evaluated in this report are altered. For instance, from the first quarter of 2011 to the third quarter of 2013, an increasing percentage of the overall FFS Medi-Cal population is comprised of Undocumented beneficiaries. At the start of 2011, less than half of the FFS Medi-Cal population was comprised of beneficiaries in Undocumented aid codes, while as of September 2013 over 60% of the adult FFS Medi-Cal population were Undocumented beneficiaries (Figures ES-2, ES-3).

**Figure ES-2:** Distribution of Adult FFS Medi-Cal Only Population in Quarter 1, 2011, by Aid Category



**Source:** Created by DHCS' RASD using data from the MIS/DSS eligibility tables for January 2011. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Figure ES-3:** Distribution of Adult FFS Medi-Cal Only Population in Quarter 3, 2013, by Aid Category



**Source:** Created by DHCS' RASD using data from the MIS/DSS eligibility tables for September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

As counties transition to managed care delivery systems, the beneficiaries who remain in FFS and the service utilization associated with FFS member months tend to be either those exempted out of managed care participation, those initially eligible for Medi-Cal but not yet established in a plan, or the FFS member months may be associated with months of eligibility occurring during retroactive months of eligibility.<sup>v</sup>

Beneficiaries exempted from managed care participation through the medical exemption process generally exhibit health care needs greater than the norm. As a result, these individuals will generate higher-than-average service utilization rates. Similarly, beneficiaries new to the Medi-Cal program may use services during their first couple of months of participation at higher rates than the norm. Utilization of services occurring during retroactive months of participation tends to display significantly different patterns than services used during timely enrollment. Services used during the retroactive period are most likely associated with inpatient acute care services. If a particular county shifts from a FFS to managed care delivery system, service utilization associated with the remaining FFS population will exhibit patterns that, in many cases, deviate significantly from the pre-shift FFS population.

An additional consequence of the declining number of beneficiaries participating in the FFS delivery system is the impact it leaves on service utilization rates solely due to the reduction in the denominator. When the denominator, or counts of beneficiaries, declines significantly from one month to the next, service utilization rates may exhibit significant variation or wide swings above and below the “norm.”

### **Medi-Cal Benefits Modifications**

The Medi-Cal program eliminated particular optional services. AB X35 (Chapter 20, Statutes of 2009) added Section 14131.10 of the Welfare and Institutions Code (WIC) to exclude several optional benefit categories from coverage under the Medi-Cal program as of July 1, 2009, including: acupuncture, adult dental, audiology, chiropractic, incontinence creams and washes, optometric and optician services, podiatry, psychology, and speech therapy. These eliminated services were evaluated in this quarterly access report and compared to a baseline level constructed during the initial periods following the enactment of these benefit changes.

The baseline used to establish control limits for evaluating service rates included the effect of the benefit elimination. The benefits were eliminated in July 2009, while the baseline period included 2007–2009. Because the benefit elimination occurred late in the baseline period, utilization levels used to establish the baseline were higher than would be anticipated after the elimination. Baseline control limits established during major program changes may not truly reflect the new reality. Therefore, the baseline statistics, or benchmarks, will be recalculated for use in the Medi-Cal Access to Care Quarterly Monitoring Report, 2013 Quarter 4.

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<sup>v</sup> Individuals applying for Medi-Cal in a given month may request retroactive coverage for unpaid medical expenses for three months prior to the month of application if the individual was otherwise eligible for Medi-Cal coverage during those three months. (22 CCR 50197 Retroactive Eligibility)

## Findings

Presented below are summary findings for the four measures evaluated in this quarterly access report.

### Physician Supply

This measure used site-specific physician counts as the primary provider supply metric in this quarterly access report. Site-specific physician counts are system-wide metrics designed to alert Department management of changes in the number of providers and provider sites over time. Much like an internal control, this metric was designed to identify system-wide trends that may adversely impact access to health care services in the future. Continuously monitoring these trends provides useful early-warning signs that adverse changes may be materializing (e.g., the number of enrolled Medi-Cal physicians is declining) or that the supply of physicians has been stable over time.

In addition, DHCS calculated the ratio of beneficiaries to physicians statewide and by county. A low ratio indicates that there are a greater number of providers relative to the population, while a high ratio indicates that there are fewer providers relative to the population. Beneficiary-to-provider ratios are useful for identifying differences in physician supply from one geographic area to another, from one measurement period to another, or between the study population and another population or normative benchmark.

The total number of physicians increased 3.0% overall, from 76,766 to 79,062 physicians. The aggregate number of primary care physicians increased 2.9%, from 40,214 to 41,395 physicians. Similarly, the total of primary care physicians, as well as physicians with specialties in Obstetrics and Gynecology (OB/GYN) and Pediatrics also slightly increased during the study period. The statewide beneficiary-to-physician ratios for full-scope FFS Medi-Cal only beneficiaries showed no significant change during the study period.

This report's findings showed no deterioration in overall physician supply for FFS Medi-Cal Only beneficiaries over the four quarters studied, but did disclose differences among regions of the state. In general, the primarily rural counties using the FFS model reported the lowest physician supply relative to the target population.

In this report, DHCS evaluated and refined the criteria used to classify primary care physicians, including OB/GYNs and Pediatricians. While not impacting the count of total overall physicians, this methodology revision affected the number of primary care physicians presented. In particular, this adjustment resulted in an increase in the number of primary care physicians reported. The information on primary care physicians presented in this report differs from previously reported counts. Because the counts presented in this measure are not comparable with prior reports, historical trending on available primary care physicians can only be done using the revised counts.

## Beneficiary Participation

Overall, the number of FFS Medi-Cal Only beneficiaries entitled to full-scope benefits increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013. However, participation declined 2.7% between the second quarter of 2013 and the third quarter of 2013 most likely due to the COHS expansion during September 2013.

A majority of counties saw an increase in FFS participation, with San Mateo County representing the greatest increase. Eighteen counties experienced a decline in FFS participation. Overall, a total of eight counties experienced less than one percentage point change in either direction over the 12-month study period.

Decreases in participation among FFS Medi-Cal Only beneficiaries occurred in the Blind/Disabled, Family, Foster Care, and Undocumented aid categories. The decline in participation among beneficiaries in the Family and Blind/Disabled aid categories is likely due to the COHS expansion in September 2013.

In contrast, increases in FFS participation mainly affected those enrolled in the Other aid category. The sharp increase among children ages 0-20 in the Other aid category was most likely due to the transition of children from the HFP into Medi-Cal that started in January 2013.

Participation trends for Medi-Cal's FFS population were somewhat different in metropolitan and non-metropolitan areas. The most significant difference between metropolitan and non-metropolitan areas was the greater decline in FFS participation for most non-metropolitan adults from the fourth quarter of 2012 to the third quarter of 2013. Additionally, declines in FFS participation among children were greater in non-metropolitan areas, especially among those enrolled in the Blind/Disabled and Foster Care aid categories.

FFS Medi-Cal participation among children in Undocumented aid codes residing in both metropolitan (6.9%) and non-metropolitan (8.9%) areas declined during the study period. Unlike the populations discussed previously, shifts in system participation from FFS to managed care were not responsible for the reductions recognized in the undocumented population. Undocumented beneficiaries are not eligible to participate in Medi-Cal managed care plans. Rather, the downward trend recognized in the undocumented population was the result of their declining enrollment in the Medi-Cal program overall, a trend that may be explained in part by changing immigration patterns nationwide, declines in birth rates among Mexican immigrants, and the residual effects of the recession.<sup>vi,vii</sup>

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<sup>vi</sup>Passel, Jeffrey, Pew Hispanic Center, "Net Migration from Mexico Falls to Zero-and Perhaps Less," April 23, 2012, <http://www.pewhispanic.org/2012/04/23/net-migration-from-mexico-falls-to-zero-and-perhaps-less/>

<sup>vii</sup>Passel, Jeffrey, Pew Hispanic Center, "Unauthorized Immigrants: 11.1 Million in 2011," December 6, 2012, <http://www.pewhispanic.org/2012/12/06/unauthorized-immigrants-11-1-million-in-2011/>

## Service Utilization

Medi-Cal's quarterly access monitoring effort also incorporates measures of service utilization, or realized access. While evaluating physician supply and potential access trends is an integral part of evaluating access, considering what is actually occurring is vitally important in assessing the multifaceted phenomenon called access.

Evaluating service utilization across all Medi-Cal provider types is an integral element of the quarterly monitoring effort. DHCS grouped all provider types into ten unique service categories:

1. Physician/Clinics
2. Emergency Transportation
3. Non-Emergency Transportation
4. Home Health
5. Hospital Inpatient
6. Hospital Outpatient
7. Nursing Facility
8. Pharmacy
9. Other
10. Radiology

DHCS constructed control charts for each service category based on historical service utilization patterns, and established the mean value as well as upper and lower bounds. The unit of measurement represents the service utilization rate per 1,000 member months. For example, Physician/Clinic services are measured in terms of visits per 1,000 member months, while Pharmacy services are measured in prescriptions per 1,000 member months. In general, service utilization rates found within the upper and lower bounds were considered within expected ranges.

Several factors can impact service utilization. These factors include but are not limited to: birth trends, population case mix, Medi-Cal Program changes, and the transition of beneficiaries from FFS into a managed care plan. Influential factors that occurred during the study period include the COHS expansion and the HFP transition. The shifts in utilization observed in this report may be attributable to a combination of the factors noted above.

The key findings for both children and adults are as follows:

### Children Ages 0-20

- Overall, service utilization patterns for children in most aid categories primarily followed the patterns identified in the previous access quarterly report. For example, the utilization rates for children in the Foster Care aid group across all of the analyzed service categories were once more observed to be within the expected ranges. Children in the Blind/Disabled, Other, and Undocumented aid categories again exhibited predominantly below-average Emergency Transportation services utilization.
- Additionally, children in the Blind/Disabled aid category continued to place a disproportionate demand on services of all kinds.

- After displaying decreased utilization in Emergency Medical Transportation, Hospital Inpatient, Hospital Outpatient, and Pharmacy services, as well as Physician/Clinic visits during the second quarter of 2013, Blind/Disabled children exhibited slight increases in utilization of these service categories at the end of the study period.
- Physician/Clinic service use patterns among children in most of the evaluated aid categories again fell below the average rates established during the baseline period.
- The utilization of all the evaluated services by children in the Other aid category again mostly fell below either the average rates or the expected ranges established during the baseline period. Of particular note, this subpopulation's utilization of Emergency Transportation, Radiology, and Pharmacy services, as well as Physician/Clinic visits, noticeably declined below the expected ranges starting in February 2013.
- As beneficiary participation shifted away from the FFS delivery system and into managed care, many service categories (e.g., Non-Emergency Transportation, Home Health, and Nursing Facility services) again experienced a noticeable decline in user counts that made the data unsuitable for analysis.

### **Adults Ages 21 and Older**

- As noted in the previous access quarterly reports, adults in the Blind/Disabled aid category continued to place a higher demand on Emergency Transportation, Hospital Inpatient, Hospital Outpatient, Non-Emergency Transportation, Nursing Facility, and Radiology services.
- Physician/Clinic service use patterns among adults in all of the analyzed aid categories again fell below either the average rates or the expected ranges established during the baseline period.
- Adults in the Family aid category continued to display below-average utilization of Emergency Transportation and Hospital Inpatient services, as well as Physician/Clinic visits, throughout most of the study period.
- Adults in the Undocumented aid category, who are only eligible for emergency and pregnancy-related services, also continued to exhibit below-average and lower-than-expected use of Emergency Transportation and Hospital Inpatient services, as well as Physician/Clinic visits.
- The continued decline in Medi-Cal's FFS population, which is a result of the transition of Medi-Cal beneficiaries into managed care plans, has directly reduced the pool of users for particular services. For instance, the number of adults in the Aged and Family aid categories that utilize Non-Emergency Transportation and Home Health services have declined to levels (<500) that render their use of these service categories inconsequential to the current analysis. The beneficiary subgroups that continue to use these service categories exhibited utilization patterns at above-average rates that often fell above the expected ranges.

The following tables present the results of the analysis of the service utilization trends among children and adults, by aid and service categories. The tables are color-coded to identify those cases when a particular cell, which represents service utilization by aid and service category, generated a service utilization rate that was either lower or higher than the established confidence level. Cells highlighted in beige represent service utilization rates that were found to be within the expected confidence intervals, while those highlighted in green were found to be outside of the expected confidence level at some point during the study period. In some cases, service utilization rates were found to be greater than expected. As noted above, there are a number of reasons why this might occur, such as changes in the case mix of a population.

**Table ES-2:** Summary of Service Utilization Trends Among FFS Medi-Cal Children Ages 0-20, by Aid Category and Service Category

	Physician/Clinic Visit Services	Emergency Medical Transportation Services	Home Health Services	Hospital Inpatient Services	Hospital Outpatient Services	Pharmacy Services	Other Services	Radiology Services
<b>Blind/Disabled Aid Category</b>	Below-Average and Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range. Slight Downward Trend (Jan 2013–June 2013).	Above Expected Range.	Mostly Above-Average with Several Months Above Expected Range.	Within Expected Range.	Above-Average and Within Expected Range.	Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range.
<b>Family Aid Category</b>	Mostly Below-Average and Mostly Within Expected Range.	Mostly Within Expected Range.	N/A	Mostly Above-Average. Increase Above Expected Range in Last Quarter (July 2013–Sept 2013).	Mostly Below-Average with 4 Consecutive Months Below Expected Range (June 2013–Sept 2013). Downward Trend (Jan 2013–June 2013).	Below-Average with 4 Consecutive Months Below Expected Range (June 2013–Sept 2013). Downward Trend (Jan 2013–July 2013).	Within Expected Range.	Mostly Within Expected Range.
<b>Foster Care Aid Category</b>	Mostly Below-Average and Mostly Within Expected Range.	Mostly Above-Average and Mostly Within Expected Range. Increase in Last Quarter.	N/A	Mostly Below-Average and Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range.	Mostly Within Expected Range. Increase in Last Quarter.	Within Expected Range.	Within Expected Range.
<b>Other Aid Category</b>	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013).	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013).	N/A	Mostly Below-Average with 5 Consecutive Months Below Expected Range (Feb 2013 –June 2013). Increase Back into Expected Range in Last Quarter.	Below Expected Range. Slight Downward Trend (Jan 2013–June 2013).	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013).	Mostly Below-Average and Mostly Within Expected Range.	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013)
<b>Undocumented Aid Category</b>	Below Expected Range.	Mostly Below-Average and Within Expected Range.	N/A	Mostly Below-Average with 5 Consecutive Months Below Expected Range (Feb 2013–June 2013). Increase Above Expected Range in Last Quarter.	Below-Average and Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range. Downward Trend (Jan 2013–June 2013).	Below Expected Range.	Mostly Below-Average and Within Expected Range.

**Note:** Children were excluded from analyses of Non-Emergency Medical Transportation and Nursing Facility services utilization due to low user counts (n<500).

**Table ES-3:** Summary of Service Utilization Trends Among FFS Medi-Cal Adults Ages 21+, by Aid Category and Service Category

	Physician/Clinic Visit Services	Non-Emergency Transportation Services	Emergency Medical Transportation Services	Home Health Services	Hospital Inpatient Services	Hospital Outpatient Services	Nursing Facility Services	Pharmacy Services	Other Services	Radiology Services
<b>Aged Aid Category</b>	Below-Average and Mostly Within Expected Range.	N/A	N/A	N/A	Above Expected Range.	Mostly Above-Average and Within Expected Range.	Above Expected Range.	Below Expected Range.	Below Expected Range.	Mostly Above Expected Range.
<b>Blind/Disabled Aid Category</b>	Below-Average and Mostly Within Expected Range.	Above Expected Range.	Above-Average with 5 Consecutive Months Above Expected Range.	Mostly Above-Average and Within Expected Range.	Above Expected Range.	Mostly Above-Average and Mostly Within Expected Range.	Above Expected Range.	Mostly Below Expected Range.	Mostly Below-Average and Within Expected Range.	Mostly Above Expected Range.
<b>Family Aid Category</b>	Below Expected Range.	N/A	Mostly Below-Average and Within Expected Range.	N/A	Mostly Below-Average with Several Months Below Expected Range.	Below Expected Range.	N/A	Mostly Below Expected Range.	Below-Average with Several Months Below Expected Range.	Within Expected Range.
<b>Other Aid Category</b>	Below-Average and Mostly Within Expected Range.	Above Expected Range.	Within Expected Range.	N/A	Below-Average with 5 Consecutive Months Below Expected Range (Feb 2013–June 2013).	Below-Average with Several Months Below Expected Range.	Mostly Below-Expected Range.	Mostly Below-Average and Within Expected Range.	Mostly Below-Average and Within Expected Range.	Mostly Above-Average and Within Expected Range.
<b>Undocumented Aid Category</b>	Below Expected Range.	N/A	Below-Average with Several Months Below Expected Range.	N/A	Below Expected Range.	Mostly Below Expected Range.	N/A	Mostly Above-Average. Within Expected Range.	Below Expected Range.	Within Expected Range.

## Beneficiary Feedback

The rate at which Medi-Cal FFS beneficiaries contact the help line for information and complaints provides DHCS with one measure of how well the program is meeting the needs of its FFS beneficiaries and solving problems when they arise.

DHCS relies on data obtained from the Office of the Ombudsman for the purpose of monitoring health care access. From the fourth quarter of 2012 to the third quarter of 2013, the Office of the Ombudsman call center documented 10,633 calls from FFS beneficiaries seeking help with various aspects of their enrollment and care. For each of these calls, the call center recorded the date and time of call, beneficiary aid category, county of residence, and reasons for the call. Data for these calls were summarized by month received, six aid category groupings (Family, Blind/Disabled, Aged, Foster Care, Undocumented, and Other), and reason for call.

FFS call volume was slightly higher for this period than the previous reporting period (9,260 calls from July 2012 to June 2013). An upward trend in call volume was observed beginning in November 2012, with call volume decreasing for the months of May 2013 and June 2013 before resuming an upward trend in July 2013. Additionally, the increase in call volume from July to September 2013 likely reflects the establishment of COHS in eight counties in September 2013, as well as the final phase of the HFP transition (Figure ES-4).

**Figure ES-4:** Calls<sup>viii</sup> Received from FFS Beneficiaries between October 2012–September 2013, by Month



**Source:** Office of the Ombudsman, Medi-Cal Managed Care Division. Calls received from FFS beneficiaries, October 2012–September 2013.

<sup>viii</sup> A different data extraction method was used by the Office of the Ombudsman to identify calls made by FFS beneficiaries using data obtained by this new method. Call counts are slightly higher (3% to 6%) than noted in previous access quarterly reports.



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**BENEFICIARY PARTICIPATION**

**October 2014**

California Department of Health Care Services  
Research and Analytic Studies Division  
MS 1200, P.O. Box 997413  
Sacramento, CA 95899-7413

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## Key Points

- The number of Fee-for-Service (FFS) Medi-Cal Only beneficiaries entitled to full-scope benefits declined 2.7% between the second quarter of 2013 and the third quarter of 2013. Overall, FFS participation by full-scope beneficiaries increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013, from 1,127,039 to 1,161,207 average monthly eligibles.
- The largest increase in FFS participation occurred among children in the Other aid category due to the transition of the Healthy Families Program (48.0%).
- During the study period, 49.3% of beneficiaries reported Spanish as their primary language. English is the primary language for 47.0% of beneficiaries.
- Hispanics represent 63.8% of the total FFS Medi-Cal Only population.

## Introduction

Beneficiary participation levels can have a notable impact on the demand for services. Complex factors influencing the participation of enrolled beneficiaries must be carefully evaluated when analyzing health system capacity and service use.

Changes in the number of beneficiaries enrolled in the Medi-Cal Fee-for-Service (FFS) health delivery system are dependent on a number of factors. External factors such as the health of the economy, private insurance rates, state budget issues, an aging population, declining birth rates, and health care reform efforts can influence whether a beneficiary participates in FFS Medi-Cal. Additionally, demographic and administrative factors can affect a beneficiary's decision and eligibility to participate, as well as the level at which beneficiaries utilize services.

Significant fluctuations in beneficiary participation levels combined with other information may provide insight into the quantity and type of services required by the FFS Medi-Cal population. In order to analyze changes in beneficiary participation, this measure presents statistics on the FFS Medi-Cal Only population, beneficiaries who are eligible for full- or limited-scope Medi-Cal benefits but not Medicare.

Understanding the unique complexities of the Medi-Cal subpopulations is crucial for administrators to develop suitable policies and processes that will ensure appropriate access to care for all beneficiaries. Population characteristics such as age and health care needs must be carefully evaluated when considering health system capacity and service use, since each subpopulation will present different clinical needs, and thus require specific services and provider types. In addition, the geographic distribution of the population relative to providers is also vitally important.

## Background

### Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. A court injunction delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0–20;
- Hospital inpatient and outpatient services;
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).<sup>1,2,3</sup>

### Factors Influencing Beneficiary Participation

Several factors can influence whether beneficiaries participate in FFS Medi-Cal. Some of these factors are described below.

#### Population Characteristics

As outlined in the Medicaid and CHIP Payment and Access Commission's 2011 Report to Congress, understanding the unique complexities of the Medi-Cal subpopulations is crucial for administrators to develop suitable policies and processes that will ensure appropriate access to care for all beneficiaries.<sup>i</sup> Similarly, the behavioral model of access to health care services developed by Ronald Andersen and Lu Ann Aday categorizes these "characteristics of the population at risk" as the predisposing, enabling, and need factors that serve as individual determinants of entry into the health care system.<sup>ii</sup>

*Predisposing Factors* – These factors include variables that influence the propensity of individuals to seek care. These factors exist prior to the onset of illness, and can be defined as mutable (susceptible to meaningful short-term change, such as an individual's beliefs and attitudes towards the pursuit of health care services, or education regarding the navigation of health care systems) or immutable (not susceptible to meaningful short-term change, such as a beneficiary's age, sex, and health status which may inform their placement into a given aid category).<sup>iii</sup>

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<sup>1</sup> California Assembly Bill 97, (2011).

<sup>2</sup> California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

<sup>3</sup> California Department of Health Care Services, State Plan Amendment, SPA 11-009.

*Enabling Factors* – These factors relate to the means that individuals have at their disposal, which can influence their propensity to seek or utilize health care services. These can include an individual's geographic location (e.g., residing in a metropolitan or non-metropolitan county), which can affect an individual's ability to access to care. Another enabling factor would be an individual's income, which can be a determining factor in their eligibility for Medi-Cal services.<sup>iv</sup>

*Need Factors* – Factors relating to need, both as perceived by the patient and evaluated by the provider, include a beneficiary's disability status or the presence of a chronic health condition. These can also be determining factors in an individual's eligibility and utilization of Medi-Cal services.<sup>v</sup> [Appendix C](#) shows the most prevalent clinical conditions affecting various Medi-Cal subpopulations (Table BP-12).

## Program Factors

*Expansion of Medi-Cal Managed Care* – Several subpopulations transitioned from the FFS health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries transitioned into a Medi-Cal managed care plan in September 2013 due to the establishment of County Organized Health Systems (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties (Table BP-1).

**Table BP-1:** FFS Medi-Cal Only Beneficiaries Shifting to Medi-Cal Managed Care in September 2013

Transition County	Transition Type	Approximate Number of Beneficiaries
Del Norte	Managed Care - COHS	5,837
Humboldt	Managed Care - COHS	19,913
Lake	Managed Care - COHS	12,749
Lassen	Managed Care - COHS	3,507
Modoc	Managed Care - COHS	1,376
Shasta	Managed Care - COHS	28,430
Siskiyou	Managed Care - COHS	7,736
Trinity	Managed Care - COHS	1,940
<b>Total</b>		<b>81,488</b>

**Source:** Created by DHCS' Research and Analytic Studies Division (RASD) using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

*Healthy Families Transition* – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the Healthy Families Program (HFP) into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Other aid category in this report. Participation rates for these children are expected to decline throughout 2013 and beyond, as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

*Eligibility Status* – The range of benefits offered by the Medi-Cal program varies among groups. For example, some groups may gain access to Medi-Cal services only after experiencing an acute care hospital admission, in which case individuals are not eligible for Medi-Cal at the time of admission, but gain it retroactively. The degree of responsibility for ensuring access to care may also vary depending on the subpopulation and type of coverage afforded. As of 2013, approximately 61% of FFS Medi-Cal Only beneficiaries were undocumented immigrants.<sup>4</sup> For these beneficiaries, DHCS is responsible for ensuring access to prenatal care, obstetrical, and emergency services only. The remaining beneficiaries participating in FFS Medi-Cal who are not eligible for Medicare qualify for full-scope Medi-Cal.

*Churning* – “Churning” refers to beneficiaries who move in and out of Medi-Cal eligibility because of various issues related to the process of redetermining eligibility, which is done at least once every 12 months. In addition to these redeterminations, Medi-Cal beneficiaries must submit status reports every six months to ensure that they make timely and accurate reports of any change in circumstance that may affect their eligibility. This time requirement can sometimes lead to individuals not completing the necessary renewal paperwork in time, which then can lead to disenrollment from Medi-Cal until they submit the necessary paperwork to re-enroll. Churning can lead to negative health outcomes and financial hardship due to individuals becoming uninsured and losing continuity of medical care.<sup>vi</sup>

## **Societal Factors**

*Pregnancy-Related Services/Lowered Birthrates* – National and statewide birthrates have been declining for several years. For instance, the National Vital Statistics System notes that the general fertility rate for women ages 15–44 in 2012 was the lowest rate ever reported in the U.S.<sup>vii</sup> As pregnancy related services comprise a large proportion of the services administered by Medi-Cal, the declines in overall birthrates have a potentially noticeable effect on trends in Medi-Cal participation.

*Economic Recession and Unemployment* – When the economy is struggling and unemployment rates rise, the number of people receiving employer-based health coverage can decrease. This decrease can put more demand on Medi-Cal programs.

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<sup>4</sup> Please refer to Figure ES-3 in the Executive Summary for corresponding source.

*Immigration* – Undocumented immigrants comprise the largest group covered by FFS Medi-Cal Only, and are granted limited-scope benefits that cover emergency and pregnancy-related services only. Restricted-scope beneficiaries are not entitled to the full array of preventative primary care services. It should be noted that Medi-Cal participation rates can be affected by annual trends in immigration.

## Methods

The access monitoring activities that DHCS has undertaken and described here are directed at beneficiaries participating in Medi-Cal's FFS delivery system only, and exclude beneficiaries eligible for both Medicare and Medi-Cal. In addition, only those beneficiaries who become "certified" by meeting their monthly share of cost are included in the analysis.

Beneficiary participation summaries were derived from the Management Information System/Decision Support System's (MIS/DSS). This data source provides information on a monthly basis regarding beneficiaries' length of participation, aid category under which they are eligible for services, and demographic data, including age, gender, race/ethnicity, and primary language spoken. In addition, the MIS/DSS contains geographic variables that allow examination of the data by county, metropolitan designation, or Medical Service Study Area.

In this report, Medi-Cal participation in the FFS health delivery system was measured as "member months," representing the number of months a beneficiary has been in the FFS Medi-Cal health delivery system during the reporting period. Average quarterly member months were calculated for all Medi-Cal beneficiaries included in the selection criteria. To reveal potential differences in participation based on specific health care needs, beneficiaries participating in Medi-Cal's FFS system and not eligible for Medicare were grouped into homogeneous subpopulations based on one of six eligibility categories: Blind/Disabled, Family, Aged, Foster Care, Undocumented, and Other. See [Appendix B](#) for more detailed information on aid categories and codes.

Additional criteria include beneficiaries' ages and whether they receive the full or restricted scope of Medi-Cal services. Statistics reflecting the gender, race/ethnicity, and primary language spoken among beneficiaries are also presented since these factors often correlate with health service use. Furthermore, geographic variations in Medi-Cal enrollees were explored stratifying beneficiaries by county and metropolitan designation.<sup>5</sup>

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<sup>5</sup> Metropolitan designations were identified using the United States Department of Agriculture – Economic Revenue Service's Rural-Urban Continuum Codes. The Rural-Urban Continuum Codes are calculated by examining the size of a county and its proximity to a metropolitan area. Rural-Urban Continuum Codes form a classification scheme that distinguishes metropolitan (metro) counties by the population size of their metro area, and nonmetropolitan (nonmetro) counties by degree of urbanization and adjacency to a metro area or areas.

Change in participation in the FFS health delivery system was evaluated by calculating the difference in the number of Medi-Cal beneficiaries (average member months) across quarters, as a percentage of total beneficiaries participating from the fourth quarter of 2012 to the third quarter of 2013. Additional comparisons were made between the current quarter being studied and the previous quarter.

## Results

### FFS Full-Scope Medi-Cal Only Beneficiaries by Gender and Age

Participation in the FFS health delivery system for Medi-Cal beneficiaries who were eligible for full-scope benefits increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013, from 1,127,039 to 1,161,207 average monthly eligibles (Table BP-6).

Children's increased participation was primarily responsible for the overall increase, with a 6.0% increase from the fourth quarter of 2012 to the third quarter of 2013 (Table BP-6). This increase is likely due to the transition of children from the HFP into Medi-Cal that began January 1, 2013.

FFS participation decreased 2.7% between the most recent quarter of the study period and the previous quarter, likely due to the establishment of COHS in eight counties during September 2013. For beneficiaries ages 65 and older, FFS participation decreased slightly (0.2%) during the last quarter, compared with the increase over the entire study period (3.4%) (Table BP-6).

**Figure BP-1:** Average Monthly Eligibles, FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Gender and Age Group

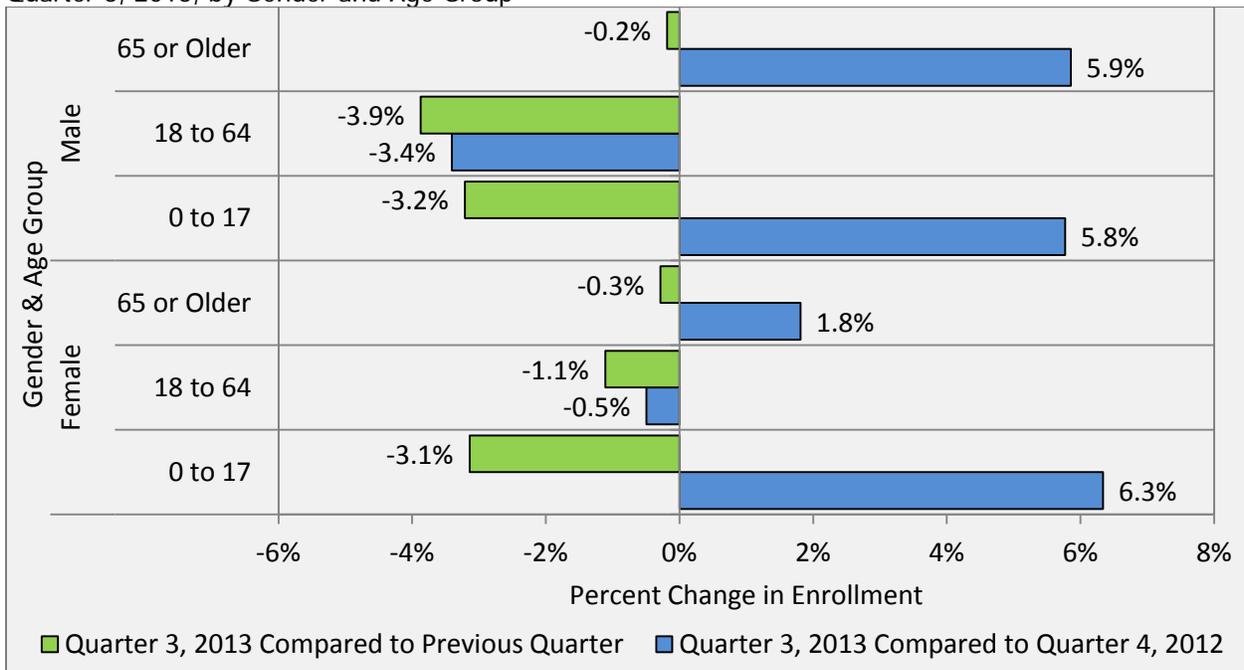


**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

The largest increases in FFS participation from the fourth quarter of 2012 to the third quarter of 2013 were among females ages 0-17 (6.3%), and males ages 65 and older (5.9%) and ages 0-17 (5.8%). Among adults ages 18–64, males experienced a larger decrease (3.4%) in FFS participation than females (0.5%) across this same 12-month study period (Figure BP-2).

FFS participation decreased among both males (0.2%) and females (0.3%) ages 65 and older when comparing the third quarter of 2013 with the previous quarter. When examining the 12-month study period, FFS participation increased among both women (1.8%) and men (5.9%) ages 65 and older (Figure BP-2).

**Figure BP-2:** Percent Change in FFS Full-Scope Medi-Cal Only Participation from Quarter 4, 2012 to Quarter 3, 2013, by Gender and Age Group



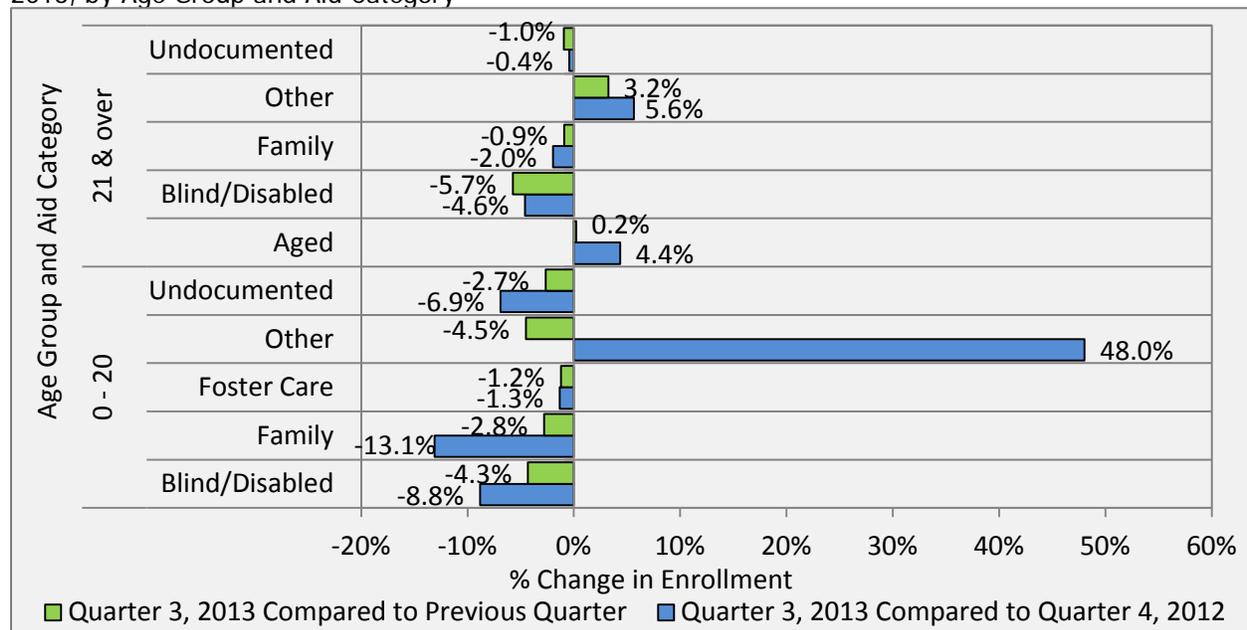
**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

## FFS Medi-Cal Only Beneficiaries by Age and Aid Category

When comparing participation changes from the fourth quarter of 2012 to the third quarter of 2013, increases in FFS participation were observed among both adults and children in the Other aid category. A sharp increase in FFS participation was observed among children in the Other aid category (48.0%), primarily due to the transition of children from the HFP into Medi-Cal starting January 1, 2013. In contrast, the largest decline in FFS participation in this reporting period occurred among children in the Family (13.1%) aid category, with smaller declines observed among children in the Blind/Disabled (8.8%) and Undocumented (6.9%) aid categories, and adult beneficiaries in the Blind/Disabled (4.6%) aid category (Figure BP-3).

Comparing FFS participation across the last two quarters in the study period revealed modest declines for children in the Other (4.5%), Blind/Disabled (4.3%), Family (2.8%), and Undocumented (2.7%) aid categories. These declines are likely due to the establishment of COHS in eight counties during September 2013 (Figure BP-3). Changes among adults were negligible except for a 5.7% decrease in the Blind/Disabled aid category and a 3.2% increase in the Other aid category.

**Figure BP-3:** Percent Change in FFS Medi-Cal Only Participation from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

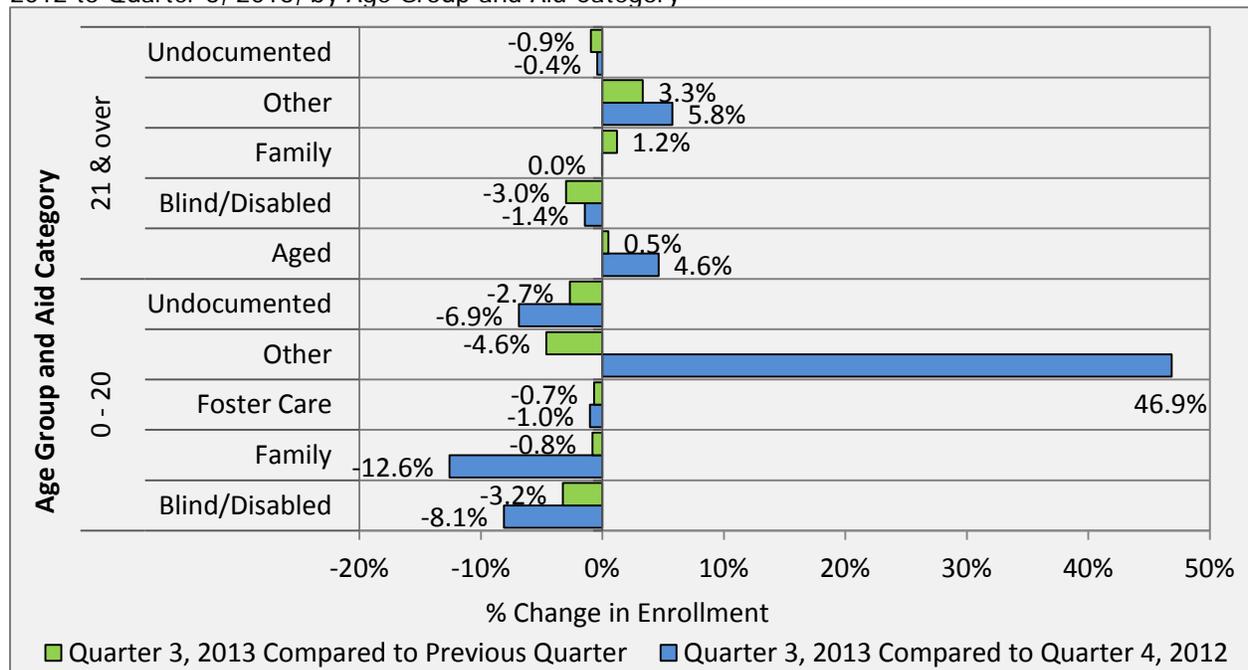


**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

### FFS Medi-Cal Only Beneficiary Participation in Metropolitan and Non-Metropolitan Counties

For beneficiaries residing in metropolitan areas, slight decreases in participation occurred among adults in the Blind/Disabled (1.4%) and Undocumented (0.4%) aid categories from the fourth quarter of 2012 to the third quarter of 2013. Additional significant decreases occurred among metropolitan children in the Family (12.6%), Blind/Disabled (8.1%), and Undocumented (6.9%) aid categories. A sharp increase was observed among children in the Other (46.9%) aid category, with modest increases among adults in the Other (5.8%) and Aged (4.6%) aid categories (Figure BP-4).

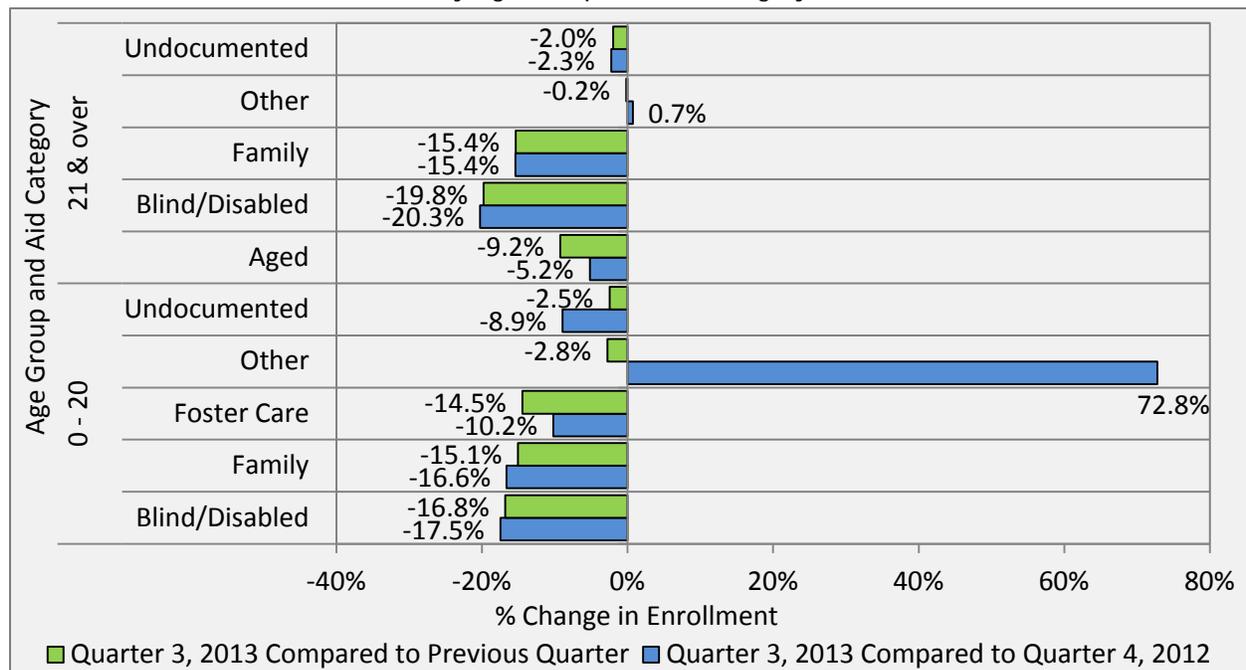
**Figure BP-4:** Percent Change in FFS Medi-Cal Only Participation in Metropolitan Areas from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category



**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

For beneficiaries residing in non-metropolitan areas, noticeable decreases in participation occurred among adults in the Blind/Disabled (20.3%) and Family (15.4%) aid categories from the fourth quarter of 2012 to the third quarter of 2013. In the study period, other significant decreases occurred among non-metropolitan children in the Blind/Disabled (17.5%), Family (16.6%), and Foster Care (10.2%) aid categories. Non-metropolitan children and adults enrolled in the Other category exhibited the only increases in participation during the study period. The decline in participation among non-metropolitan children and adults in the Family and Blind/Disabled aid categories is likely due to the COHS expansion in September 2013 (Figure BP-5).

**Figure BP-5:** Percent Change in FFS Medi-Cal Only Participation in Non-Metropolitan Areas from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

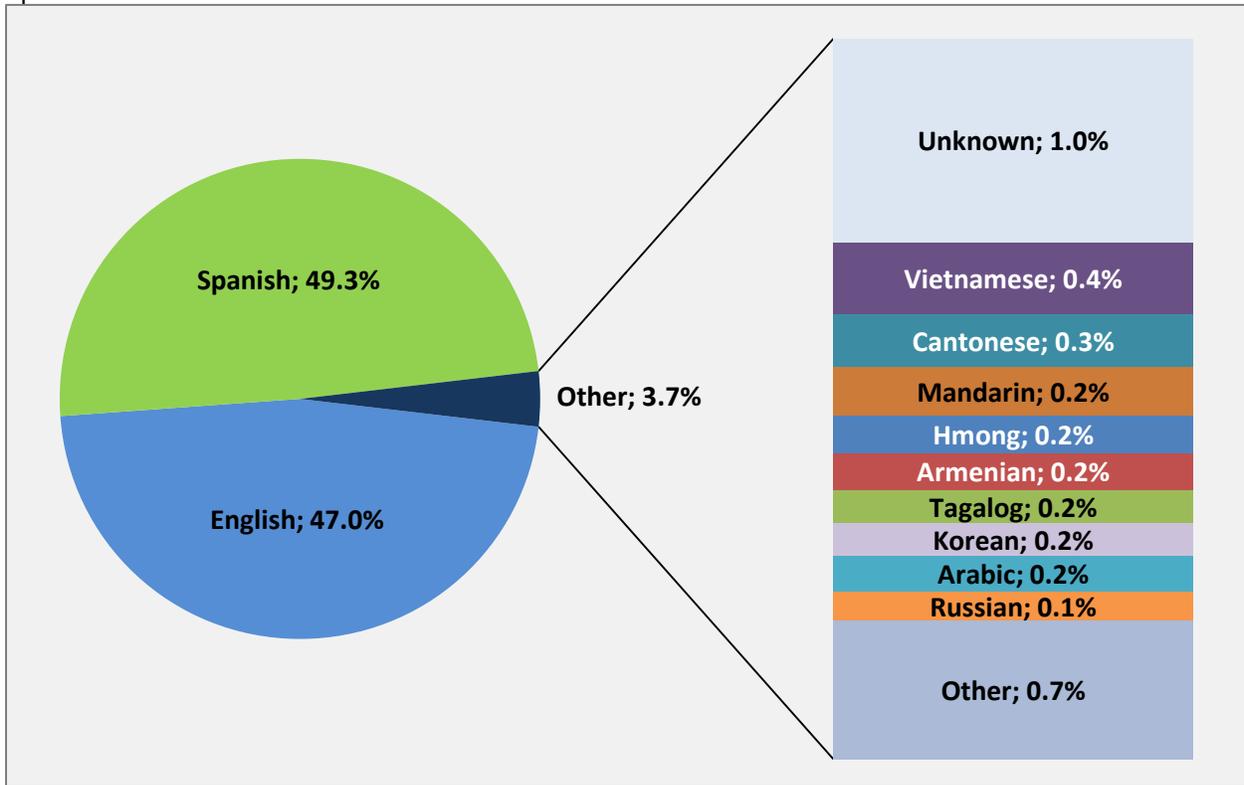


**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

### Distribution of FFS Medi-Cal Only Beneficiaries by Primary Language Spoken

Spanish was the primary language used by 49.3% of FFS Medi-Cal Only beneficiaries during the third quarter of 2013. English was self-reported as the primary language spoken by 47.0%. The remaining 3.7% of beneficiaries spoke a variety of primary languages, including Vietnamese, Cantonese, Mandarin, Hmong, Armenian, Tagalog, Korean, Arabic, and Russian (Figure BP-6).

**Figure BP-6:** Distribution of FFS Medi-Cal Only Beneficiaries in September 2013, by Primary Language Spoken

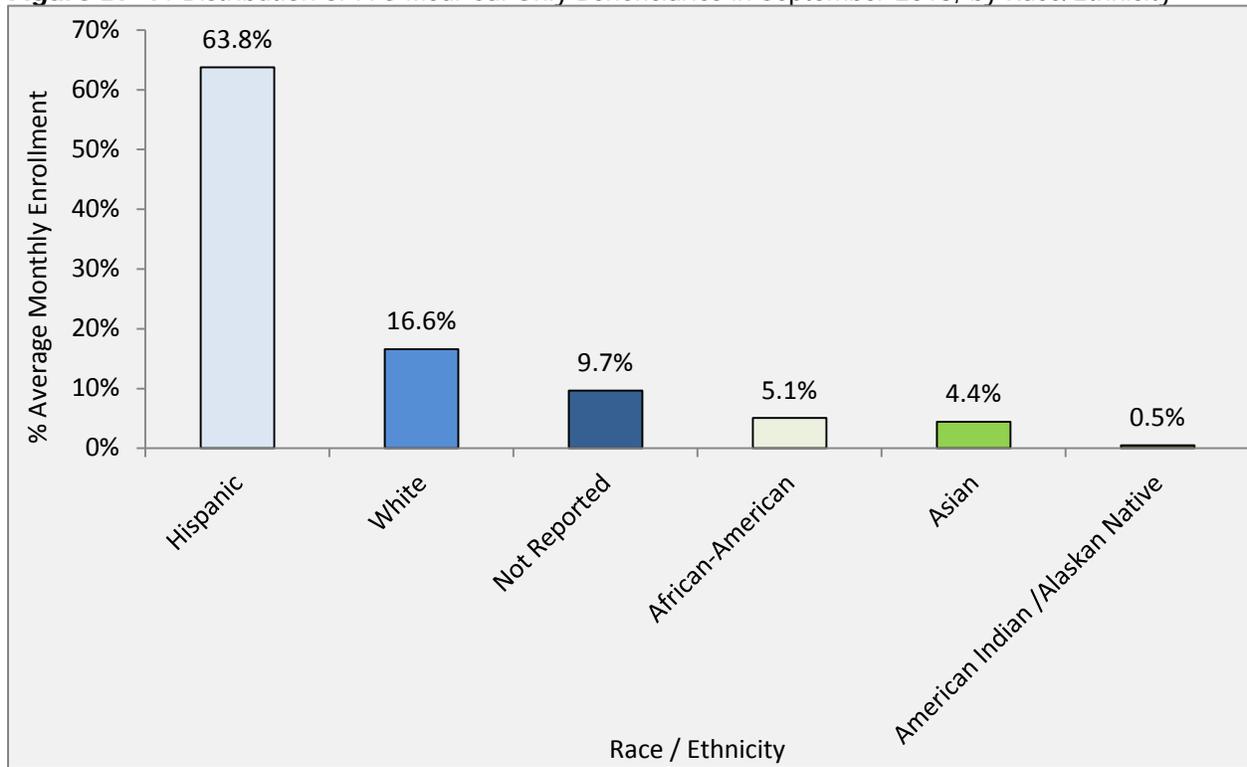


**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables for September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

## Distribution of FFS Medi-Cal Only Beneficiaries by Race/Ethnicity

Hispanics represented 63.8% of the total FFS Medi-Cal Only population for the third quarter of 2013. Whites accounted for 16.6% of all FFS Medi-Cal Only beneficiaries, while African-American (5.1%) and Asian (4.4%) beneficiaries represented a much smaller portion of the overall population. An additional 9.7% of the FFS Medi-Cal Only population reported no racial/ethnic data (Figure BP-7).

**Figure BP-7:** Distribution of FFS Medi-Cal Only Beneficiaries in September 2013, by Race/Ethnicity



**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables for September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

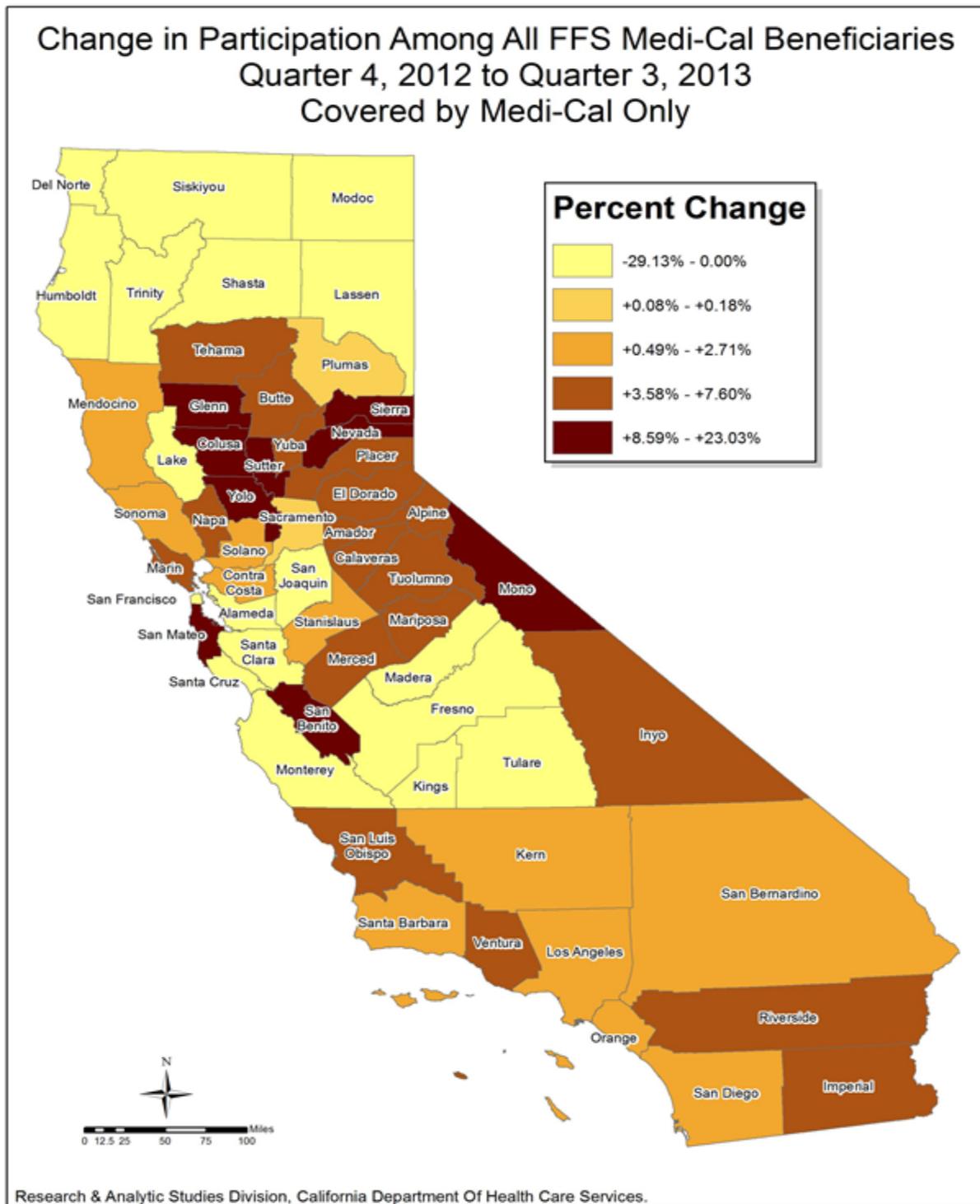
## **Distribution of FFS Medi-Cal Only Beneficiaries, by County**

During the study period, analysis identified large variations in participation among FFS Medi-Cal Only beneficiaries by county. A majority of counties (40 out of 58 total counties) saw an increase in FFS participation, with the counties of San Mateo (23.0%), Mono (16.5%), Yolo (11.8%), Colusa (10.5%), and Nevada (10.1%) representing the greatest increases (Figure BP-8).

Eighteen counties experienced a decline in participation, including eight counties with significant decreases. The counties exhibiting the largest declines in participation directly correspond with the eight counties where a COHS was established during September 2013. For instance, Del Norte County experienced the largest decrease (29.1%), followed by the counties of Trinity (27.5%), Modoc (27.4%), Shasta (26.5%), Lassen (25.1%), Siskiyou (24.6%), Lake (24.4%), and Humboldt (24.0%). Overall, a total of eight counties experienced less than one percentage point change in either direction (Figure BP-8).

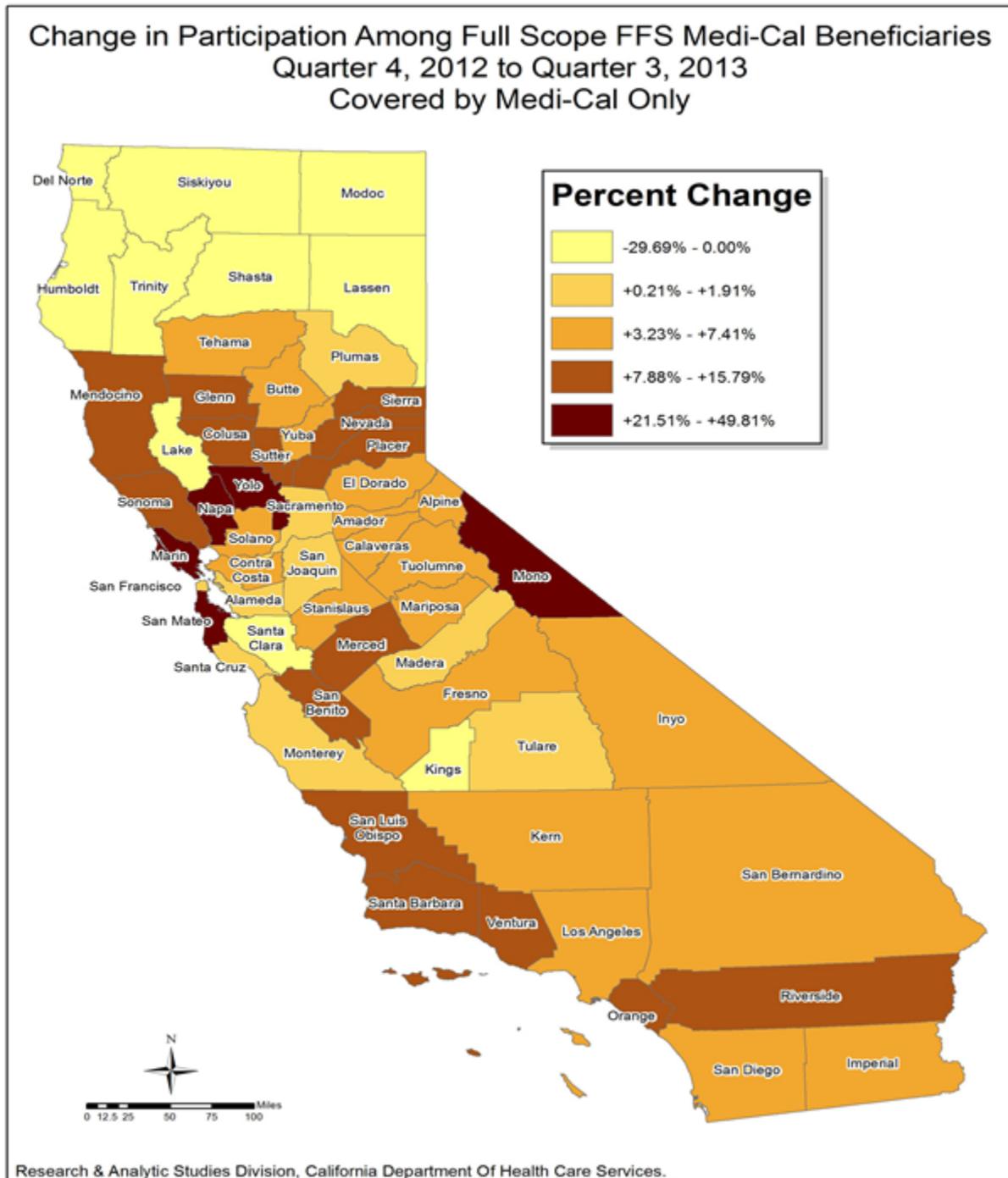
Analysis of participation of full-scope beneficiaries identified noticeable differences among counties. San Mateo County experienced the largest increase (49.8%) during the study period. Other counties experiencing large increases in participation included Marin (30.3%), Yolo (23.0%), and Napa (22.0%) (Figure BP-9). These changes in participation are most likely due to the transition of children from the HFP into Medi-Cal that started in January 2013.

**Figure BP-8:** Comparison of FFS Medi-Cal Only Beneficiary Participation from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

**Figure BP-9:** Comparison of FFS Full-Scope Medi-Cal Only Beneficiary Participation from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

## Conclusions – Beneficiary Participation

- FFS Medi-Cal Only beneficiaries are a culturally and ethnically diverse population. The majority describe themselves as Hispanic. About half speak Spanish as their primary language.
- Overall, the number of FFS Medi-Cal Only beneficiaries entitled to full-scope benefits increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013. However, participation declined 2.7% between the second quarter of 2013 and the third quarter of 2013 most likely due to the COHS expansion during September 2013.
- Decreases in FFS participation among Medi-Cal Only beneficiaries occurred in the Blind/Disabled, Family, Foster Care, and Undocumented aid categories. The decline in participation among beneficiaries in the Family and Blind/Disabled aid categories is likely due to the COHS expansion in September 2013.
- Increases in FFS participation mainly affected those enrolled in the Other aid category. The sharp increase among children ages 0-20 in the Other aid category was most likely due to the transition of children from the HFP into Medi-Cal that started in January 2013.
- Participation trends for Medi-Cal's FFS population were somewhat different in metropolitan and non-metropolitan areas. The most significant difference between metropolitan and non-metropolitan areas was the greater decline in FFS participation for most non-metropolitan adults from the fourth quarter of 2012 to the third quarter of 2013. Additionally, declines in FFS participation among children were greater in non-metropolitan areas, especially among those enrolled in the Blind/Disabled and Foster Care aid categories.
- A majority of counties saw an increase in FFS participation, with San Mateo County representing the greatest increase. Eighteen counties experienced a decline in FFS participation. Eight counties experienced less than one percentage point change in either direction over the 12-month study period.

## Appendix A — County and Statewide Tables

**Table BP-2:** Average Monthly FFS Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Alameda	51,457	51,843	52,779	51,279	-0.3%	-2.8%
Alpine	155	153	152	161	3.9%	5.9%
Amador	3,586	3,623	3,693	3,800	6.0%	2.9%
Butte	40,902	41,210	42,143	42,464	3.8%	0.8%
Calaveras	5,517	5,624	5,747	5,718	3.6%	-0.5%
Colusa	3,879	4,045	4,226	4,286	10.5%	1.4%
Contra Costa	32,658	33,843	33,057	33,490	2.5%	1.3%
Del Norte	6,420	6,426	6,469	4,550	-29.1%	-29.7%
El Dorado	15,476	15,768	16,186	16,386	5.9%	1.2%
Fresno	57,243	58,251	58,446	57,091	-0.3%	-2.3%
Glenn	6,087	6,362	6,559	6,659	9.4%	1.5%
Humboldt	21,539	21,780	22,651	16,363	-24.0%	-27.8%
Imperial	46,762	46,905	47,674	48,434	3.6%	1.6%
Inyo	2,872	2,862	3,027	3,000	4.5%	-0.9%
Kern	57,619	59,189	60,851	58,250	1.1%	-4.3%
Kings	7,657	7,827	7,814	7,357	-3.9%	-5.8%
Lake	13,811	13,964	14,376	10,435	-24.4%	-27.4%
Lassen	3,938	3,988	4,084	2,948	-25.1%	-27.8%
Los Angeles	552,108	583,243	564,586	567,056	2.7%	0.4%
Madera	11,617	12,217	11,861	11,340	-2.4%	-4.4%
Marin	5,567	5,812	6,000	5,890	5.8%	-1.8%
Mariposa	2,253	2,286	2,341	2,348	4.2%	0.3%
Mendocino	3,146	3,308	3,675	3,218	2.3%	-12.4%
Merced	12,859	13,730	13,800	13,356	3.9%	-3.2%
Modoc	1,565	1,543	1,598	1,136	-27.4%	-28.9%
Mono	1,276	1,329	1,443	1,487	16.5%	3.0%
Monterey	23,066	24,834	23,518	23,041	-0.1%	-2.0%
Napa	2,994	3,209	3,345	3,123	4.3%	-6.6%
Nevada	9,145	9,332	9,767	10,073	10.1%	3.1%
Orange	83,623	86,604	85,523	85,777	2.6%	0.3%
Placer	24,803	25,297	26,172	26,689	7.6%	2.0%
Plumas	2,477	2,493	2,528	2,479	0.1%	-1.9%
Riverside	89,970	92,676	95,419	94,671	5.2%	-0.8%
Sacramento	55,072	55,446	55,653	55,170	0.2%	-0.9%
San Benito	8,871	9,130	9,471	9,644	8.7%	1.8%
San Bernardino	113,295	115,013	117,159	115,662	2.1%	-1.3%

## Beneficiary Participation

County	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
San Diego	98,456	98,988	102,241	100,681	2.3%	-1.5%
San Francisco	20,941	21,213	21,110	20,914	-0.1%	-0.9%
San Joaquin	35,084	38,313	36,346	34,697	-1.1%	-4.5%
San Luis Obispo	5,413	5,844	5,739	5,627	4.0%	-2.0%
San Mateo	17,902	18,664	23,117	22,025	23.0%	-4.7%
Santa Barbara	17,660	19,230	18,108	18,094	2.5%	-0.1%
Santa Clara	64,013	63,641	62,632	60,327	-5.8%	-3.7%
Santa Cruz	7,736	8,301	7,855	7,608	-1.7%	-3.1%
Shasta	31,898	32,132	32,997	23,459	-26.5%	-28.9%
Sierra	354	376	370	385	8.8%	4.1%
Siskiyou	8,446	8,709	8,924	6,369	-24.6%	-28.6%
Solano	9,792	10,409	9,724	9,840	0.5%	1.2%
Sonoma	10,952	11,823	11,533	11,155	1.9%	-3.3%
Stanislaus	36,871	42,406	39,063	37,691	2.2%	-3.5%
Sutter	19,470	19,961	20,891	21,142	8.6%	1.2%
Tehama	14,206	14,406	14,786	15,013	5.7%	1.5%
Trinity	2,141	2,124	2,156	1,553	-27.5%	-28.0%
Tulare	35,164	35,976	35,029	35,102	-0.2%	0.2%
Tuolumne	6,341	6,501	6,722	6,691	5.5%	-0.5%
Ventura	23,853	26,117	26,929	24,755	3.8%	-8.1%
Yolo	4,817	5,356	5,381	5,386	11.8%	0.1%
Yuba	16,986	17,304	17,676	17,773	4.6%	0.5%

**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Table BP-3:** Average Monthly FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Alpine	155	153	151	160	3.2%	6.0%
Butte	39,697	40,021	40,954	41,286	4.0%	0.8%
Colusa	3,471	3,644	3,841	3,922	13.0%	2.1%
Del Norte	6,269	6,279	6,320	4,408	-29.7%	-30.3%
Fresno	28,583	29,537	30,176	29,713	4.0%	-1.5%
Humboldt	20,955	21,209	22,078	15,795	-24.6%	-28.5%
Inyo	2,560	2,553	2,719	2,694	5.2%	-0.9%
Kings	4,593	4,718	4,729	4,436	-3.4%	-6.2%
Lassen	3,806	3,867	3,966	2,839	-25.4%	-28.4%
Madera	4,812	5,368	5,086	4,837	0.5%	-4.9%
Mariposa	2,212	2,234	2,282	2,292	3.6%	0.4%
Merced	5,067	5,863	5,946	5,680	12.1%	-4.5%
Mono	1,060	1,116	1,231	1,288	21.5%	4.6%
Napa	1,211	1,475	1,658	1,478	22.0%	-10.9%
Orange	27,992	31,252	30,400	31,394	12.2%	3.3%
Plumas	2,420	2,436	2,473	2,426	0.2%	-1.9%
Sacramento	40,983	41,433	41,823	41,586	1.5%	-0.6%
San Bernardino	81,186	83,051	85,419	84,244	3.8%	-1.4%
San Francisco	11,701	12,053	12,047	11,888	1.6%	-1.3%

## Beneficiary Participation

County	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
San Joaquin	21,157	24,405	22,615	21,315	0.7%	-5.7%
San Luis Obispo	2,698	3,106	3,055	3,016	11.8%	-1.3%
San Mateo	6,190	6,936	10,733	9,273	49.8%	-13.6%
Santa Barbara	5,516	6,900	5,786	6,050	9.7%	4.6%
Santa Clara	30,563	30,221	29,614	27,984	-8.4%	-5.5%
Santa Cruz	3,076	3,554	3,167	3,088	0.4%	-2.5%
Shasta	31,510	31,732	32,608	23,080	-26.8%	-29.2%
Sierra	348	369	364	383	10.1%	5.2%
Siskiyou	8,282	8,546	8,766	6,217	-24.9%	-29.1%
Solano	5,115	5,722	5,102	5,404	5.7%	5.9%
Sonoma	5,057	5,900	5,729	5,544	9.6%	-3.2%
Stanislaus	26,676	32,193	28,967	27,865	4.5%	-3.8%
Sutter	17,966	18,434	19,361	19,658	9.4%	1.5%
Tehama	13,302	13,520	13,922	14,163	6.5%	1.7%
Trinity	2,127	2,109	2,142	1,537	-27.7%	-28.2%
Tulare	16,531	17,237	16,349	16,739	1.3%	2.4%
Tuolumne	6,281	6,443	6,661	6,627	5.5%	-0.5%
Ventura	9,916	11,868	12,831	11,482	15.8%	-10.5%
Yolo	2,835	3,363	3,441	3,487	23.0%	1.3%
Yuba	16,006	16,324	16,742	16,878	5.4%	0.8%

**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Table BP-4:** Average Monthly FFS Full-Scope Medi-Cal Only Children Ages 0-17 from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Alameda	17,304	18,053	18,845	17,517	1.2%	-7.0%
Alpine	84	84	83	93	10.7%	12.0%
Amador	1,867	1,918	2,016	2,112	13.1%	4.8%
Butte	20,692	21,013	21,943	22,272	7.6%	1.5%
Calaveras	2,800	2,870	3,037	3,080	10.0%	1.4%
Colusa	2,309	2,462	2,698	2,798	21.2%	3.7%
Contra Costa	10,947	12,428	11,832	11,969	9.3%	1.2%
Del Norte	3,223	3,238	3,338	2,344	-27.3%	-29.8%
El Dorado	8,099	8,386	8,921	9,160	13.1%	2.7%
Fresno	17,080	17,992	18,840	18,185	6.5%	-3.5%
Glenn	3,448	3,687	3,880	4,001	16.0%	3.1%
Humboldt	11,007	11,317	12,170	8,812	-19.9%	-27.6%
Imperial	26,144	26,431	27,361	28,062	7.3%	2.6%
Inyo	1,525	1,528	1,671	1,669	9.4%	-0.1%
Kern	22,527	23,942	25,358	23,694	5.2%	-6.6%
Kings	3,047	3,158	3,199	2,914	-4.4%	-8.9%
Lake	6,877	7,015	7,388	5,383	-21.7%	-27.1%
Lassen	2,038	2,072	2,176	1,572	-22.9%	-27.8%
Los Angeles	150,110	181,313	160,876	162,241	8.1%	0.8%
Madera	3,149	3,599	3,404	3,240	2.9%	-4.8%
Marin	740	929	1,115	988	33.5%	-11.4%
Mariposa	1,170	1,187	1,252	1,266	8.2%	1.1%
Mendocino	855	1,006	1,366	998	16.7%	-26.9%
Merced	3,145	3,864	4,081	3,744	19.0%	-8.3%
Modoc	799	779	843	596	-25.4%	-29.3%
Mono	728	771	878	924	26.9%	5.2%
Monterey	3,958	4,729	3,728	4,044	2.2%	8.5%
Napa	740	955	1,143	960	29.7%	-16.0%
Nevada	4,702	4,890	5,316	5,612	19.4%	5.6%
Orange	17,854	20,757	20,061	20,664	15.7%	3.0%
Placer	13,898	14,418	15,209	15,753	13.3%	3.6%
Plumas	1,302	1,307	1,361	1,348	3.5%	-1.0%
Riverside	40,171	43,277	45,431	44,582	11.0%	-1.9%
Sacramento	24,280	25,019	25,174	24,537	1.1%	-2.5%
San Benito	5,016	5,194	5,546	5,753	14.7%	3.7%
San Bernardino	48,555	51,032	52,916	51,642	6.4%	-2.4%
San Diego	46,266	48,021	51,364	50,030	8.1%	-2.6%
San Francisco	5,364	5,775	5,673	5,432	1.3%	-4.2%

## Beneficiary Participation

County	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
San Joaquin	13,190	15,620	14,605	13,384	1.5%	-8.4%
San Luis Obispo	1,557	1,918	1,937	1,857	19.3%	-4.1%
San Mateo	4,002	4,641	7,469	6,191	54.7%	-17.1%
Santa Barbara	3,581	4,771	3,760	3,978	11.1%	5.8%
Santa Clara	17,594	18,238	17,752	16,395	-6.8%	-7.6%
Santa Cruz	1,810	2,180	1,873	1,787	-1.3%	-4.6%
Shasta	16,430	16,714	17,672	12,698	-22.7%	-28.1%
Sierra	164	179	185	200	22.0%	8.1%
Siskiyou	4,305	4,484	4,677	3,382	-21.4%	-27.7%
Solano	3,005	3,594	2,991	3,213	6.9%	7.4%
Sonoma	3,142	3,868	3,784	3,572	13.7%	-5.6%
Stanislaus	15,292	19,178	17,397	16,610	8.6%	-4.5%
Sutter	10,739	11,117	11,919	12,246	14.0%	2.7%
Tehama	7,782	8,001	8,354	8,560	10.0%	2.5%
Trinity	1,050	1,064	1,095	798	-24.0%	-27.1%
Tulare	10,172	10,683	9,990	10,214	0.4%	2.2%
Tuolumne	3,250	3,353	3,565	3,590	10.5%	0.7%
Ventura	6,320	8,134	9,183	7,630	20.7%	-16.9%
Yolo	1,812	2,224	2,340	2,319	28.0%	-0.9%
Yuba	9,061	9,302	9,690	9,859	8.8%	1.7%

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Table BP-5:** Average Monthly FFS Medi-Cal Only Women Ages 18-64 from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Alameda	19,339	19,325	19,475	19,558	1.1%	0.4%
Alpine	37	38	37	34	-8.1%	-8.1%
Amador	1,075	1,067	1,052	1,069	-0.6%	1.6%
Butte	12,066	12,045	12,062	12,081	0.1%	0.2%
Calaveras	1,619	1,637	1,614	1,588	-1.9%	-1.6%
Colusa	986	995	961	945	-4.2%	-1.7%
Contra Costa	12,045	11,894	11,810	12,094	0.4%	2.4%
Del Norte	1,870	1,870	1,840	1,289	-31.1%	-29.9%
El Dorado	4,363	4,341	4,263	4,264	-2.3%	0.0%
Fresno	21,792	21,773	21,500	21,513	-1.3%	0.1%
Glenn	1,616	1,642	1,643	1,632	1.0%	-0.7%
Humboldt	6,321	6,289	6,268	4,518	-28.5%	-27.9%
Imperial	13,526	13,455	13,385	13,446	-0.6%	0.5%
Inyo	790	786	799	780	-1.3%	-2.4%
Kern	19,436	19,503	19,696	19,350	-0.4%	-1.8%
Kings	2,504	2,520	2,508	2,450	-2.2%	-2.3%
Lake	4,066	4,077	4,095	2,943	-27.6%	-28.1%
Lassen	1,141	1,153	1,144	826	-27.6%	-27.8%
Los Angeles	223,457	223,841	225,425	226,953	1.6%	0.7%
Madera	4,533	4,602	4,519	4,372	-3.6%	-3.3%
Marin	2,658	2,682	2,678	2,721	2.4%	1.6%
Mariposa	640	654	653	648	1.3%	-0.8%
Mendocino	1,205	1,227	1,241	1,180	-2.1%	-4.9%
Merced	5,195	5,274	5,224	5,237	0.8%	0.2%
Modoc	451	452	443	317	-29.7%	-28.4%
Mono	317	328	334	326	2.8%	-2.4%
Monterey	10,467	10,947	10,739	10,460	-0.1%	-2.6%
Napa	1,308	1,334	1,281	1,270	-2.9%	-0.9%
Nevada	2,736	2,741	2,752	2,766	1.1%	0.5%
Orange	39,343	39,451	39,306	39,339	0.0%	0.1%
Placer	6,682	6,637	6,679	6,646	-0.5%	-0.5%
Plumas	731	731	714	700	-4.2%	-2.0%
Riverside	30,296	30,070	30,455	30,723	1.4%	0.9%
Sacramento	17,941	17,745	17,817	18,063	0.7%	1.4%
San Benito	2,404	2,465	2,456	2,449	1.9%	-0.3%
San Bernardino	38,677	38,171	38,401	38,379	-0.8%	-0.1%
San Diego	33,257	32,376	32,289	32,411	-2.5%	0.4%
San Francisco	8,363	8,331	8,236	8,304	-0.7%	0.8%

## Beneficiary Participation

County	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
San Joaquin	12,000	12,432	11,893	11,746	-2.1%	-1.2%
San Luis Obispo	2,225	2,261	2,201	2,218	-0.3%	0.8%
San Mateo	7,476	7,549	8,401	8,531	14.1%	1.5%
Santa Barbara	8,283	8,503	8,492	8,419	1.6%	-0.9%
Santa Clara	25,463	25,023	24,759	24,116	-5.3%	-2.6%
Santa Cruz	3,613	3,713	3,622	3,558	-1.5%	-1.8%
Shasta	9,388	9,348	9,318	6,560	-30.1%	-29.6%
Sierra	113	116	110	110	-2.7%	0.0%
Siskiyou	2,476	2,521	2,544	1,794	-27.5%	-29.5%
Solano	3,885	3,915	3,891	3,898	0.3%	0.2%
Sonoma	4,769	4,849	4,722	4,643	-2.6%	-1.7%
Stanislaus	12,093	13,210	12,263	12,022	-0.6%	-2.0%
Sutter	5,085	5,133	5,209	5,205	2.4%	-0.1%
Tehama	3,887	3,862	3,901	3,933	1.2%	0.8%
Trinity	647	624	625	445	-31.2%	-28.8%
Tulare	13,227	13,449	13,418	13,441	1.6%	0.2%
Tuolumne	1,905	1,952	1,962	1,947	2.2%	-0.8%
Ventura	10,299	10,551	10,461	10,169	-1.3%	-2.8%
Yolo	1,763	1,853	1,791	1,858	5.4%	3.7%
Yuba	4,743	4,776	4,777	4,746	0.1%	-0.6%

**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Table BP-6:** Average Monthly FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Gender and Age Group

	Age Group	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Female	0–17	324,236	357,924	355,970	344,785	6.3%	-3.1%
	18–64	292,764	294,413	294,586	291,310	-0.5%	-1.1%
	65+	7,944	7,714	8,111	8,088	1.8%	-0.3%
Male	0–17	343,844	377,757	375,762	363,690	5.8%	-3.2%
	18–64	153,147	155,013	153,893	147,931	-3.4%	-3.9%
	65+	5,104	5,060	5,413	5,403	5.9%	-0.2%
All	0–17	668,080	735,681	731,732	708,475	6.0%	-3.2%
	18–64	445,911	449,426	448,479	439,241	-1.5%	-2.1%
	65+	13,048	12,774	13,524	13,491	3.4%	-0.2%
<b>Total</b>		<b>1,127,039</b>	<b>1,197,881</b>	<b>1,193,735</b>	<b>1,161,207</b>	<b>3.0%</b>	<b>-2.7%</b>

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Table BP-7:** Average Monthly FFS Restricted-Scope Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Gender and Age Group

	Age Group	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Female	0–17	56,090	54,350	52,999	51,425	-8.3%	-3.0%
	18–64	395,832	395,698	395,569	391,695	-1.0%	-1.0%
	65+	11,069	11,091	11,163	11,269	1.8%	0.9%
Male	0–17	57,659	56,118	54,868	53,278	-7.6%	-2.9%
	18–64	216,485	218,174	219,068	216,380	0.0%	-1.2%
	65+	5,608	5,645	5,718	5,864	4.6%	2.6%
All	0–17	113,749	110,468	107,867	104,703	-8.0%	-2.9%
	18–64	612,317	613,872	614,637	608,075	-0.7%	-1.1%
	65+	16,677	16,736	16,881	17,133	2.7%	1.5%
<b>Total</b>		<b>742,743</b>	<b>741,076</b>	<b>739,385</b>	<b>729,911</b>	<b>-1.7%</b>	<b>-1.3%</b>

Source: Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Table BP-8:** Average Monthly FFS Medi-Cal Only Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

Age Group	Aid Category	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Age 0–20	Blind/Disabled	37,920	36,855	36,136	34,577	-8.8%	-4.3%
	Family	410,240	397,567	366,813	356,526	-13.1%	-2.8%
	Foster Care	98,025	98,073	97,892	96,707	-1.3%	-1.2%
	Other	202,023	286,775	313,222	299,078	48.0%	-4.5%
	Undocumented	149,168	145,527	142,688	138,889	-6.9%	-2.7%
Age 21+	Aged	10,492	10,194	10,925	10,949	4.4%	0.2%
	Blind/Disabled	95,617	96,249	96,799	91,235	-4.6%	-5.7%
	Family	211,287	210,256	209,062	207,124	-2.0%	-0.9%
	Other	61,310	61,764	62,729	64,763	5.6%	3.2%
	Undocumented	593,576	595,550	596,696	591,023	-0.4%	-1.0%
<b>Total</b>		1,869,658	1,938,810	1,932,962	1,890,871	1.1%	-2.2%

**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Table BP-9:** Average Monthly FFS Medi-Cal Only Beneficiaries in Metropolitan Areas from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

Age Group	Aid Category	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Age 0–20	Blind/Disabled	35,035	33,969	33,274	32,195	-8.1%	-3.2%
	Family	357,976	345,476	315,517	312,950	-12.6%	-0.8%
	Foster Care	94,501	94,524	94,193	93,544	-1.0%	-0.7%
	Other	192,816	275,394	296,858	283,168	46.9%	-4.6%
	Undocumented	147,521	143,947	141,150	137,389	-6.9%	-2.7%
Age 21+	Aged	10,202	9,902	10,622	10,674	4.6%	0.5%
	Blind/Disabled	79,621	80,293	80,904	78,481	-1.4%	-3.0%
	Family	184,480	183,360	182,267	184,452	0.0%	1.2%
	Other	59,661	60,065	61,065	63,102	5.8%	3.3%
	Undocumented	588,693	590,649	591,827	586,252	-0.4%	-0.9%
<b>Total</b>		1,750,506	1,817,579	1,807,677	1,782,207	1.8%	-1.4%

**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

**Table BP-10:** Average Monthly FFS Medi-Cal Only Beneficiaries in Non-Metropolitan Areas, from Quarter 4, 2012 to Quarter 3, 2013, by Age Group and Aid Category

Age Group	Aid Category	Q4 2012 Average Member Months	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	% Change from Q4 2012 to Q3 2013	% Change from Previous Quarter
Age 0–20	Blind/Disabled	2,885	2,886	2,862	2,381	-17.5%	-16.8%
	Family	52,265	52,091	51,296	43,575	-16.6%	-15.1%
	Foster Care	3,524	3,549	3,699	3,164	-10.2%	-14.5%
	Other	9,208	11,380	16,364	15,910	72.8%	-2.8%
	Undocumented	1,647	1,580	1,538	1,500	-8.9%	-2.5%
Age 21+	Aged	290	292	303	275	-5.2%	-9.2%
	Blind/Disabled	15,996	15,955	15,896	12,753	-20.3%	-19.8%
	Family	26,806	26,895	26,795	22,671	-15.4%	-15.4%
	Other	1,649	1,699	1,664	1,661	0.7%	-0.2%
	Undocumented	4,882	4,901	4,869	4,772	-2.3%	-2.0%
<b>Total</b>		119,152	121,228	125,286	108,662	-8.8%	-13.3%

**Source:** Created by DHCS' RASD using data from the MIS/DSS' eligibility tables with dates of eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for updates to enrollment.

## Appendix B — Medi-Cal Aid Codes

Aid codes are assigned to each Medi-Cal beneficiary based on how they become eligible for Medi-Cal services. Factors such as age, income, and disability status are some of the criteria used to assess an individual's eligibility for program services. Over 170 different aid codes enable DHCS to gain an understanding of how beneficiaries might use Medi-Cal program services.

The aid code categories used for this analysis were intended to group beneficiaries of similar age, disability status, and benefit scope into groups that might place similar demands on program services. However, some aid categories represent a heterogeneous population that might use Medi-Cal services in quite different ways.

For example, beneficiaries in the Family aid category are mostly comprised of no- or low-income young adults with children who have routine health care needs. However, this aid category also includes families who earn incomes above the Medi-Cal limit, but have a "Medically Needy" individual with one or more serious conditions requiring medical treatment exceeding the family's income. This subpopulation would place stronger demands on program services than others in the Family aid category. Likewise, the Other aid category is comprised of a diverse population, such as individuals in the Breast and Cervical Cancer Treatment Program who have access to a restricted scope of benefits; long-term care recipients; and the medically indigent. See table below.

A more detailed breakdown of aid codes within each category can be found at the Medi-Cal website:

[http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/aidcodes\\_z01c00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/aidcodes_z01c00.doc)

**Table BP-11:** Medi-Cal Eligibility Aid Codes Comprising Aid Categories Utilized in This Analysis

<b>Detail Aid Category</b>	<b>Rolled Up Aid Category</b>	<b>Aid Codes</b>
BCCTP	Other	0L, 0M, 0N, 0P, 0R, 0T, 0U, 0V, 0W, 0X, 0Y
Inmates	Other	F1, F2, F3, F4, G1, G2, G3, G4
Hurricane Katrina Evacuees	Other	65
MI-Adoption or Foster Care	Foster Care	03, 04, 06, 45, 46, 4A, 4K, 4M, 5K
MI-Adult	Other	81, 86, 87
MI-Child	Other	82, 83, 5E, 7T, 8U, 8V, 8W
MI-LTC	Other	53
MN-Aged	Aged	14, 17, 1D, 1H, 1X, 1Y
MN-Blind	Blind/Disabled	24, 27, 2D, 2H
MN-Disabled	Blind/Disabled	64, 67, 6D, 6H, 6S, 6V, 6W, 6X, 6Y, 8G
MN-Family	Family	34, 37, 39, 54, 59, 3D, 3N, 5X, 6J, 6R, 7J
MN-LTC	Other	13, 23, 63
Other	Other	01, 02, 08, 44, 47, 51, 52, 56, 57, 71, 72, 73, 76, 79, 80, 0A, 2A, 2V, 4V, 5V, 6G, 7A, 7F, 7G, 7H, 7M, 7N, 7P, 7R, 7V, 8E, 8P, 8R
PA-Adoption or Foster Care	Foster Care	03,07, 40, 42, 43, 49, 77, 78, 4C, 4F, 4G, 4H, 4L, 4N, 4S, 4T, 4W
PA-Aged	Aged	10, 16, 18, 1E
PA-Blind	Blind/Disabled	20, 26, 28, 2E, 6A
PA-Disabled	Blind/Disabled	36, 60, 66, 68, 6C, 6E, 6N, 6P
PA-Family	Family	30, 32, 33, 35, 38, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W
Undocumented	Undocumented	07, 48, 49, 55, 58, 69, 70, 74, 75, 1U, 3T, 3V, 5F, 5G, 5J, 5N, 5R, 5T, 5W, 6U, 7C, 7K, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, 5H, 5M, 5Y

## Appendix C — Most Prevalent Clinical Conditions

**Table BP-12:** Most Prevalent Clinical Conditions Leading FFS Medi-Cal Beneficiaries to Seek Care, by Age Group and Aid Category

<b>Aid Category</b>	<b>Adults (21+ Years)</b>		<b>Aid Category</b>	<b>Children (0-21 years)</b>
<b>Aged</b>	Essential hypertension Diabetes mellitus with and without complication Disorders of lipid metabolism Lower respiratory diseases Chest pain Deficiency and other anemia Cardiac dysrhythmias		<b>Foster Care</b>	Upper respiratory infections Blindness and vision defects Attention-deficit conduct and disruptive behavior Medical exams and evaluations Asthma Developmental disorders
<b>Blind/ Disabled</b>	Essential hypertension Spondylosis; intervertebral disc disorders; other back problems Diabetes mellitus without complications Lower respiratory diseases Non traumatic joint disease Abdominal pain		<b>Blind/ Disabled</b>	Rehabilitative care; fitting of prostheses Developmental disorders Paralysis Upper respiratory infections Other congenital anomalies Nutrition, endocrine, and other metabolic disorders Epilepsy
<b>Family</b>	Pregnancy-related conditions Medical exams, evaluations, and screening for suspected conditions Abdominal pain Spondylosis; intervertebral disc disorders; other back problems Contraceptive and procreative management Upper respiratory diseases		<b>Family</b>	Upper and lower respiratory infections Otitis media and related conditions Acute bronchitis Blindness and vision defects Liveborn infant care Disorders of the teeth and jaw
<b>Other</b>	Pregnancy-related conditions Medical exams, evaluations, and screening for suspected conditions Breast cancer Contraception and procreative management Diabetes Essential hypertension		<b>Other</b>	Upper and lower respiratory infections Liveborn infant care Hemolytic and perinatal jaundice Other perinatal conditions Otitis media and related conditions Normal pregnancy and delivery Nutritional, endocrine, and metabolic disorders
<b>Undoc-umented</b>	Pregnancy-related conditions Medical exams, evaluations and screening for suspected conditions Abdominal pain Injuries and conditions due to external causes Contraceptive and procreative management Chest Pain		<b>Undoc-umented</b>	Liveborn infant care Normal pregnancy and delivery Hemolytic and perinatal jaundice Other perinatal conditions Complications of pregnancy and birth Abdominal pain

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**Medi-Cal Access to Care  
Quarterly Monitoring Report #8  
2013 Quarter 3**

**Physician Supply**

**October 2014**

California Department of Health Care Services  
Research and Analytic Studies Division  
MS 1200, P.O. Box 997413  
Sacramento, CA 95899-7413

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## Key Points

- Physician supply should not be used as the sole metric in assessing the adequacy of health care access. Rather, it must be combined with other access-related metrics to derive a holistic view of access.
- Overall findings indicate that the statewide supply of physicians potentially available to full-scope Fee-for-Service Medi-Cal only beneficiaries continued to grow modestly in the study period.
- Site-specific physician counts increased 3.0%, from 76,766 to 79,062.
- Site-specific primary care physician counts increased 2.9%, from 40,214 to 41,395.
- Site-specific counts of physicians with a specialty in Obstetrics and Gynecology increased 3.1%, from 4,512 to 4,652.
- Site-specific pediatrician counts increased 2.7%, from 7,830 to 8,038.

## Introduction

Physician availability is an important first step in accessing health care, increasing the likelihood that patients receive preventive services and timely referrals to needed care. Studies have reported that a higher supply of primary care physicians is associated with lower mortality rates, longer life expectancy, and better birth outcomes. Consequently, physicians have been described as the focal point of health care delivery, providing patients with a gateway into the health system and affecting how 90% of all health care dollars are spent.<sup>1</sup>

Physician supply refers to the number of physicians who are potential care providers, but does not represent the number of providers who are actively rendering care. Significant changes in the supply of physicians combined with other information may provide insight into various aspects of health care access. Long-term trends may help decision-makers evaluate policies that may be inhibiting physician supply.

The counts presented in this report represent the number of physicians potentially available to provide services to Fee-for-Service (FFS) Medi-Cal beneficiaries. The site-specific physician counts reported in this section represent a system-wide metric designed to alert department management of changes in the number of physicians over time. Much like an internal control, this metric was designed to identify system-wide trends that may adversely impact access to health care services in the future. Continuously monitoring these trends provides useful early warning signs that adverse changes may be materializing, or that the supply of physicians has been stable over time.

Additionally, the presented population-to-provider ratios report the number of beneficiaries enrolled under the FFS delivery of care model, with Medi-Cal coverage only (Medi-Cal Only), for every provider. A low ratio indicates that there is a greater number of providers relative to the population, while a high ratio indicates that there are fewer providers relative to the population. Population-to-provider ratios are useful for identifying differences in physician supply from one

[1]

geographic area to another, from one time period to another, or between the study population and another population or normative benchmark.

The term “physician supply” is not to be confused with the concept of physician participation, which is the number of physicians who actually provided or rendered services to Medi-Cal beneficiaries as measured from paid claims data. Readers should be aware that “physician supply” does not represent, in and of itself, a metric that can be used to assess the adequacy of health care access. Rather, it must be combined with an assessment of other access-related metrics to derive a holistic view of access.

## Background

### Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. A court injunction delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0–20;
- Hospital inpatient and outpatient services;
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).<sup>i, ii, iii</sup>

### Factors Influencing Physician Supply

Several factors can influence whether physician supply meets the demands of the patient population. Some of these factors are described below.

#### Physician Participation

*Reimbursement Rates* – Medicaid has historically reimbursed primary care physicians at a lower rate than private payers and Medicare. In 2012, Medicaid rates for primary care physician payments nationally averaged only 59% of Medicare rates.<sup>2</sup> Primary care physicians also receive lower reimbursement rates compared to specialists. In the U.S., specialists earn an average of two and often four times as much as primary care physicians — a differential that far surpasses that in all other developed countries.<sup>3</sup>

*High Rate of Aging Physician Population* – Efforts to train new primary care providers must keep pace with the high percentage of primary care physicians who are nearing retirement. According

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<sup>i</sup> California Assembly Bill 97, (2011).

<sup>ii</sup> California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

<sup>iii</sup> California Department of Health Care Services, State Plan Amendment, SPA 11-009.

to a physician workforce report, over 30% of California physicians in 2012 were ages 60 and older.<sup>4</sup>

*Time Spent on Administrative Tasks vs. Patient Care* – In physician surveys conducted in 2004 and 2005, 70% of those not accepting new Medicaid patients into their practice cited billing requirements and paperwork, and 66% cited delayed reimbursement as the primary reason for their decision.<sup>5</sup>

*Income to Work-Hour Trade-Off* – Many physicians report working 50-60 hours per week. They also report that they would like to have more face-to-face time with patients as a higher proportion of their office time, in contrast with time spent on paperwork and administrative-type duties.<sup>6</sup> Factors contributing to growing discontent and physician burnout include the increasing complexities of medical practice, a perceived loss of independence and clinical control in an increasingly cost-conscious environment, and continuous work overload.<sup>7</sup>

*Training and Education for Primary Care Specialties* – Many factors influence the choices medical students make between entering a specialist care field versus primary care. These reasons include: their interests and abilities; desired lifestyle, prestige, and salary levels; available residency slots; and perceived job availability and expected income.<sup>8</sup>

## Demographics

*Lack of Minority Providers in the Workforce* – Minority populations are disproportionately under-represented in the physician workforce. For example, according to the Medical Board of California, Latinos, African-Americans, and Asians together comprised 57% of the California population in 2012, while only representing 28% of the California physician workforce.<sup>9</sup> Of further note is that Latinos represented 38% of the population while only representing 4% of the overall physician supply in California.<sup>10</sup>

*Urban vs. Rural* – The accessibility of providers and specialists is meaningful when examining the differences in provider supply between rural and urban areas. While 20% of Americans live in rural areas, only 9% of the nation's physicians practice there.<sup>11</sup> Rural areas have difficulties attracting and retaining qualified health care professionals, and often lack the resources necessary to offer highly specialized services. In comparison to urban residents, patients living in rural areas have access to fewer hospital beds, physicians, nurses, and specialty providers per capita, and increased transportation barriers.<sup>12</sup> The limited supply of providers offering services in rural areas can lead to patients making fewer physician visits and seeking care later in the course of their illnesses.<sup>13</sup>

## Patient Population

*Expansion of Managed Care* – Several subpopulations transitioned from the FFS health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries transitioned into a Medi-Cal managed care plan in September 2013 due to the establishment of County Organized Health Systems (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties (Table PS-1).

**Table PS-1:** FFS Medi-Cal Only Beneficiaries Shifting to Medi-Cal Managed Care in September 2013, by County

Transition County	Transition Type	Approximate Number of Beneficiaries
Del Norte	Managed Care - COHS	5,837
Humboldt	Managed Care - COHS	19,913
Lake	Managed Care - COHS	12,749
Lassen	Managed Care - COHS	3,507
Modoc	Managed Care - COHS	1,376
Shasta	Managed Care - COHS	28,430
Siskiyou	Managed Care - COHS	7,736
Trinity	Managed Care - COHS	1,940
	Total	<b>81,488</b>

**Source:** Created by DHCS' Research and Analytic Studies Division (RASD) using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

*Healthy Families Transition* – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the Healthy Families Program (HFP) into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Other aid category in this report. Participation rates for these children are expected to decline throughout 2013 and beyond as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

## Methods

### Physician Enrollment Status

The physician supply metrics reported in this study include only those physicians who have completed the Medi-Cal provider application and enrollment process and who have a current Active (Billing) or Indirect (Rendering) enrollment status for the period reported.<sup>14</sup> Physicians with an Active status directly bill Medi-Cal. Physicians with an Indirect status render services on behalf of a medical group or clinic that bills for the services rendered.

Physicians who want to treat FFS Medi-Cal beneficiaries must apply for a Medi-Cal provider number. Applications are reviewed and processed in accordance with Medi-Cal provider

enrollment statutes. The review of a physician's application package is a complex process that requires assessment of many elements of the application, including a review of the required supporting documentation to determine eligibility for enrollment into the Medi-Cal program. DHCS may conduct a background check of an applicant for the purpose of verifying information. This background check may include an unannounced onsite inspection, a review of business records, and data searches to ensure that the applicant or provider meets enrollment criteria.<sup>iv,v</sup>

DHCS compiled physician counts and population-to-provider ratios for all physicians with an Active or Indirect status at a given location. As a main portal into the health care delivery system, primary care physicians often serve as beneficiaries' usual source of care. In this analysis, primary care physicians include physicians with specialties in General Medicine, Family Practice, Internal Medicine, Obstetrics and Gynecology (OB/GYN), and Pediatrics. Additionally, this measure presents specific analyses for OB/GYNs and pediatricians.

## Physicians Counts

There are various ways to count physicians, each of which produces different totals. Physicians can be counted by the:

- Number of distinct individual physicians or physician groups.
- Number of physicians at distinct service locations.
- Number of physicians at distinct service locations providing specific categories of service.

Some physicians may practice at multiple sites or locations. For the purpose of evaluating beneficiary access to care using physician counts, the last method is most appropriate, since geographic accessibility and appropriateness of care are two major elements of access. The reporting unit for physicians in this report is the unique combination of the physician provider ID, physician location identifier, and physician type. For individual physicians, the provider ID number is their license number as reported to the Medical Board of California. All other providers, including physician groups, are traced back to their original provider number, usually to one that predates the onset of the National Provider ID (NPI). This method is necessary in order to avoid double-counting physicians who have successfully applied for multiple NPIs, a common occurrence that has a cumulative effect over time.

However, counting distinct physicians in combination with their location may overstate physician supply in some cases. For example, if a physician practices in one office location two days per week, and another office location the remainder of the week, but both offices are located within Sacramento County, the physician will be represented as two full-time equivalent physicians in the tables presented in this report. This scenario only modestly inflates the overall count and county-specific count for Medi-Cal physician supply in this report by a magnitude of roughly 400 physicians per quarter, or <1% of total physician counts.

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<sup>iv</sup> "Medi-Cal Provider Enrollment, Frequently Asked Questions," URL: <http://www.dhcs.ca.gov/provgovpart/Pages/PEDFrequentlyAskedQuestions.aspx>

<sup>v</sup> Medi-Cal Provider Agreement DHCS 6208 form; URL: <https://files.medi-cal.ca.gov/pubsdoco/forms.asp>

## Beneficiary-to-Provider Ratios

The numerator for the beneficiary-to-provider ratios is the population of Medi-Cal beneficiaries eligible for Medi-Cal only and participating in Medi-Cal's FFS health delivery system.

Beneficiaries dually eligible for both Medicare and Medicaid benefits are excluded from the numerator for this analysis.

The reader should be aware that the population eligible for Medi-Cal only and participating in the FFS health delivery system is not static, and shifts of the population from FFS to managed care delivery systems may be responsible for differences or changes in beneficiary-to-provider ratios between different counties or different periods of measurement. For this reason, both the number of physicians and the ratios are displayed.

## Study Limitations

This analysis is inherently limited by the availability of data relating to physician participation. Administrative data do not denote the percentage of a given provider's hours or capacity that are devoted to treating FFS Medi-Cal beneficiaries compared with other types of health insurance for which the provider renders services (e.g., Medi-Cal managed care).

For example, when considering physician supply ratios, more than 81,000 beneficiaries shifted enrollment from FFS to the Medi-Cal managed care health delivery system during the study period. This resulted in a reduced number of FFS beneficiaries per provider, and when considering physician supply ratios it seemingly reflects that providers have an increased capacity to see more FFS beneficiaries. However, because it cannot be determined which of these providers also provide services to Medi-Cal beneficiaries enrolled in Medi-Cal managed care; the case may be that access has not changed, but rather the beneficiaries have only changed health delivery systems.

## Data Source

The Medi-Cal Provider Master File (PMF) was used as the primary data source for measuring physician supply. Physicians were identified in the PMF as providers with a provider type of "026" (physician). Primary care physicians were selected from a narrow range of specialty areas: General Medicine, Family Practice, OB/GYN, Geriatrics, Internal Medicine, Pediatrics, and Clinics with mixed specialties.

Quarterly counts are presented in this report, based on the first month of each quarter. Only physicians enrolled and coded with a valid California county were included. The PMF presents providers in one of the following enrollment statuses: Active, Inactive, Pending, Deceased, Rejected, Suspended, Indirect/Rendering, or Temp Suspension. This report presents only counts of physicians that have a current Active or Indirect enrollment status for the period reported.

In this report, DHCS evaluated and refined the criteria used to classify primary care physicians, including OB/GYNs and Pediatricians. While not impacting the count of total overall physicians, this methodology revision affected the number of primary care physicians presented. In particular, this adjustment resulted in an increase in the number of primary care physicians

reported. The information on primary care physicians presented in this report differs from previously reported counts. Because the counts presented in this measure are not comparable with prior reports, historical trending on available primary care physicians can only be done using the revised counts.

## Results

The following sections report the number of physicians, primary care physicians, other physician specialists, and outpatient clinics. The counts of primary care physicians include the physician specialties of General Medicine, Family Practice, Internal Medicine, OB/GYN, and Pediatrics. Additionally, outpatient clinics, as well as physicians with specialties in OB/GYN and Pediatrics, are presented separately for closer analysis.

**Table PS-2:** Summary and Description of Physician Supply Sections

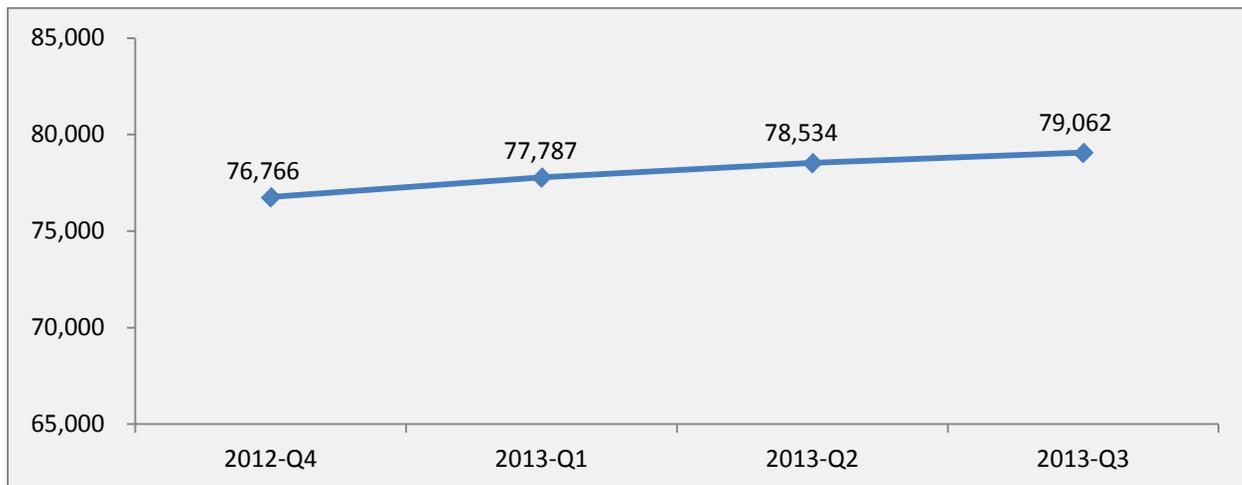
Section	Description
Total Physician Supply	All enrolled physicians with an Active or Indirect status at a given location, and beneficiary-to-provider ratios. Includes both Primary Care and Specialty physicians.
Primary Care Physician Supply	All enrolled <b>Primary Care</b> physicians with an Active or Indirect status at a given location. Primary Care Physicians include those with specialties listed as General Medicine, Family Practice, Internal Medicine, OB/GYN, and Pediatrics.
Physicians with an OB/GYN Specialty	All physicians with an <b>OB/GYN</b> specialty and an Active or Indirect status at a given location.
Physicians with a Pediatric Specialty	All physicians with a <b>Pediatric</b> specialty and an Active or Indirect status at a given location.
Outpatient Clinics	All <b>Outpatient Clinics</b> available to FFS Medi-Cal only beneficiaries.

## Total Physician Supply

This section analyzes all enrolled physicians, both primary care and specialty, with an Active or Indirect status at a given location.

- Site-specific physician counts in FFS Medi-Cal statewide increased 3.0% from 76,766 to 79,062 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-1).

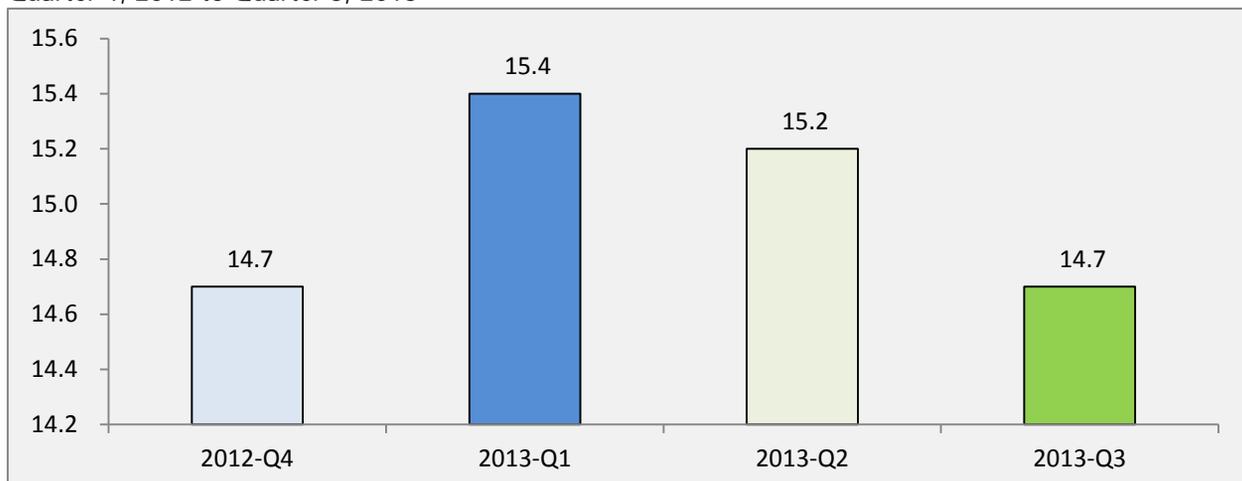
**Figure PS-1:** Total FFS Medi-Cal Physician Supply from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal Provider Master File (PMF) and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- Statewide beneficiary-to-provider ratios for full scope FFS Medi-Cal Only beneficiaries showed no change at 14.7 during the study period (Figure PS-2).

**Figure PS-2:** Ratio of FFS Full-Scope Medi-Cal Only Population to Total FFS Physicians from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The count of total physicians enrolled in FFS Medi-Cal during the third quarter of 2013 ranged from 1 in Sierra County to 21,230 in Los Angeles County. The average population-to-physician ratio ranged from 2.5 in Marin and San Francisco Counties to 365.5 in Sierra County during the study period (Table PS-3).

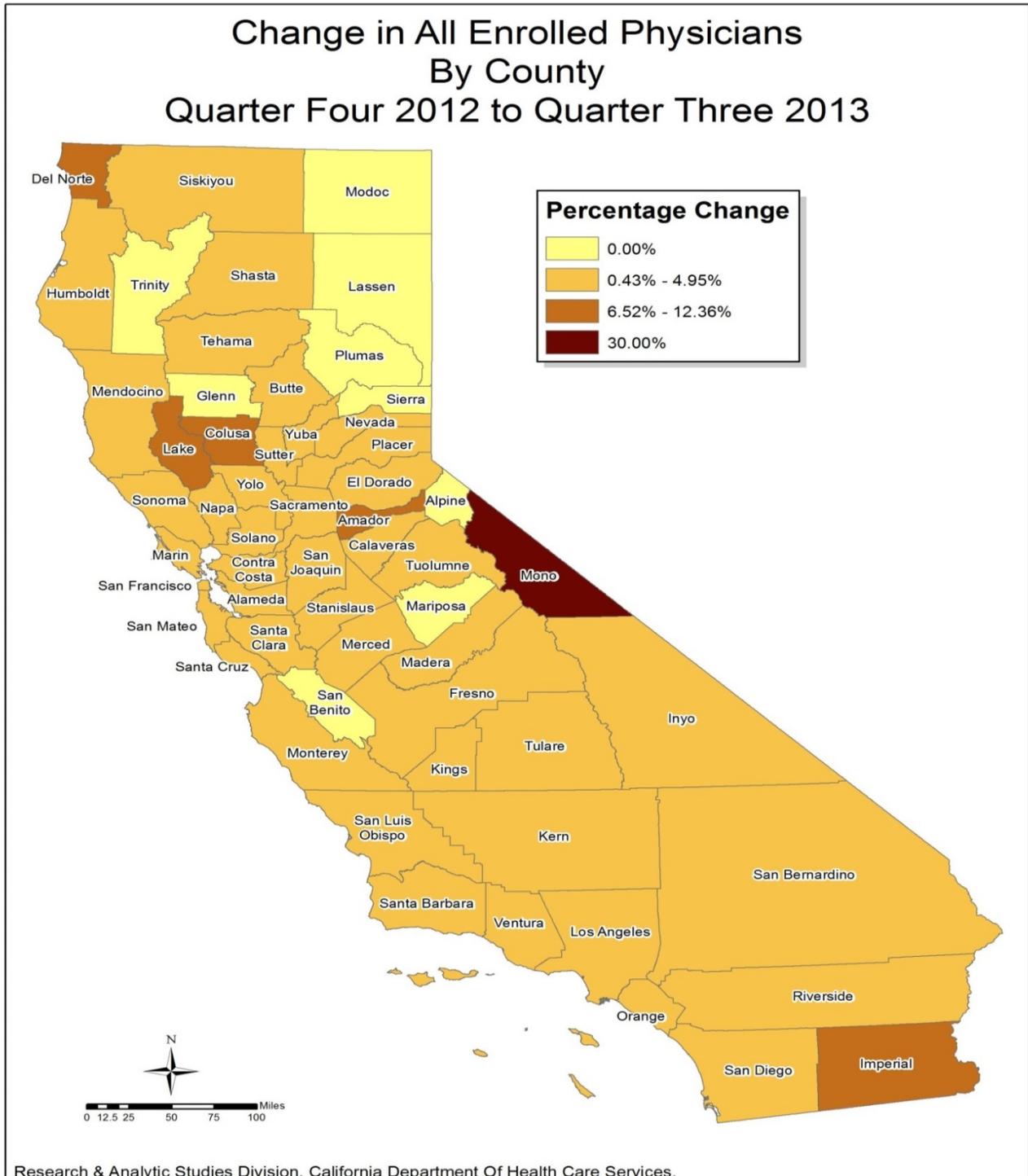
**Table PS-3:** Percent Change in Total FFS Medi-Cal Physicians and in Ratio of FFS Full-Scope Medi-Cal Only Population to Total FFS Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Q4 2012 # of Providers	Q3 2013 # of Providers	Average Number	Percent Change	Q4 2012 Population- to-Provider Ratio	Q3 2013 Population- to-Provider Ratio	Average Ratio	Percent Change
Alameda	3,424	3,531	3,477.5	3.1%	9.0	8.9	9.0	-1.1%
Alpine	2	2	2.0	0.0%	77.5	80.0	78.8	3.2%
Amador	46	49	47.5	6.5%	76.1	75.8	76.0	-0.4%
Butte	410	428	419.0	4.4%	96.8	96.5	96.7	-0.3%
Calaveras	34	35	34.5	2.9%	157.9	159.7	158.8	1.1%
Colusa	24	26	25.0	8.3%	144.6	150.9	147.8	4.4%
Contra Costa	2,054	2,124	2,089.0	3.4%	9.2	9.5	9.4	3.3%
Del Norte	36	39	37.5	8.3%	174.1	113.0	143.6	-35.1%
El Dorado	188	196	192.0	4.3%	77.0	78.6	77.8	2.1%
Fresno	1,488	1,524	1,506.0	2.4%	19.2	19.5	19.4	1.6%
Glenn	19	19	19.0	0.0%	289.9	320.8	305.4	10.7%
Humboldt	310	314	312.0	1.3%	67.6	50.3	59.0	-25.6%
Imperial	171	183	177.0	7.0%	268.1	260.0	264.1	-3.0%
Inyo	31	32	31.5	3.2%	82.6	84.2	83.4	1.9%
Kern	1,437	1,474	1,455.5	2.6%	24.2	24.5	24.4	1.2%
Kings	137	142	139.5	3.6%	33.5	31.2	32.4	-6.9%
Lake	89	100	94.5	12.4%	148.1	98.0	123.1	-33.8%
Lassen	30	30	30.0	0.0%	126.9	94.6	110.8	-25.5%
Los Angeles	20,618	21,230	20,924.0	3.0%	12.1	12.5	12.3	3.3%
Madera	246	256	251.0	4.1%	19.6	18.9	19.3	-3.6%
Marin	514	537	525.5	4.5%	2.2	2.7	2.5	22.7%
Mariposa	8	8	8.0	0.0%	276.5	286.5	281.5	3.6%
Mendocino	146	151	148.5	3.4%	10.1	10.5	10.3	4.0%
Merced	286	294	290.0	2.8%	17.7	19.3	18.5	9.0%
Modoc	9	9	9.0	0.0%	166.0	119.3	142.7	-28.1%
Mono	30	39	34.5	30.0%	35.3	33.0	34.2	-6.5%
Monterey	594	601	597.5	1.2%	10.2	10.1	10.2	-1.0%
Napa	231	232	231.5	0.4%	5.2	6.4	5.8	23.1%
Nevada	137	139	138.0	1.5%	64.6	70.4	67.5	9.0%
Orange	5,500	5,606	5,553.0	1.9%	5.1	5.6	5.4	9.8%
Placer	626	657	641.5	5.0%	37.8	38.9	38.4	2.9%
Plumas	20	20	20.0	0.0%	121.0	121.3	121.2	0.2%

County	Q4 2012 # of Providers	Q3 2013 # of Providers	Average Number	Percent Change	Q4 2012 Population- to-Provider Ratio	Q3 2013 Population- to-Provider Ratio	Average Ratio	Percent Change
Riverside	2,284	2,345	2,314.5	2.7%	27.1	28.6	27.9	5.5%
Sacramento	4,482	4,593	4,537.5	2.5%	9.1	9.1	9.1	0.0%
San Benito	51	51	51.0	0.0%	153.5	168.7	161.1	9.9%
San Bernardino	3,422	3,524	3,473.0	3.0%	23.7	23.9	23.8	0.8%
San Diego	7,094	7,293	7,193.5	2.8%	10.4	10.6	10.5	1.9%
San Francisco	4,767	4,942	4,854.5	3.7%	2.5	2.4	2.5	-4.0%
San Joaquin	1,212	1,237	1,224.5	2.1%	17.5	17.2	17.4	-1.7%
San Luis Obispo	336	342	339.0	1.8%	8.0	8.8	8.4	10.0%
San Mateo	1,684	1,738	1,711.0	3.2%	3.7	5.3	4.5	43.2%
Santa Barbara	706	733	719.5	3.8%	7.8	8.3	8.1	6.4%
Santa Clara	5,554	5,756	5,655.0	3.6%	5.5	4.9	5.2	-10.9%
Santa Cruz	451	463	457.0	2.7%	6.8	6.7	6.8	-1.5%
Shasta	380	384	382.0	1.1%	82.9	60.1	71.5	-27.5%
Sierra	1	1	1.0	0.0%	348.0	383.0	365.5	10.1%
Siskiyou	69	71	70.0	2.9%	120.0	87.6	103.8	-27.0%
Solano	951	983	967.0	3.4%	5.4	5.5	5.5	1.9%
Sonoma	975	1,012	993.5	3.8%	5.2	5.5	5.4	5.8%
Stanislaus	1,094	1,136	1,115.0	3.8%	24.4	24.5	24.5	0.4%
Sutter	133	139	136.0	4.5%	135.1	141.4	138.3	4.7%
Tehama	69	70	69.5	1.4%	192.8	202.3	197.6	4.9%
Trinity	9	9	9.0	0.0%	236.3	170.8	203.6	-27.7%
Tulare	506	524	515.0	3.6%	32.7	31.9	32.3	-2.4%
Tuolumne	80	83	81.5	3.8%	78.5	79.8	79.2	1.7%
Ventura	1,138	1,170	1,154.0	2.8%	8.7	9.8	9.3	12.6%
Yolo	333	345	339.0	3.6%	8.5	10.1	9.3	18.8%
Yuba	90	91	90.5	1.1%	177.8	185.5	181.7	4.3%
<b>Statewide Total</b>	<b>76,766</b>	<b>79,062</b>	<b>77,914.0</b>	<b>3.0%</b>	<b>14.7</b>	<b>14.7</b>	<b>14.7</b>	<b>0.0%</b>

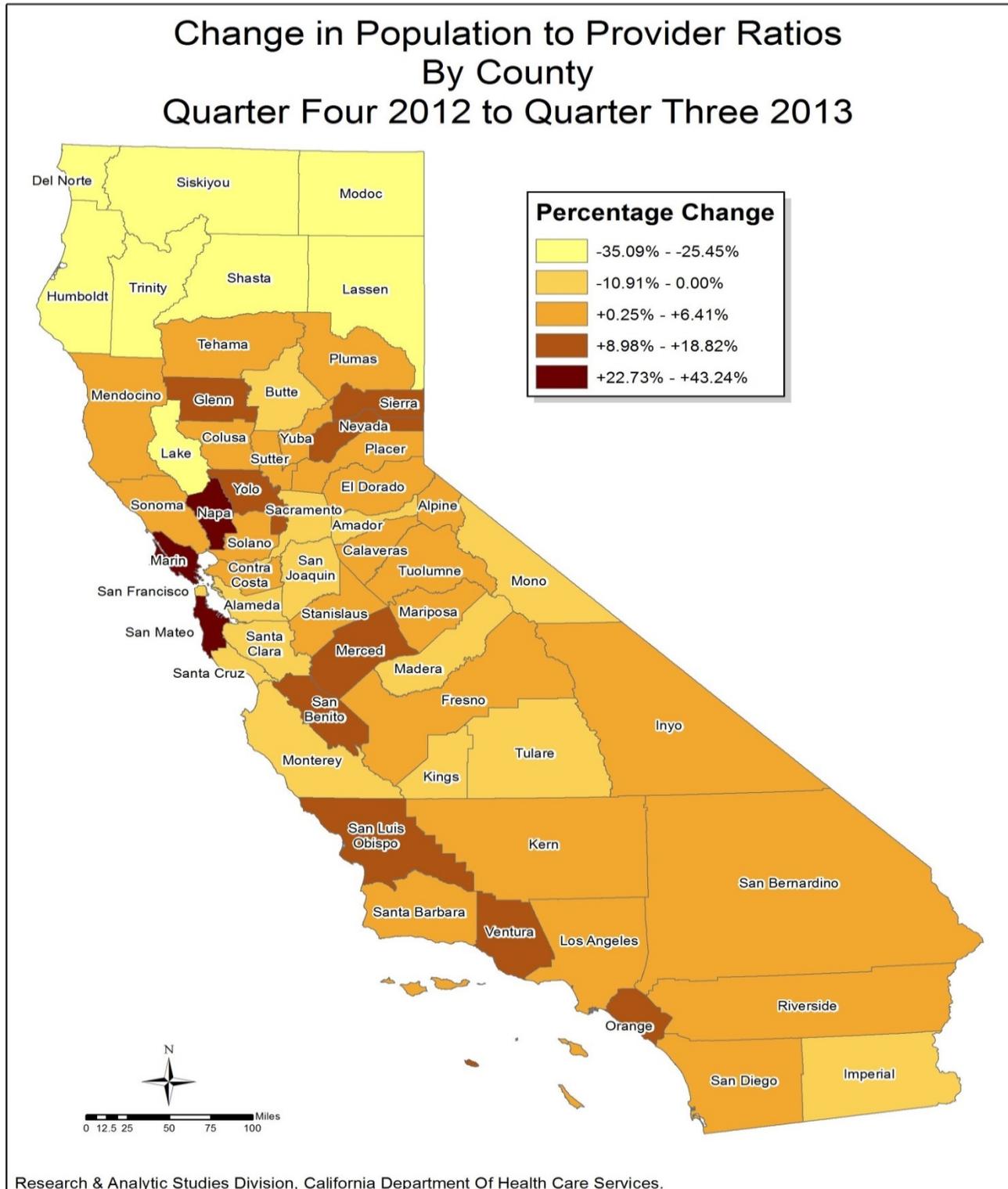
Source: Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-3:** Percent Change in Total FFS Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-4:** Percent Change in Ratio of Full-Scope Medi-Cal Only Population to Total FFS Medi-Cal Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County



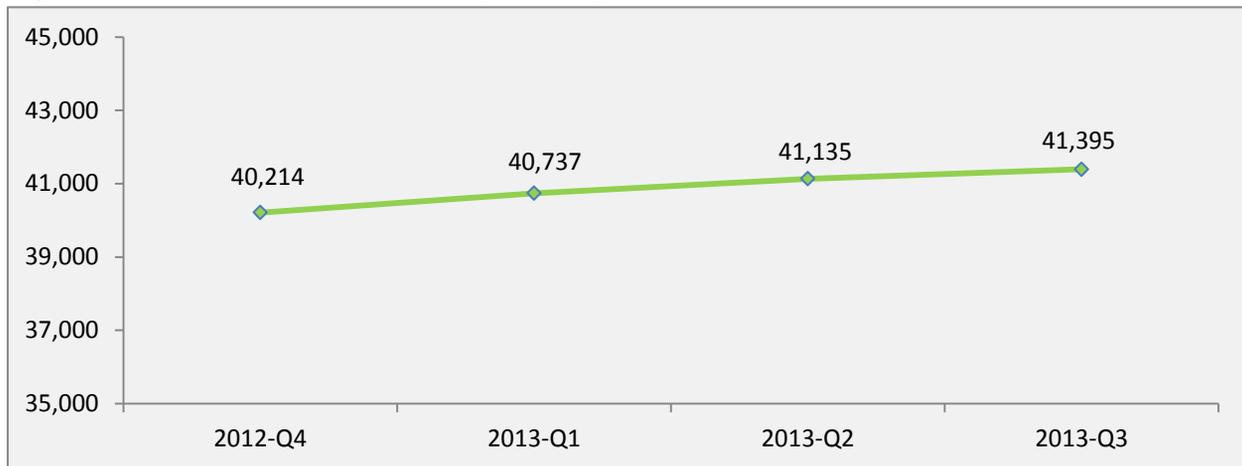
**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Primary Care Physician Supply

This section analyzes all enrolled primary care physicians with an Active or Indirect status at a given location with specialties in General Medicine, Family Practice, Internal Medicine, OB/GYN, or Pediatrics. Specific analyses for primary care physicians with OB/GYN and Pediatric specialties are also presented separately for closer analysis.

- Total counts of primary care physicians participating in FFS Medi-Cal increased 2.9% from 40,214 to 41,395 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-5).

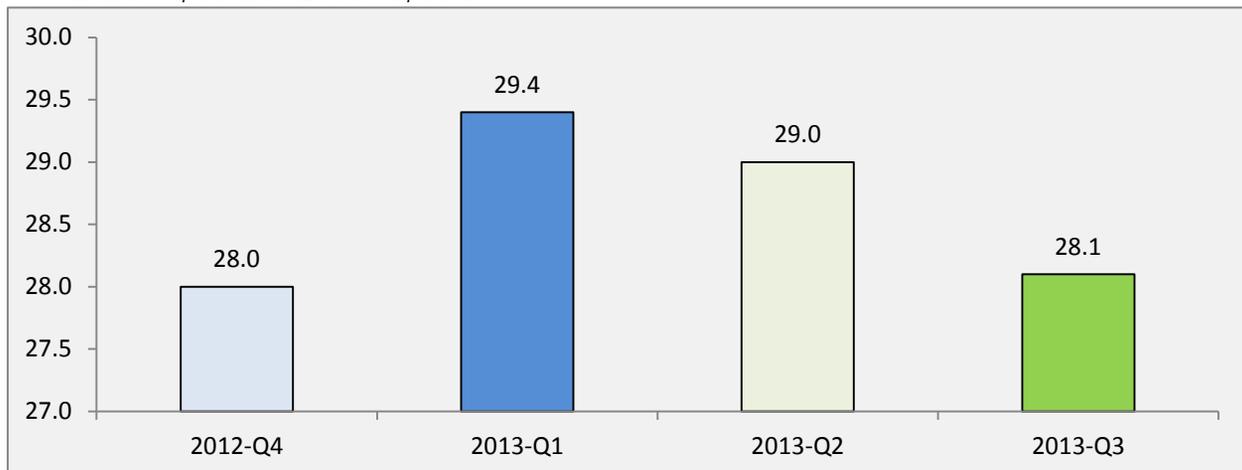
**Figure PS-5:** Total FFS Medi-Cal Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The statewide ratio of full-scope FFS Medi-Cal Only beneficiaries to primary care providers showed relatively no change (from 28.0 to 28.1) during the study period (Figure PS-6).

**Figure PS-6:** Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The count of primary care physicians ranged from 1 in Alpine and Sierra Counties to 11,190 in Los Angeles County during the third quarter of 2013. The average population-to-physician ratio ranged from 4.6 in Marin County to 530.9 in Imperial County during the study period (Table PS-4).

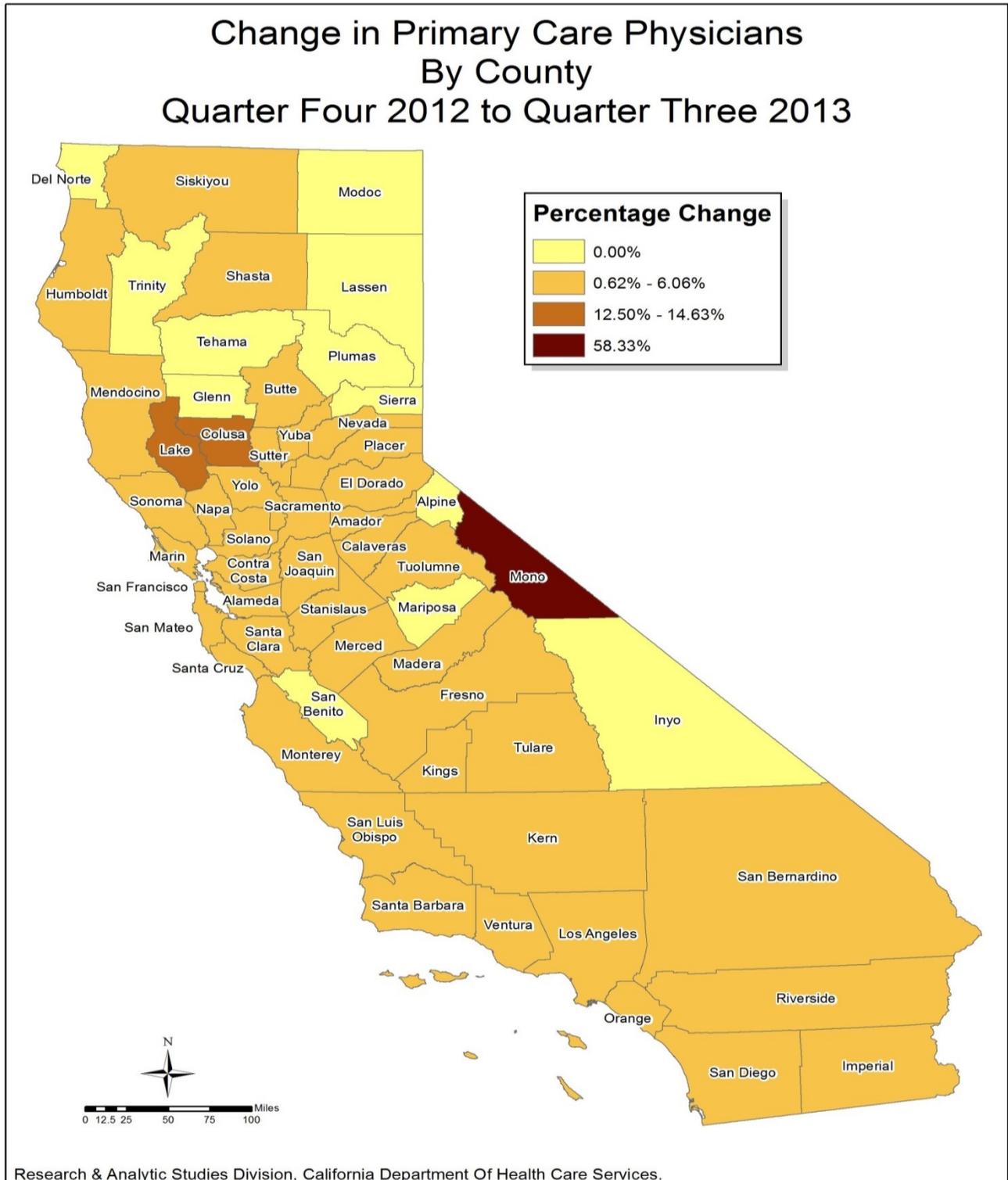
**Table PS-4:** Percent Change in FFS Medi-Cal Primary Care Physicians and in Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Q4 2012 # of Providers	Q3 2013 # of Providers	Average	Percent Change	Q4 2012 Population- to-Provider Ratio	Q3 2013- Population- to-Provider Ratio	Average	Percent Change
Alameda	1,958	2,017	1,987.5	3.0%	15.8	15.6	15.7	-1.3%
Alpine	1	1	1.0	0.0%	155.0	160.0	157.5	3.2%
Amador	33	35	34.0	6.1%	106.0	106.1	106.1	0.1%
Butte	177	182	179.5	2.8%	224.3	226.9	225.6	1.2%
Calaveras	20	21	20.5	5.0%	268.5	266.1	267.3	-0.9%
Colusa	16	18	17.0	12.5%	216.9	217.9	217.4	0.5%
Contra Costa	1,105	1,139	1,122.0	3.1%	17.1	17.8	17.5	4.1%
Del Norte	20	20	20.0	0.0%	313.5	220.4	267.0	-29.7%
El Dorado	93	97	95.0	4.3%	155.7	158.7	157.2	1.9%
Fresno	783	798	790.5	1.9%	36.5	37.2	36.9	1.9%
Glenn	11	11	11.0	0.0%	500.7	554.2	527.5	10.7%
Humboldt	161	162	161.5	0.6%	130.2	97.5	113.9	-25.1%
Imperial	86	90	88.0	4.7%	533.1	528.6	530.9	-0.8%
Inyo	22	22	22.0	0.0%	116.4	122.5	119.5	5.2%
Kern	783	800	791.5	2.2%	44.5	45.1	44.8	1.3%
Kings	81	82	81.5	1.2%	56.7	54.1	55.4	-4.6%
Lake	41	47	44.0	14.6%	321.5	208.6	265.1	-35.1%
Lassen	20	20	20.0	0.0%	190.3	142.0	166.2	-25.4%
Los Angeles	10,894	11,190	11,042.0	2.7%	22.8	23.7	23.3	3.9%
Madera	176	183	179.5	4.0%	27.3	26.4	26.9	-3.3%
Marin	276	286	281.0	3.6%	4.1	5.1	4.6	24.4%
Mariposa	5	5	5.0	0.0%	442.4	458.4	450.4	3.6%
Mendocino	72	75	73.5	4.2%	20.4	21.2	20.8	3.9%
Merced	167	171	169.0	2.4%	30.3	33.2	31.8	9.6%
Modoc	8	8	8.0	0.0%	186.8	134.3	160.6	-28.1%
Mono	12	19	15.5	58.3%	88.3	67.8	78.1	-23.2%
Monterey	330	336	333.0	1.8%	18.3	18.1	18.2	-1.1%
Napa	105	106	105.5	1.0%	11.5	13.9	12.7	20.9%
Nevada	76	78	77.0	2.6%	116.5	125.5	121.0	7.7%
Orange	2,837	2,902	2,869.5	2.3%	9.9	10.8	10.4	9.1%
Placer	405	429	417.0	5.9%	58.4	59.6	59.0	2.1%
Plumas	16	16	16.0	0.0%	151.3	151.6	151.5	0.2%
Riverside	1,276	1,312	1,294.0	2.8%	48.6	51.1	49.9	5.1%
Sacramento	2,128	2,177	2,152.5	2.3%	19.3	19.1	19.2	-1.0%

County	Q4 2012 # of Providers	Q3 2013 # of Providers	Average	Percent Change	Q4 2012 Population- to-Provider Ratio	Q3 2013- Population- to-Provider Ratio	Average	Percent Change
San Benito	28	28	28.0	0.0%	279.6	307.3	293.5	9.9%
San Bernardino	2,007	2,063	2,035.0	2.8%	40.5	40.8	40.7	0.7%
San Diego	3,421	3,517	3,469.0	2.8%	21.6	21.9	21.8	1.4%
San Francisco	2,192	2,271	2,231.5	3.6%	5.3	5.2	5.3	-1.9%
San Joaquin	664	679	671.5	2.3%	31.9	31.4	31.7	-1.6%
San Luis Obispo	152	153	152.5	0.7%	17.8	19.7	18.8	10.7%
San Mateo	871	904	887.5	3.8%	7.1	10.3	8.7	45.1%
Santa Barbara	322	328	325.0	1.9%	17.1	18.5	17.8	8.2%
Santa Clara	2,870	2,990	2,930.0	4.2%	10.7	9.4	10.1	-12.1%
Santa Cruz	228	231	229.5	1.3%	13.5	13.4	13.5	-0.7%
Shasta	188	190	189.0	1.1%	167.6	121.5	144.6	-27.5%
Sierra	1	1	1.0	0.0%	348.0	383.0	365.5	10.1%
Siskiyou	39	40	39.5	2.6%	212.4	155.4	183.9	-26.8%
Solano	545	562	553.5	3.1%	9.4	9.6	9.5	2.1%
Sonoma	521	546	533.5	4.8%	9.7	10.2	10.0	5.2%
Stanislaus	576	595	585.5	3.3%	46.3	46.8	46.6	1.1%
Sutter	82	84	83.0	2.4%	219.1	234.0	226.6	6.8%
Tehama	47	47	47.0	0.0%	283.0	301.3	292.2	6.5%
Trinity	4	4	4.0	0.0%	531.8	384.3	458.1	-27.7%
Tulare	302	314	308.0	4.0%	54.7	53.3	54.0	-2.6%
Tuolumne	42	44	43.0	4.8%	149.6	150.6	150.1	0.7%
Ventura	672	694	683.0	3.3%	14.8	16.5	15.7	11.5%
Yolo	209	216	212.5	3.3%	13.6	16.1	14.9	18.4%
Yuba	37	39	38.0	5.4%	432.6	432.8	432.7	0.0%
<b>Statewide</b>	<b>40,214</b>	<b>41,395</b>	<b>40,804.5</b>	<b>2.9%</b>	<b>28.0</b>	<b>28.1</b>	<b>28.1</b>	<b>0.4%</b>

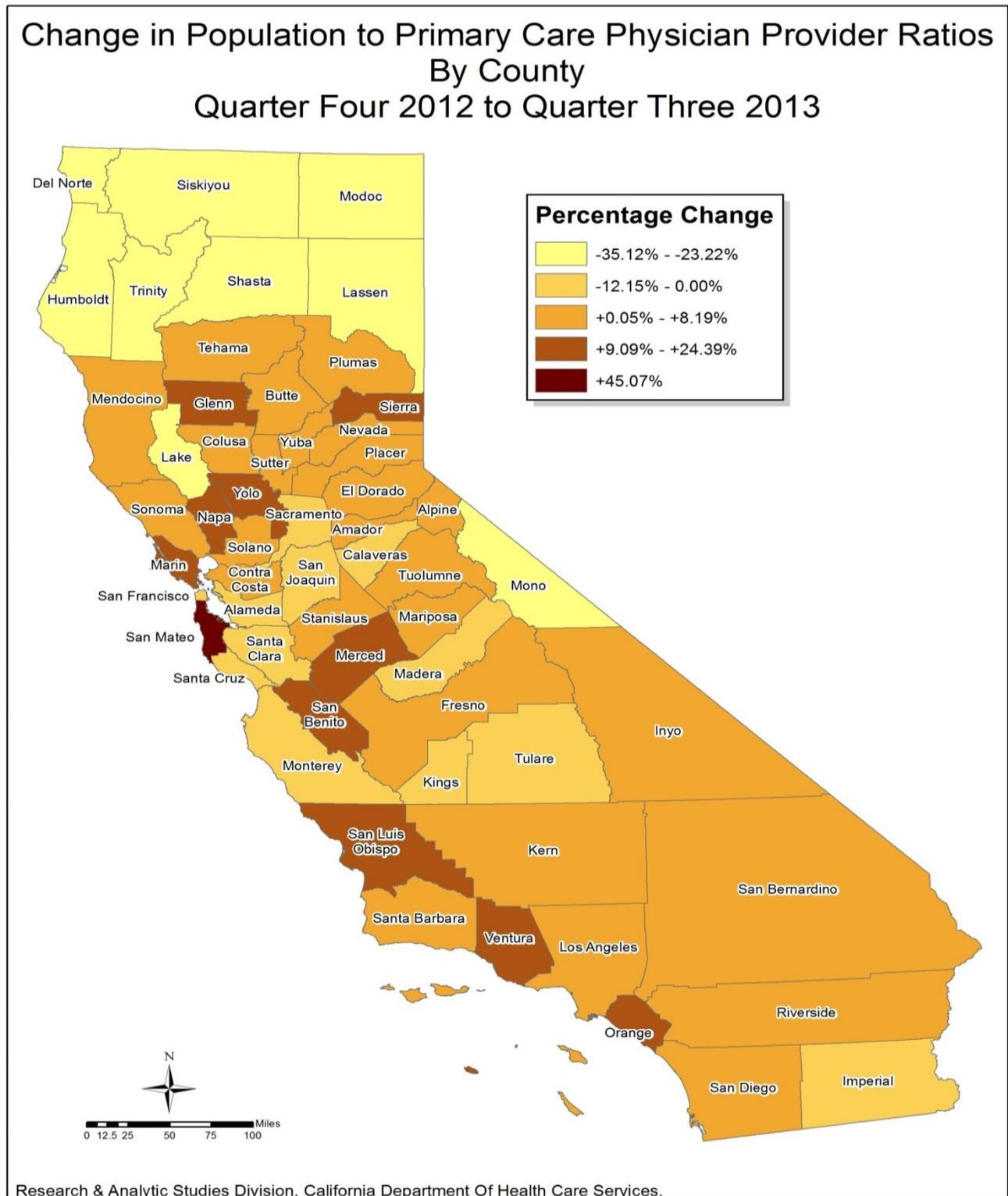
Source: Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-7:** Percent Change in FFS Medi-Cal Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-8:** Percent Change in Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 4, 2012 to Quarter 3, 2013, by County



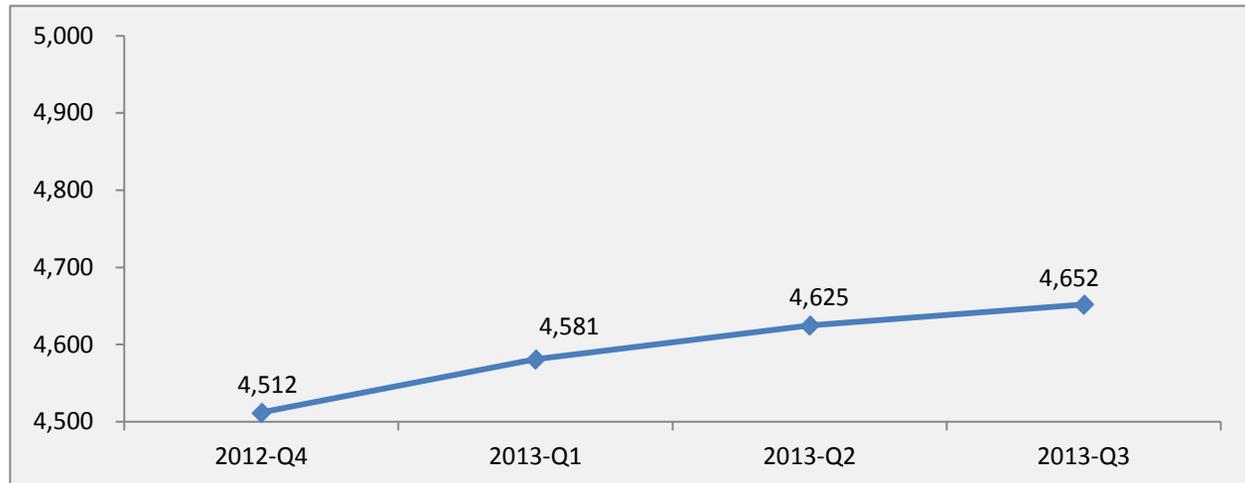
**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Physicians with an OB/GYN Specialty

This section analyzes all enrolled physicians with an OB/GYN specialty and an Active or Indirect status at a given location.

- Total counts of physicians with an OB/GYN specialty in FFS Medi-Cal increased 3.1% from 4,512 to 4,652 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-9).

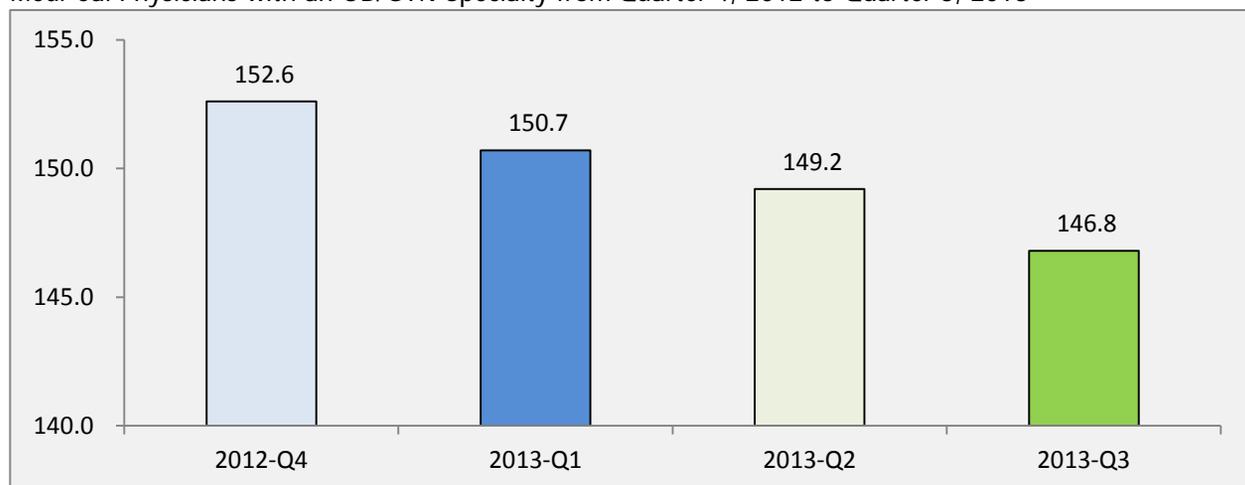
**Figure PS-9:** Total FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The ratio of FFS Medi-Cal Only, non-elderly adult females ages 18–64 per physician with an OB/GYN specialty declined 3.8% from 152.6 to 146.8 during the study period (Figure PS-10).

**Figure PS-10:** Ratio of FFS Medi-Cal Only Non-Elderly Adult Female Beneficiaries Ages 18-64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- There were no physicians with an OB/GYN specialty located in Alpine, Colusa, Mariposa, Sierra, and Trinity counties in the third quarter of 2013. In contrast, 1,175 physicians with an OB/GYN specialty practiced in Los Angeles County during the third quarter of 2013. Within counties with a limited supply of OB/GYNs, other provider types such as general practitioners and/or clinics may still render care to non-elderly women enrolled in FFS Medi-Cal. In counties with OB/GYNs, the average population-to-OB/GYN-physician ratio ranged from 35.2 in San Francisco County to 1,624.0 in Glenn County during the study period. The ratio of the population to OB/GYN physicians declined across the majority of California counties during the study period (Table PS-5).

**Table PS-5:** Percent Change in FFS Medi-Cal Primary Care Physicians with an OB/GYN Specialty and in Ratio of FFS Medi-Cal Only Non-Elderly Adult Female Beneficiaries Ages 18-64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County

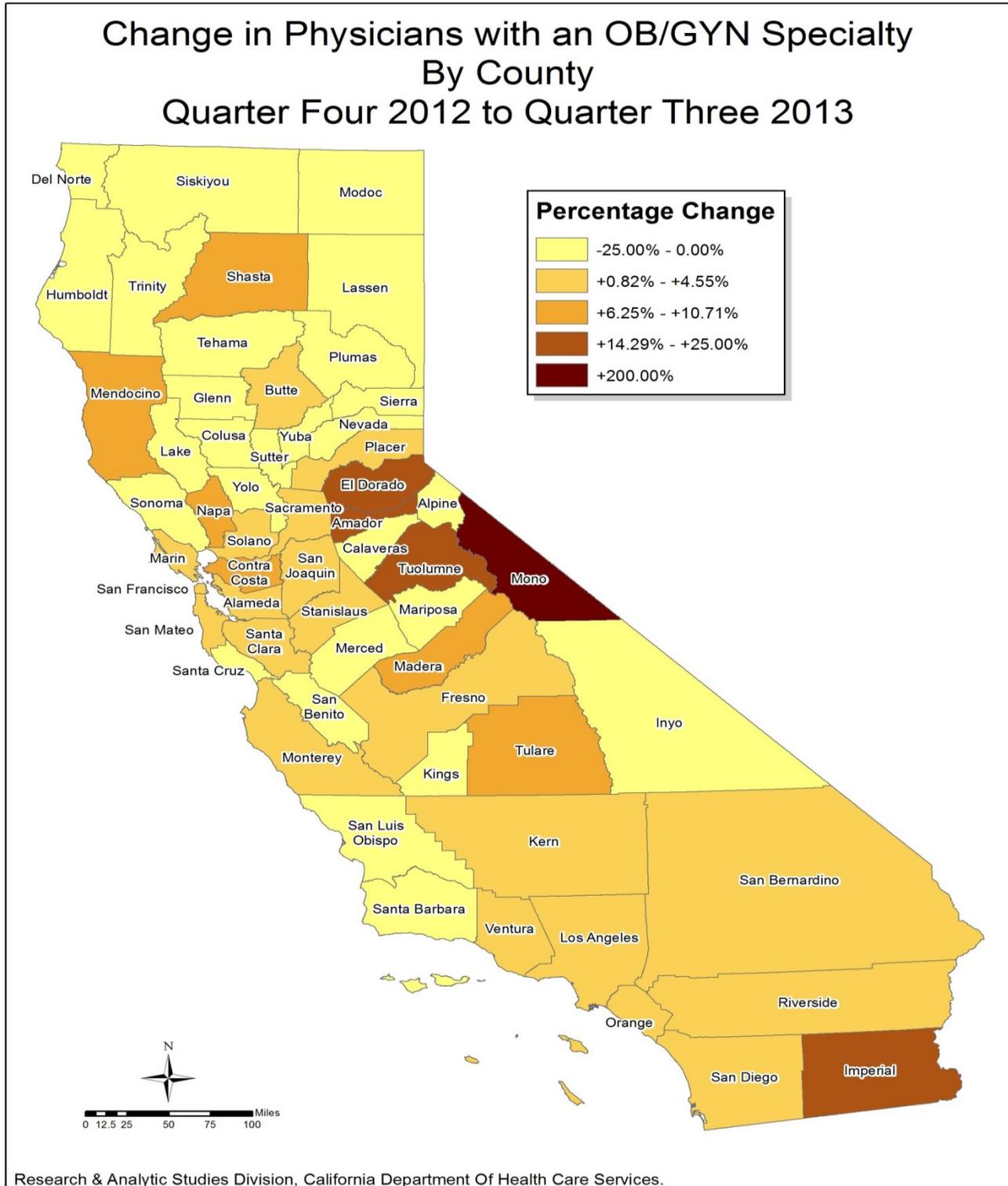
County	Q4 2012 # of Providers	Q3 2013 # of Providers	Average	Percent Change	Q4 2012 Population- to-Provider Ratio	Q3 2013 Population- to-Provider Ratio	Average	Percent Change
Alameda	221	229	225.0	3.6%	87.5	85.4	86.5	-2.4%
Alpine	0	0	0	0.0%	-	-	-	-
Amador	4	5	4.5	25.0%	268.8	213.8	241.3	-20.5%
Butte	28	29	28.5	3.6%	430.9	416.6	423.8	-3.3%
Calaveras	1	1	1.0	0.0%	1,619.0	1,588.0	1,603.5	-1.9%
Colusa	0	0	0	0.0%	-	-	-	-
Contra Costa	99	107	103.0	8.1%	121.7	113.0	117.4	-7.1%
Del Norte	2	2	2.0	0.0%	935.0	644.5	789.8	-31.1%
El Dorado	11	13	12.0	18.2%	396.6	328.0	362.3	-17.3%
Fresno	95	98	96.5	3.2%	229.4	219.5	224.5	-4.3%
Glenn	1	1	1.0	0.0%	1,616.0	1,632.0	1,624.0	1.0%
Humboldt	13	13	13.0	0.0%	486.2	347.5	416.9	-28.5%
Imperial	14	16	15.0	14.3%	966.1	840.4	903.3	-13.0%
Inyo	4	3	3.5	-25.0%	197.5	260.0	228.8	31.6%
Kern	90	93	91.5	3.3%	216.0	208.1	212.1	-3.7%
Kings	10	10	10.0	0.0%	250.4	245.0	247.7	-2.2%
Lake	3	3	3.0	0.0%	1,355.3	981.0	1,168.2	-27.6%
Lassen	1	1	1.0	0.0%	1,141.0	826.0	983.5	-27.6%
Los Angeles	1,142	1,175	1,158.5	2.9%	195.7	193.2	194.5	-1.3%
Madera	13	14	13.5	7.7%	348.7	312.3	330.5	-10.4%
Marin	24	25	24.5	4.2%	110.8	108.8	109.8	-1.8%
Mariposa	0	0	0	0.0%	-	-	-	-
Mendocino	15	16	15.5	6.7%	80.3	73.8	77.1	-8.1%
Merced	18	18	18.0	0.0%	288.6	290.9	289.8	0.8%
Modoc	1	1	1.0	0.0%	451.0	317.0	384.0	-29.7%
Mono	1	3	2.0	200.0%	317.0	108.7	212.9	-65.7%

## Physician Supply

County	Q4 2012 # of Providers	Q3 2013 # of Providers	Average	Percent Change	Q4 2012 Population- to-Provider Ratio	Q3 2013 Population- to-Provider Ratio	Average	Percent Change
Monterey	57	58	57.5	1.8%	183.6	180.3	182.0	-1.8%
Napa	16	17	16.5	6.3%	81.8	74.7	78.3	-8.7%
Nevada	10	10	10.0	0.0%	273.6	276.6	275.1	1.1%
Orange	364	370	367.0	1.6%	108.1	106.3	107.2	-1.7%
Placer	44	46	45.0	4.5%	151.9	144.5	148.2	-4.9%
Plumas	1	1	1.0	0.0%	731.0	700.0	715.5	-4.2%
Riverside	147	150	148.5	2.0%	206.1	204.8	205.5	-0.6%
Sacramento	243	245	244.0	0.8%	73.8	73.7	73.8	-0.1%
San Benito	4	4	4.0	0.0%	601.0	612.3	606.7	1.9%
San Bernardino	186	194	190.0	4.3%	207.9	197.8	202.9	-4.9%
San Diego	374	383	378.5	2.4%	88.9	84.6	86.8	-4.8%
San Francisco	232	242	237.0	4.3%	36.1	34.3	35.2	-5.0%
San Joaquin	96	98	97.0	2.1%	125.0	119.9	122.5	-4.1%
San Luis Obispo	22	22	22.0	0.0%	101.1	100.8	101.0	-0.3%
San Mateo	86	89	87.5	3.5%	86.9	95.9	91.4	10.4%
Santa Barbara	51	50	50.5	-2.0%	162.4	168.4	165.4	3.7%
Santa Clara	364	378	371.0	3.8%	70.0	63.8	66.9	-8.9%
Santa Cruz	30	30	30.0	0.0%	120.4	118.6	119.5	-1.5%
Shasta	13	14	13.5	7.7%	722.2	468.6	595.4	-35.1%
Sierra	0	0	0	0.0%	-	-	-	-
Siskiyou	4	4	4.0	0.0%	619.0	448.5	533.8	-27.5%
Solano	61	63	62.0	3.3%	63.7	61.9	62.8	-2.8%
Sonoma	55	55	55.0	0.0%	86.7	84.4	85.6	-2.7%
Stanislaus	64	66	65.0	3.1%	189.0	182.2	185.6	-3.6%
Sutter	11	11	11.0	0.0%	462.3	473.2	467.8	2.4%
Tehama	4	4	4.0	0.0%	971.8	983.3	977.6	1.2%
Trinity	0	0	0	0.0%	-	-	-	-
Tulare	56	62	59.0	10.7%	236.2	216.8	226.5	-8.2%
Tuolumne	6	7	6.5	16.7%	317.5	278.1	297.8	-12.4%
Ventura	78	81	79.5	3.8%	132.0	125.5	128.8	-4.9%
Yolo	19	19	19.0	0.0%	92.8	97.8	95.3	5.4%
Yuba	3	3	3.0	0.0%	1,581.0	1,582.0	1,581.5	0.1%
<b>Statewide Total</b>	<b>4,512</b>	<b>4,652</b>	<b>4,582.0</b>	<b>3.1%</b>	<b>152.6</b>	<b>146.8</b>	<b>149.7</b>	<b>-3.8%</b>

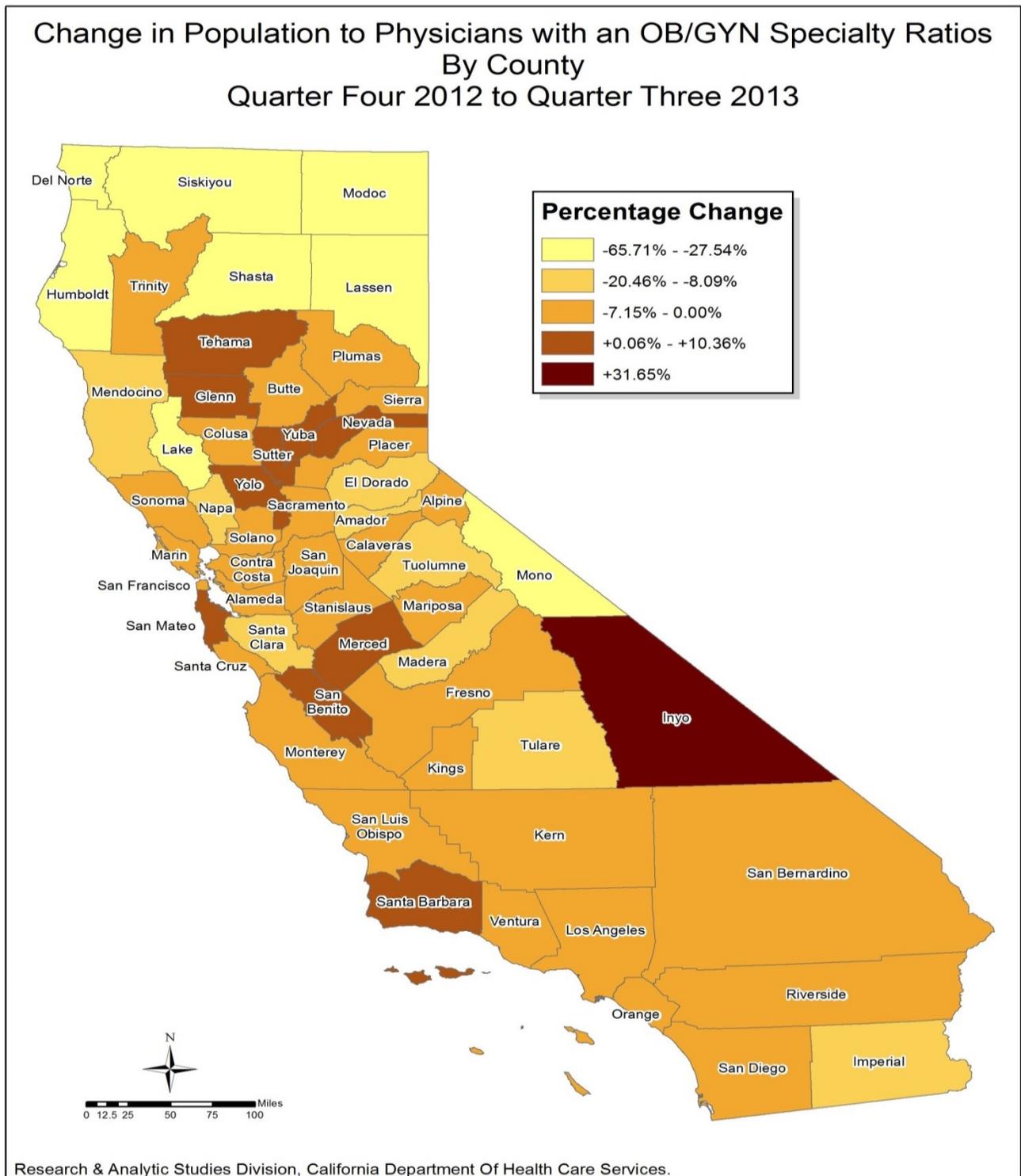
Source: Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-11:** Percent Change in FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-12:** Percent Change in Ratio of FFS Medi-Cal Only Non-Elderly Adult Female Beneficiaries Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County



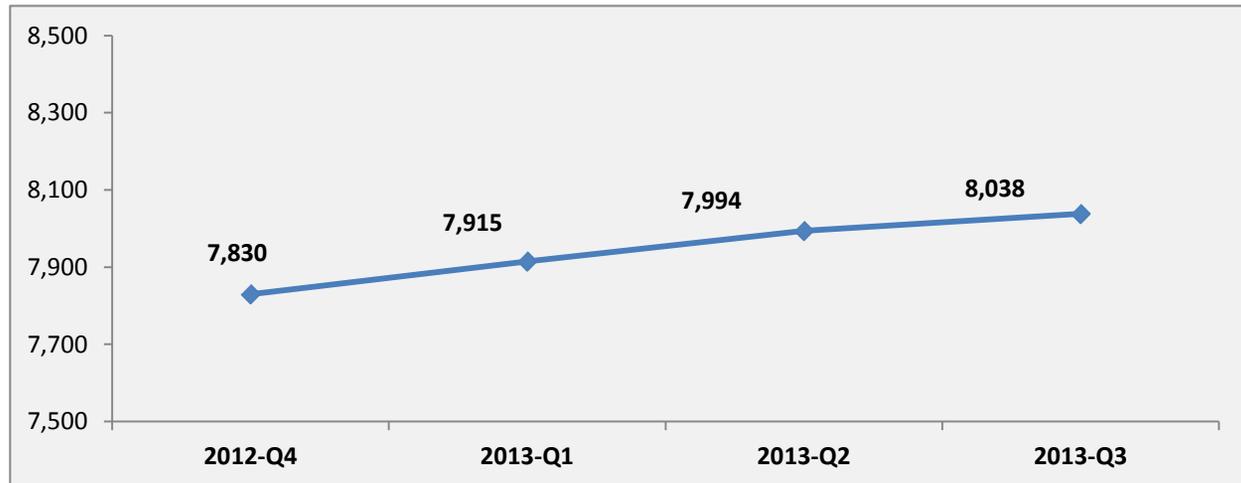
**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Physicians with a Pediatric Specialty

This section analyzes all enrolled physicians with a Pediatric specialty and an Active or Indirect status at a given location.

- Total counts of physicians with a Pediatric specialty in FFS Medi-Cal increased 2.7% from 7,830 to 8,038 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-13).

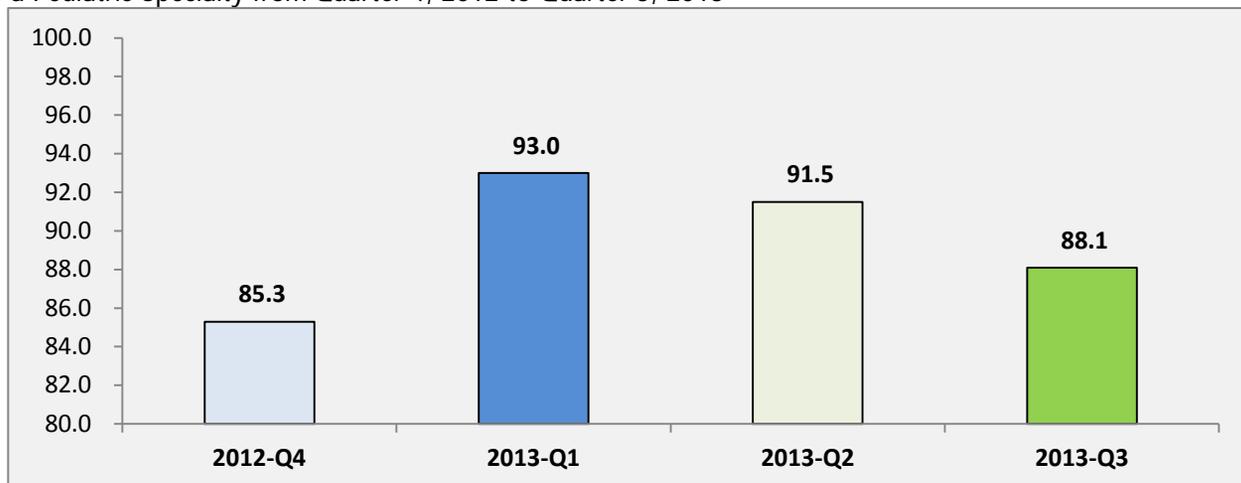
**Figure PS-13:** Total FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The ratio of FFS Medi-Cal Only children ages 0–18 per physician with a Pediatric specialty slightly increased 3.3% from 85.3 to 88.1 during the study period (Figure PS-14).

**Figure PS-14:** Ratio of FFS Full-Scope Medi-Cal Only Children Ages 0–18 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- Overall, county trends for physicians with a pediatric specialty closely followed those identified for OB/GYNs. For instance, there were no physicians with a Pediatric specialty located in the rural Alpine, Colusa, Mariposa, Modoc, Plumas, Sierra, and Trinity counties, while the largest concentration (2,085) of Pediatricians practiced in Los Angeles County during the third quarter of 2013. Other provider types, such as general practitioners and/or clinics, in counties with a limited supply of Pediatricians may still render care to children enrolled in FFS Medi-Cal. In counties with Pediatricians, the average population to Pediatric physician ratio ranged from 11.1 in San Francisco County to 3,153.3 in Yuba County during the study period (Table PS-6).

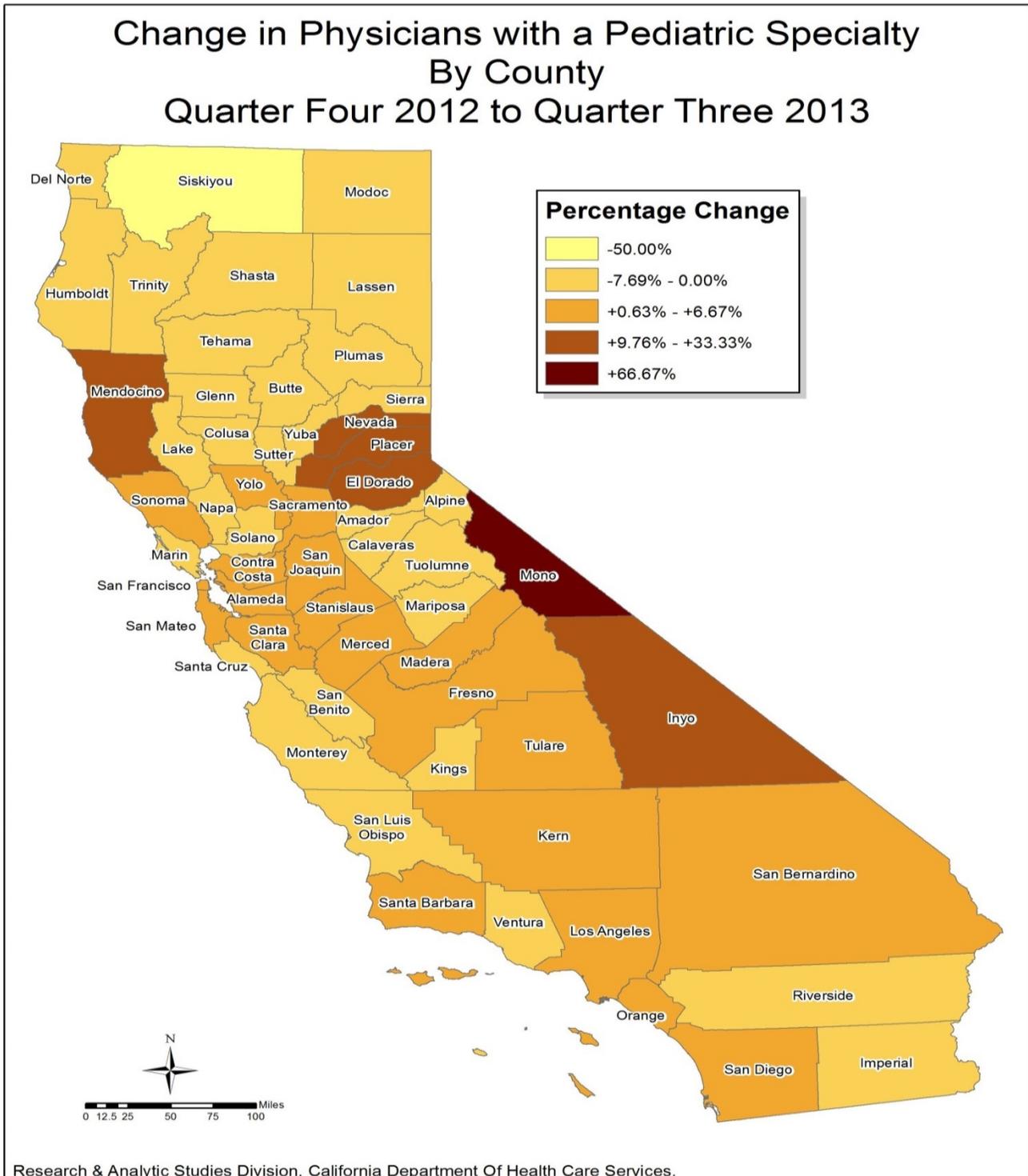
**Table PS-6:** Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty and in Ratio of FFS Medi-Cal Only Children Ages 0–18 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County

County	Q4 2012 # of Providers	Q3 2013 # of Providers	Average	Percent Change	Q4 2012 Population-to-Provider Ratio	Q3 2013 Population-to-Provider Ratio	Average	Percent Change
Alameda	533	551	542.0	3.4%	32.5	31.8	32.2	-2.2%
Alpine	0	0	0.0	0.0%	-	-	-	-
Amador	1	1	1.0	0.0%	1,867.0	2,112.0	1,989.5	13.1%
Butte	17	17	17.0	0.0%	1,217.2	1,310.1	1,263.7	7.6%
Calaveras	1	1	1.0	0.0%	2,800.0	3,080.0	2,940.0	10.0%
Colusa	0	0	0.0	0.0%	-	-	-	-
Contra Costa	158	159	158.5	0.6%	69.3	75.3	72.3	8.7%
Del Norte	5	5	5.0	0.0%	644.6	468.8	556.7	-27.3%
El Dorado	9	10	9.5	11.1%	899.9	916.0	908.0	1.8%
Fresno	137	140	138.5	2.2%	124.7	129.9	127.3	4.2%
Glenn	2	2	2.0	0.0%	1,724.0	2,000.5	1,862.3	16.0%
Humboldt	13	12	12.5	-7.7%	846.7	734.3	790.5	-13.3%
Imperial	12	12	12.0	0.0%	2,178.7	2,338.5	2,258.6	7.3%
Inyo	3	4	3.5	33.3%	508.3	417.3	462.8	-17.9%
Kern	123	124	123.5	0.8%	183.2	191.1	187.2	4.3%
Kings	9	9	9.0	0.0%	338.6	323.8	331.2	-4.4%
Lake	4	4	4.0	0.0%	1,719.3	1,345.8	1,532.6	-21.7%
Lassen	2	2	2.0	0.0%	1,019.0	786.0	902.5	-22.9%
Los Angeles	2,036	2,085	2,060.5	2.4%	73.7	77.8	75.8	5.6%
Madera	129	135	132.0	4.7%	24.4	24.0	24.2	-1.6%
Marin	44	44	44.0	0.0%	16.8	22.5	19.7	33.9%
Mariposa	0	0	0.0	0.0%	-	-	-	-
Mendocino	10	11	10.5	10.0%	85.5	90.7	88.1	6.1%
Merced	18	19	18.5	5.6%	174.7	197.1	185.9	12.8%
Modoc	0	0	0.0	0.0%	-	-	-	-

County	Q4 2012 # of Providers	Q3 2013 # of Providers	Average	Percent Change	Q4 2012 Population- to-Provider Ratio	Q3 2013 Population- to-Provider Ratio	Average	Percent Change
Mono	3	5	4.0	66.7%	242.7	184.8	213.8	-23.9%
Monterey	63	63	63.0	0.0%	62.8	64.2	63.5	2.2%
Napa	16	16	16.0	0.0%	46.3	60.0	53.2	29.6%
Nevada	10	11	10.5	10.0%	470.2	510.2	490.2	8.5%
Orange	628	643	635.5	2.4%	28.4	32.1	30.3	13.0%
Placer	82	90	86.0	9.8%	169.5	175.0	172.3	3.2%
Plumas	0	0	0.0	0.0%	-	-	-	-
Riverside	182	180	181.0	-1.1%	220.7	247.7	234.2	12.2%
Sacramento	393	401	397.0	2.0%	61.8	61.2	61.5	-1.0%
San Benito	3	3	3.0	0.0%	1,672.0	1,917.7	1,794.9	14.7%
San Bernardino	379	385	382.0	1.6%	128.1	134.1	131.1	4.7%
San Diego	706	727	716.5	3.0%	65.5	68.8	67.2	5.0%
San Francisco	479	495	487.0	3.3%	11.2	11.0	11.1	-1.8%
San Joaquin	104	106	105.0	1.9%	126.8	126.3	126.6	-0.4%
San Luis Obispo	29	29	29.0	0.0%	53.7	64.0	58.9	19.2%
San Mateo	148	156	152.0	5.4%	27.0	39.7	33.4	47.0%
Santa Barbara	65	67	66.0	3.1%	55.1	59.4	57.3	7.8%
Santa Clara	804	838	821.0	4.2%	21.9	19.6	20.8	-10.5%
Santa Cruz	34	34	34.0	0.0%	53.2	52.6	52.9	-1.1%
Shasta	16	16	16.0	0.0%	1,026.9	793.6	910.3	-22.7%
Sierra	0	0	0.0	0.0%	-	-	-	-
Siskiyou	2	1	1.5	-50.0%	2,152.5	3,382.0	2,767.3	57.1%
Solano	81	81	81.0	0.0%	37.1	39.7	38.4	7.0%
Sonoma	60	64	62.0	6.7%	52.4	55.8	54.1	6.5%
Stanislaus	69	71	70.0	2.9%	221.6	233.9	227.8	5.6%
Sutter	12	12	12.0	0.0%	894.9	1,020.5	957.7	14.0%
Tehama	8	8	8.0	0.0%	972.8	1,070.0	1,021.4	10.0%
Trinity	0	0	0.0	0.0%	-	-	-	-
Tulare	66	67	66.5	1.5%	154.1	152.5	153.3	-1.0%
Tuolumne	5	5	5.0	0.0%	650.0	718.0	684.0	10.5%
Ventura	83	82	82.5	-1.2%	76.1	93.1	84.6	22.3%
Yolo	31	32	31.5	3.2%	58.5	72.5	65.5	23.9%
Yuba	3	3	3.0	0.0%	3,020.3	3,286.3	3,153.3	8.8%
<b>Statewide Total</b>	<b>7,830</b>	<b>8,038</b>	<b>7,944.0</b>	<b>2.7%</b>	<b>85.3</b>	<b>88.1</b>	<b>86.7</b>	<b>3.3%</b>

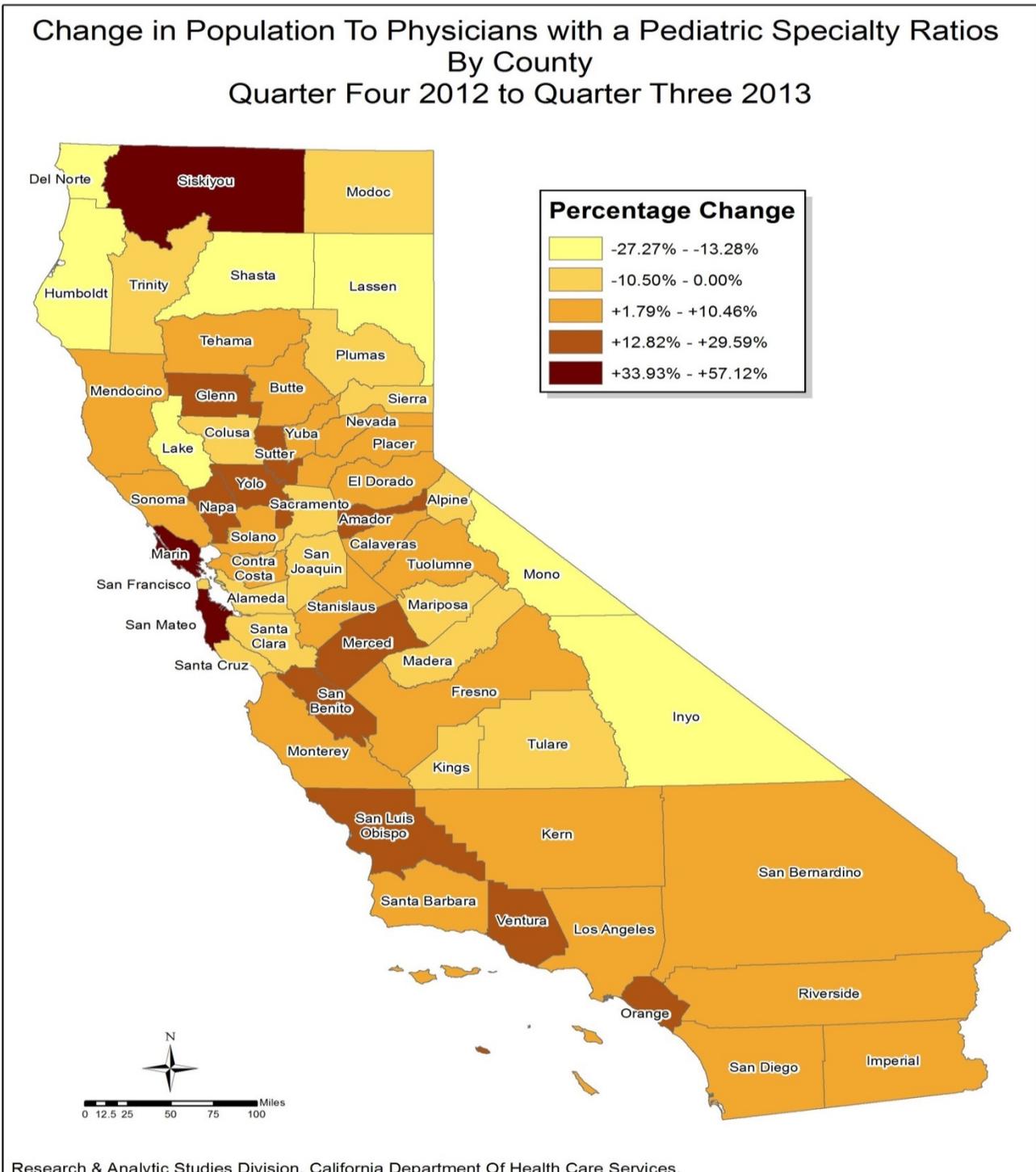
Source: Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-15:** Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-16:** Percent Change in Ratio of FFS Medi-Cal Only Children Ages 0-18 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 4, 2012 to Quarter 3, 2013, by County



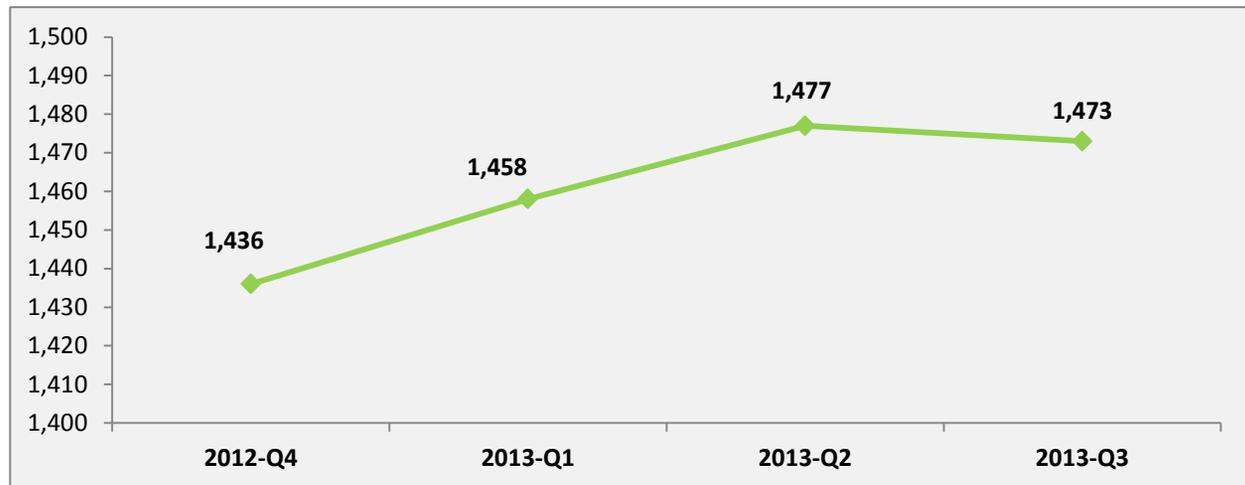
**Source:** Prepared by DHCS' RASD. Counts of physicians with Active and Indirect enrollment status for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Outpatient Clinics

This section analyzes all outpatient clinics available to FFS Medi-Cal Only beneficiaries.

- The total count of outpatient clinics participating in FFS Medi-Cal increased 2.6% from 1,436 to 1,473 between the fourth quarter of 2012 and the third quarter of 2013 (Figure PS-17).

**Figure PS-17:** Total FFS Medi-Cal Outpatient Clinics from Quarter 4, 2012 to Quarter 3, 2013



**Source:** Prepared by DHCS' RASD. Counts of clinics for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

- The average count of outpatient clinics ranged from 1.0 in Alpine and Mono counties to 300.0 in Los Angeles County from the fourth quarter of 2012 to the third quarter of 2013 (Table PS-7).

**Table PS-7:** Percent Change in FFS Medi-Cal Outpatient Clinics from Quarter 4, 2012 to Quarter 3, 2013, by County

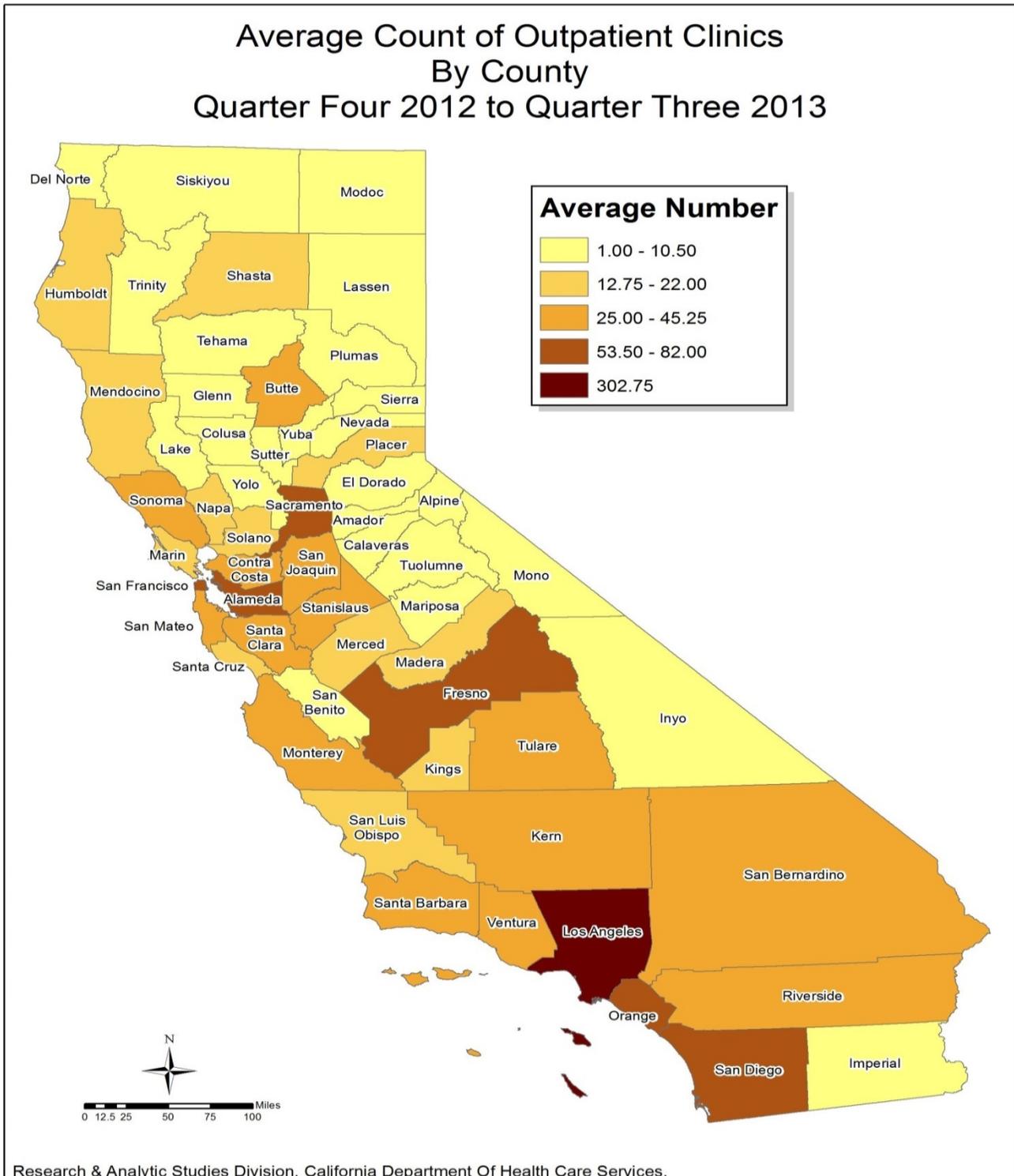
County	4Q 2012 # of Clinics	Q3 2013 # of Clinics	Average	Percent Change
Alameda	57	60	58.5	5.3%
Alpine	1	1	1.0	0.0%
Amador	5	5	5.0	0.0%
Butte	23	27	25.0	17.4%
Calaveras	7	7	7.0	0.0%
Colusa	5	5	5.0	0.0%
Contra Costa	31	31	31.0	0.0%
Del Norte	4	4	4.0	0.0%
El Dorado	5	6	5.5	20.0%
Fresno	55	54	54.5	-1.8%
Glenn	9	8	8.5	-11.1%
Humboldt	22	22	22.0	0.0%
Imperial	10	10	10.0	0.0%
Inyo	3	2	2.5	-33.3%

County	4Q 2012 # of Clinics	Q3 2013 # of Clinics	Average	Percent Change
Kern	35	38	36.5	8.6%
Kings	16	16	16.0	0.0%
Lake	7	7	7.0	0.0%
Lassen	2	2	2.0	0.0%
Los Angeles	296	304	300.0	2.7%
Madera	15	14	14.5	-6.7%
Marin	16	15	15.5	-6.3%
Mariposa	5	6	5.5	20.0%
Mendocino	13	14	13.5	7.7%
Merced	21	21	21.0	0.0%
Modoc	3	4	3.5	33.3%
Mono	1	1	1.0	0.0%
Monterey	27	26	26.5	-3.7%
Napa	12	13	12.5	8.3%
Nevada	6	6	6.0	0.0%
Orange	79	82	80.5	3.8%
Placer	13	13	13.0	0.0%
Plumas	6	6	6.0	0.0%
Riverside	38	39	38.5	2.6%
Sacramento	63	65	64.0	3.2%
San Benito	3	2	2.5	-33.3%
San Bernardino	39	40	39.5	2.6%
San Diego	78	88	83.0	12.8%
San Francisco	52	53	52.5	1.9%
San Joaquin	26	33	29.5	26.9%
San Luis Obispo	15	16	15.5	6.7%
San Mateo	30	30	30.0	0.0%
Santa Barbara	31	32	31.5	3.2%
Santa Clara	46	45	45.5	-2.2%
Santa Cruz	14	13	13.5	-7.1%
Shasta	18	18	18.0	0.0%
Sierra	3	3	3.0	0.0%
Siskiyou	6	7	6.5	16.7%
Solano	18	17	17.5	-5.6%
Sonoma	29	27	28.0	-6.9%
Stanislaus	25	26	25.5	4.0%
Sutter	10	10	10.0	0.0%
Tehama	6	7	6.5	16.7%
Trinity	2	2	2.0	0.0%
Tulare	28	26	27.0	-7.1%
Tuolumne	8	9	8.5	12.5%

County	4Q 2012 # of Clinics	Q3 2013 # of Clinics	Average	Percent Change
Ventura	26	25	25.5	-3.8%
Yolo	7	6	6.5	-14.3%
Yuba	5	4	4.5	-20.0%
<b>Statewide Total</b>	<b>1,436</b>	<b>1,473</b>	<b>1,454.5</b>	<b>2.6%</b>

**Source:** Prepared by DHCS' RASD. Counts of clinics for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

**Figure PS-18:** Average Count of FFS Medi-Cal Outpatient Clinics from Quarter 4, 2012 to Quarter 3, 2013, by County



**Source:** Prepared by DHCS' RASD. Counts clinics for April 2013 and July 2013 were obtained from the Medi-Cal PMF and estimated from the Medi-Cal PMF for the months of October 2012 and January 2013.

## Conclusions

- The site-specific counts of FFS Medi-Cal physicians increased 3.0% from the fourth quarter of 2012 to the third quarter of 2013, while the statewide beneficiary-to-physician ratios for full-scope FFS Medi-Cal only beneficiaries showed no change during the study period.
- Similar to the trends identified for all physicians, site-specific counts of FFS Medi-Cal primary care physicians increased 2.9% during the study period, while the ratio of full-scope FFS Medi-Cal only beneficiaries to primary care physicians showed relatively no change.
- The site-specific counts of FFS Medi-Cal primary care physicians with an OB/GYN specialty increased by 3.1% from the fourth quarter of 2012 to the third quarter of 2013, while site-specific counts of primary care physicians with a pediatric specialty increased 2.7% during the study period. Of particular note, the ratio of full-scope FFS Medi-Cal only beneficiaries to primary care physicians with an OB/GYN specialty decreased 3.8% during the study period, while the ratio of beneficiaries to primary care physicians with a pediatric specialty increased 3.3%.
- The overall count of outpatient clinics participating in FFS Medi-Cal increased 2.6% from the fourth quarter of 2012 to the third quarter of 2013.
- Across all analyzed provider types, small rural counties exhibited the lowest count of available FFS Medi-Cal providers during the study period, while Los Angeles County had the highest total of available FFS Medi-Cal providers.

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**Medi-Cal Fee-for-Service  
Access to Care  
Quarterly Monitoring Report #8  
2013 Quarter 3  
Service Utilization**

**October 2014**

California Department of Health Care Services  
Research and Analytic Studies Division  
MS 1200, P.O. Box 997413  
Sacramento, CA 95899-7413

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## Key Points

- Service utilization patterns for both children and adults in most aid categories primarily followed the patterns identified in the previous access quarterly report.
- The shifts in utilization observed in this report may be attributable to a combination of factors such as a change in population case mix, a declining birth rate, the expansion of the County Organized Health Systems (COHS), and the transition of the Healthy Families Program (HFP) into Medi-Cal.
- As beneficiary participation continued to shift away from the Fee-for-Service (FFS) delivery system and into managed care, many service categories experienced a noticeable decline in user counts that made the data unsuitable for analysis.

## Introduction

Many factors affect health care utilization and the type of health care used by a given population. One of those factors is adequate access to care. Limitations on the scope of benefits provided under a health plan, cost-sharing requirements, and gaps in health plan coverage may all contribute to underutilization of health care services. Other factors that influence health care utilization include the prevalence of chronic disease in the population, provider practice patterns, recommended medical practice guidelines for specific subpopulations (e.g., cancer screenings for women, immunization schedules, and developmental assessments for children), and cultural acceptance of medical practices among the population.

Age is also associated with health care utilization patterns. For example, advanced age increases functional limitations and the prevalence of chronic conditions. The elderly have higher utilization rates for inpatient and long-term care services, many medical procedures, and are prescribed more medications, such as glucose-lowering or antihypertensive drugs. In general, children have lower health care utilization rates than the elderly. However, infants born at low birthweight (<2,500 grams, or 5.5 lbs) and children with chronic health conditions and disabilities have higher rates of health care utilization and use more costly services than their counterparts.

Children in foster care are particularly vulnerable to physical, emotional, or developmental problems stemming from abuse or neglect, substance abuse by their mothers during pregnancy, or their own substance abuse issues. A majority of these children have at least one physical or emotional health problem, and as many as 25% suffer from three or more chronic health conditions. Consequently, examining health care utilization patterns should be undertaken with specific thought given to the characteristics of a population.

## Background

### Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. A court injunction delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0–20;
- Hospital inpatient and outpatient services;
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).<sup>i, ii, iii</sup>

### Medi-Cal Enrollment Transitions

**Expansion of Medi-Cal Managed Care** – Several subpopulations transitioned from the FFS health delivery system into Medi-Cal managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries transitioned into a managed care plan in September 2013 due to the establishment of COHS in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties (Table SU-1).

**Table SU-1:** FFS Medi-Cal Only Beneficiaries Shifting to Medi-Cal Managed Care in September 2013

Transition County	Transition Type	Approximate Number of Beneficiaries
Del Norte	Managed Care - COHS	5,837
Humboldt	Managed Care - COHS	19,913
Lake	Managed Care - COHS	12,749
Lassen	Managed Care - COHS	3,507
Modoc	Managed Care - COHS	1,376
Shasta	Managed Care - COHS	28,430
Siskiyou	Managed Care - COHS	7,736
Trinity	Managed Care - COHS	1,940
<b>Total</b>		<b>81,488</b>

**Source:** Created by DHCS' Research and Analytic Studies Division (RASD) using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

**Healthy Families Transition** – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the HFP into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-

<sup>i</sup> California Assembly Bill 97, (2011).

<sup>ii</sup> California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

<sup>iii</sup> California Department of Health Care Services, State Plan Amendment, SPA 11-009.

Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Other aid category in this report. Participation rates for these children are expected to decline throughout 2013 and beyond as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

## Determinants of Service Utilization

Numerous environmental and personal factors can influence whether beneficiaries choose to utilize particular services. These factors include but are not limited to:

**Perceived Health Status** – Some beneficiaries believe that they do not need to seek health care services because they are in good health.

**Attitude Towards the Health Care System** – Beneficiaries' level of trust in both the health care process and doctors can affect whether they decide to seek care.

**Health Insurance Coverage** – A beneficiary's ability to cover the associated costs can directly influence their decision to utilize health care services.

**Urban Versus Rural Community** – Whether a beneficiary resides in an urban or rural community can impact their health care choices due to the number of readily available physicians, as well as the societal perspective on the practice of medicine.

**Preexisting Health Conditions** – Beneficiaries with a preexisting health condition or disability inherently have greater health care needs, and therefore are more likely to seek care.<sup>iv</sup>

## Utilization Paradigms

Changes in beneficiary enrollment and provider capacity are important factors influencing health care utilization trends. When evaluating utilization trends, some basic paradigms should be considered.

**Paradigm One** – If beneficiary participation increases within a subpopulation and the network of health care providers cannot absorb the increased demand, beneficiaries may experience difficulties accessing health care services.<sup>v</sup> In that case, one would expect to detect a decline in service utilization rates as beneficiaries forego health care services.

**Paradigm Two** – If beneficiary participation increases and the network of providers is able to absorb additional demand, then one would expect service utilization rates to remain constant, increase, or to experience no significant decreases.<sup>vi</sup>

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<sup>iv</sup> Andersen, R., Newman, J. (2005, December). Societal and Individual Determinants of Medical Care Utilization in the United States. *Milbank Quarterly*, Vol. 83 (Issue 4).

<sup>v</sup> Assumes populations who enroll exhibit similar health needs as those who were enrolled prior. If the newly enrolled individuals are a much healthier population with low health service utilization, then utilization rates may actually decline. This decline may be driven more by beneficiaries' health characteristics than access difficulties.

<sup>vi</sup> Assumes populations who enroll exhibit similar health needs as those who were enrolled prior.

**Paradigm Three** – If beneficiary participation decreases within a subpopulation and those that remain in the health care system have a significantly different case mix than the initial population, one would expect marked changes in health care utilization. For example, if the subpopulation that remains in the health care system has significantly greater medical needs than the initial population, one would expect service utilization rates to increase. However, if the subpopulation that remains is healthier, one would expect service utilization rates to decrease. Certain shifts in populations from one health care system to another, such as from FFS to managed care, might result in a significant change in the mix of patients. This in turn may result in significant changes in utilization trends.

## Methods

In this report, DHCS examines utilization trends for 10 different provider types:

1. Physician/Clinics
2. Non-Emergency Transportation
3. Emergency Transportation
4. Home Health
5. Hospital Inpatient
6. Hospital Outpatient
7. Nursing Facility
8. Pharmacy Services
9. Other
10. Radiology

Service utilization was measured in various ways, depending on the provider type. The unit of measure for Physician/Clinic, Home Health, Hospital Outpatient, and Radiology services was the number of unique visits or patient encounters. The unit of measure for Pharmacy services was the unit counts of prescriptions. Individual encounters were used as the measure for both Emergency and Non-Emergency Transportation services, while the length of stay as measured in days was the unit of measure for Hospital Inpatient and Nursing Facility service utilization. Service rates were calculated per 1,000 member months for each of these service types, and for FFS Medi-Cal Only beneficiaries. Beneficiaries were classified into broad age groupings (children ages 0–20 and adults ages 21 and older) and aid categories as a proxy for health and disability status, factors which are known to influence utilization patterns.

DHCS plotted monthly service utilization rates per 1,000 member months for the study period of October 2012–September 2013. DHCS used Shewhart control charts to identify whether health care service utilization rates changed over this time period and compared to low and high utilization thresholds calculated from the baseline period of January 1, 2007 to December 31, 2009.<sup>vii</sup> These thresholds or control limits have been set at three standard deviations from the mean, and define the natural range of variability expected from the plotted measures. Upper

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<sup>vii</sup> See various health care service utilization baseline analyses on the DHCS website at [www.dhcs.ca.gov/pages/RateReductionInformation.aspx](http://www.dhcs.ca.gov/pages/RateReductionInformation.aspx)

and lower threshold levels are represented in each control chart, with UCL representing upper control limits, LCL representing lower control limits, and  $\bar{x}$  representing the mean. Comparing the plotted measures to the mean and upper and lower control limits can lead to inferences regarding whether the data are within an expected or predictable range, or whether there are marked changes in the data over time. Potential marked changes include:

- Eight or more consecutive points all either above or below the mean line indicate a shift in utilization patterns.
- Six or more consecutive points all going in the same direction (either up or down) indicate a trend.
- Two or more consecutive points plotted outside of these established limits will provide a signal indicating that health care utilization has deviated markedly from the expected range.

Several factors can impact service utilization. These factors include but are not limited to: birth trends, population case mix, Medi-Cal Program changes, and the transition of beneficiaries from FFS into a managed care plan. Influential factors that occurred during the study period include the COHS expansion and the HFP transition. The shifts in utilization observed in this report may be attributable to a combination of the factors noted above.

The sections that follow present health care utilization trends for each of the 10 service categories studied. Each section is introduced with a discussion that presents background material related to each unique service category. This background provides the reader with some introductory information regarding the types of services associated with the category and types of providers, where applicable, contained within the service category. In addition, utilization statistics associated with the background sections include utilization associated with beneficiaries dually eligible for both Medi-Cal and Medicare. Following the background information, utilization trends for each service category are presented. The utilization trends display statistics associated with FFS Medi-Cal Only beneficiaries.

## Physician/Clinic Services

### Background

It is important for any health care delivery system to monitor trends in physician service utilization among its patients, because physicians are the first point of contact for most health care needs. Once contact is made in a physician's office, numerous other services may be accessed, such as prescription drugs, lab services, and referrals to specialty care. Receiving regular ambulatory health care services has been widely recognized as a fundamental measure of successful health care access.

In the Medi-Cal program, beneficiaries may see a physician in solo practice, physicians affiliated with a physician group, or those affiliated with an FQHC, RHC, or some other clinical setting.

FQHCs are nonprofit, community-based organizations or public entities that offer primary and preventive health care and related social services to the medically underserved and uninsured population, regardless of their ability to pay. FQHCs receive funding under the Public Health Service Act, Section 330, which is determined by the U.S. Department of Health and Human Services (HHS).

RHCs are organized outpatient clinics or hospital outpatient departments located in rural shortage areas as designated by the HHS. To qualify as an RHC, a clinic must be located in a non-urbanized area or area currently designated by the Health Resources and Services Agency (HRSA) as a federally designated or certified shortage area.

Indian Health Services (IHS) Clinics are those authorized by the U.S. Secretary of Health, Education and Welfare to contract services to tribal organizations. Services available under the IHS provider type are more extensive than under the FQHC or RHC provider types, and include the following services: physician and physician assistant; nurse practitioner and nurse midwife; visiting nurse; clinical psychology and social work; comprehensive perinatal care; Early Periodic Screening, Diagnosis and Treatment (EPSDT); ambulatory; and optometry.

Other clinics in the Medi-Cal program include: Free Clinics; Community Clinics; Surgical Clinics; Clinics Exempt from Licensure; Rehabilitation Clinics; County Clinics not associated with a hospital; and Alternative Birthing Centers. All of these various clinics are included in this analysis.

## Trend Analysis – Children

- Child beneficiaries in the Blind/Disabled aid category place a greater demand on Physician/Clinic services than most other beneficiary subgroups.

Among FFS Medi-Cal children ages 0–20, monthly Physician/Clinic services utilization rates ranged from 155.3 to 579.3 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

The Physician/Clinic services utilization rates continued to be higher among children in the Blind/Disabled aid category. The utilization rates for children in the Other and Undocumented aid categories mostly fell below the expected baseline ranges observed in the baseline period of 2007 to 2009. Children in all of the analyzed aid categories continued to display predominantly lower than average utilization rates during the study period.

## Trend Analysis – Adults

- Adults enrolled in the Families and Undocumented aid categories had lower than average use of Physician/Clinic services, a trend that is most likely due to continued declines in the state's birth rates.

The monthly Physician/Clinic services utilization rates for adults ages 21 and older ranged from 171.8 to 1,180.1 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

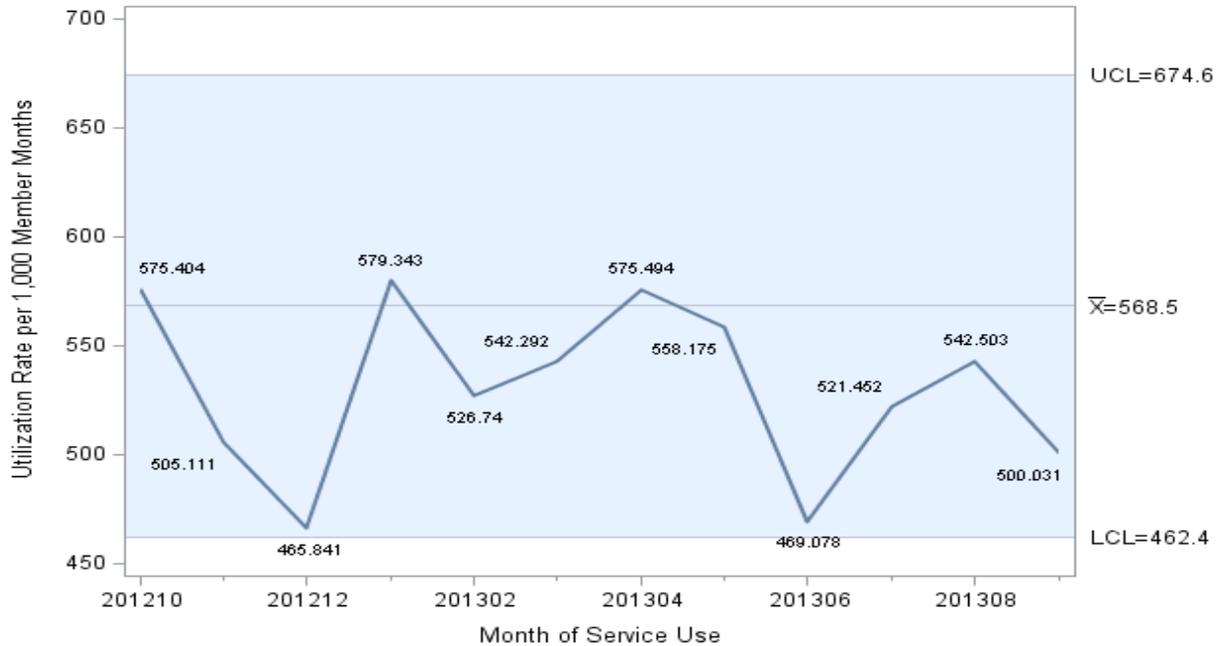
Similar to the Physician/Clinic services utilization trends identified in the previous quarterly access reports, adults in the Blind/Disabled and Other aid categories again exhibited higher utilization rates than adult beneficiaries in other aid categories. Adults in every aid category continued to exhibit below-average utilization during this time period. Additionally, the utilization trends exhibited by adults in the Families and Undocumented aid categories primarily fell below the expected ranges throughout the study period. Adults in the Families and Undocumented aid categories continued to exhibit below-average and lower than expected use of Physician/Clinic services throughout the study period.

Figures SU-1 to SU-10 represent the control chart analyses for Physician/Clinic visits by children and adults from the fourth quarter of 2012 to the third quarter of 2013.

### Trends of Monthly Physician/Clinic Services Utilization Rates among Children, October 2012–September 2013

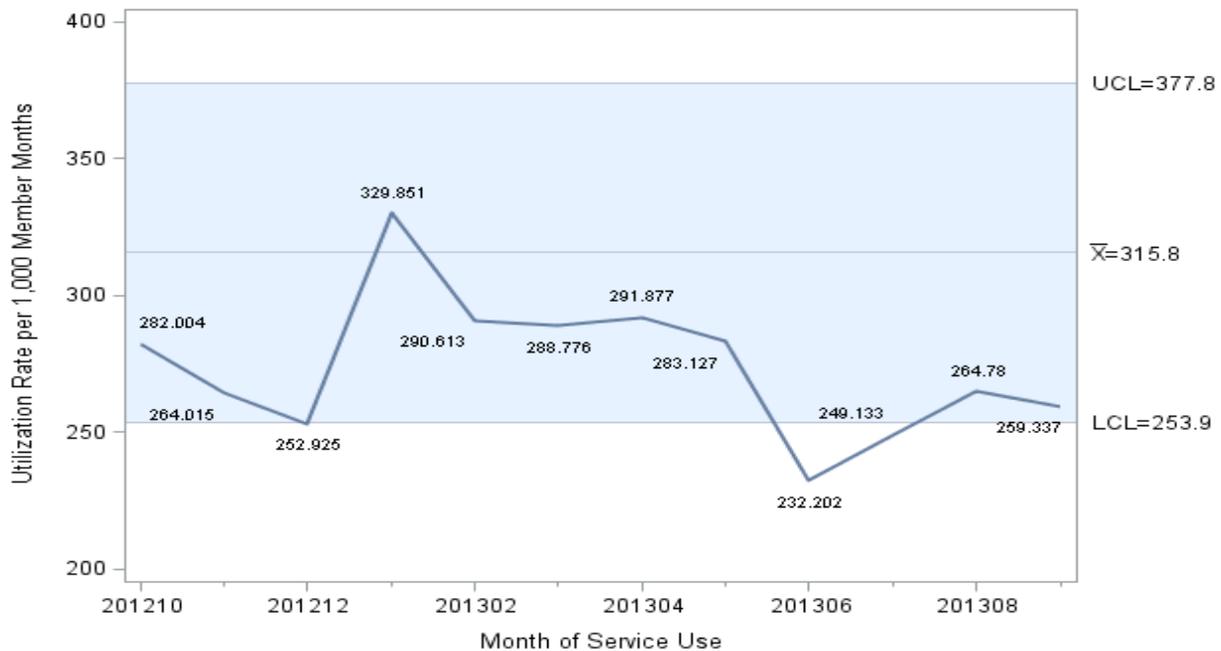
**Figure SU-1:** Physician/Clinic Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013

Unique User Count = **13,864**

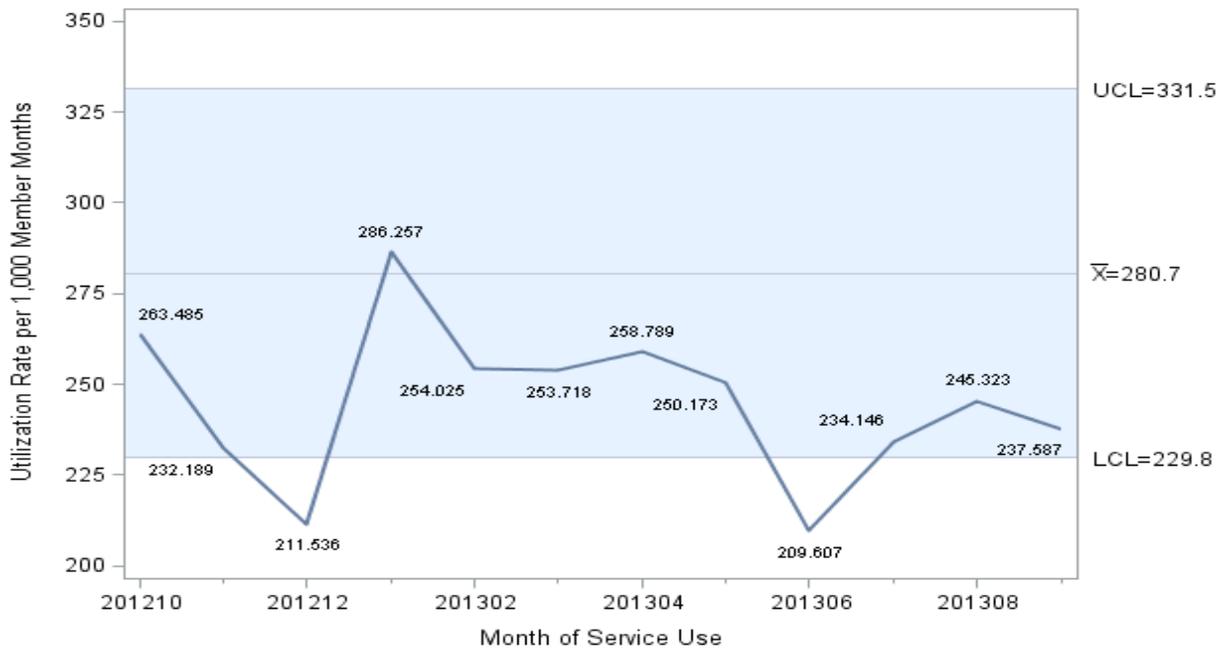


**Figure SU-2:** Physician/Clinic Utilization Rates among Children Ages 0–20 in the Families Aid Category, October 2012–September 2013

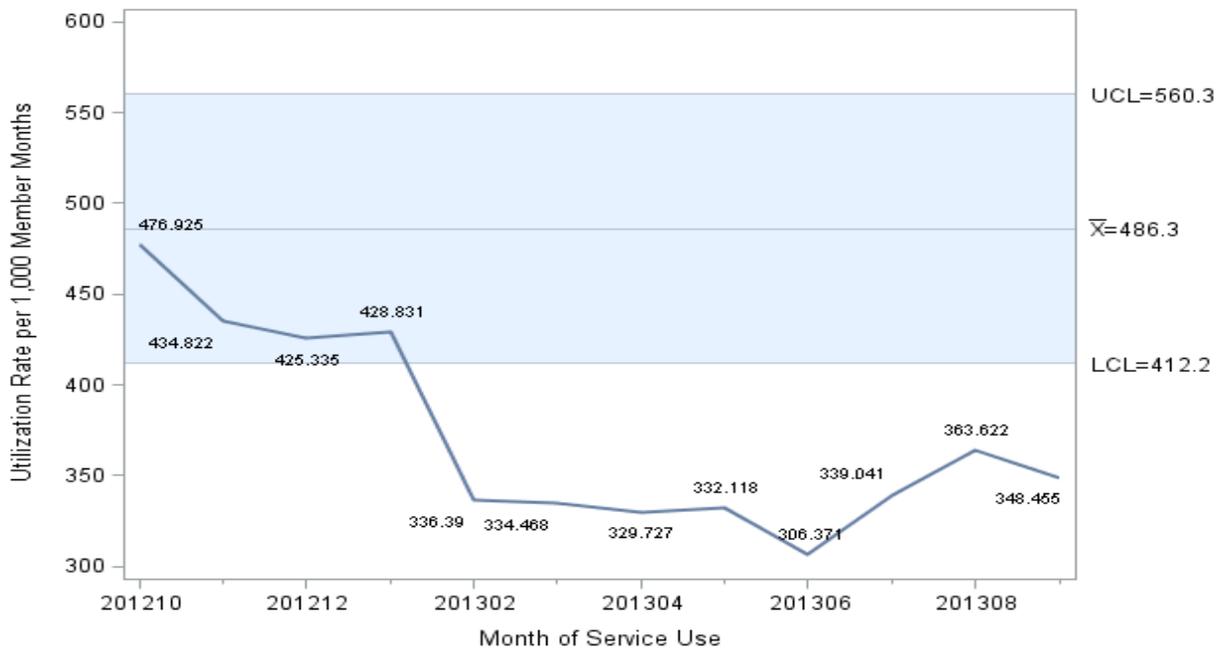
Unique User Count = **135,069**



**Figure SU-3: Physician/Clinic Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013** Unique User Count = **33,214**

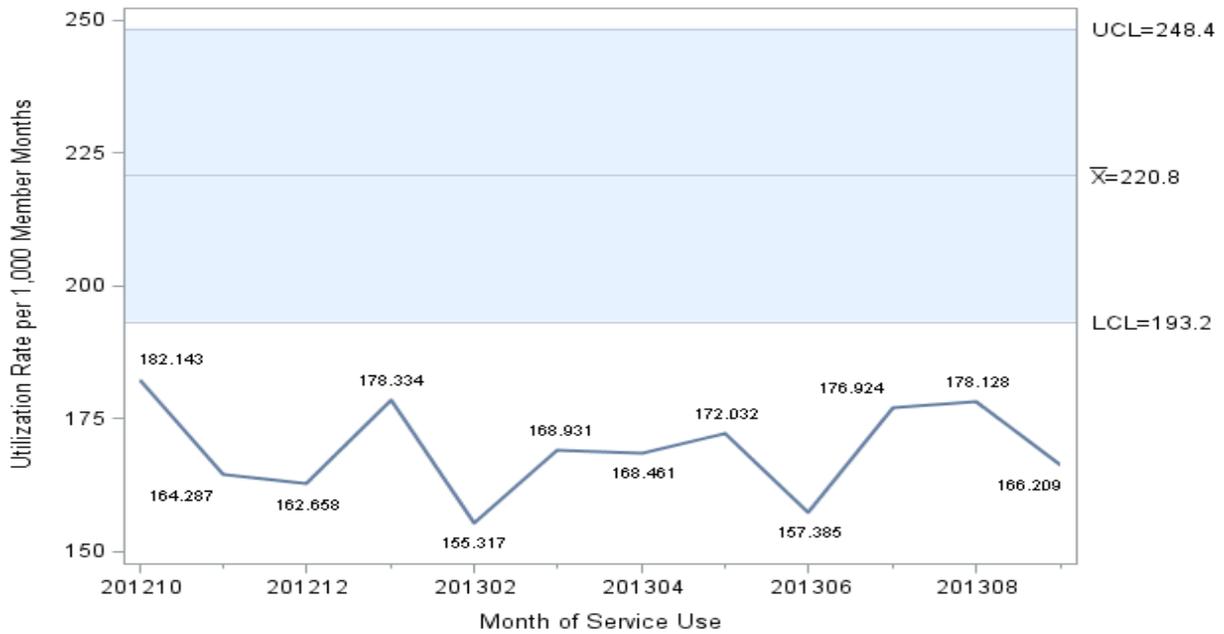


**Figure SU-4: Physician/Clinic Utilization Rates among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013** Unique User Count = **161,076**



**Figure SU-5:** Physician/Clinic Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

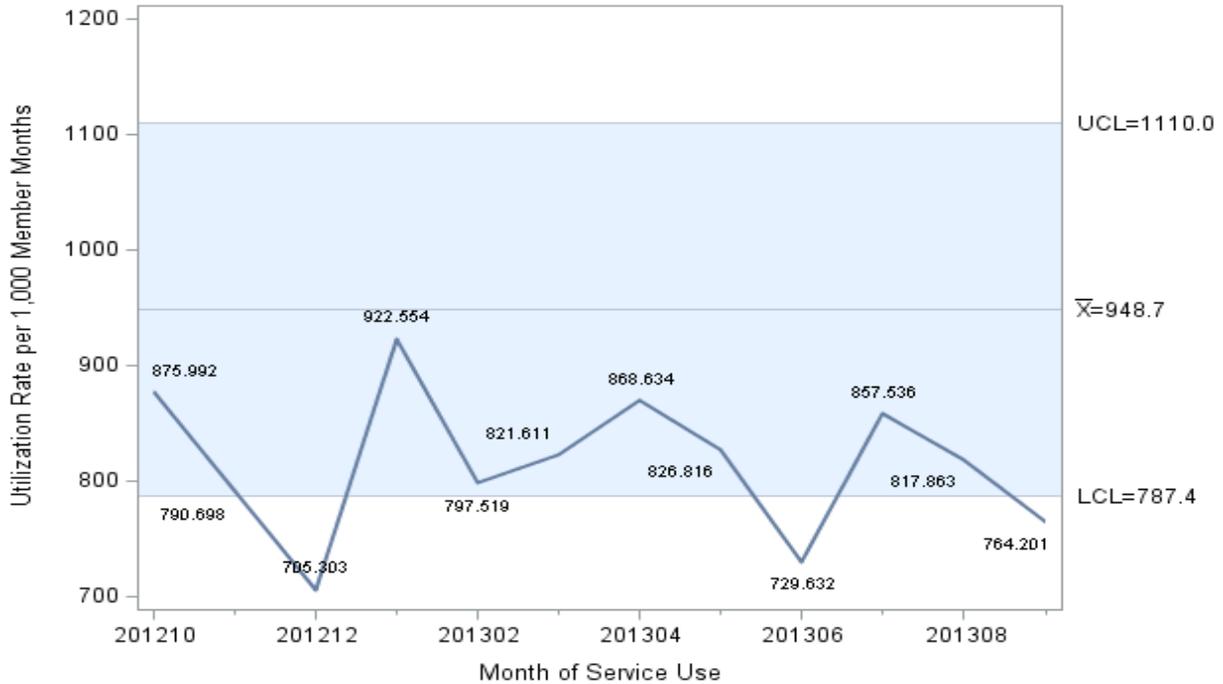
Unique User Count = **23,456**



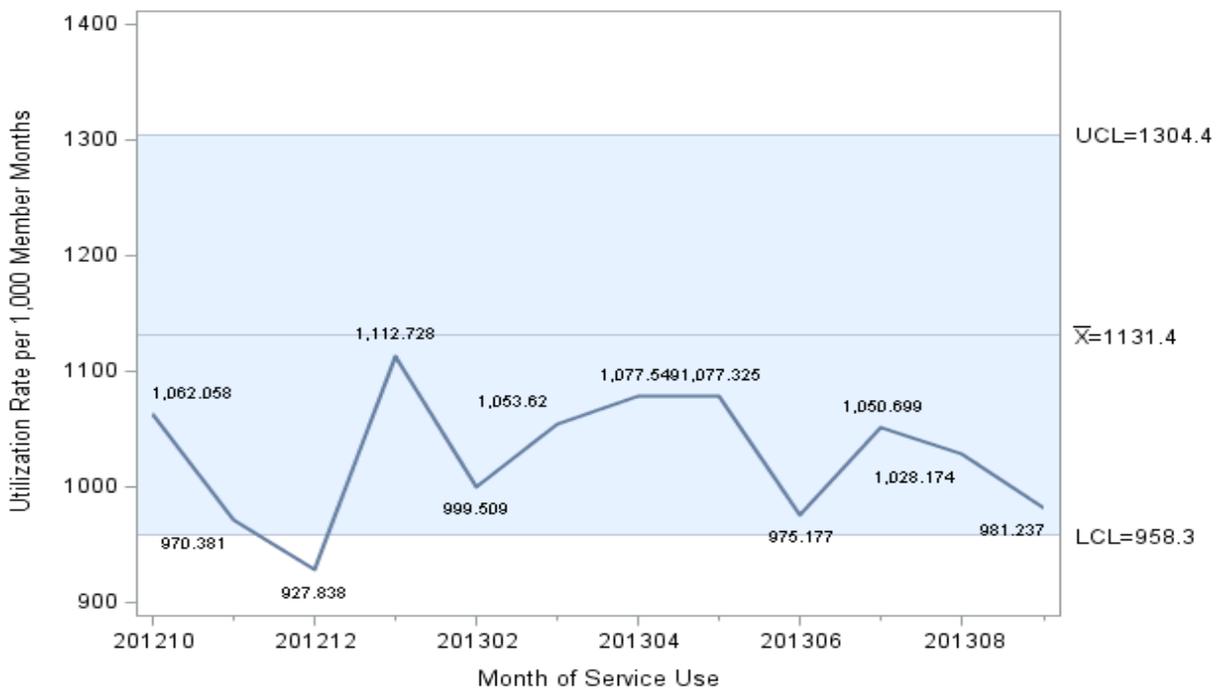
**Source:** Data for figures SU-1 to SU-5 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

### Trends of Monthly Physician/Clinic Services Utilization Rates among Adults, October 2012–September 2013

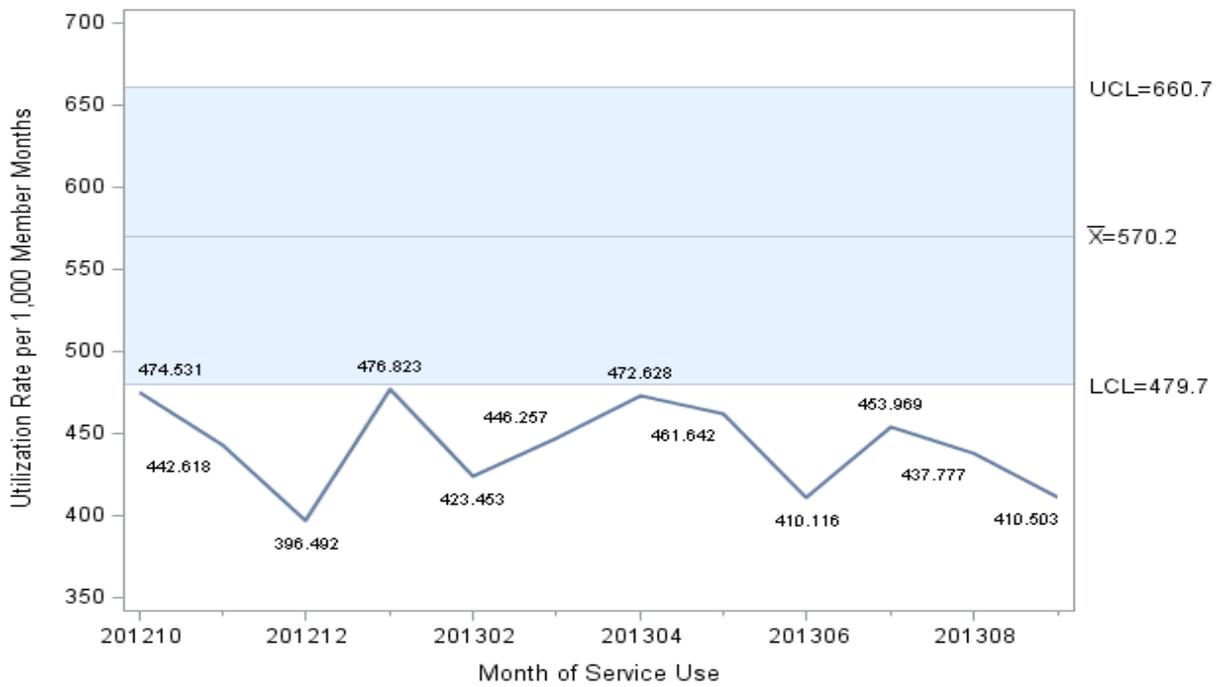
**Figure SU-6:** Physician/Clinic Utilization Rates among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = 6,636



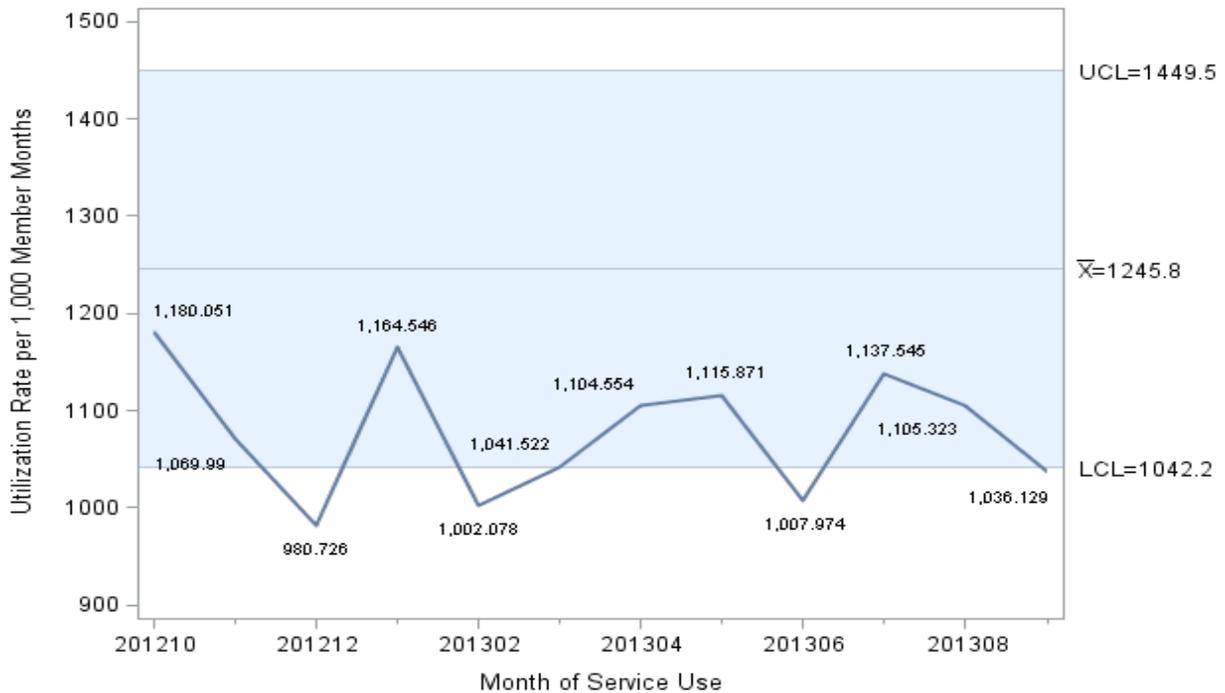
**Figure SU-7:** Physician/Clinic Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 55,554



**Figure SU-8:** Physician/Clinic Utilization Rates among Adults Ages 21+ in Families Aid Category, October 2012–September 2013  
 Unique User Count = **93,466**

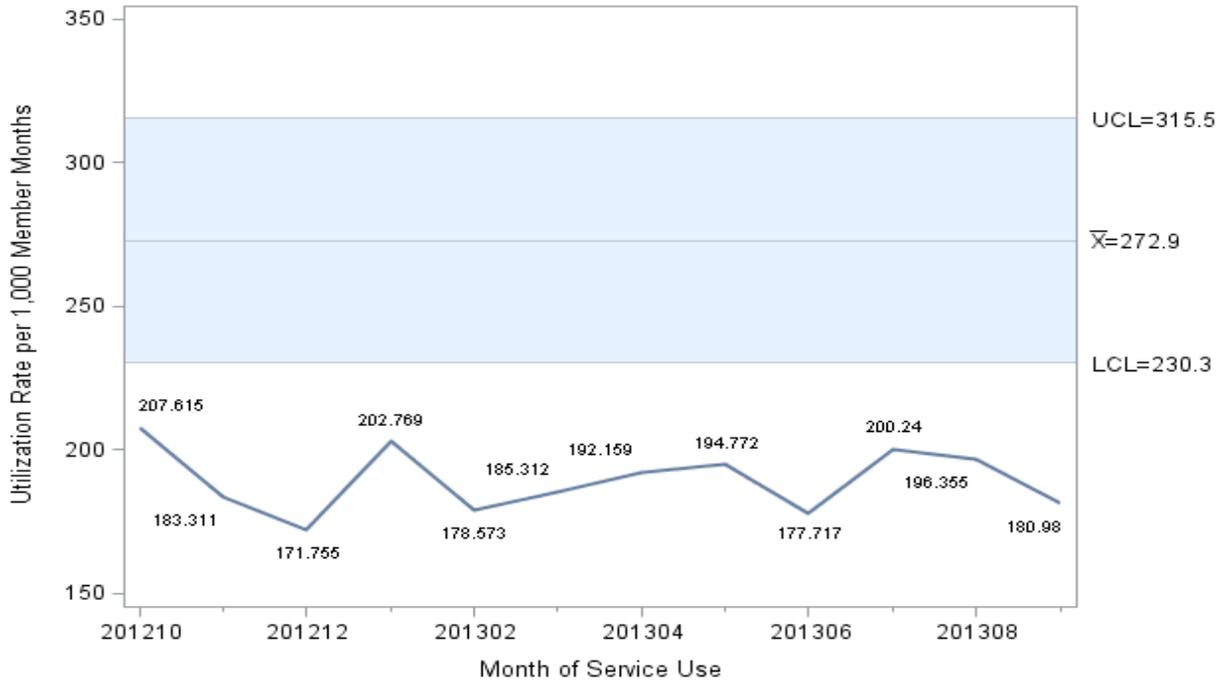


**Figure SU-9:** Physician/Clinic Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013  
 Unique User Count = **45,621**



**Figure SU-10:** Physician/Clinic Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **80,238**



**Source:** Data for figures SU-6 to SU-10 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## **Non-Emergency Medical Transportation**

### **Background**

Non-emergency transportation is the transportation of sick, injured, invalid, convalescent, infirmed, or otherwise incapacitated persons when access to medical treatment is needed, but when the condition is not immediately life-threatening. An example of non-emergency transportation would be transport by litter van or wheelchair van to a doctor or clinic.

Transportation services are also provided through air ambulance services. For non-emergencies, medical transportation by air is only covered when the medical condition of the patient or practical considerations make ground transportation impractical.

The Medi-Cal program covers medical transportation when a beneficiary cannot obtain medical services using ordinary means of transportation. Non-emergency transportation requires previous authorization and is covered only in limited situations. While most insurance plans apart from Medi-Cal provide their members with emergency medical transportation, non-emergency transportation is only covered by other plans in a limited form. For example, private insurance companies may cover non-emergency transportation when transferring a patient being discharged from the hospital, or when plan members seek specific treatment such as organ transplantation services.

## Trend Analysis – Children

Children in all of the aid categories are excluded from this analysis because of their relatively small user counts (<500).

## Trend Analysis – Adults

- Due to low user counts for most subpopulations, utilization rates of Non-Emergency Medical Transportation services are only reported for adults in the Blind/Disabled and Other aid categories. Service use rates for these two subpopulations were above expected ranges for the entire study period.

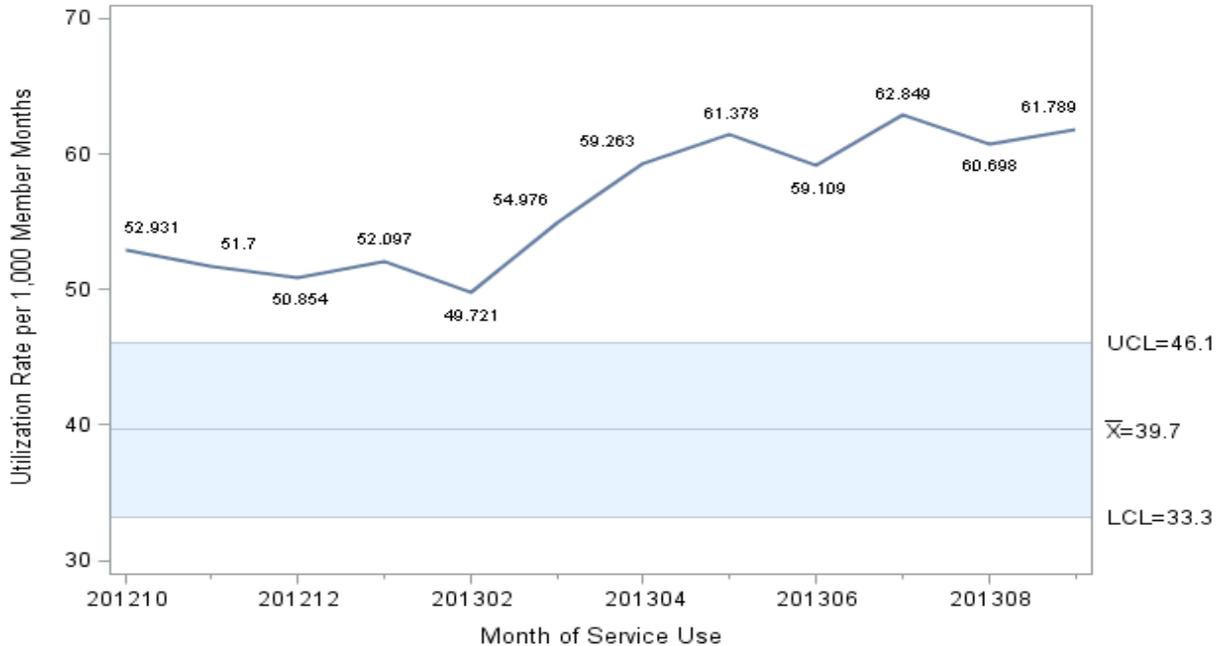
This analysis only focuses on Non-Emergency Medical Transportation services utilization among Medi-Cal adults ages 21 and older participating in the FFS delivery system and enrolled in the Blind/Disabled and Other aid categories. Among adults in these two aid categories, monthly Non-Emergency Medical Transportation services utilization rates ranged from 25.8 to 62.8 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013. The Non-Emergency Medical Transportation services utilization rates among adults across the analyzed aid categories were similar to the previous quarterly access reports. For instance, adults in the Blind/Disabled aid category exhibited noticeably higher utilization, with rates about 1.5 to 2 times higher than for adults in the Other aid category. Adults in the analyzed aid categories again exhibited Non-Emergency Medical Transportation utilization rates above the expected ranges observed in the baseline period of 2007 to 2009.

FFS Medi-Cal beneficiaries in the Undocumented aid category are not entitled to Non-Emergency Medical Transportation services and were subsequently excluded from this analysis. Additionally, adults in the Aged and Families aid categories were excluded due to their relatively small user counts (<500).

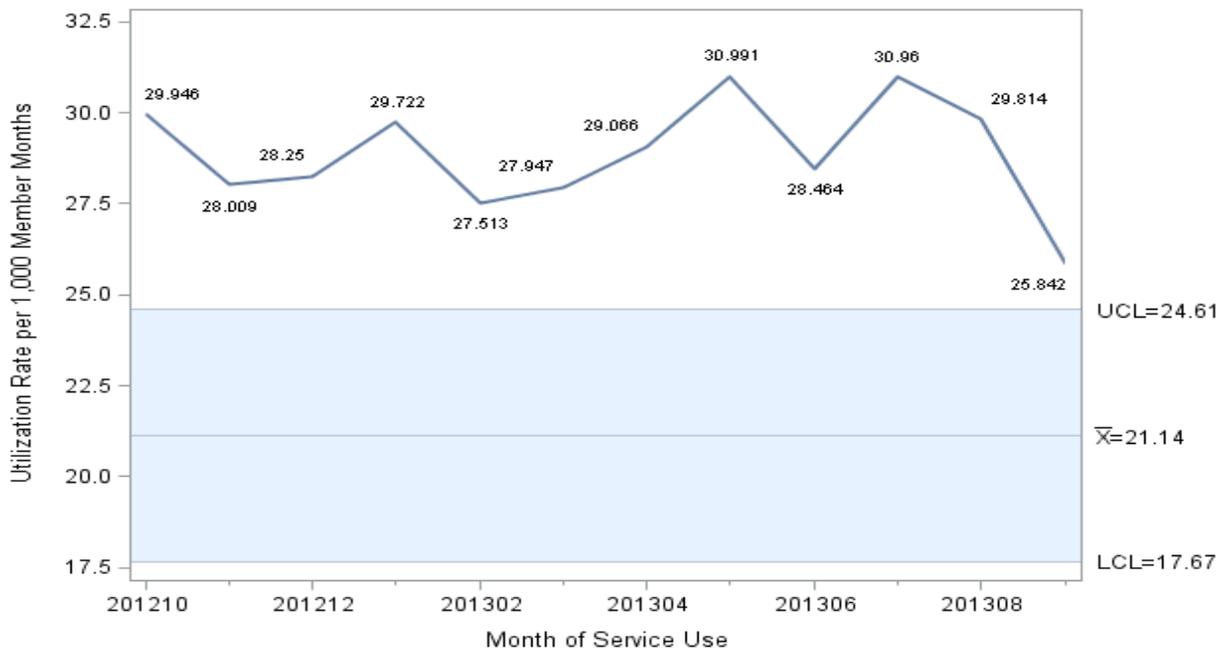
Figures SU-11 and SU-12 represent the control chart analysis for adults from the fourth quarter of 2012 to the third quarter of 2013.

### Trends of Monthly Non-Emergency Medical Transportation Services Utilization Rates among Adults, October 2012–September 2013

**Figure SU-11:** Non-Emergency Transportation Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 2,662



**Figure SU-12:** Non-Emergency Transportation Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 1,003



**Source:** Data for figures SU-11 and SU-12 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## **Emergency Medical Transportation**

### **Background**

Emergency transportation is the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated persons for medical treatment needed in life-threatening situations. Similar to non-emergency transportation, emergency transportation services are provided through air ambulance services and ground medical transportation providers. Transportation by air is covered for emergencies if the medical condition of the patient makes use of other means of transportation inadvisable, or if either the patient or the nearest hospital capable of attending to the patient's medical needs, is inaccessible by ground transportation. Approximately 2.5% of all emergency transportation services are provided by air ambulance.

Emergency transportation is covered by Medi-Cal. Although this type of transportation does not require prior authorization, each claim must include a justification for the emergency transportation.

## Trend Analysis – Children

- Medi-Cal children used Emergency Medical Transportation services at below-average rates, except for those in the Families and Foster Care aid categories.

Among FFS Medi-Cal children ages 0–20, monthly Emergency Medical Transportation services utilization rates ranged from 1.5 to 9.3 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Patterns of service use among children in all of the analyzed aid categories mostly followed those identified in the previous quarterly access reports. For instance, Emergency Medical Transportation services utilization was again noticeably higher among children in the Blind/Disabled aid category, with rates ranging from 7.0 to 9.3 visits per 1,000 member months. In contrast, utilization rates for children in the Families and Other aid categories ranged from 1.9 to 3.5 visits per 1,000 member months. Children in the Blind/Disabled, Other, and Undocumented aid categories continued to mostly exhibit below-average utilization, while those in the Foster Care aid category again primarily displayed above-average utilization rates. Additionally, the Emergency Medical Transportation utilization rates for children in the Other aid category fell below the expected baseline ranges over the final 8 months of the study period.

## Trend Analysis – Adults

- Utilization among adults in the Blind/Disabled aid category was mostly above-average and at times above expected ranges.

The monthly Emergency Medical Transportation services utilization rates for adults ages 21 and older ranged from 1.8 to 46.0 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

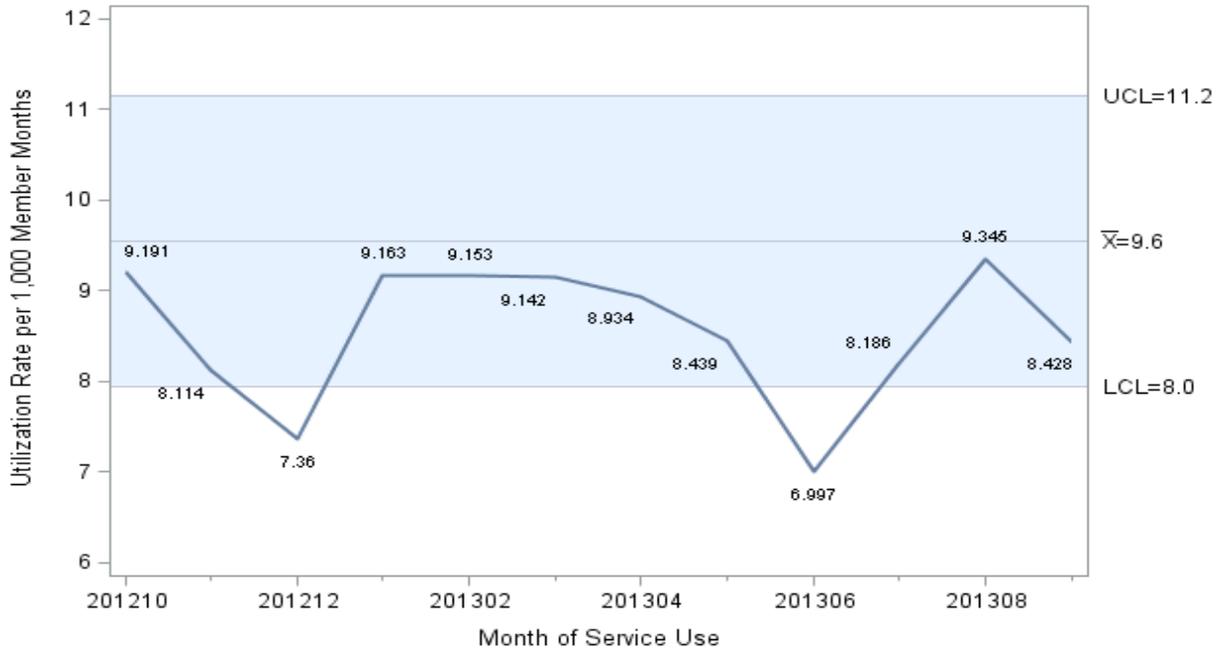
Similar to the previous access quarterly reports, the utilization rates were noticeably higher for adults in the Blind/Disabled aid category, while adults in the Undocumented aid category rarely utilized these services. Adults in the Families aid category exhibited mostly below-average Emergency Medical Transportation services utilization patterns that fell within the expected baseline ranges, whereas adults in the Blind/Disabled aid category primarily displayed above-average utilization rates that often reached above the baseline ranges. The utilization rates for adults in the Undocumented aid category again primarily fell below the expected baseline ranges.

Adults in the Aged aid category were excluded due to their relatively small user counts (<500).

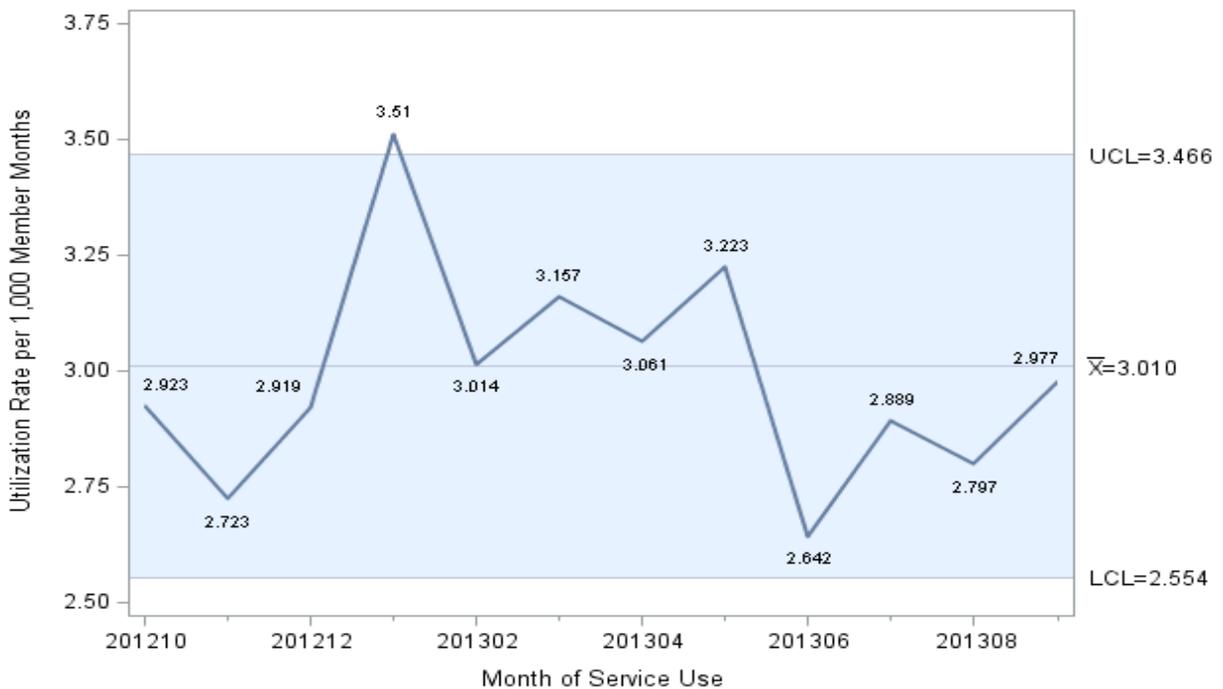
Figures SU-13 to SU-21 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

### Trends of Monthly Emergency Medical Transportation Services Utilization Rates among Children, October 2012–September 2013

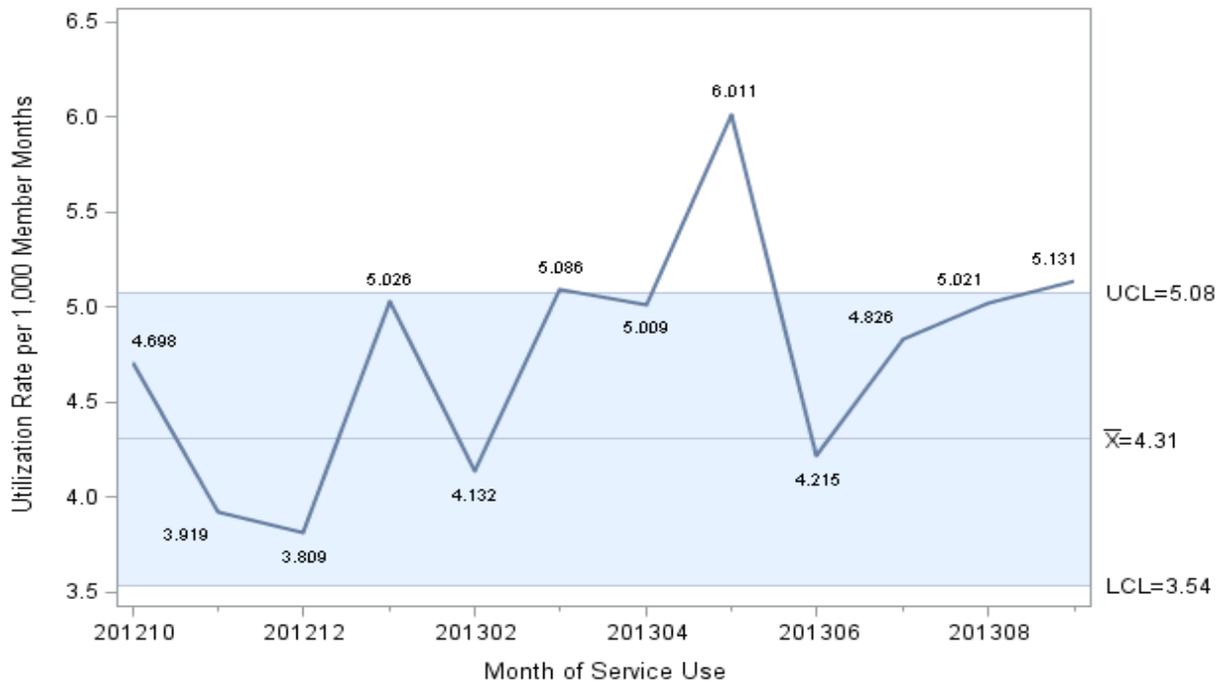
**Figure SU-13:** Emergency Transportation Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 628



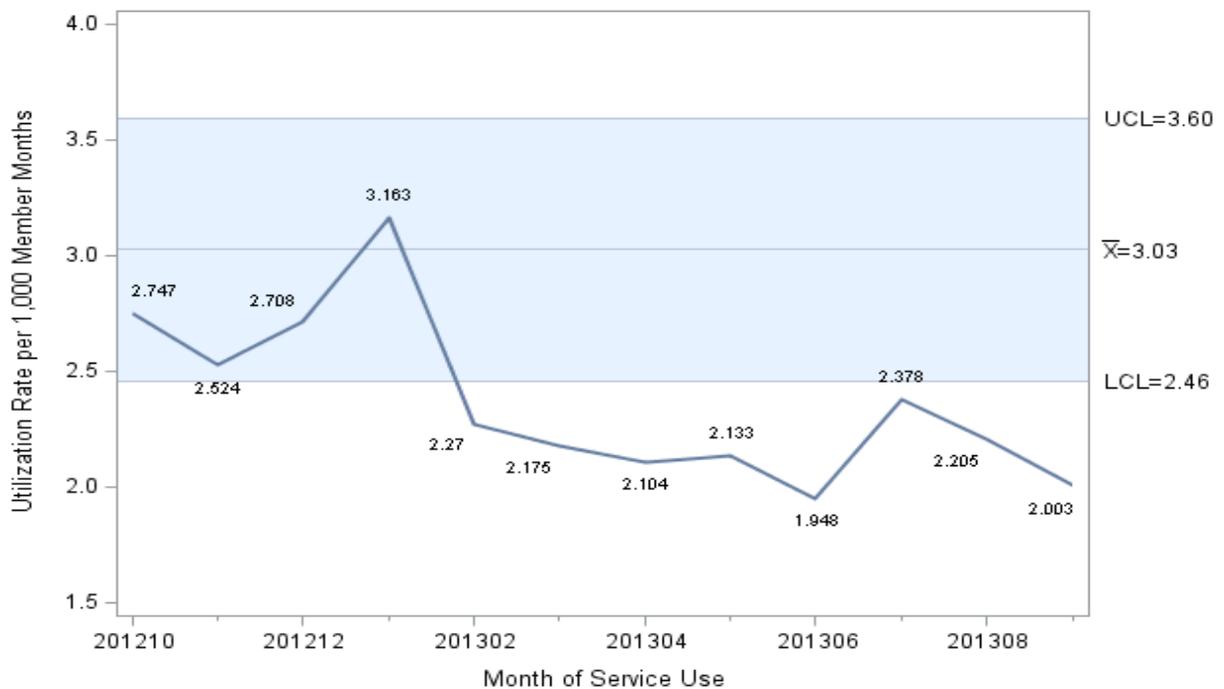
**Figure SU-14:** Emergency Transportation Utilization Rates among Children Ages 0–20 in the Families Aid Category, October 2012–September 2013 Unique User Count = 2,692



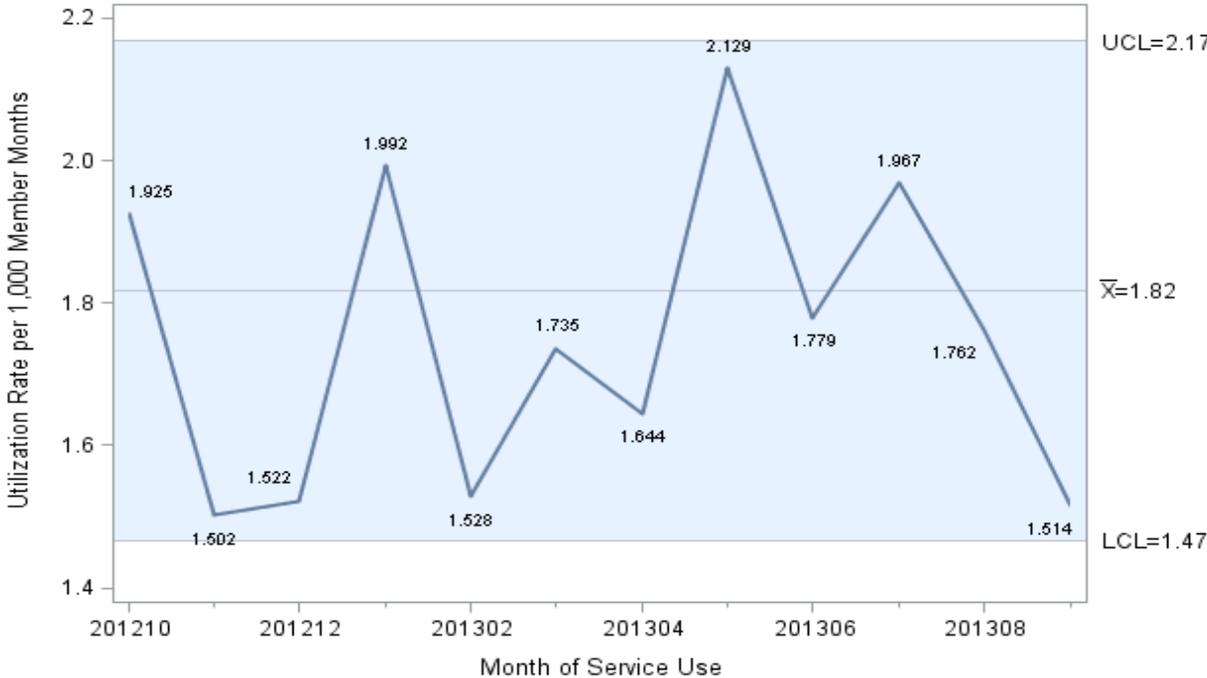
**Figure SU-15:** Emergency Transportation Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = 1,083



**Figure SU-16:** Emergency Transportation Utilization Rates among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = 1,726



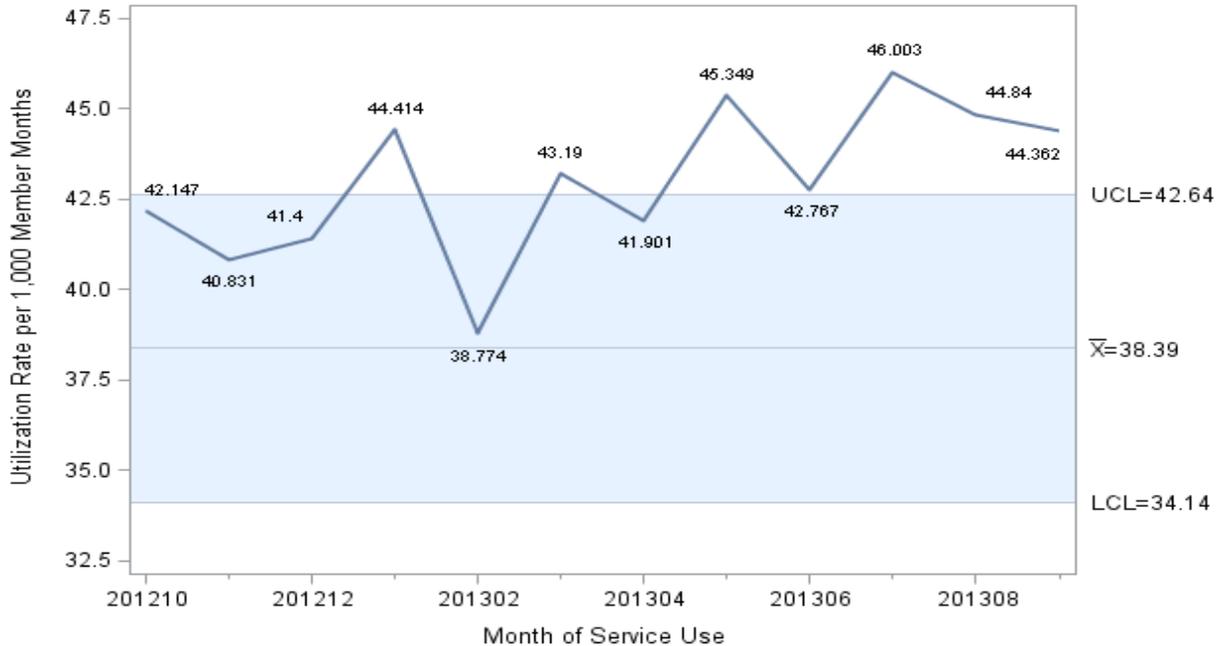
**Figure SU-17:** Emergency Transportation Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013 Unique User Count = 645



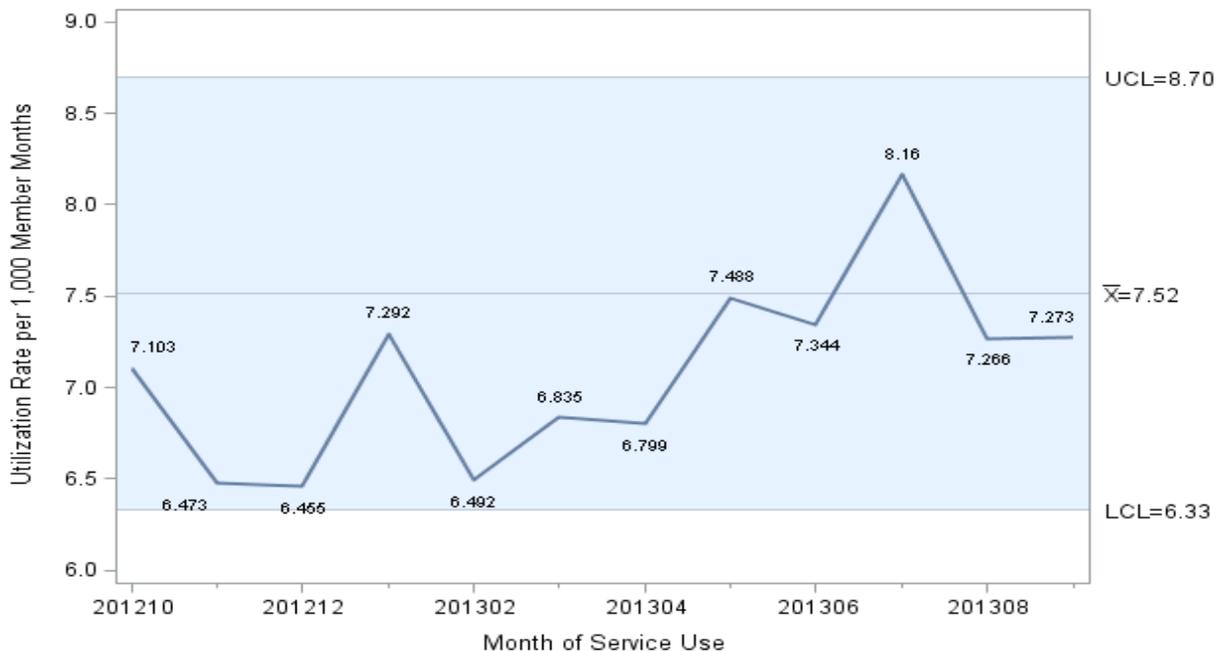
**Source:** Data for figures SU-13 to SU-17 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

### Trends of Monthly Emergency Transportation Services Utilization Rates among Adults, October 2012–September 2013

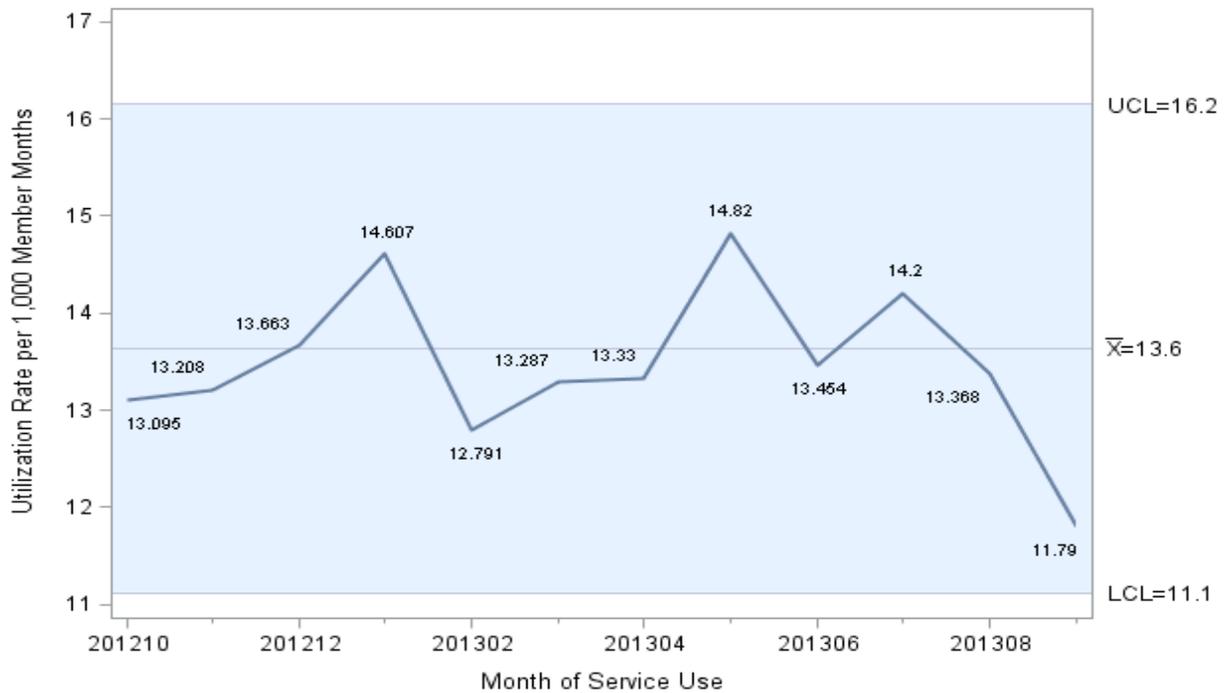
**Figure SU-18:** Emergency Transportation Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 7,034



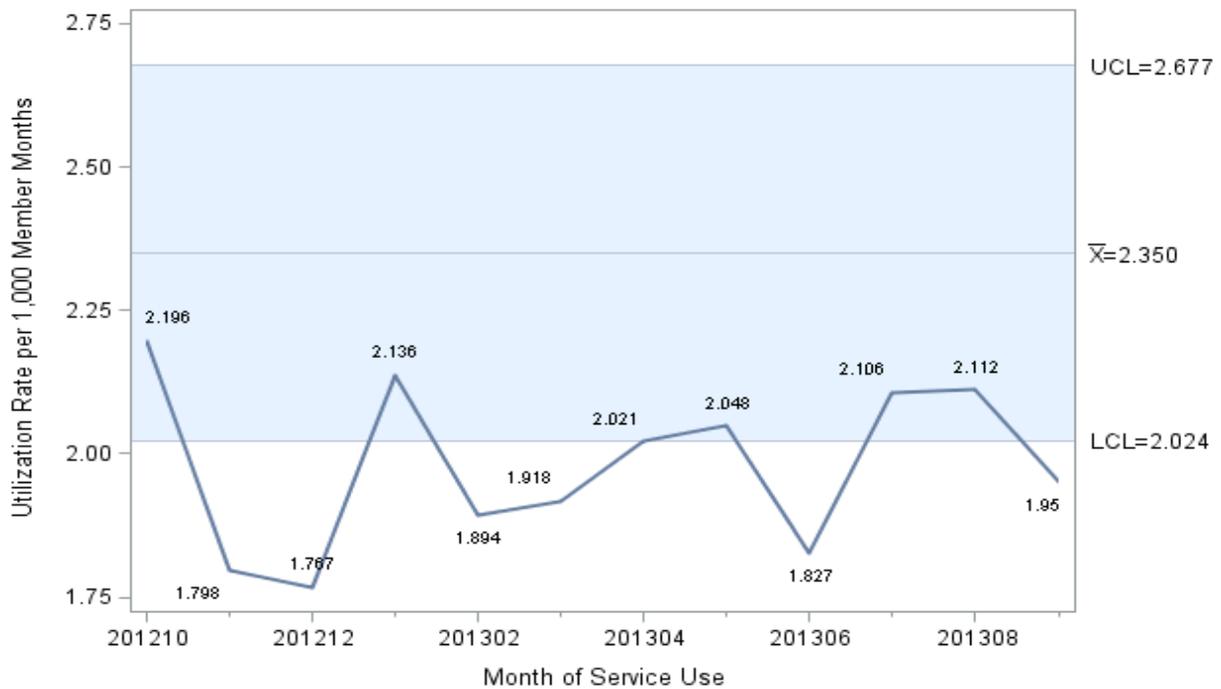
**Figure SU-19:** Emergency Transportation Utilization Rates among Adults Ages 21+ in the Families Aid Category, October 2012–September 2013 Unique User Count = 3,894



**Figure SU-20:** Emergency Transportation Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 1,538



**Figure SU-21:** Emergency Transportation Rates among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013 Unique User Count = 3,154



**Source:** Data for figures SU-18 to SU-21 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## Home Health Services

### Background

Home Health services provide outpatient care to Medi-Cal beneficiaries on an intermittent or part-time basis. Services include:

- Part-time or intermittent skilled nursing by licensed nursing personnel
- In-home medical care
- Physical, occupational, or speech therapy
- Home health aide
- Provision of medical supplies, excluding drugs and biological
- Medical social services
- Use of medical appliances

These services must be prescribed by a physician under a written plan renewed every 60 days, and be provided at the recipient's place of residence. Most services require prior authorization, except for services related to case evaluations and early discharge follow-up visits.

Home Health services paid through FFS Medi-Cal comprise any claim paid under provider type "014–Home Health Agency," which covers a variety of services, including services provided by home health agencies, home and community-based services, residential care and home health under the assisted living waiver, and pediatric palliative care waiver services.

## Trend Analysis – Children

- Use of Home Health services is now concentrated among children and adults in the Blind/Disabled aid category.

This analysis focuses only on Home Health services utilization rates among FFS Medi-Cal children ages 0–20 enrolled in the Blind/Disabled aid category.

The monthly Home Health services utilization rates for children in this aid category ranged from 135.4 to 169.1 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013. Children in the Blind/Disabled aid category again exhibited utilization rates above the thresholds established in the baseline period of 2007 to 2009 throughout the study period.

## Trend Analysis – Adults

- Adults in the Blind/Disabled aid code exhibited much lower Home Health services utilization than children in the same aid category.

For adults ages 21 and older, this analysis only focuses on Home Health services utilization among beneficiaries enrolled in the Blind/Disabled aid category. The monthly Home Health services utilization rates for adults in this aid category ranged from 11.6 to 15.1 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013. Similar to the previous access quarterly reports, adults in the Blind/Disabled aid group exhibited much lower overall Home Health services utilization rates than children in the same aid category. Adults in this aid category primarily displayed above-average utilization that also remained within the expected baseline ranges.

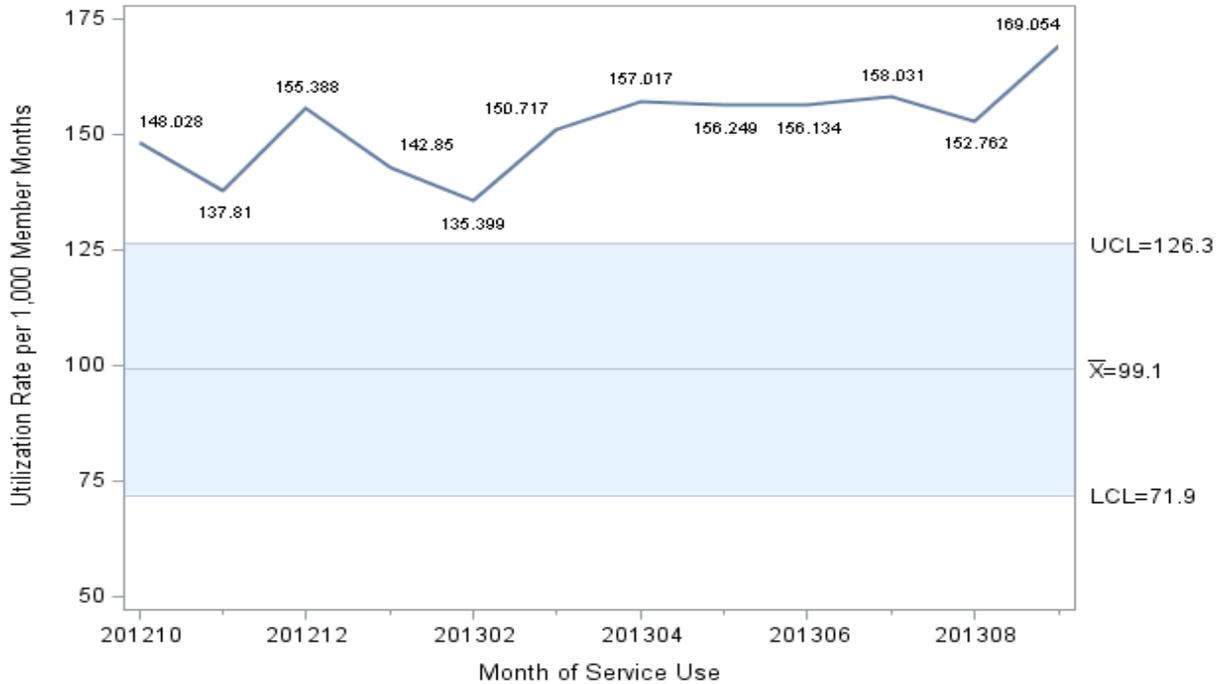
FFS Medi-Cal beneficiaries in the Undocumented aid category are not entitled to Home Health services and were, subsequently, excluded from this analysis. Additionally, adults in the Aged, Families, and Other aid categories as well as children in the Families, Foster Care, and Other aid categories were excluded because of their relatively small user counts (<500).

Figures SU-22 and SU-23 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

## Trends of Monthly Home Health Services Utilization Rates among Children, October 2012–September 2013

**Figure SU-22:** Home Health Services Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013

Unique User Count = 1,575

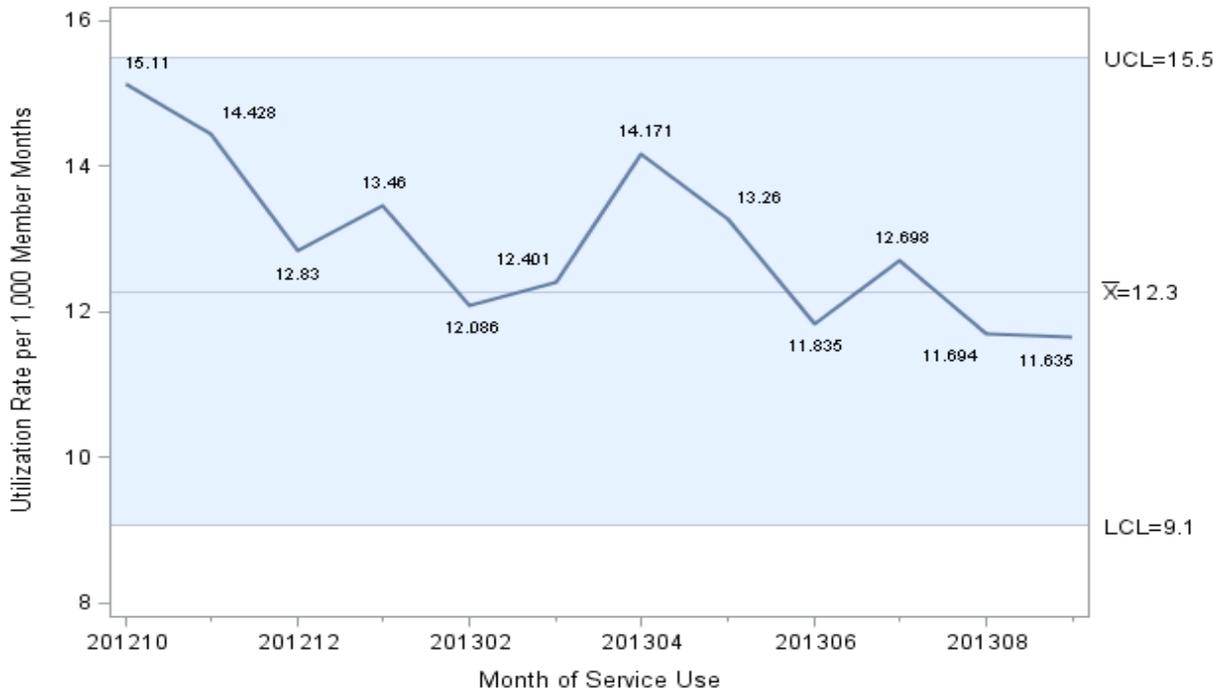


**Source:** Data for figure SU-22 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## Trends of Monthly Home Health Services Utilization Rates among Adults, October 2012–September 2013

**Figure SU-23:** Home Health Services Utilization Rates Among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013

Unique User Count = 1,035



**Source:** Data for figure SU-23 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## Hospital Inpatient Services

### Background

Hospital Inpatient services are those services provided by a physician to patients admitted to the hospital at least overnight or who are transferred to another facility in the same day. Hospital Inpatient services do not include skilled nursing and intermediate care services furnished by a hospital with a swing-bed approval.

The general public is ensured access to emergency medical services, regardless of their ability to pay, under the Emergency Medical Treatment & Labor Act (EMTALA).<sup>viii</sup> Under this act, individuals who present to hospitals having emergency rooms must be appropriately screened and examined to determine whether or not an emergency medical condition exists, and must receive stabilizing treatment when medically needed. Emergency medical conditions include women in active labor. This provision is equally applicable to Medi-Cal beneficiaries seeking emergency and pregnancy-related services, including beneficiaries who are in restricted-scope aid categories with limited benefits.

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<sup>viii</sup> <http://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html?redirect=/EMTALA/>

## Trend Analysis – Children

- Children in the Blind/Disabled aid category had notably higher Hospital Inpatient use rates than children in the other aid categories.

The monthly Hospital Inpatient services utilization rates for FFS Medi-Cal children ages 0–20 ranged from 14.6 to 151.3 days per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the trends identified in the previous quarterly access reports, Hospital Inpatient services utilization was notably higher among children in the Blind/Disabled aid category. Children in the Blind/Disabled and Families aid categories exhibited mostly above-average Hospital Inpatient services utilization rates that at times reached above the expected ranges observed in the baseline period of 2007 to 2009. In contrast, children in the Foster Care, Other, and Undocumented aid categories again mostly exhibited below-average utilization of Hospital Inpatient services. Of particular note, after exhibiting utilization below the expected ranges, service use among children in the Undocumented aid category increased to levels well above the expected ranges during the last quarter of the study period. Additionally, children in the Families and Other aid categories displayed noticeable increases in Hospital Inpatient services utilization during the last quarter of the study period. These increases are attributable to an administrative change in how pregnancy-related claims are processed. For instance, the implementation of the All Patient Refined Diagnosis Related Group (APR-DRG) payment methodology in July 2013 required providers to submit hospital inpatient claims for babies separately from their mothers'. This administrative billing change resulted in an increase of inpatient claims while actual utilization of services were consistent with recent trends.

## Trend Analysis – Adults

- Adults in the Aged, Blind/Disabled, and Other aid categories had noticeably higher Hospital Inpatient service use rates, while service use for adults in the Families and Undocumented aid categories were mostly below-average.

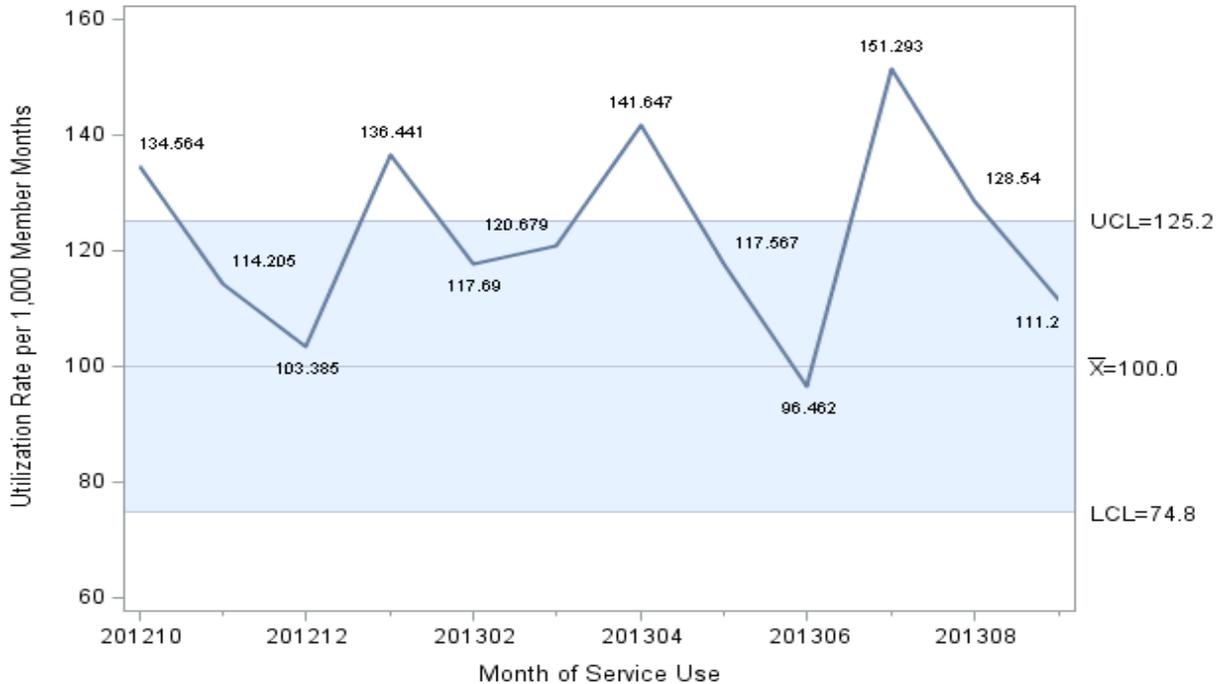
For adults ages 21 and older, monthly Hospital Inpatient services utilization rates ranged from 29.4 to 302.3 days per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Hospital Inpatient services use was again noticeably higher for adults in the Aged, Blind/Disabled, and Other aid categories. Adults in the Aged and Blind/Disabled aid categories exhibited above-average utilization above the baseline thresholds throughout the study period. In contrast, adults in the Families, Other, and Undocumented aid categories exhibited below-average Hospital Inpatient services utilization rates that often fell below the expected ranges.

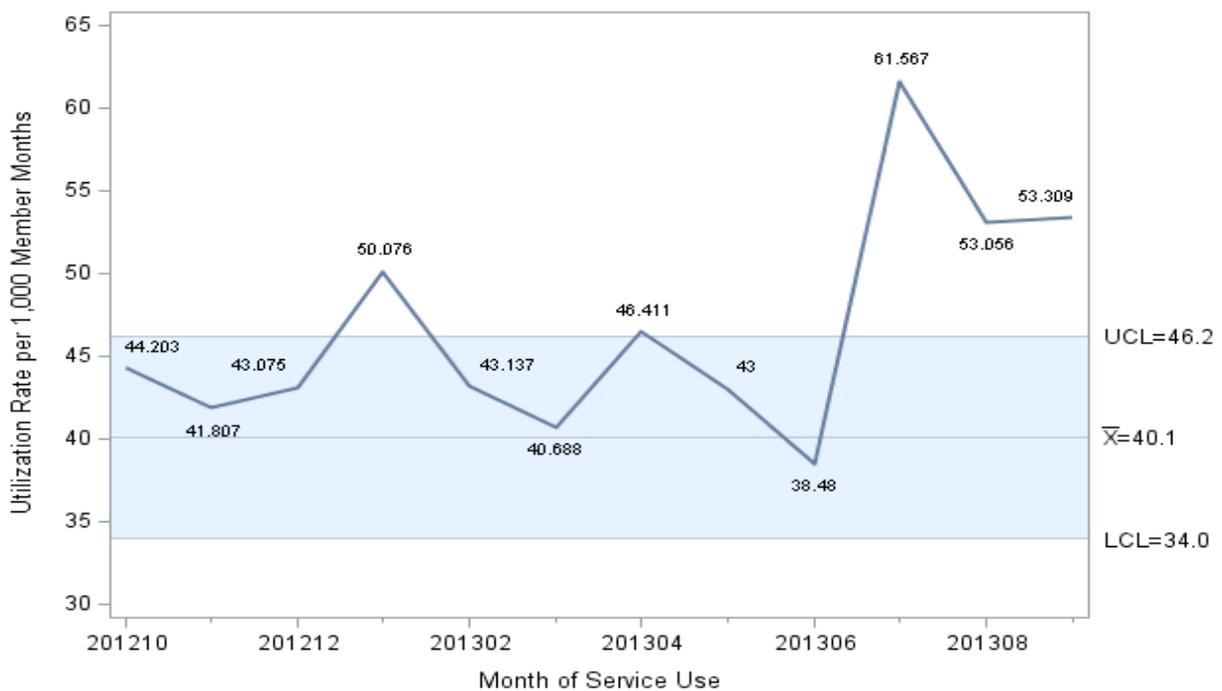
Figures SU-24 to SU-33 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

### Trends of Monthly Hospital Inpatient Services Utilization Rates among Children, October 2012–September 2013

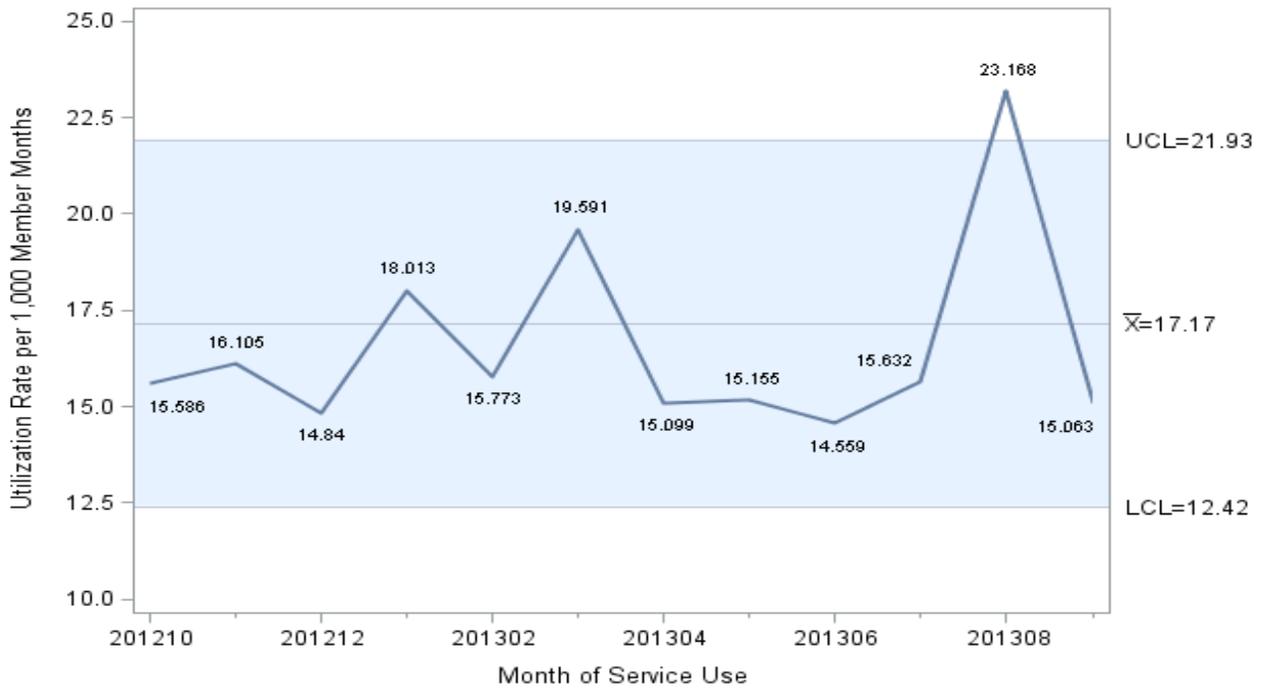
**Figure SU-24:** Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 1,182



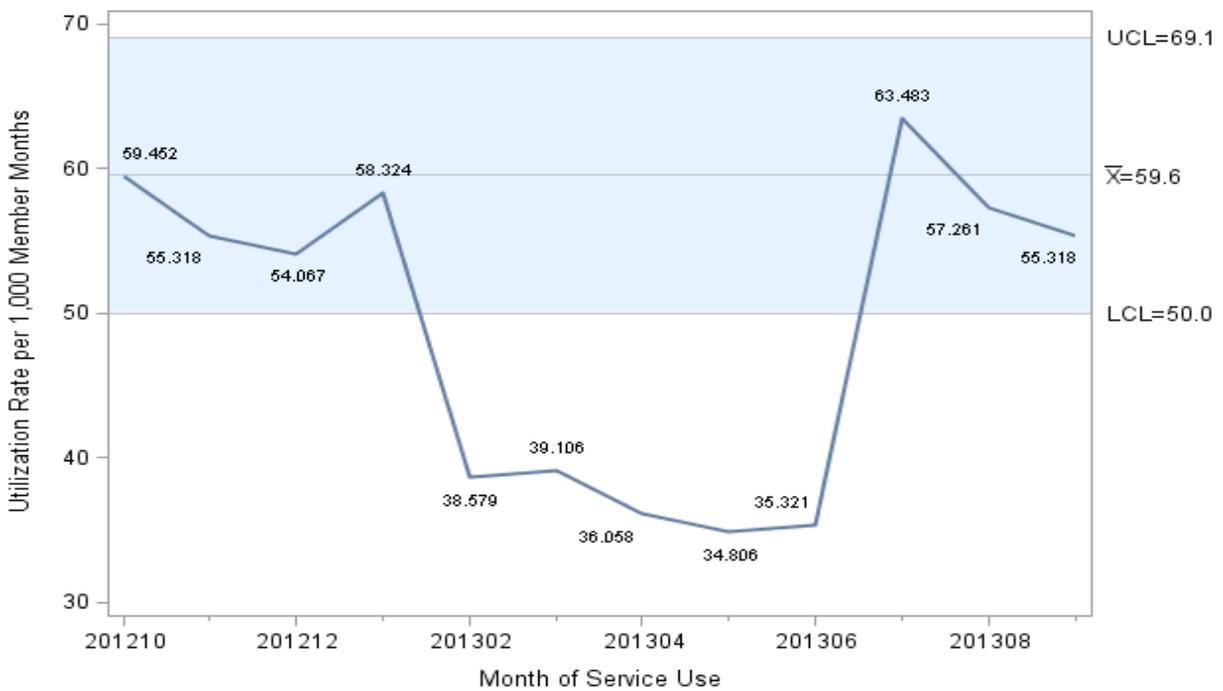
**Figure SU-25:** Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Families Aid Category, October 2012–September 2013 Unique User Count = 9,143



**Figure SU-26:** Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = 769

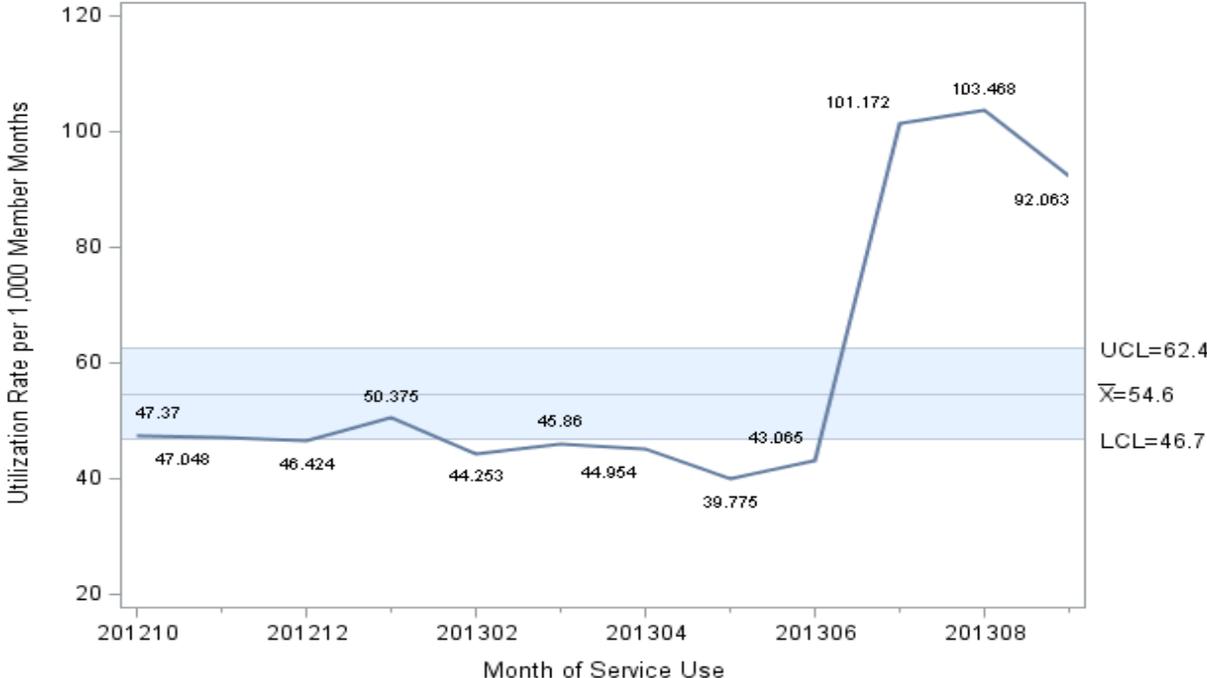


**Figure SU-27:** Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = 12,468



**Figure SU-28:** Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

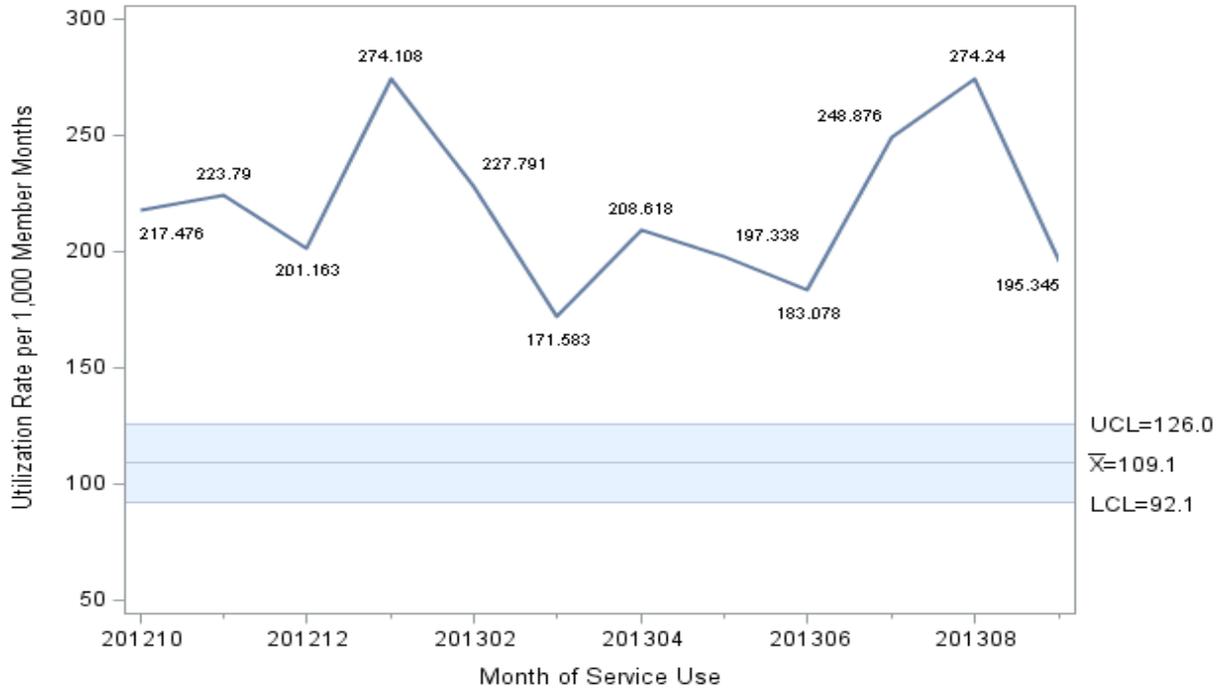
Unique User Count = **13,414**



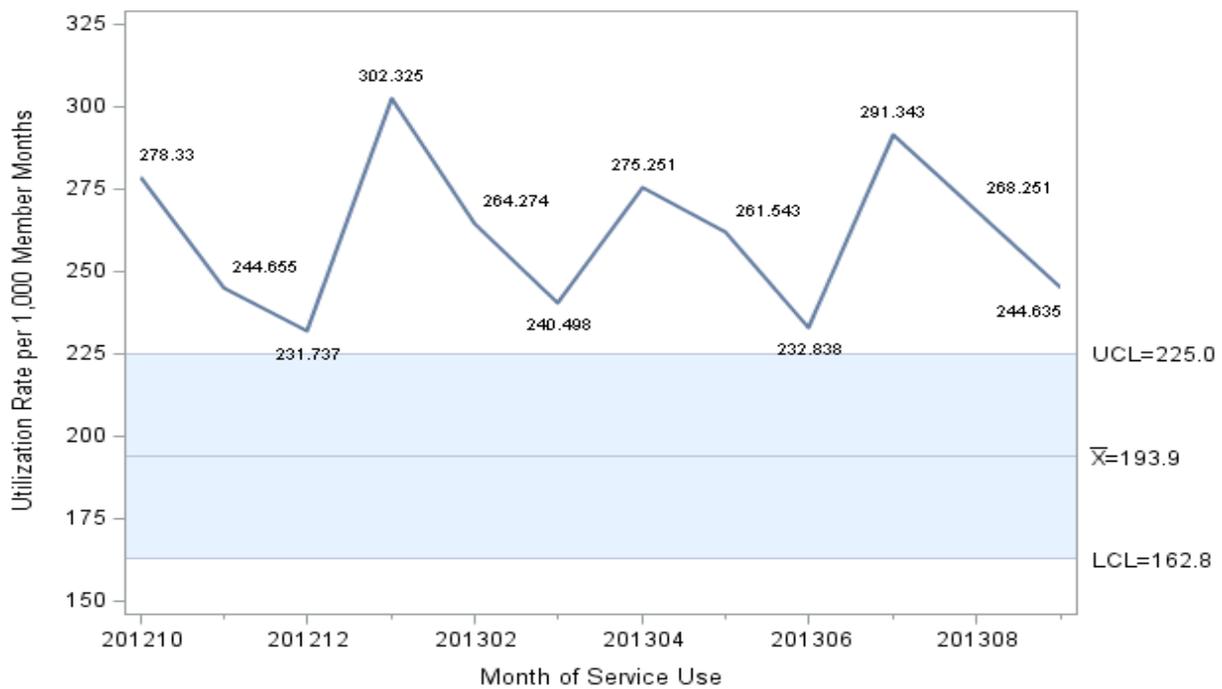
**Source:** Data for figures SU-24 to SU-28 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

### Trends of Monthly Hospital Inpatient Services Utilization Rates among Adults, October 2012–September 2013

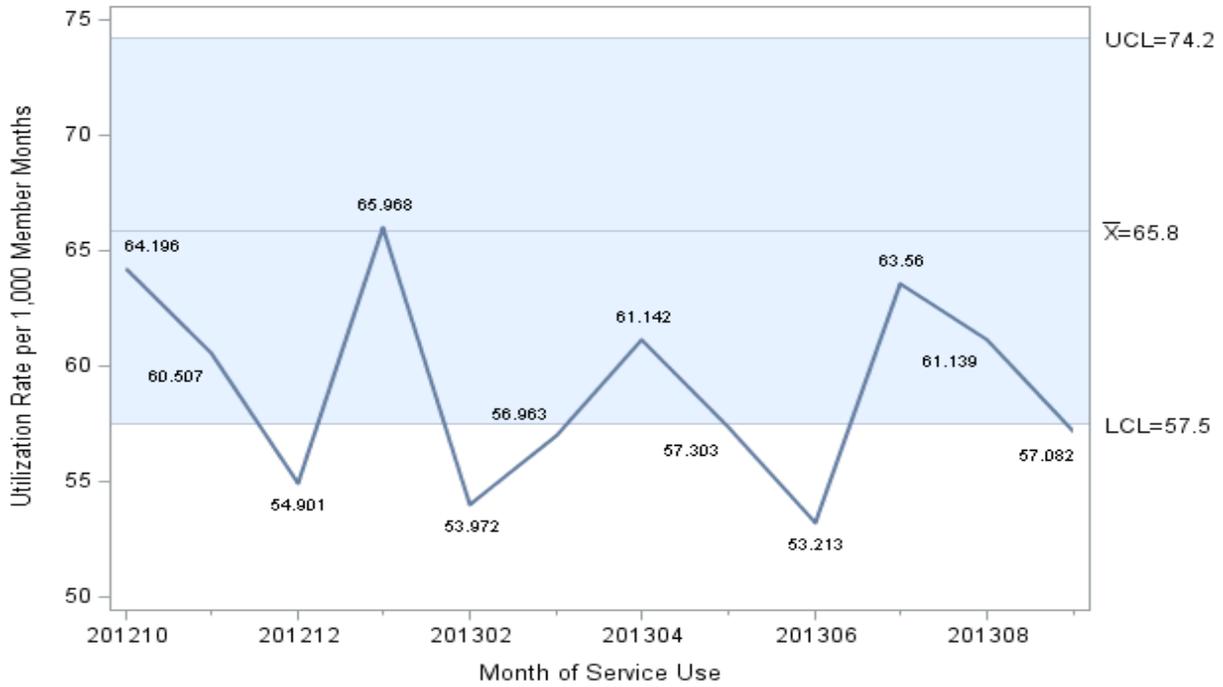
**Figure SU-29:** Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = 930



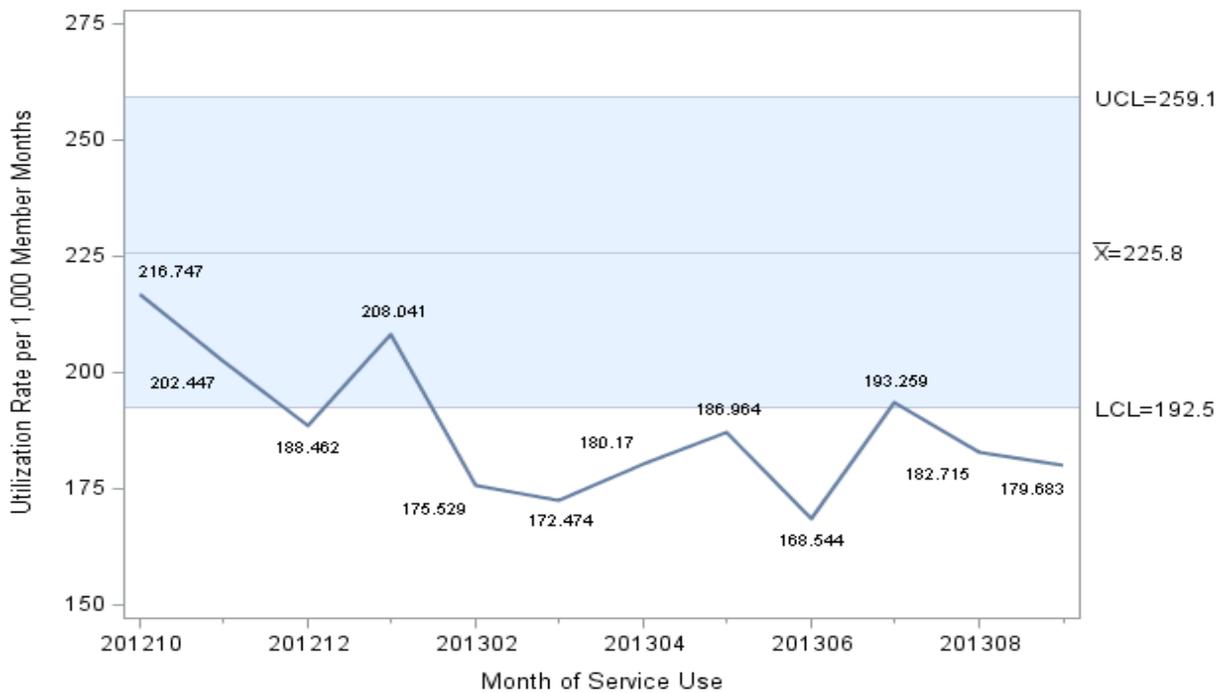
**Figure SU-30:** Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 7,525



**Figure SU-31:** Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Families Aid Category, October 2012–September 2013 Unique User Count = 9,401

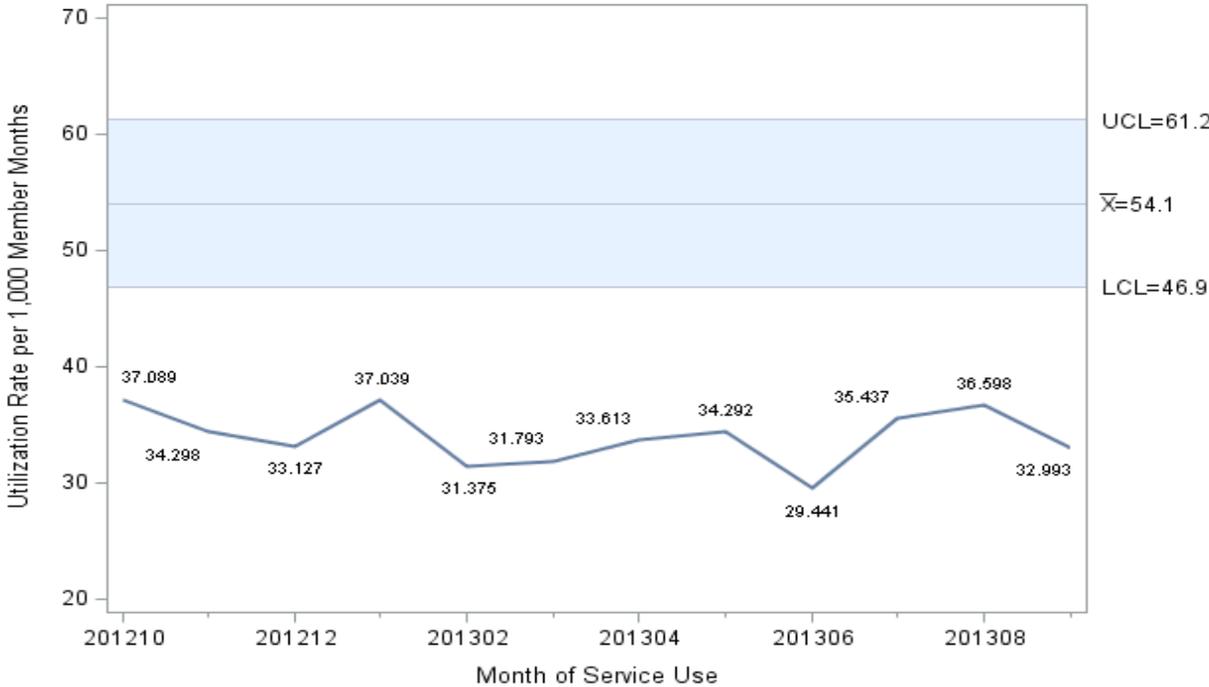


**Figure SU-32:** Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 10,928



**Figure SU-33:** Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **20,213**



**Source:** Data for figures SU-29 to SU-33 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## **Hospital Outpatient Services**

### **Background**

Hospital Outpatient services are diagnostic, preventative, or therapeutic services furnished on an outpatient basis on the premises of a hospital. These services are rendered on the expectation that a patient will not require services beyond a 24-hour period. Hospital Outpatient services may include visits to an emergency room, as well as scheduled procedures that do not require overnight hospitalization.

The general public is ensured access to emergency medical services under the EMTALA, regardless of their ability to pay. Under this act, individuals who seek care at hospitals with an emergency room must be appropriately screened and examined to determine if an emergency medical condition exists, and must receive stabilizing treatment when medically needed. Emergency medical conditions include women in active labor. This provision is equally applicable to Medi-Cal beneficiaries seeking emergency and pregnancy-related services, including beneficiaries who are in restricted-scope aid categories with limited benefits.

## Trend Analysis – Children

- Children in the Blind/Disabled aid category used Hospital Outpatient services at rates two to three times higher than children in other aid categories.

Among FFS Medi-Cal children ages 0–20, monthly Hospital Outpatient services utilization rates ranged from 54.8 to 184.1 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Hospital Outpatient services use continued to be higher among children in the Blind/Disabled aid category, with rates ranging from two to three times higher than for children in any other aid category. Children in the Foster Care and Undocumented aid categories mostly exhibited below-average utilization of Hospital Outpatient services. Service use among children in the Families aid category fell below the expected ranges in the last analyzed quarter, while children in the Other aid group displayed utilization below the expected ranges throughout the study period. Additionally, children in the Families and Other aid categories displayed a downward trend in Hospital Outpatient services utilization between January and June 2013.

## Trend Analysis – Adults

- Adults in the Blind/Disabled and Other aid categories experienced higher utilization rates for Hospital Outpatient services.

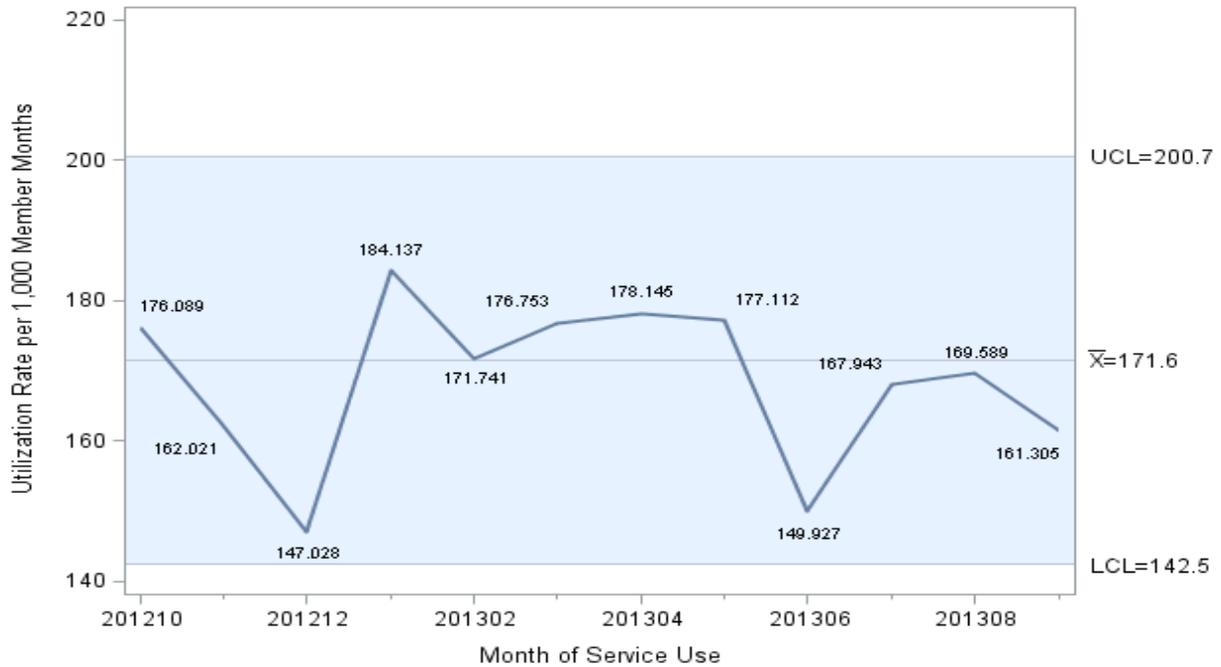
The monthly Hospital Outpatient services utilization rates for adults ages 21 and older ranged from 44.1 to 295.0 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

As noted in the previous access quarterly reports, Hospital Outpatient services utilization rates were noticeably higher for adults in the Blind/Disabled and Other aid categories. Adults in the Aged and Blind/Disabled aid categories mostly exhibited above-average use of Hospital Outpatient services, while adults in the Families, Other, and Undocumented aid categories displayed below-average utilization. Service use among adults in the Families and Undocumented aid categories fell below the expected ranges during most of the study period. Additionally, adults in the Other aid category exhibited several non-consecutive months of Hospital Outpatient services utilization below the expected ranges.

Figures SU-34 to SU-43 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

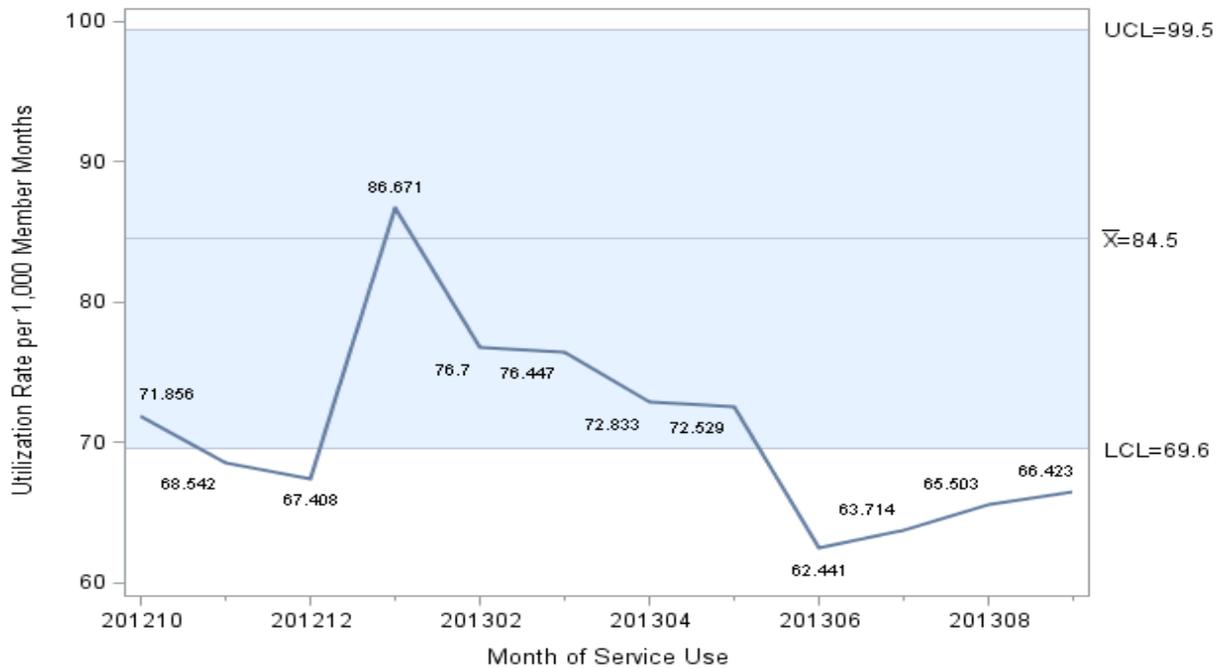
### Trends of Monthly Hospital Outpatient Services Utilization Rates among Children, October 2012–September 2013

**Figure SU-34:** Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 7,564

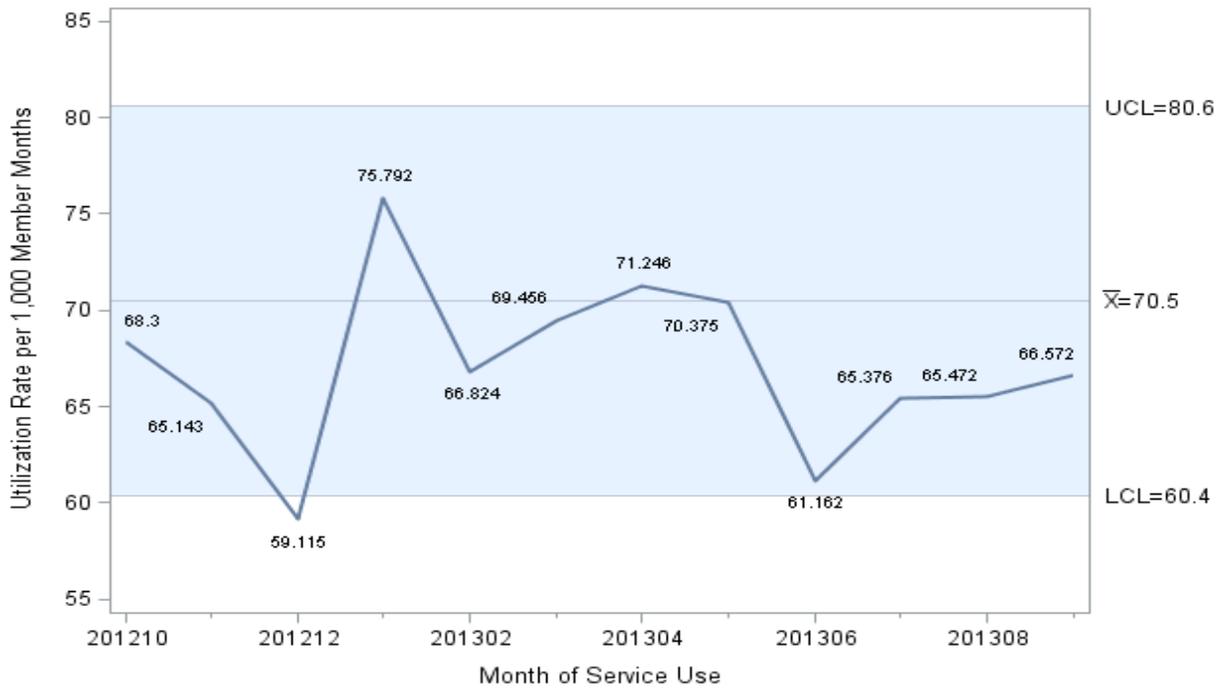


**Figure SU-35:** Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Families Aid Category, October 2012–September 2013

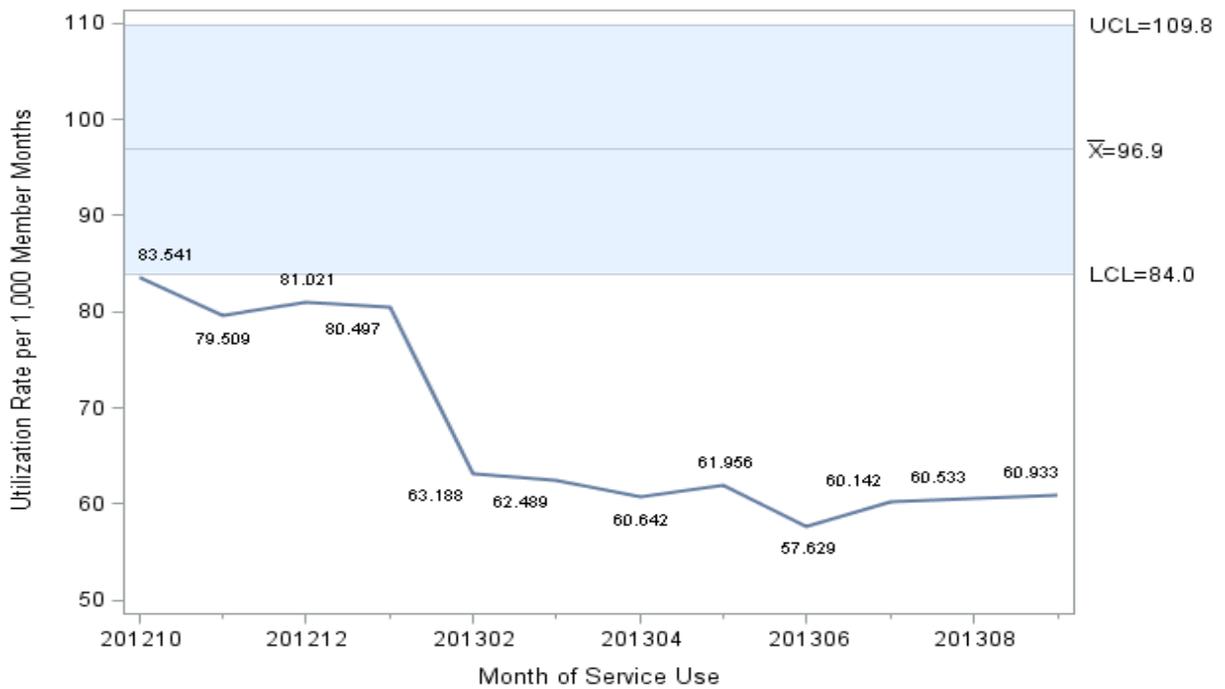
Unique User Count = 50,276



**Figure SU-36:** Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = 12,027

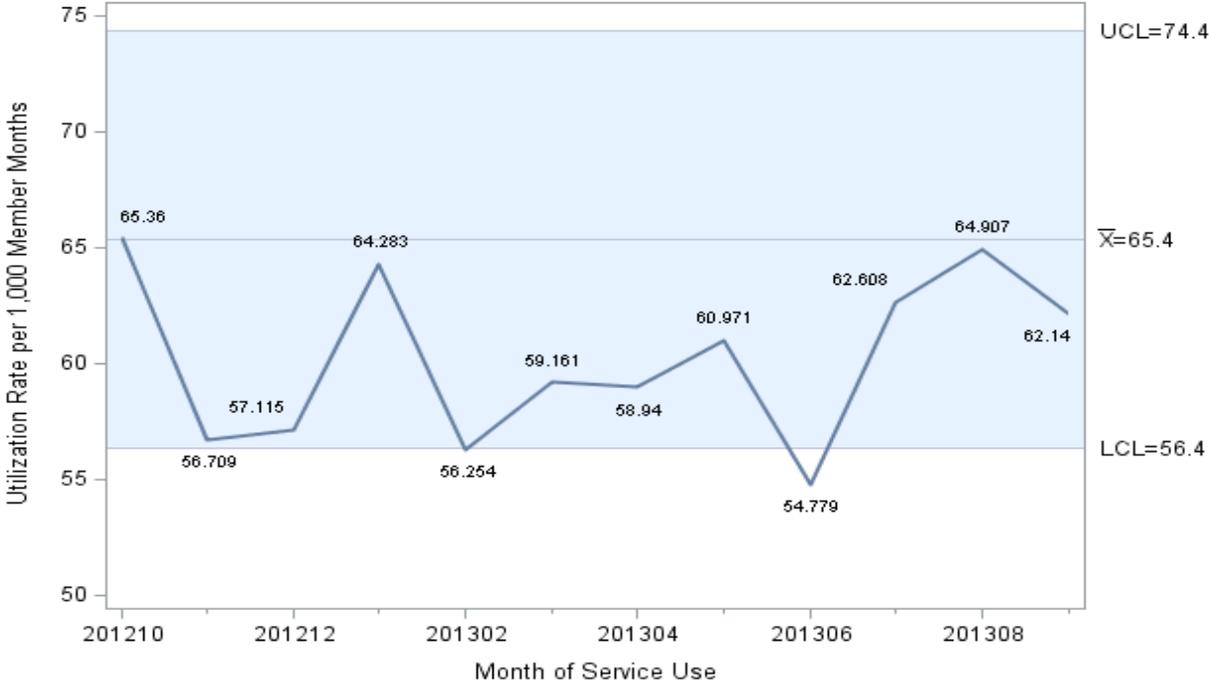


**Figure SU-37:** Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = 39,423



**Figure SU-38:** Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

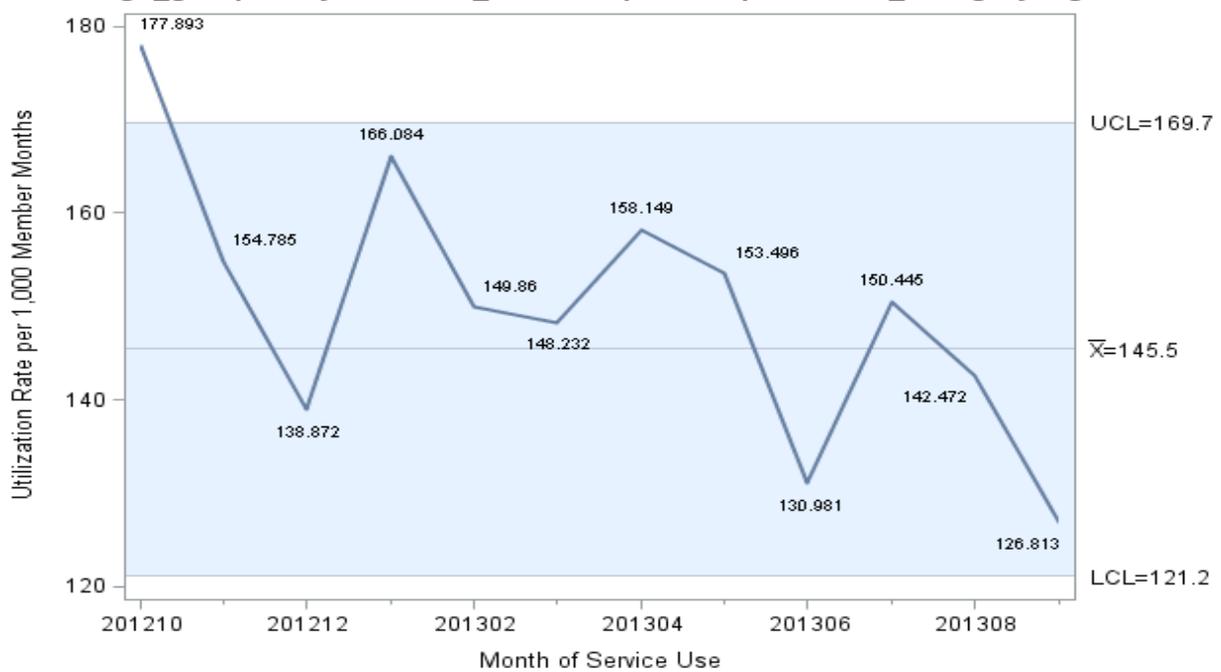
Unique User Count = **19,354**



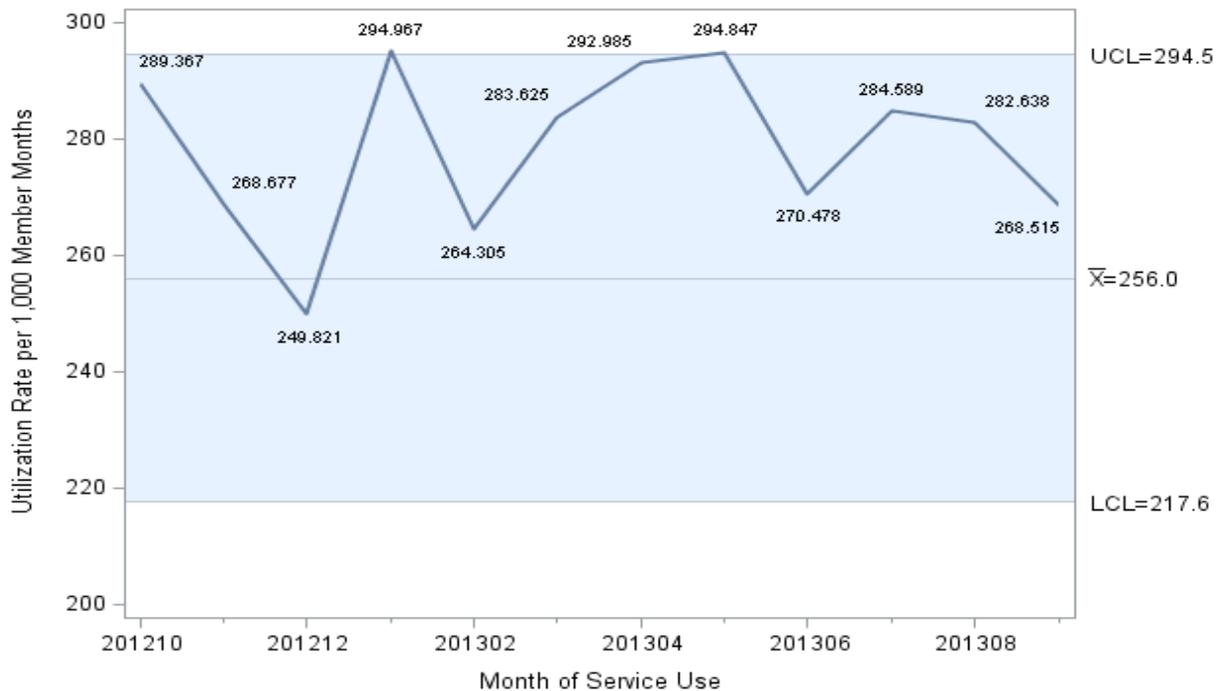
**Source:** Data for figures SU-34 to SU-38 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

### Trends of Monthly Hospital Outpatient Services Utilization Rates among Adults, October 2012–September 2013

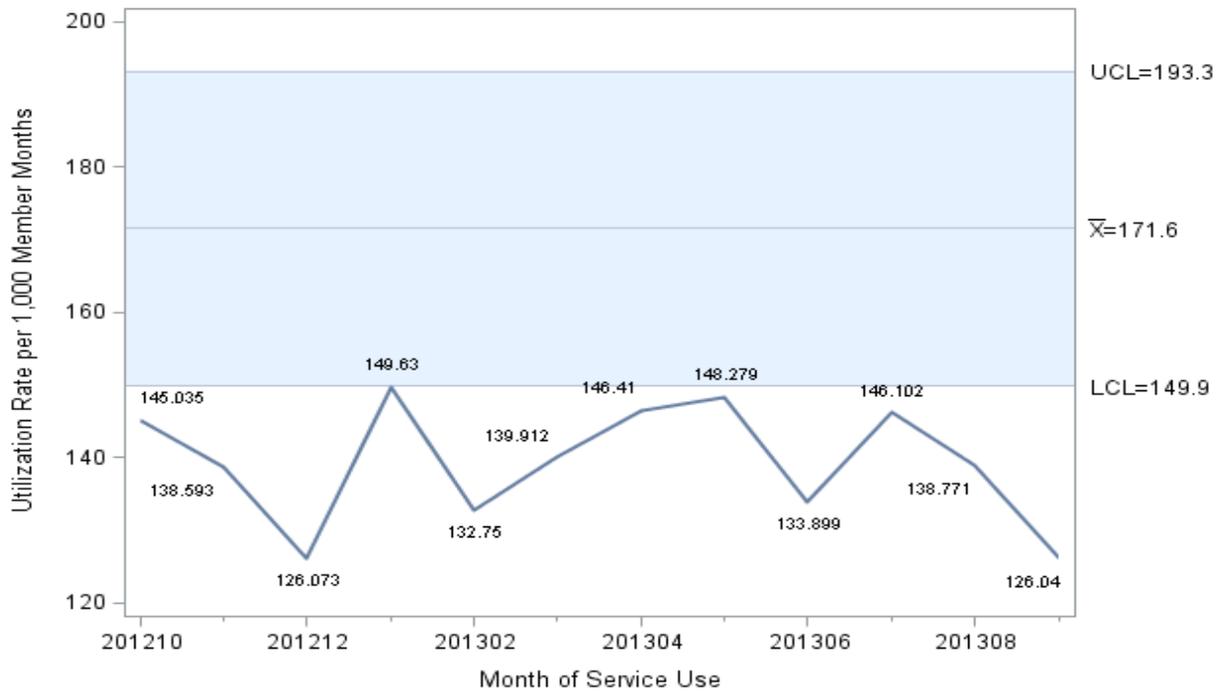
**Figure SU-39:** Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = 2,324



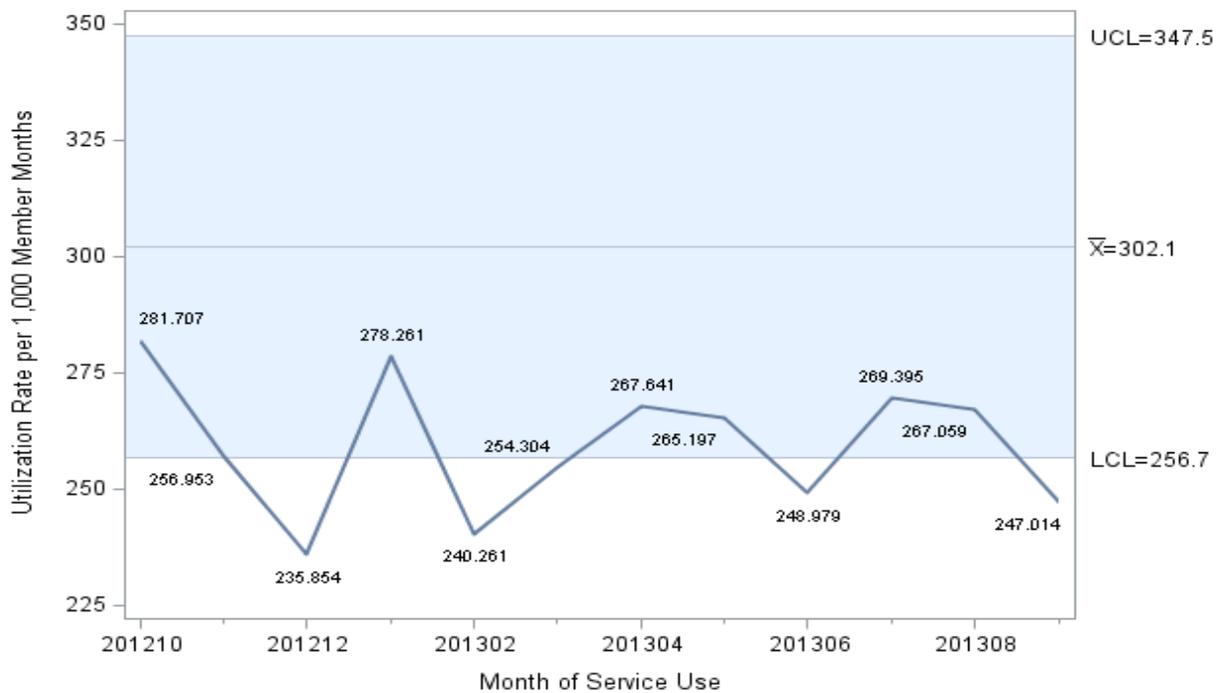
**Figure SU-40:** Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 29,809



**Figure SU-41:** Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Families Aid Category, October 2012–September 2013 Unique User Count = **48,044**

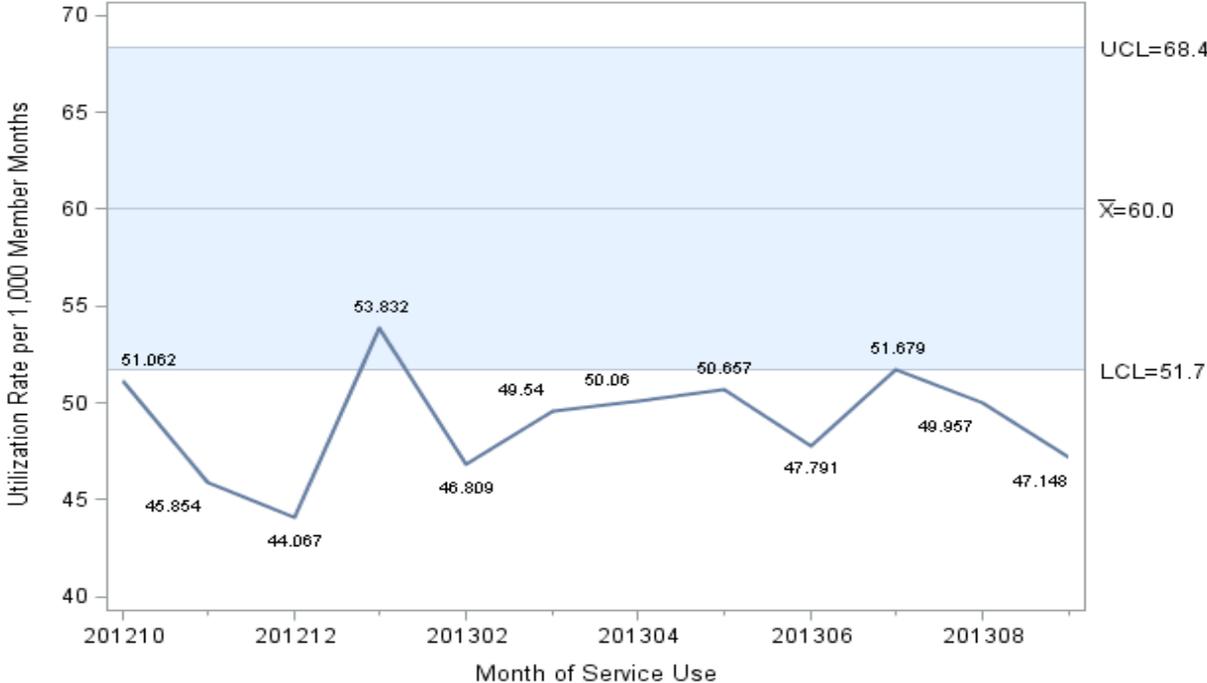


**Figure SU-42:** Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = **21,286**



**Figure SU-43:** Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **53,211**



**Source:** Data for figures SU-39 to SU-43 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## Nursing Facility Services

### Background

Nursing Facility services offered under the Medi-Cal program encompass a variety of provider types, including intermediate care facilities for the developmentally disabled (ICF/DD), nursing facility Level A and B care, and certified hospice services.

ICF/DD facilities provide 24-hour personal, habilitation, developmental, and supportive health care to clients who need developmental services and who have a recurring but intermittent need for skilled nursing services. There are three types of ICF/DD facilities that are distinguished by the different levels of developmental and skilled nursing services they provide. ICF/DD facilities primarily provide developmental services for individuals who may have a recurring, intermittent need for skilled nursing. ICF/DD–Habilitative facilities provide developmental services to 15 or fewer clients who do not require the availability of continuous skilled nursing care. ICF/DD–Nursing facilities offer the same services as those found in an ICF/DD–Habilitative facility, but focus their services on medically frail persons requiring a greater level of skilled nursing care.

Nursing Facility Level A (NF-A) provides intermediate care for non-developmentally disabled clients. These facilities provide inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and supportive care, but who do not require the availability of continuous skilled nursing care.

Skilled Nursing Facility Level B (SNF-B) provides skilled nursing and supportive care to patients whose primary need is for continuous care on an extended basis, such as those with physical and/or mental limitations and those requiring subacute care.

Certified hospice services are designed to meet the unique needs of terminally ill individuals who opt to receive palliative care versus care to treat their illness. The following providers may render hospice services to program beneficiaries: hospitals; skilled nursing facilities; intermediate care facilities; home health agencies; and licensed Medi-Cal health providers who are certified by Medicare to provide hospice services. Hospice services may include: nursing and physician services; medical social and counseling services; home health aide and homemaker services; bereavement counseling; and any additional service that may otherwise be paid under the Medi-Cal program.

## Trend Analysis – Children

Children in all of the aid categories are excluded from this analysis because of their relatively small user counts (<500).

## Trend Analysis – Adults

- Nursing Facility use is now concentrated among three beneficiary subpopulations: adults in the Blind/Disabled, Aged, and Other aid categories.
- These trends highlight how markedly the case mix of the adult FFS Medi-Cal beneficiary population has changed since the baseline utilization rates were established.

This analysis only focuses on Nursing Facility services utilization among FFS Medi-Cal adults ages 21 and older enrolled in the Aged, Blind/Disabled, and Other aid categories.

Among adults in these aid categories, the monthly Nursing Facility services utilization rates ranged from 655.4 to 2,174.0 days per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

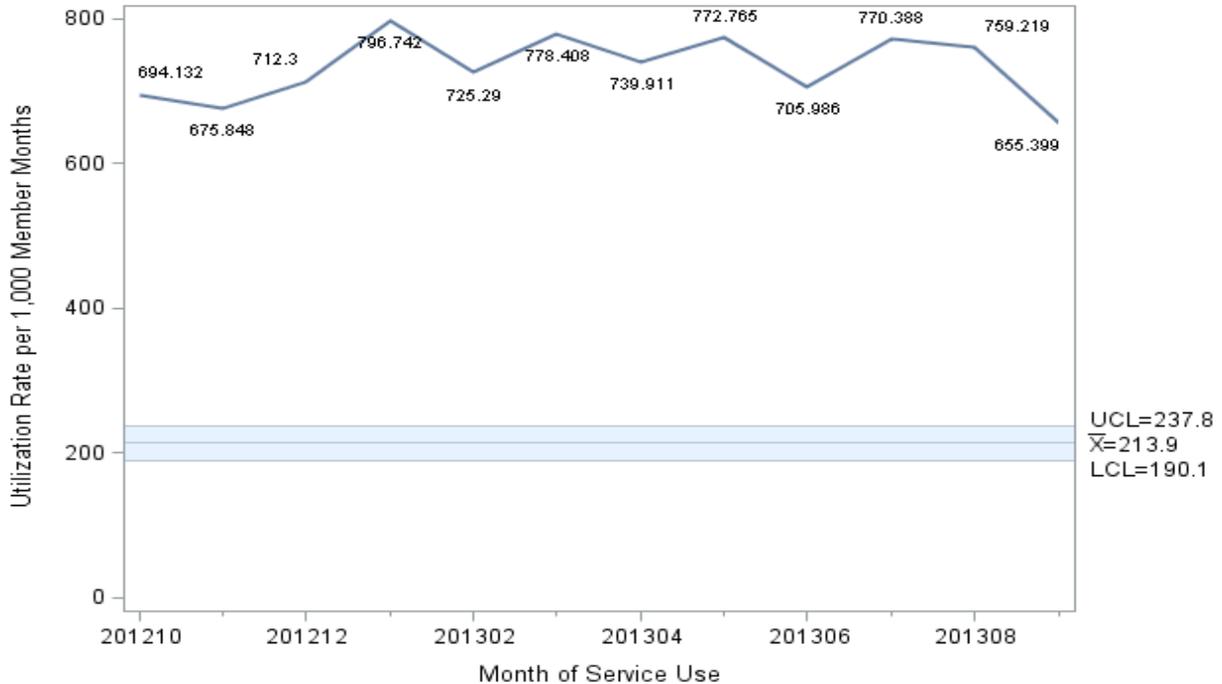
The Nursing Facility services utilization rates were again highest among adults in the Blind/Disabled and Other aid categories. The high utilization among adults in the Other aid category is understandable given that this subgroup contains beneficiaries enrolled in long-term care aid codes, while the utilization exhibited by adults in the Blind/Disabled aid category is most likely due to their inherent complex medical needs. Although displaying high use, adults in the Other aid category continued to exhibit below-average Nursing Facility services utilization that predominantly fell below the expected ranges observed in the baseline period of 2007 to 2009. In contrast, adults in the Aged and Blind/Disabled aid categories displayed above-average utilization of Nursing Facility services that reached levels well above the expected ranges throughout the study period.

FFS Medi-Cal beneficiaries in the Undocumented aid category are not eligible for Nursing Facility services and were subsequently excluded from this analysis. Additionally, adults in the Families aid category were excluded due to their relatively small user counts (<100).

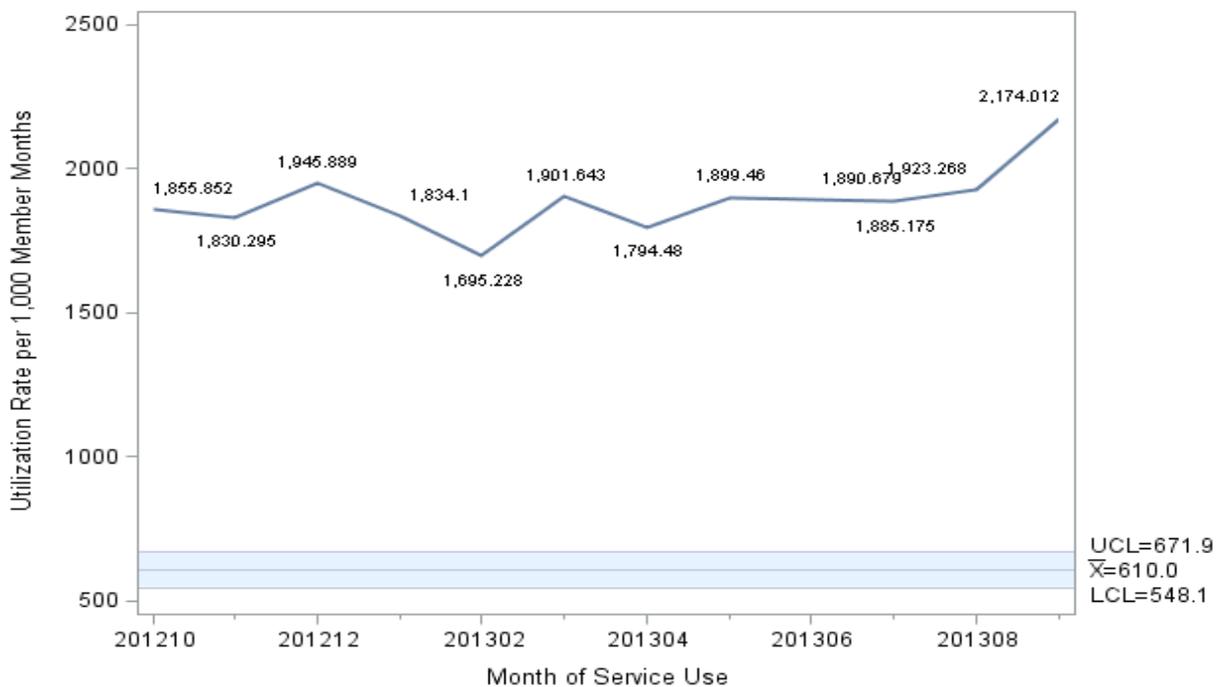
Figures SU-44 to SU-46 represent the control chart analysis for adults from the fourth quarter of 2012 to the third quarter of 2013.

### Trends of Monthly Nursing Facility Services Utilization Rates among Adults, October 2012–September 2013

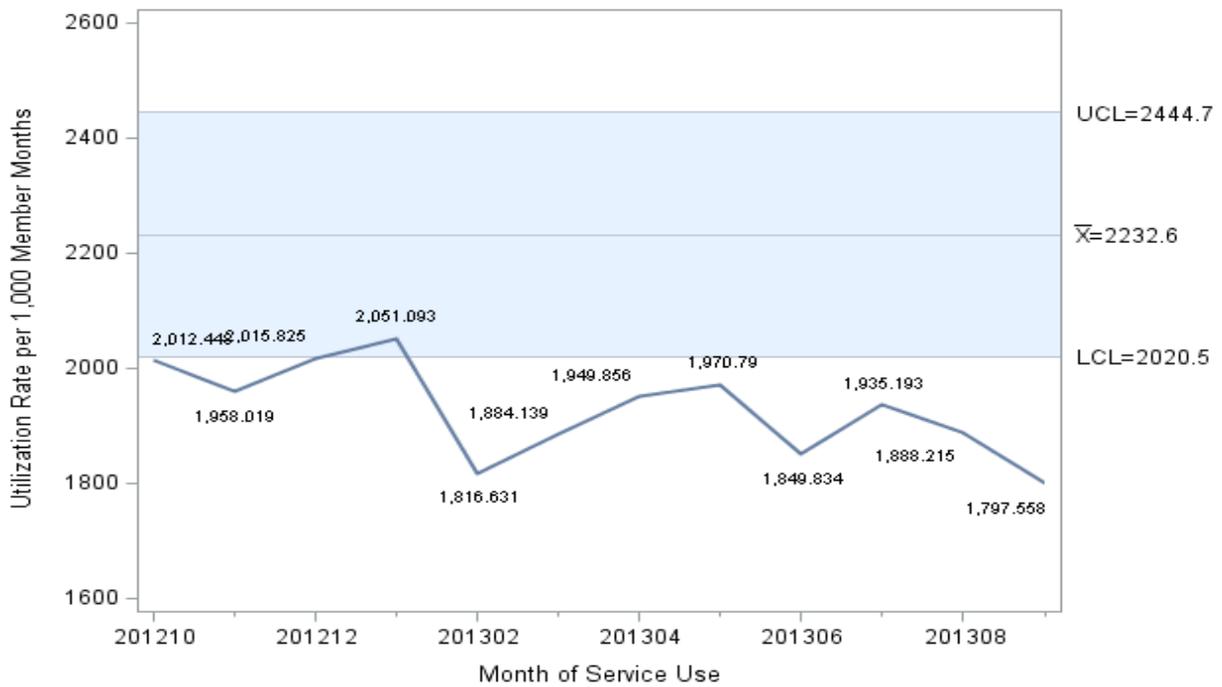
**Figure SU-44:** Nursing Facility Utilization Rates Among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013\* Unique User Count = 559



**Figure SU-45:** Nursing Facility Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013\*\* Unique User Count = 7,478



**Figure SU-46:** Nursing Facility Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013\*\*\* Unique User Count = 5,205



**Source:** Data for figures SU-44 to SU-46 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

\*Figure SU-44: January 2013 – 796.742

\*\*Figure SU-45: June 2013 – 1,890.679, August 2013 – 1,923.268

\*\*\*Figure SU-46: October 2012 – 2,012.4480, December 2012 – 2,015.8248

## Pharmacy Services

### Background

Pharmacy services are the most frequently used Medi-Cal benefit and the fastest-growing portion of the Medi-Cal budget. Pharmacy coverage is a significant proportion of the benefits received by the elderly and for beneficiaries with a disability, mental illness, or chronic condition.

Pharmacy providers not only dispense prescription drugs; they also bill for over-the-counter drugs, enteral formula, medical supplies, incontinent supplies, and durable medical equipment. Most outpatient prescription drug claims are billed by pharmacy providers. Physicians and clinics may also bill for drugs administered in their office, as well as prenatal care vitamins that are distributed through Comprehensive Perinatal Services Program providers.

Pharmacy services for beneficiaries eligible for FFS Medi-Cal Only are restricted to six prescriptions per month per beneficiary for most drugs. Previous authorization is needed to obtain coverage beyond the six-prescription cap. A copayment of \$1 per prescription is required for most beneficiaries, although beneficiaries cannot be denied coverage if they can't afford the copayment. Federal law prohibits states from imposing cost-sharing on children, pregnant women, and institutionalized beneficiaries, and for family planning services, hospice services, emergencies, and American Indians served by an Indian health care provider.

## Trend Analysis – Children

- Among children in the Blind/Disabled aid category, Pharmacy service use was two to six times higher than for children in other aid categories.

The monthly Pharmacy services utilization rates for FFS Medi-Cal children ages 0–20 ranged from 64.7 to 1,372.8 prescriptions per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the previous access quarterly reports, the utilization of Pharmacy services was noticeably higher among children in the Blind/Disabled aid category, with rates about two times higher than children in the Foster Care aid category and five to six times higher than children in the Families and Other aid categories. Children in the Families, Other, and Undocumented aid categories again primarily displayed below-average Pharmacy services utilization that at times reached levels below the expected ranges observed in the baseline period of 2007 to 2009. In contrast, children in the Blind/Disabled aid category exhibited above-average utilization that remained within the baseline ranges, while children in the Foster Care aid category continued to exhibit predominantly normal use patterns. Of particular note, children in the Families, Other, and Undocumented aid categories displayed a downward trend in utilization over the first two quarters of 2013.

## Trend Analysis – Adults

- Use of Pharmacy services was highest among adults in the Blind/Disabled aid category.

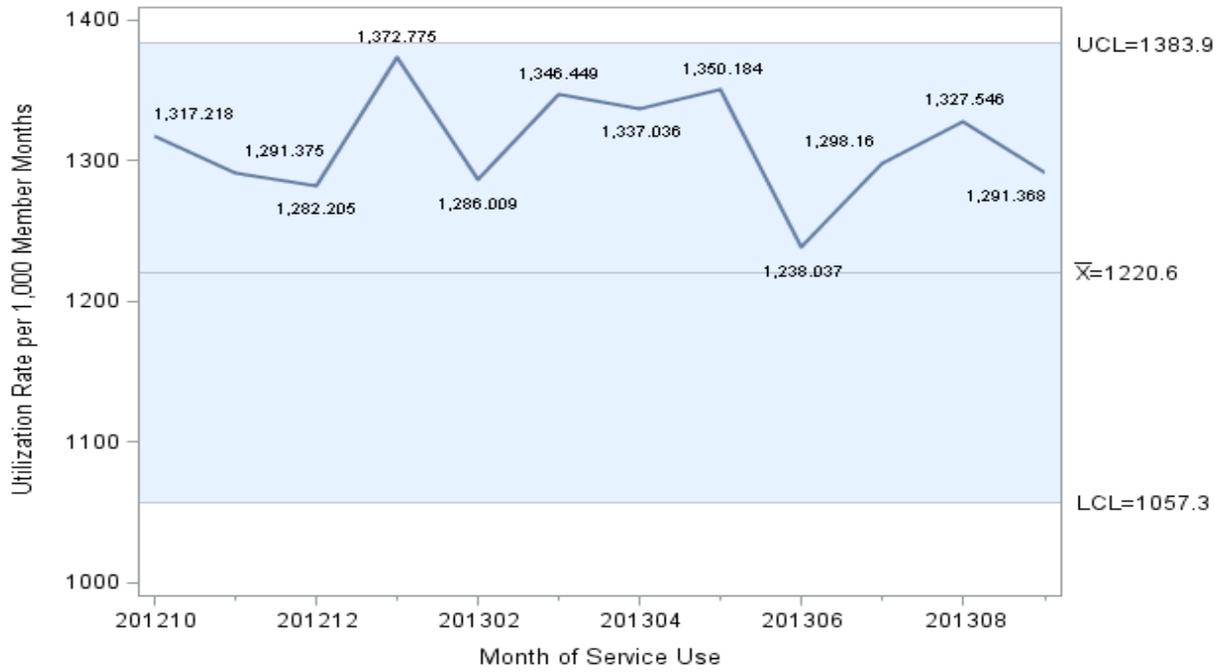
Among adults ages 21 and older, monthly Pharmacy services utilization rates ranged from 172.9 to 3,047.4 prescriptions per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the trends identified in the prior access quarterly reports, Pharmacy services utilization was again noticeably higher among adults in the Blind/Disabled aid category. Additionally, adults in the Aged and Other aid categories exhibited high utilization rates of Pharmacy services, while adults in the Undocumented aid category utilized these services at much lower rates. Adults in the Aged, Blind/Disabled, Families, and Other aid categories mostly displayed below-average Pharmacy services utilization, while adults in the Undocumented aid category mostly displayed above-average utilization. The Pharmacy services utilization rates for adults in the Aged, Blind/Disabled, and Families aid categories primarily fell below the expected ranges. In contrast, Pharmacy services utilization rates for adults in the Other and Undocumented aid groups again fell within the expected ranges.

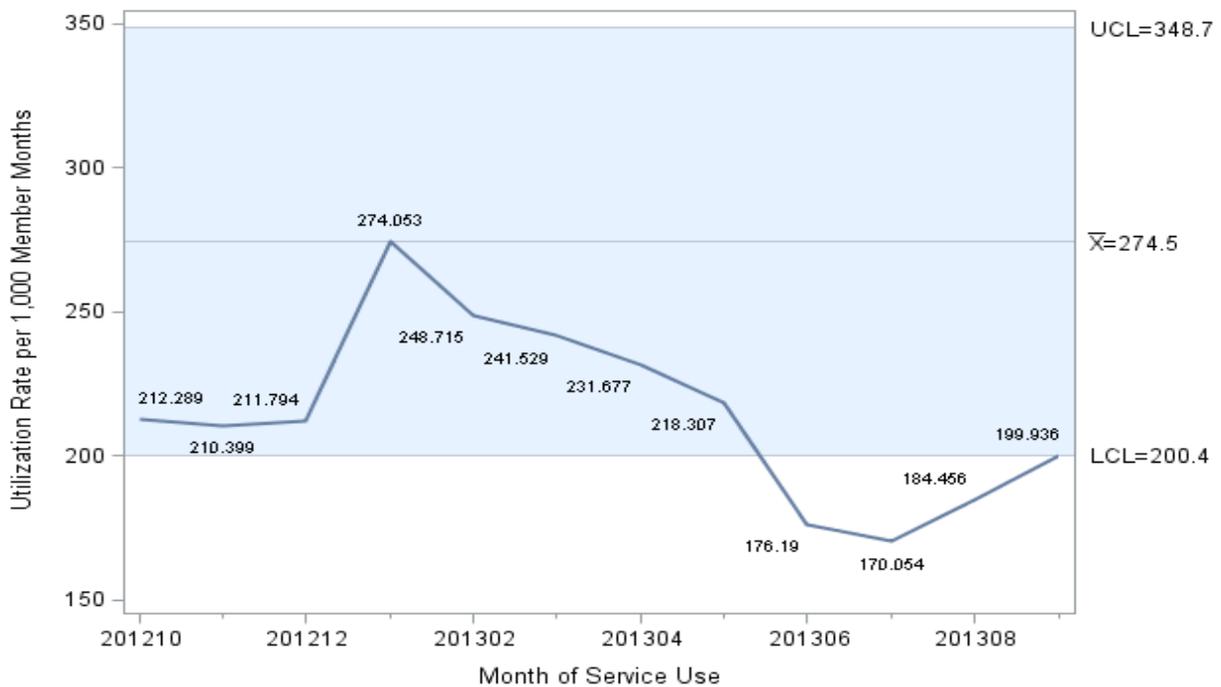
Figures SU-47 to SU-56 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

### Trends of Monthly Pharmacy Services Utilization Rates among Children, October 2012–September 2013

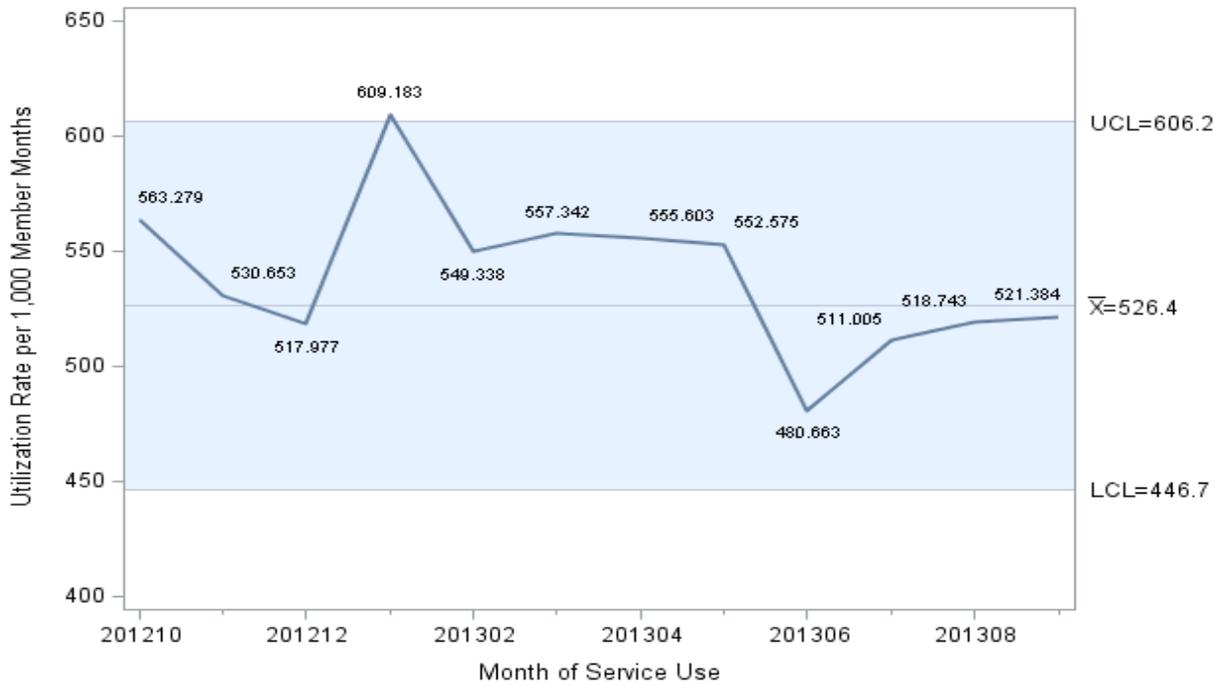
**Figure SU-47:** Pharmacy Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 18,669



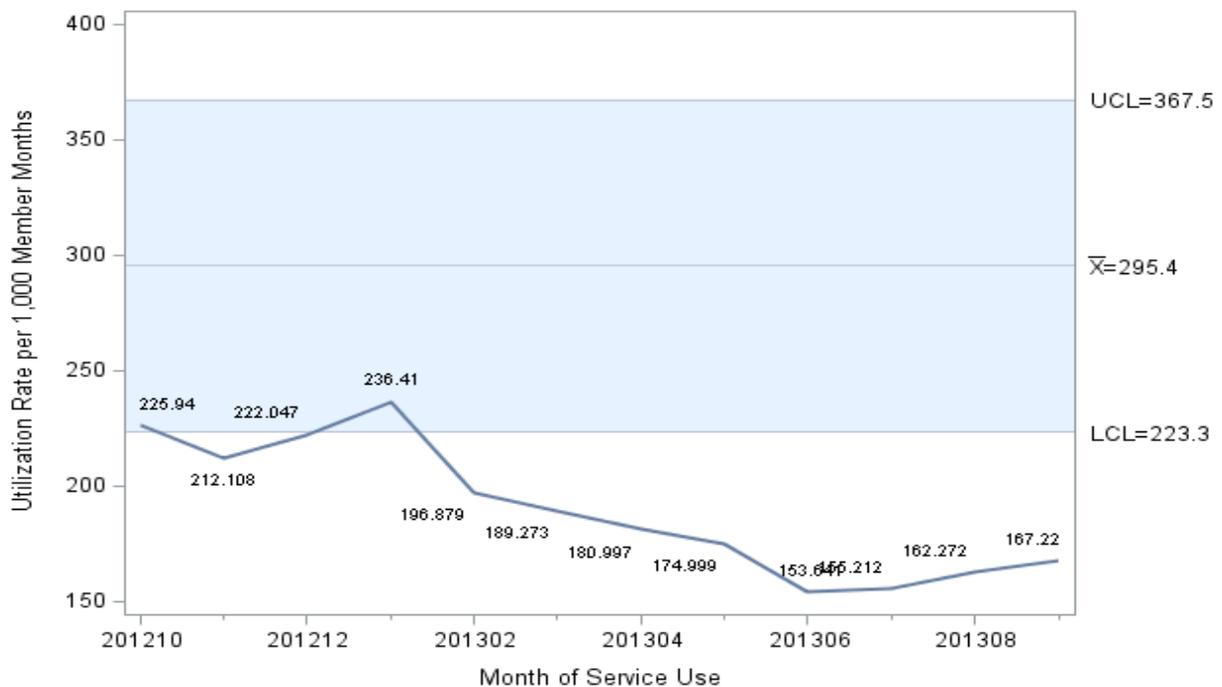
**Figure SU-48:** Pharmacy Utilization Rates among Children Ages 0–20 in the Families Aid Category, October 2012–September 2013 Unique User Count = 83,958



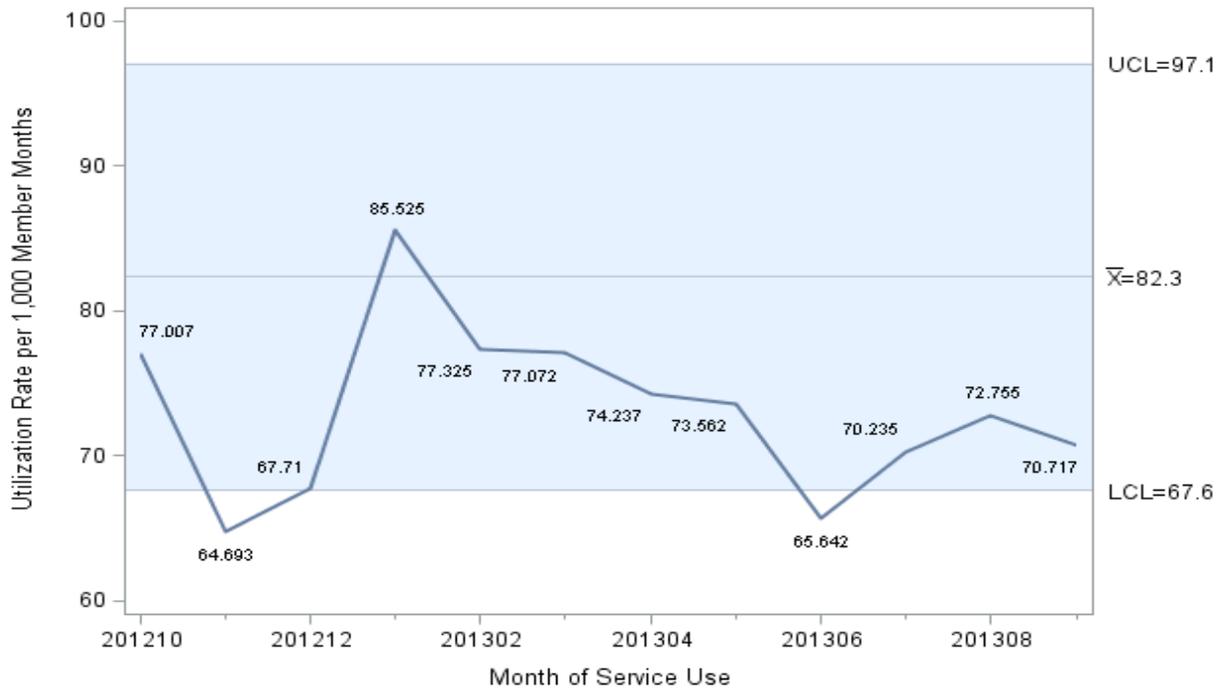
**Figure SU-49:** Pharmacy Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = 33,973



**Figure SU-50:** Pharmacy Utilization Rates among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013\* Unique User Count = 70,526



**Figure SU-51:** Pharmacy Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013 Unique User Count = 11,476



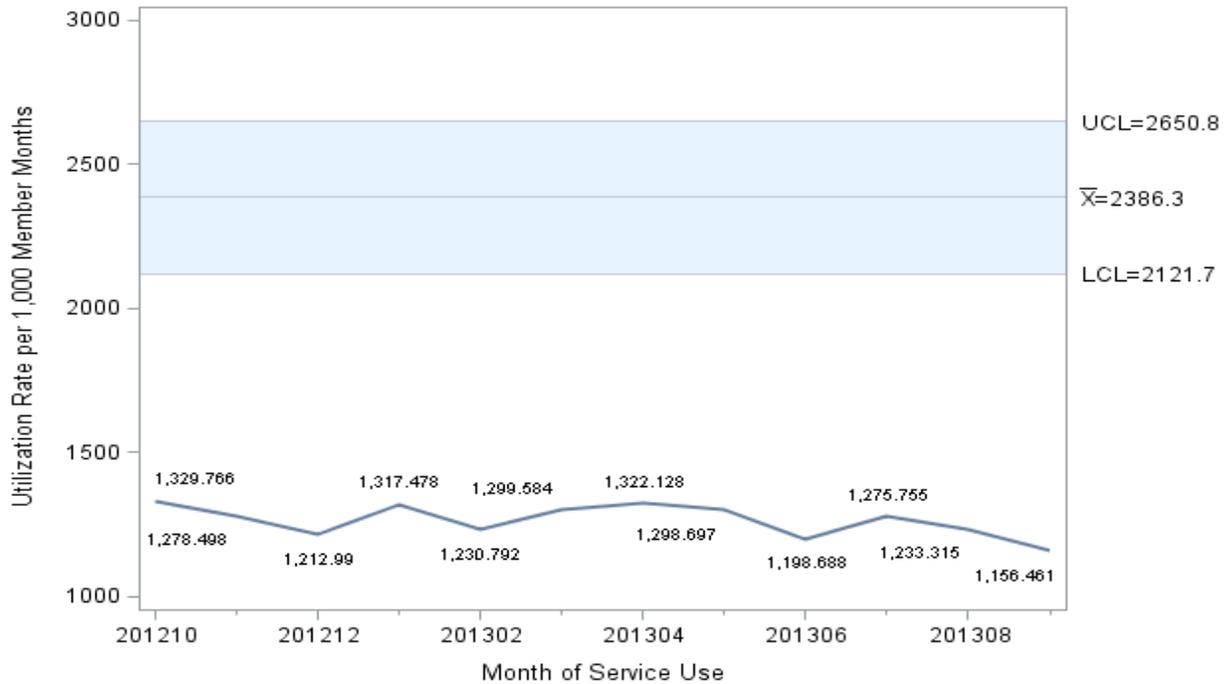
**Source:** Data for figures SU-47 to SU-51 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

\*Figure SU-50: June 2013 – 153.6410, July 2013 – 155.2122

### Trends of Monthly Pharmacy Services Utilization Rates among Adults, October 2012–September 2013

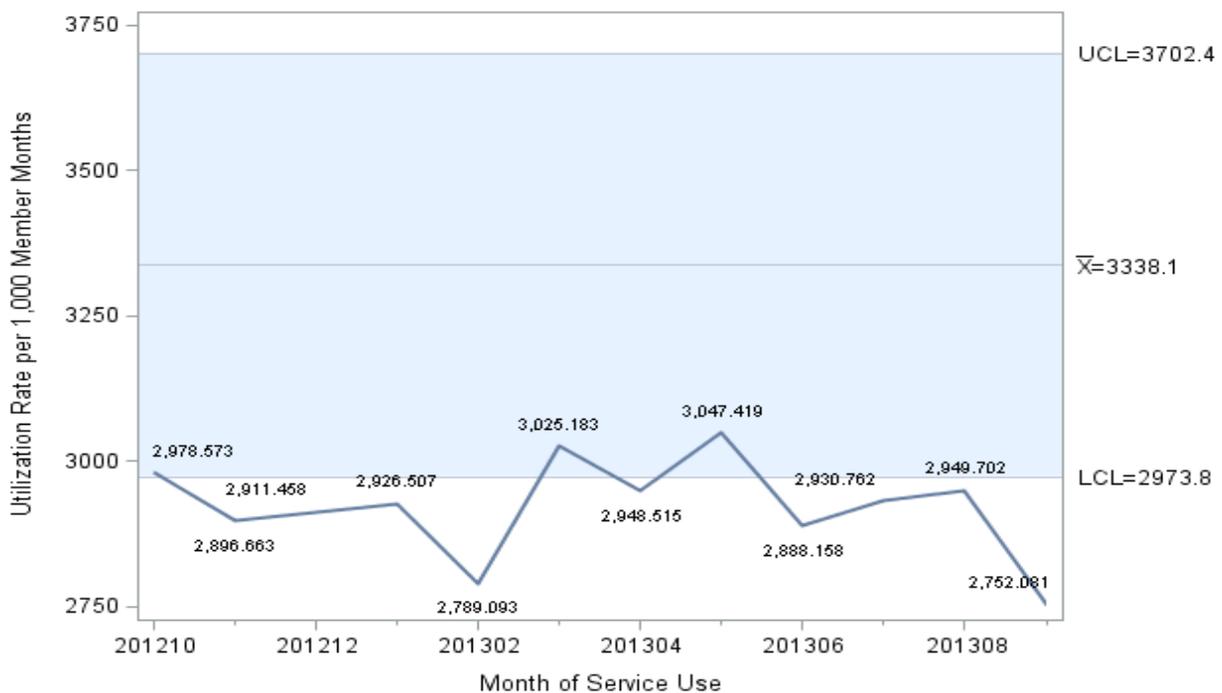
**Figure SU-52:** Pharmacy Utilization Rates among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013

Unique User Count = **14,068**

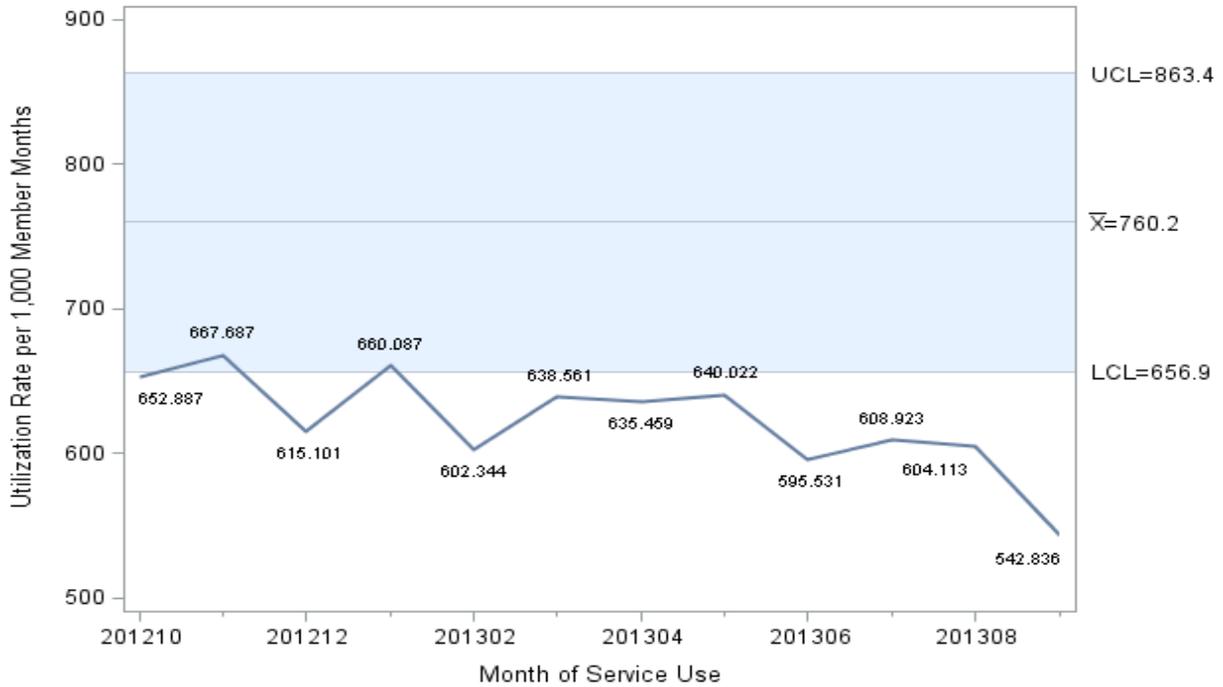


**Figure SU-53:** Pharmacy Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013

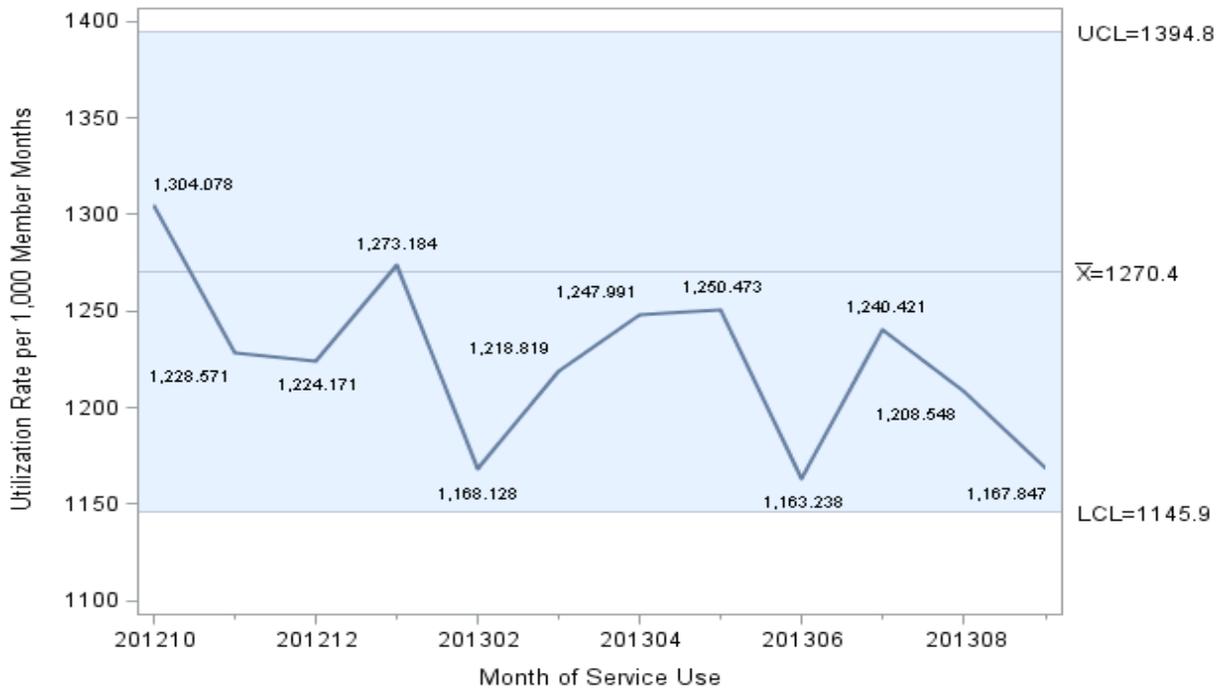
Unique User Count = **77,608**



**Figure SU-54:** Pharmacy Utilization Rates among Adults Ages 21+ in the Families Aid Category, October 2012–September 2013 Unique User Count = 79,553

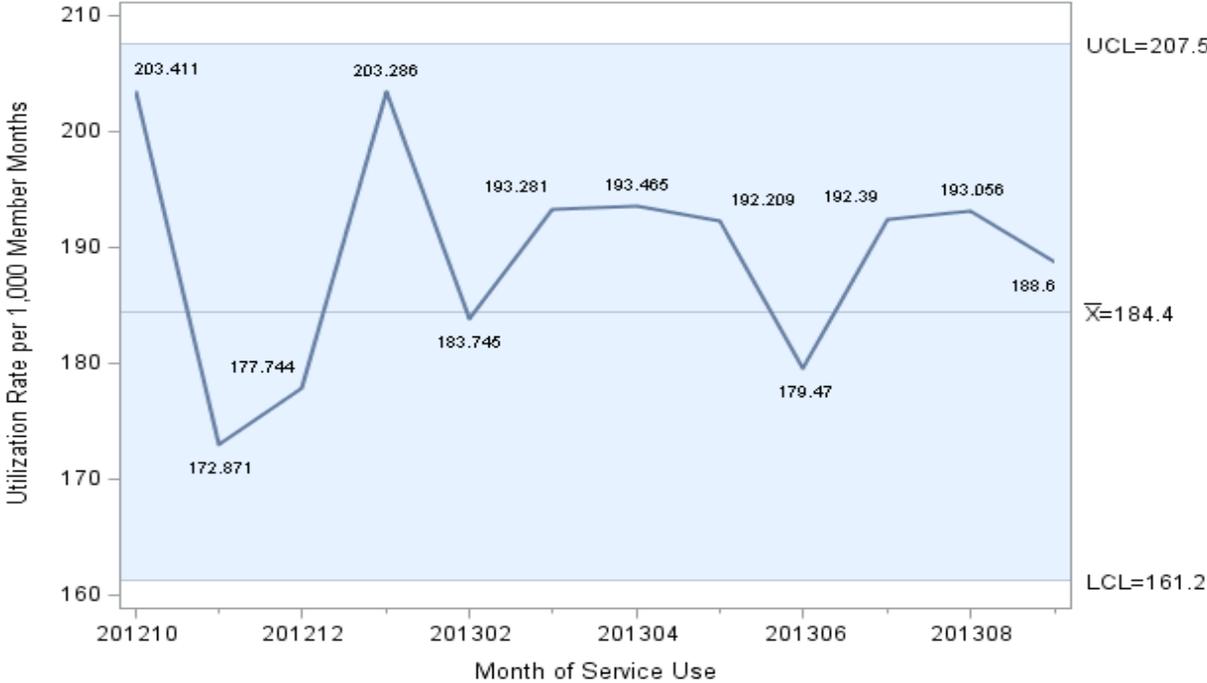


**Figure SU-55:** Pharmacy Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 34,297



**Figure SU-56:** Pharmacy Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **94,602**



**Source:** Data for figures SU-52 to SU-56 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## Other Services

### Background

Service providers covered under the Other aid category include the following partial list:

- Community-Based Adult Services Program (formerly called Adult Day Health Care)
- Assistive Device and Sick Room Supply Dealers
- Audiologists and Hearing Aid Dispensers
- Certified Nurse Practitioners and Pediatric Nurse Practitioners
- Physical, Occupational, and Speech Therapists
- Orthotists and Prosthetists
- Podiatrists
- Psychologists
- Genetic Disease Testing
- Local Education Agency (LEA)
- Respiratory Care Practitioners
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services Providers
- Health Access Program (HAP)

For a full list of provider types, see the [Appendix](#). Beginning in July 2009, several optional benefits were excluded from the Medi-Cal program. These benefits comprise the following list and impact most beneficiaries except those eligible for EPSDT services, beneficiaries in skilled nursing facilities or residing in intermediate care facilities for the developmentally disabled (ICF/DD), and beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly (PACE):

- Acupuncture
- Adult Dental Services
- Audiology Services
- Chiropractic Services
- Incontinence Creams and Washes
- Dispensing Optician Services
- Fabricating Optical Laboratory Services
- Podiatric Services
- Psychology Services
- Speech Therapy

## Trend Analysis – Children

- Use of Other services by children in Blind/Disabled, Families, Foster Care, and Other aid categories increased in the last quarter of the study period.

Among FFS Medi-Cal children ages 0–20, monthly utilization rates for Other services ranged from 13.5 to 1,424.0 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Similar to the prior reporting period, the utilization of Other services was again noticeably higher among children in the Blind/Disabled aid category. Children in the Blind/Disabled, Families, and Foster Care aid categories exhibited mostly normal utilization of Other services. In contrast, children in the Undocumented aid category exhibited below-average utilization that fell below the expected ranges observed in the baseline period of 2007 to 2009. Additionally, after exhibiting a noticeable decline in utilization in the second quarter of 2013, children in the Blind/Disabled, Families, Foster Care, and Other aid categories displayed an increase in utilization during the last quarter of the study period.

## Trend Analysis – Adults

- Utilization rates of Other services were noticeably higher among adults in the Aged, Blind/Disabled, and Other aid categories.

The monthly utilization rates for Other services among adults ages 21 and older ranged from 36.7 to 329.0 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

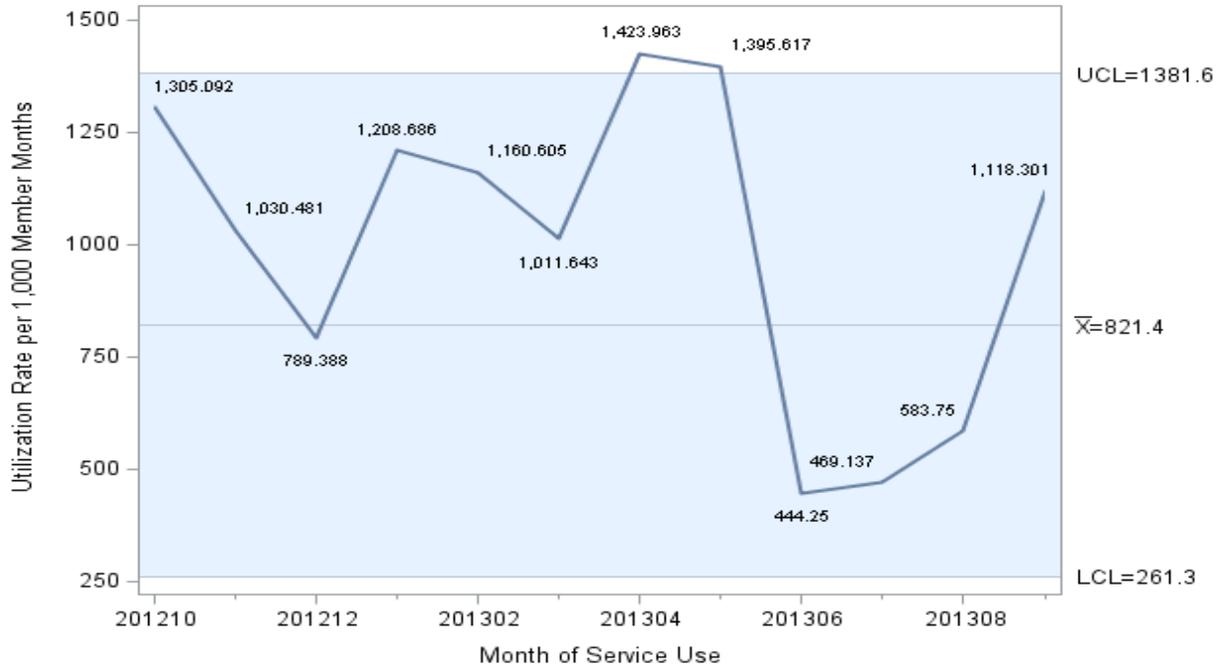
Consistent with the trends identified in the previous access quarterly reports, Other services utilization rates were noticeably higher for adults in the Aged, Blind/Disabled, and Other aid categories, and lowest among adults in the Undocumented aid group. Adults in all of the analyzed aid categories exhibited mostly below-average use of Other services throughout the study period. Additionally, adults in the Aged and Undocumented aid categories again displayed utilization rates below the expected ranges throughout most of the study period.

Figures SU-57 to SU-66 represent the control chart analysis for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

### Trends of Monthly Other Services Utilization Rates among Children, October 2012–September 2013

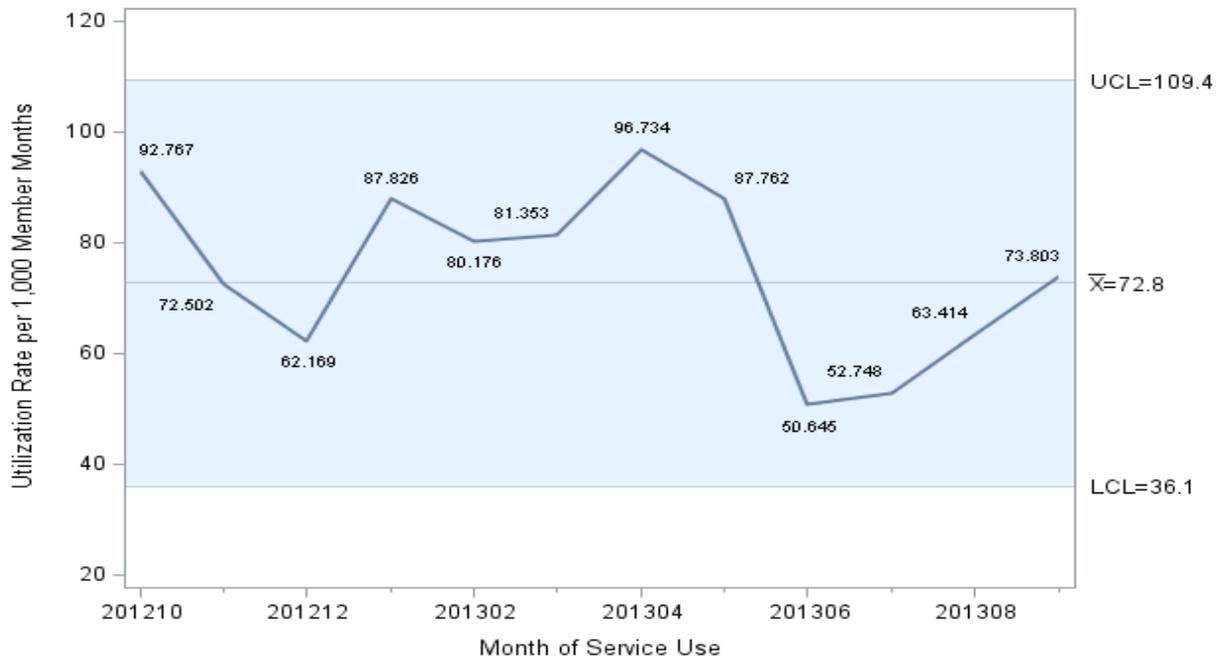
**Figure SU-57:** Other Services Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013

Unique User Count = **11,734**



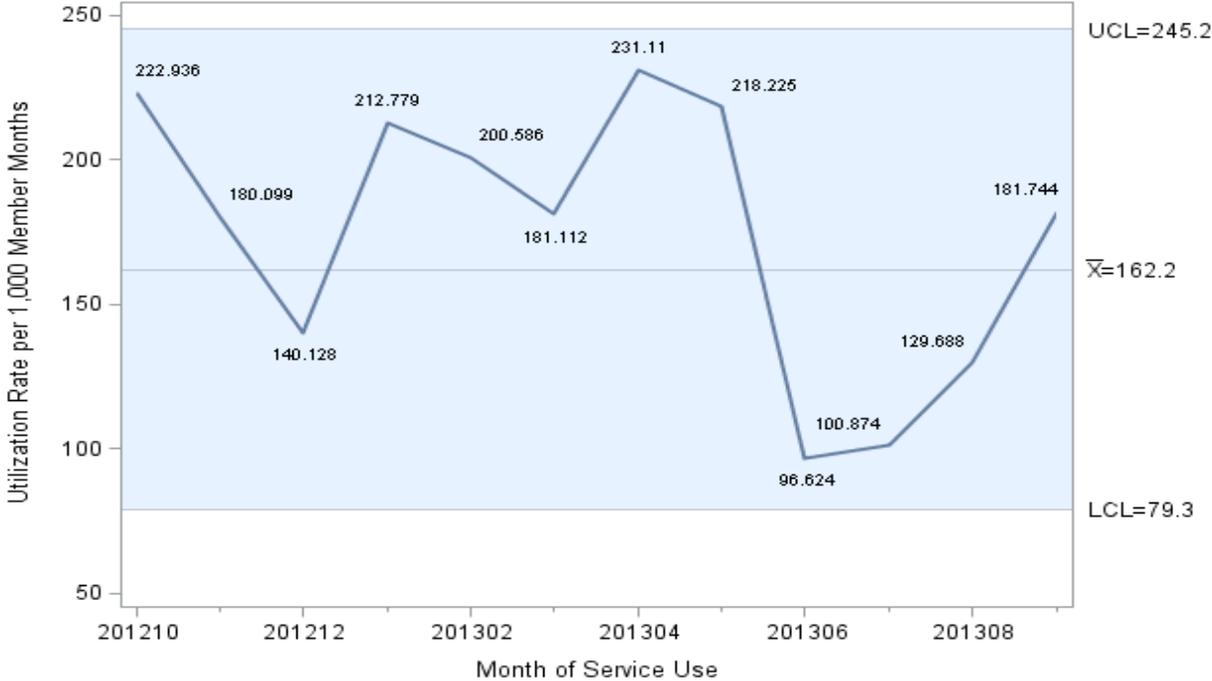
**Figure SU-58:** Other Services Utilization Rates among Children Ages 0–20 in the Families Aid Category, October 2012–September 2013

Unique User Count = **38,078**



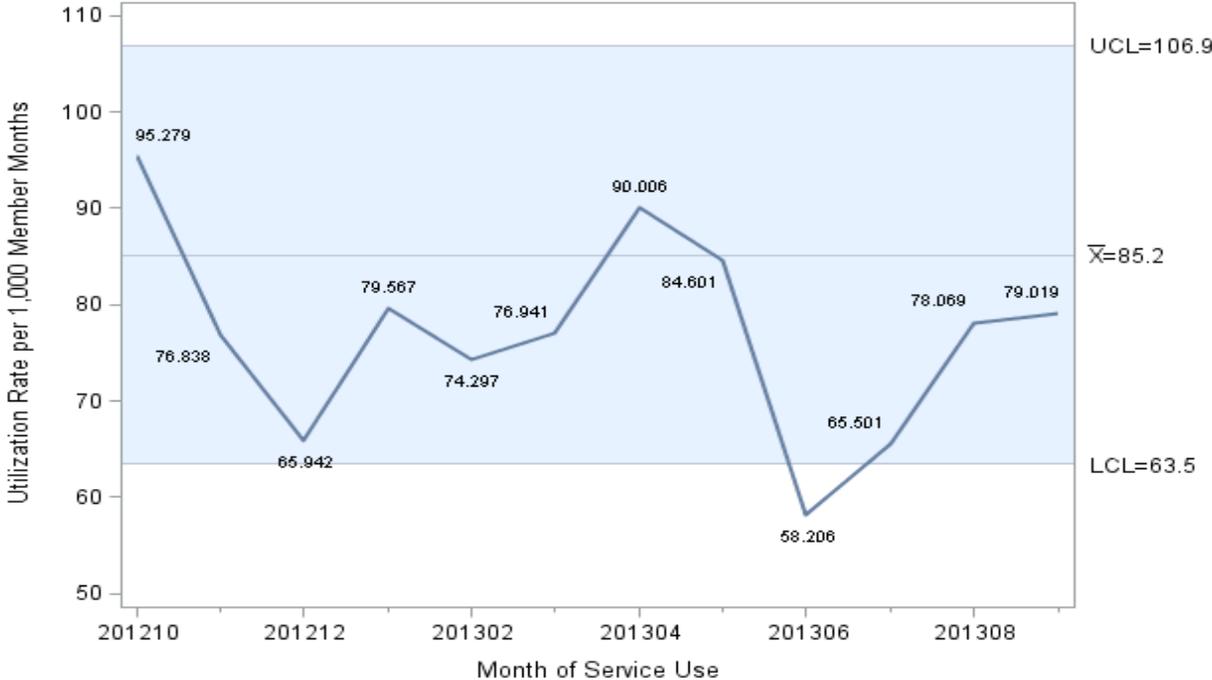
**Figure SU-59:** Other Services Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013

Unique User Count = **16,170**



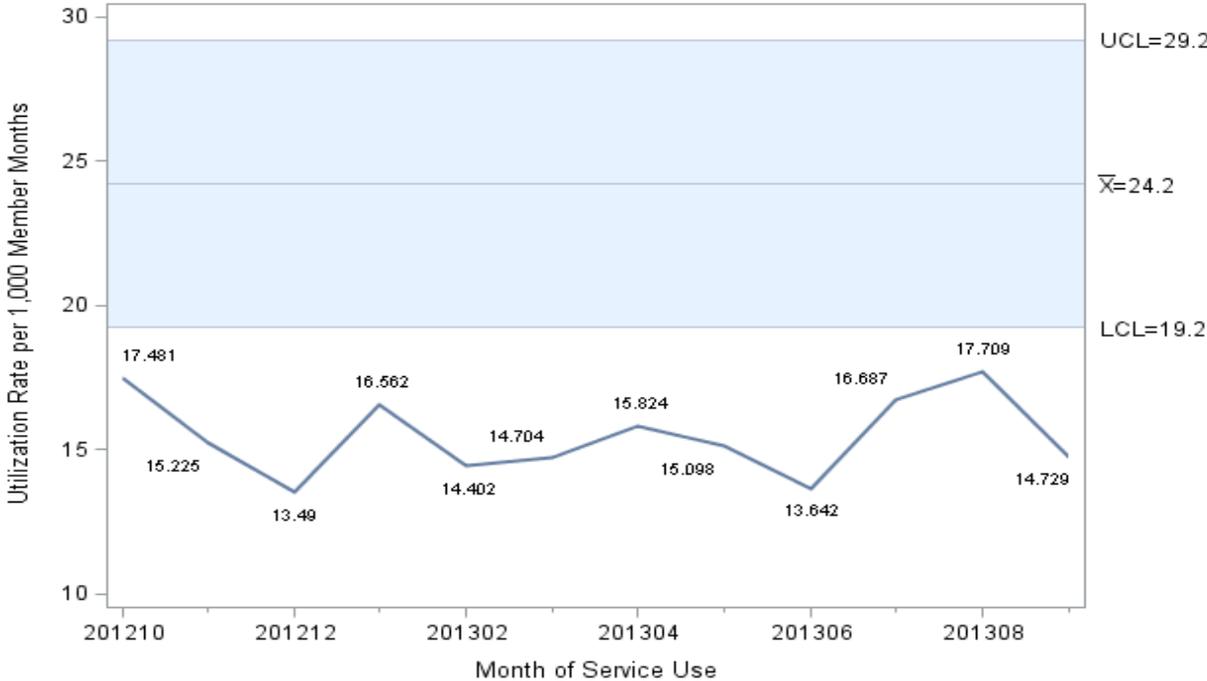
**Figure SU-60:** Other Services Utilization Rates among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013

Unique User Count = **44,050**



**Figure SU-61:** Other Services Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013

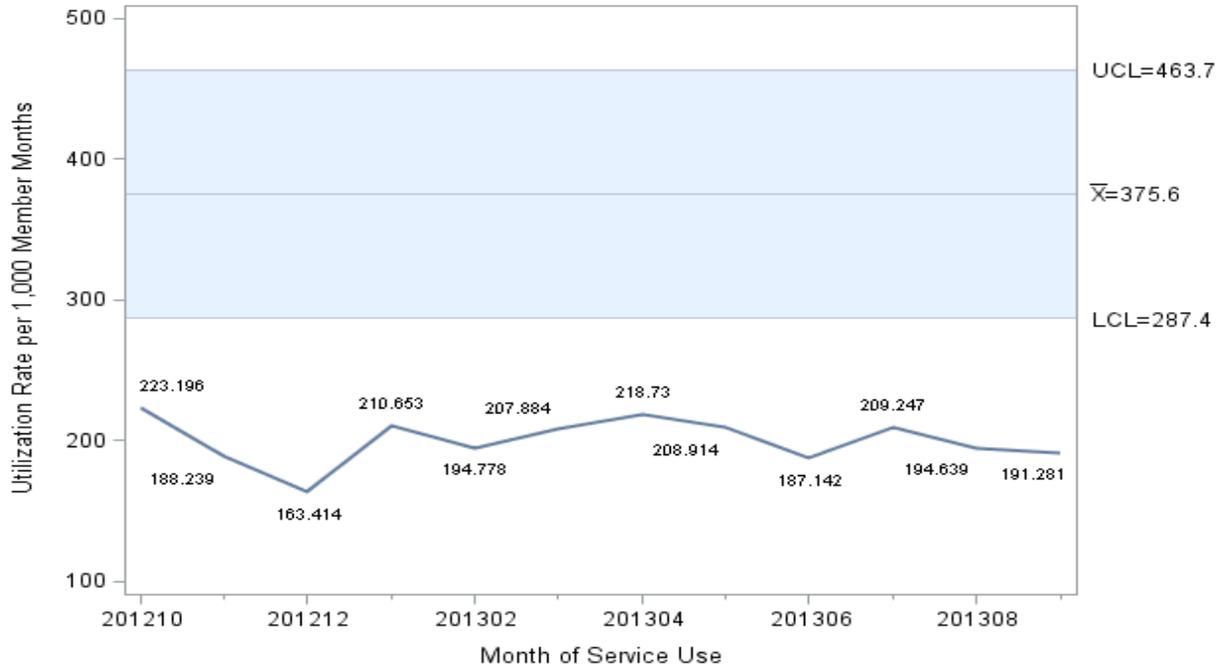
Unique User Count = **4,493**



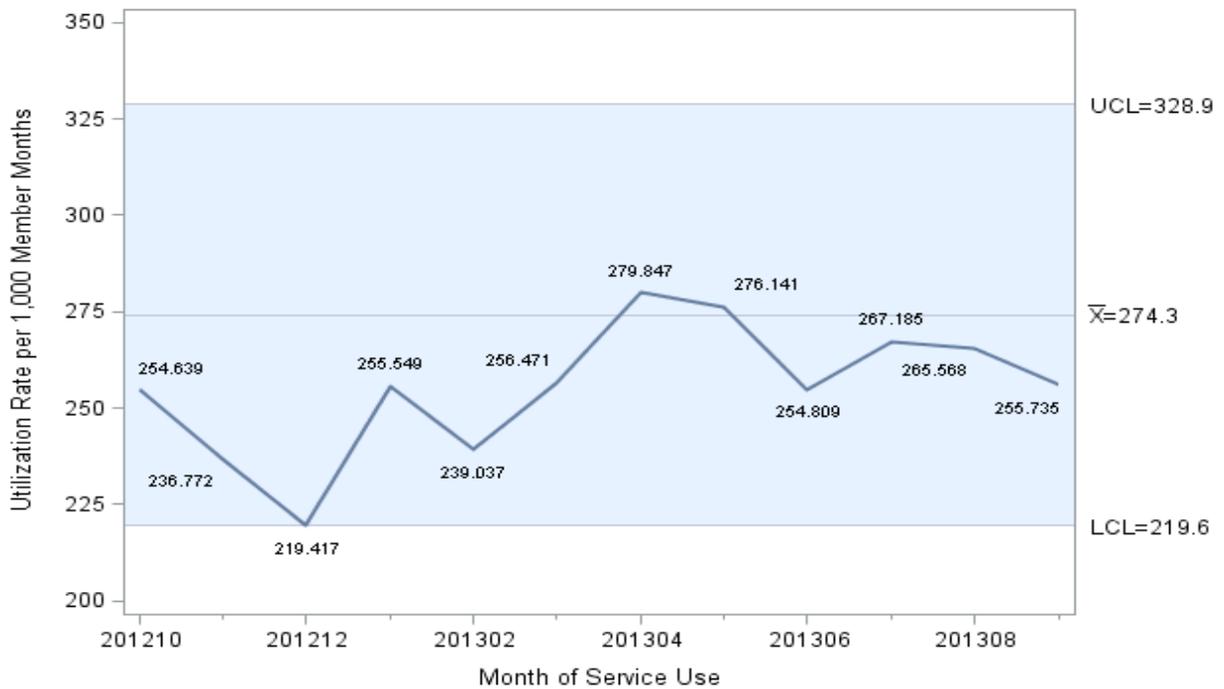
**Source:** Data for figures SU-57 to SU-61 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

### Trends of Monthly Other Services Utilization Rates among Adults, October 2012–September 2013

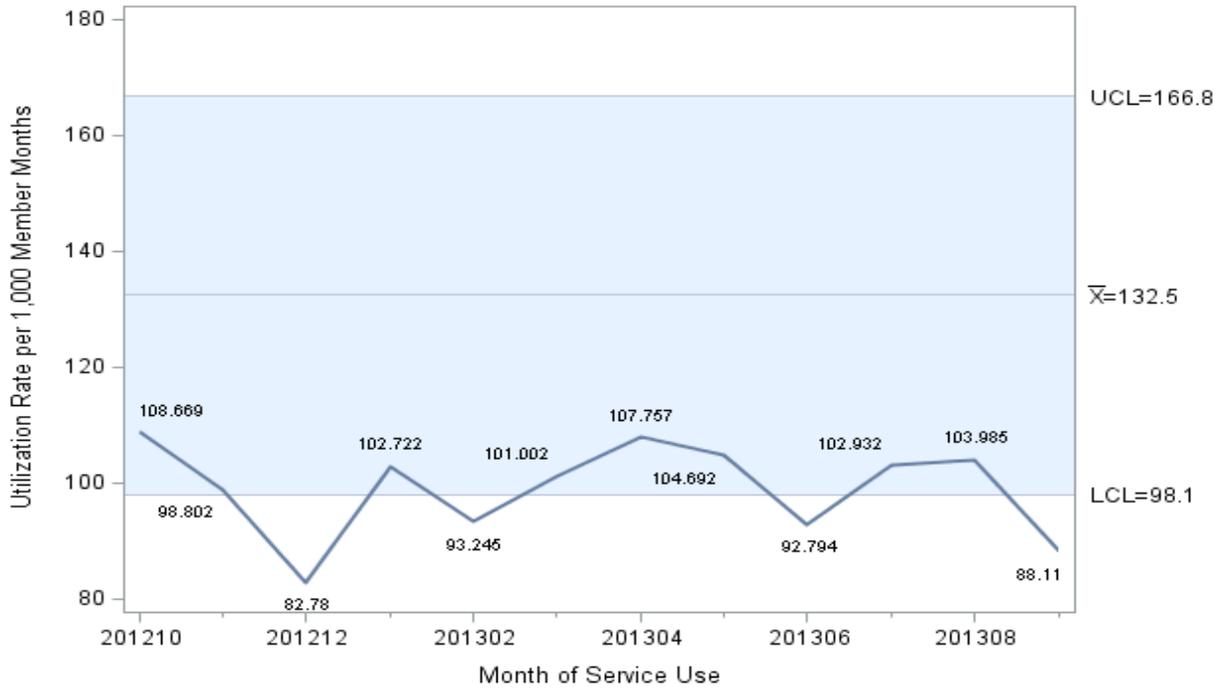
**Figure SU-62:** Other Services Utilization Rates among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013 Unique User Count = 3,134



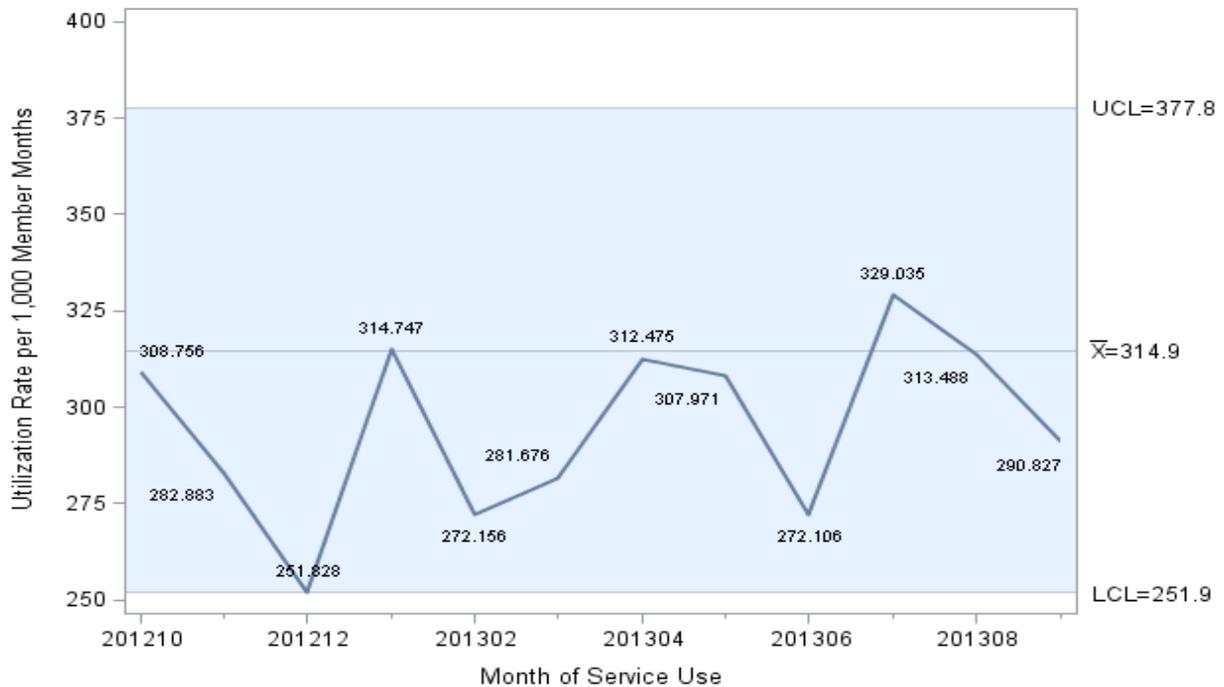
**Figure SU-63:** Other Services Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 25,349



**Figure SU-64:** Other Services Utilization Rates among Adults Ages 21+ in the Families Aid Category, October 2012–September 2013 Unique User Count = 37,224

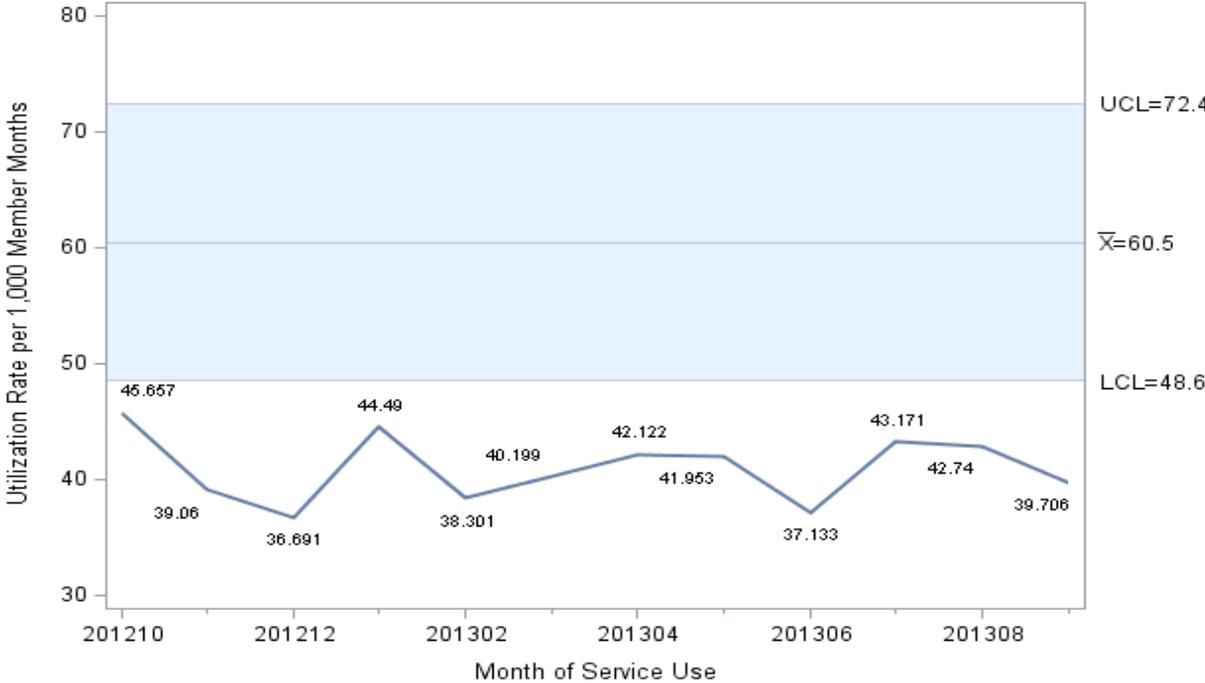


**Figure SU-65:** Other Services Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 29,607



**Figure SU-66:** Other Services Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **37,869**



**Source:** Data for figures SU-62 to SU-66 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

# Radiology Services

## Background

Radiology services are used to diagnose, treat, or manage medical conditions. Radiology services covered by Medi-Cal's state plan include:

- Computed Tomography (CT) Scans
- Computed Tomography Angiography (CTA) Scans
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography
- Magnetic Resonance Cholangiopancreatography (MRCP)
- Fluoroscopy and Esophagus Studies
- Screening and Diagnostic Mammography
- Mammography with Xeroradiography
- Dual Energy X-Ray Absorptiometry (DXA)
- Angiography Services
- Single Photon Emission Computed Tomography (SPECT)
- Positron Emission Tomography (PET) Scans
- Radiation Oncology Procedures
- Other Nuclear Medicine Services
- Ultrasound Services
- X-Ray and Portable X-Ray Services

Radiology services are administered in several medical settings including Inpatient Hospitals, Outpatient Hospitals, Physician/Clinics, and independent clinical laboratories. The federal Clinical Laboratory Improvement Act mandates that all providers must be certified for the types of radiology services that they administer.<sup>ix,x</sup>

Radiology services must be medically appropriate for health screening, preoperative evaluation, method surveillance, and complication management, and must be ordered by a Family Planning, Access, Care, and Treatment Program provider, Medi-Cal provider, or their associated practitioners.<sup>6</sup>

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<sup>ix</sup> Centers for Medicare and Medicaid Services, Clinical Laboratory Improvement Amendments (<http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/HowObtainCLIACertificate.pdf>).

<sup>x</sup> Additional information on radiology services can be viewed at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) under the Publications tab and selecting the [Clinics and Hospitals link](#) under Provider Manuals.

## Trend Analysis – Children

- Utilization rates for children in the Blind/Disabled aid category were two to three times higher than for children in other aid categories.

Among FFS Medi-Cal children ages 0–20, monthly Radiology services utilization rates ranged from 30.5 to 113.9 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Radiology services utilization was again noticeably higher among children in the Blind/Disabled aid category, with rates ranging from two to three times higher than for children in any other aid category. The Radiology services utilization rates exhibited by children in the Foster Care aid category continued to closely follow the average rates observed in the baseline period of 2007-2009. In contrast, children in the Blind/Disabled, Other, and Undocumented aid categories primarily displayed below-average utilization. Children in the Blind/Disabled, Families, Foster Care, and Undocumented aid categories displayed service use rates that primarily fell within the baseline ranges, while rates for those in the Other aid category fell below the expected ranges during the last three quarters of the study period.

## Trend Analysis – Adults

- Utilization rates were highest among adults in the Blind/Disabled and Other aid categories.

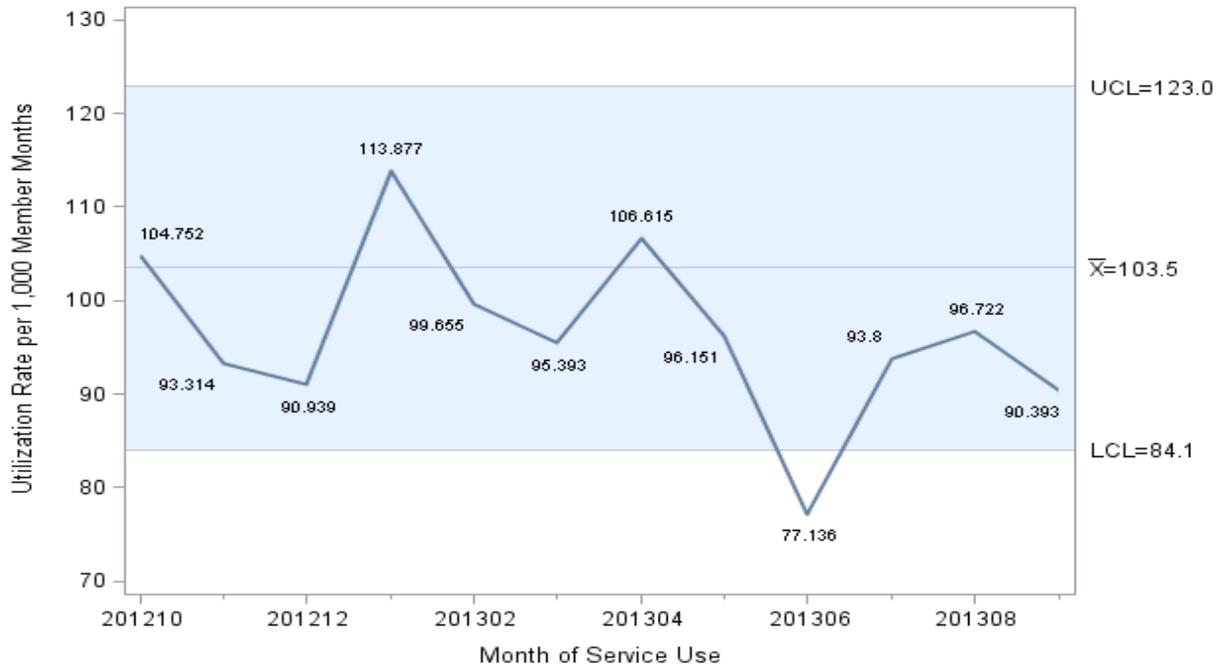
Radiology service utilization rates for adults ages 21 and older ranged from 51.4 to 333.2 visits per 1,000 member months from the fourth quarter of 2012 to the third quarter of 2013.

Services utilization rates were again highest among adults in the Blind/Disabled and Other aid categories, while adults in the Undocumented aid category exhibited markedly lower utilization. Utilization rates for adults in the Aged and Blind/Disabled aid categories continued to be above-average and often reached levels above the expected baseline ranges. Radiology utilization rates for adults in the other analyzed aid categories (Families, Other, and Undocumented) again fell within the expected baseline ranges throughout the study period.

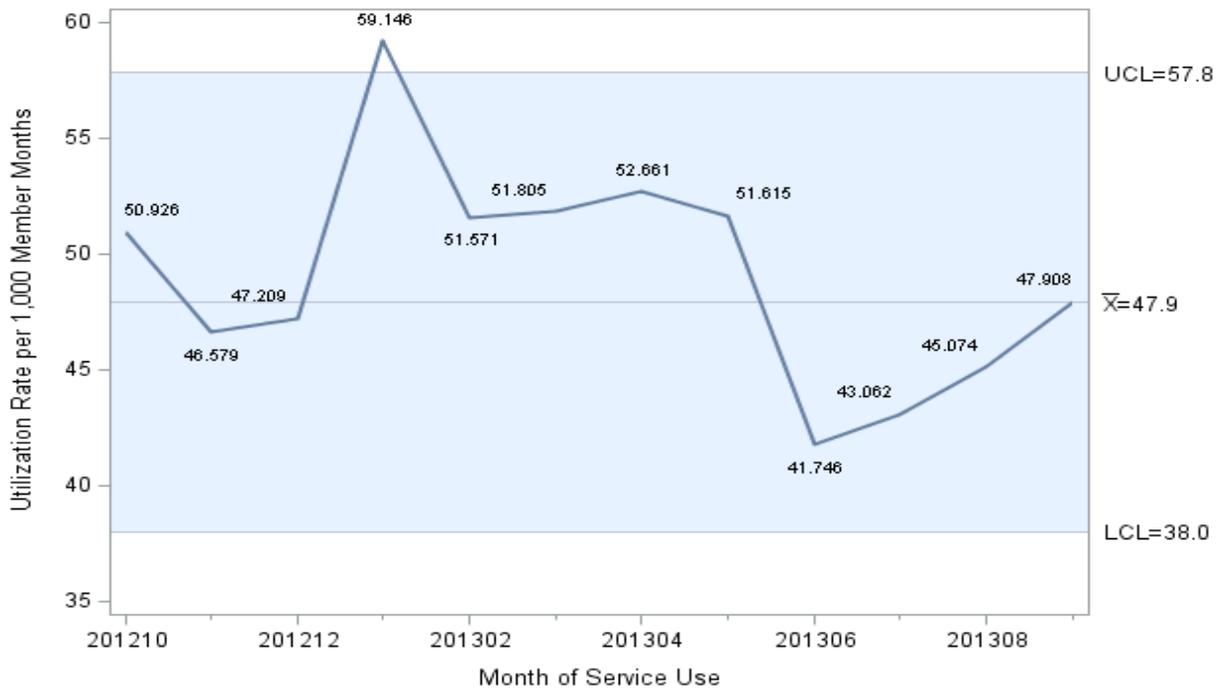
Figures SU-67 to SU-76 represent the analysis of Radiology services utilization for both children and adults from the fourth quarter of 2012 to the third quarter of 2013.

### Trends of Monthly Radiology Services Utilization Rates among Children, October 2012–September 2013

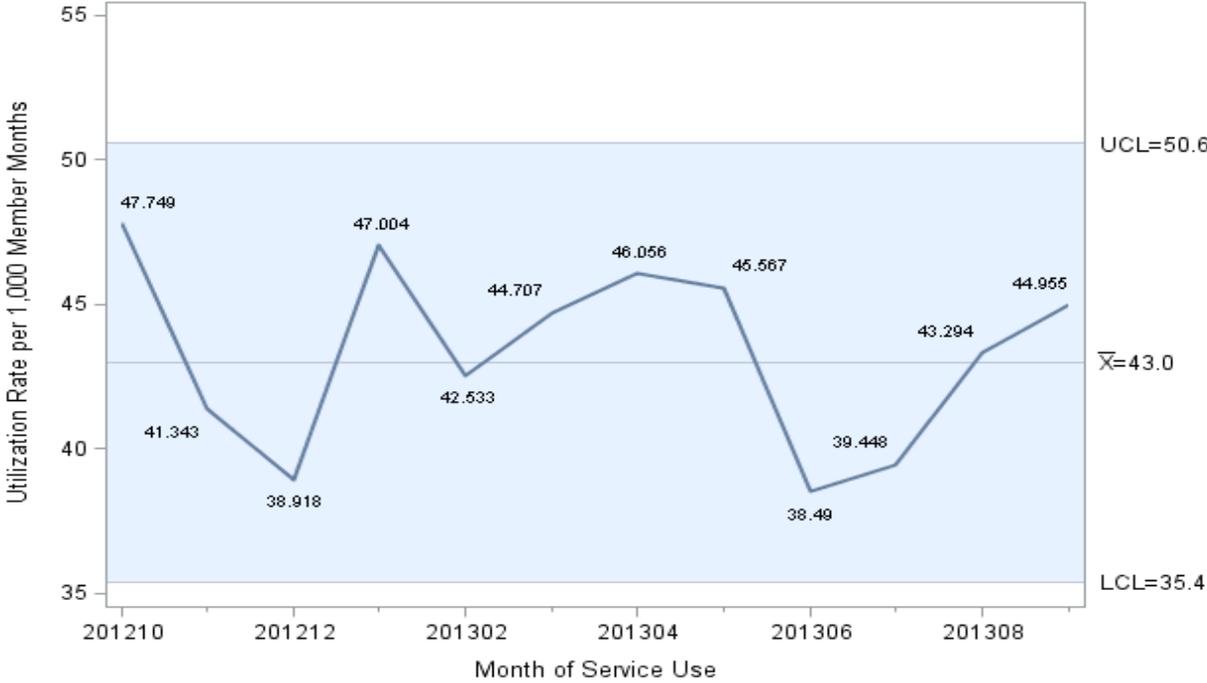
**Figure SU-67:** Radiology Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, October 2012–September 2013 Unique User Count = 3,564



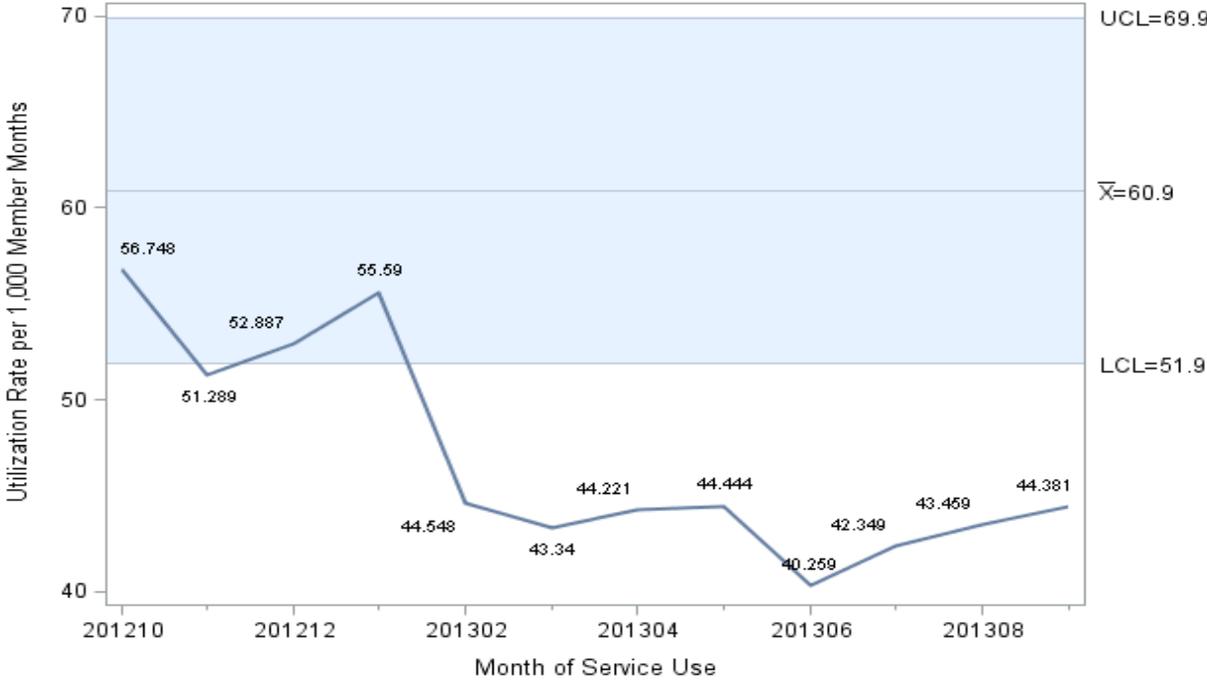
**Figure SU-68:** Radiology Utilization Rates among Children Ages 0–20 in the Families Aid Category, October 2012–September 2013 Unique User Count = 22,880



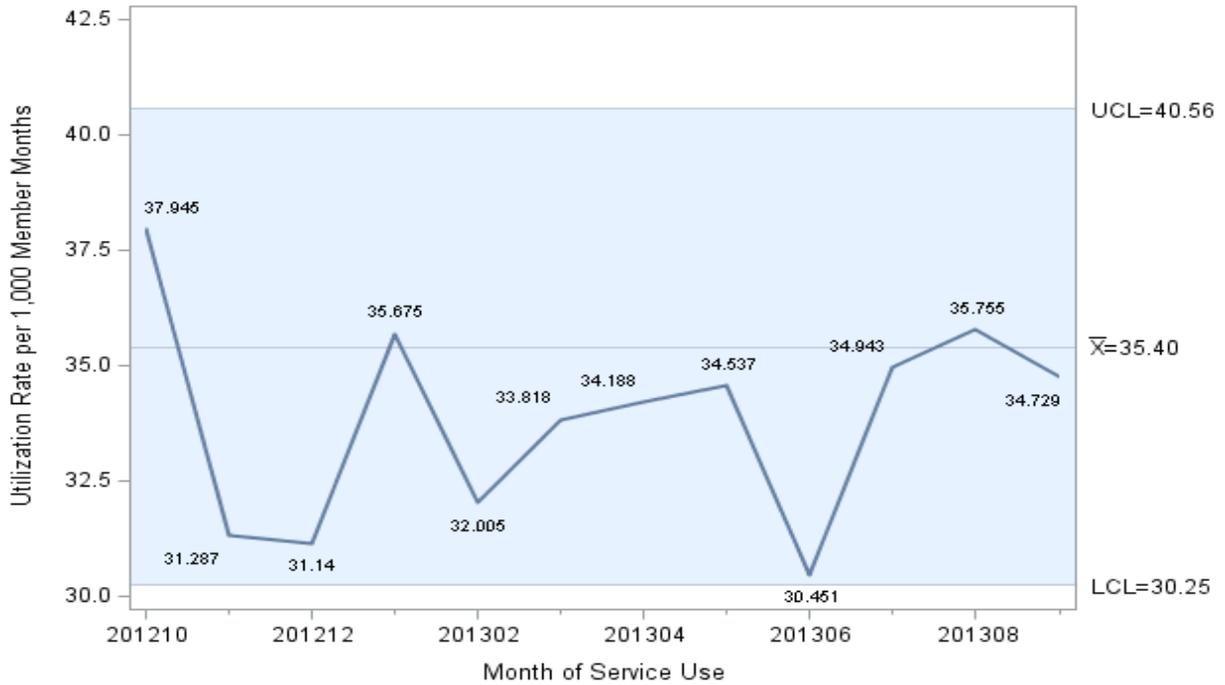
**Figure SU-69:** Radiology Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, October 2012–September 2013 Unique User Count = 5,771



**Figure SU-70:** Radiology Utilization Rates among Children Ages 0–20 in the Other Aid Category, October 2012–September 2013 Unique User Count = 19,704



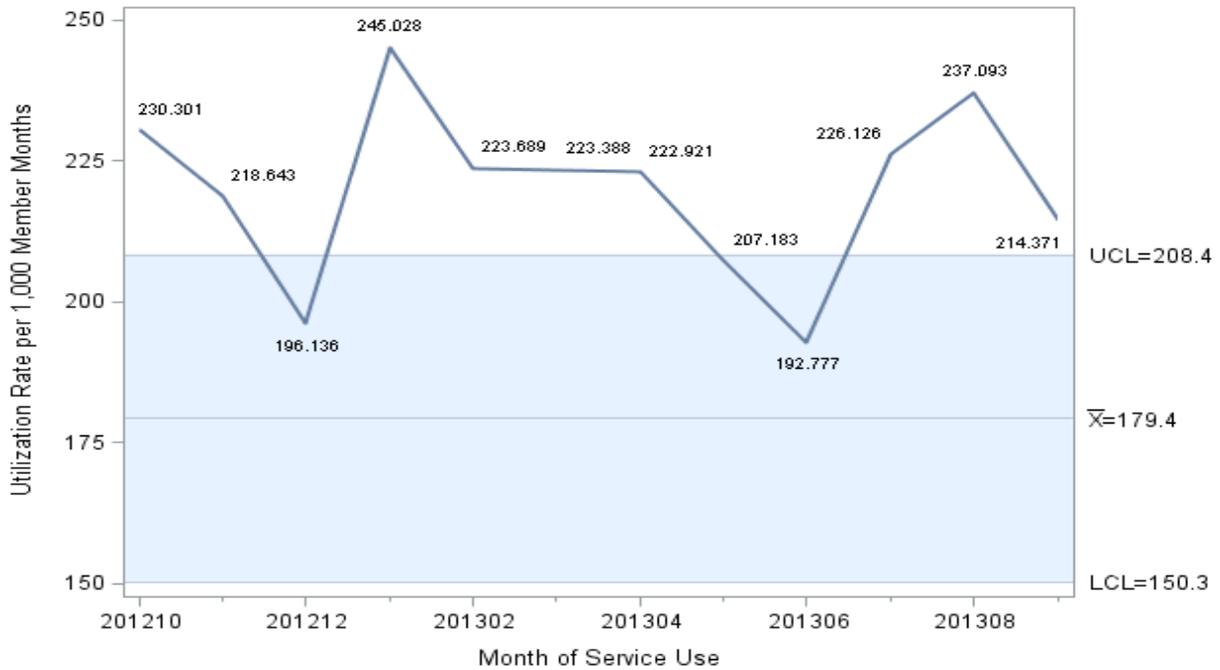
**Figure SU-71:** Radiology Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, October 2012–September 2013 Unique User Count = 6,814



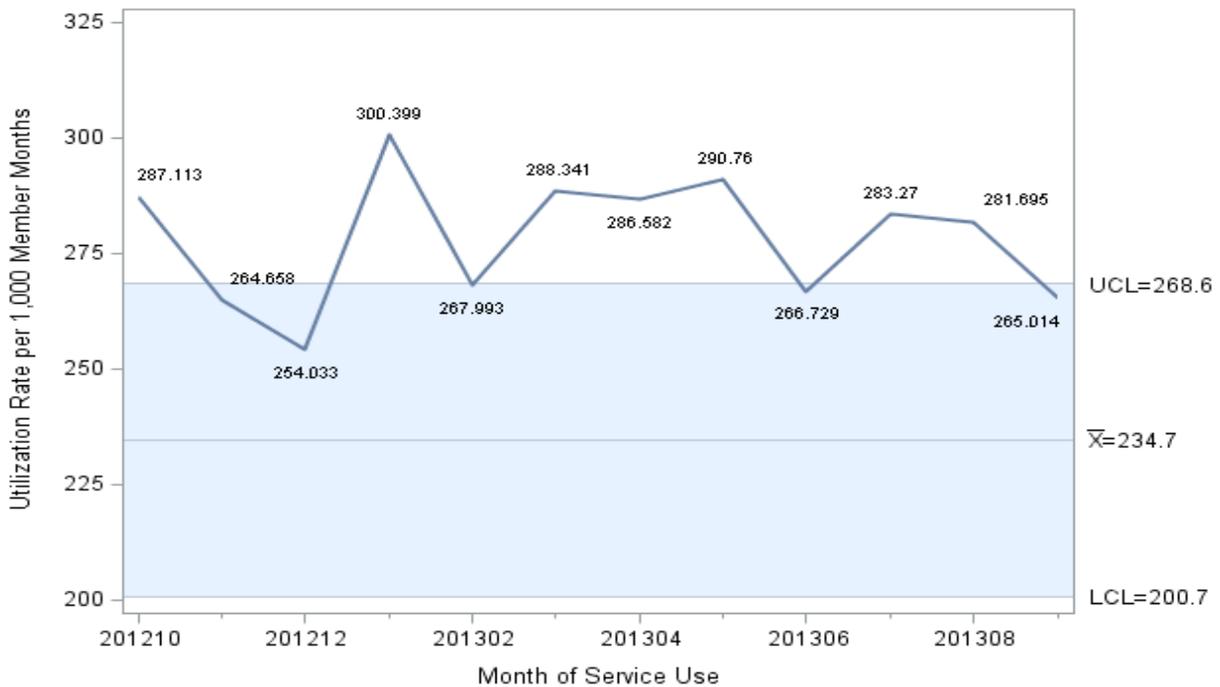
**Source:** Data for figures SU-67 to SU-71 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

### Trends of Monthly Radiology Services Utilization Rates among Adults, October 2012–September 2013

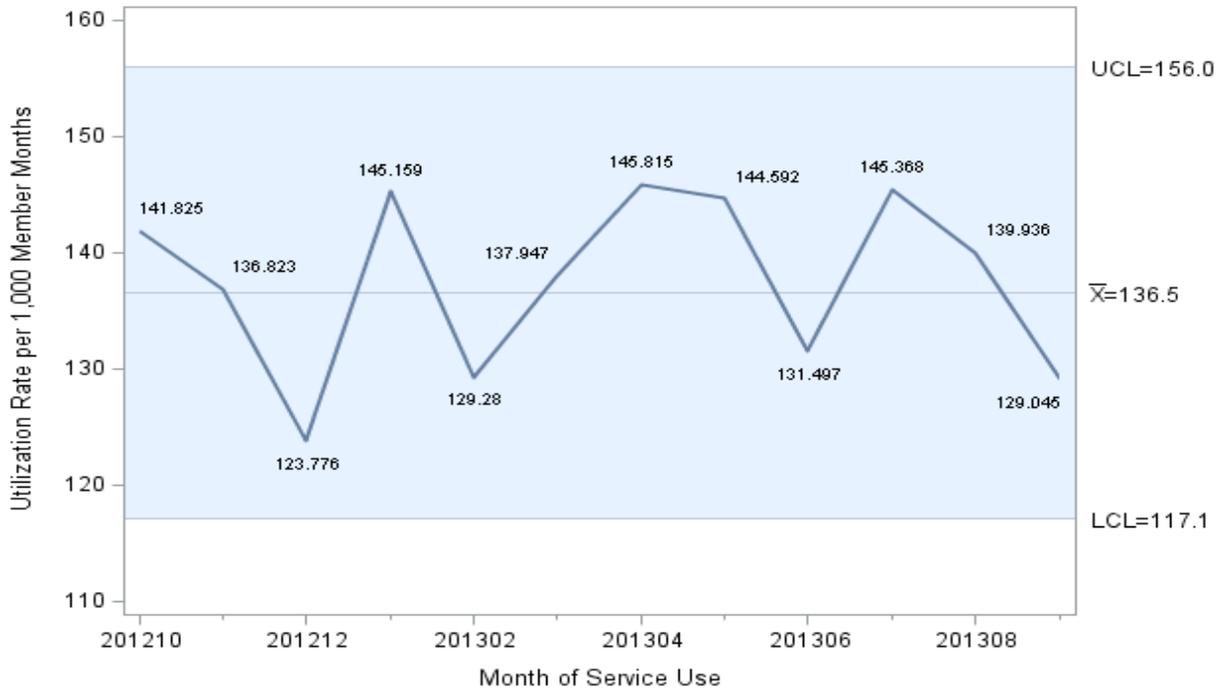
**Figure SU-72:** Radiology Utilization Rates among Adults Ages 21+ in the Aged Aid Category, October 2012–September 2013  
 Unique User Count = **2,766**



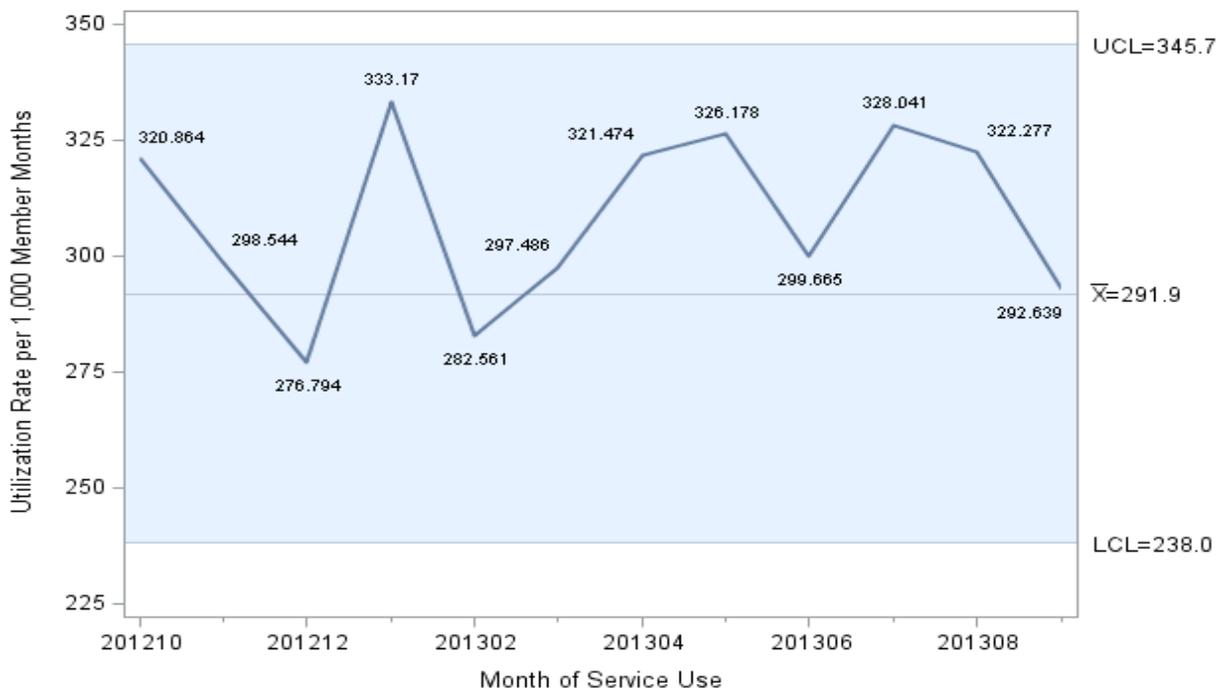
**Figure SU-73:** Radiology Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, October 2012–September 2013  
 Unique User Count = **23,660**



**Figure SU-74:** Radiology Utilization Rates among Adults Ages 21+ in the Families Aid Category, October 2012–September 2013 Unique User Count = 39,281

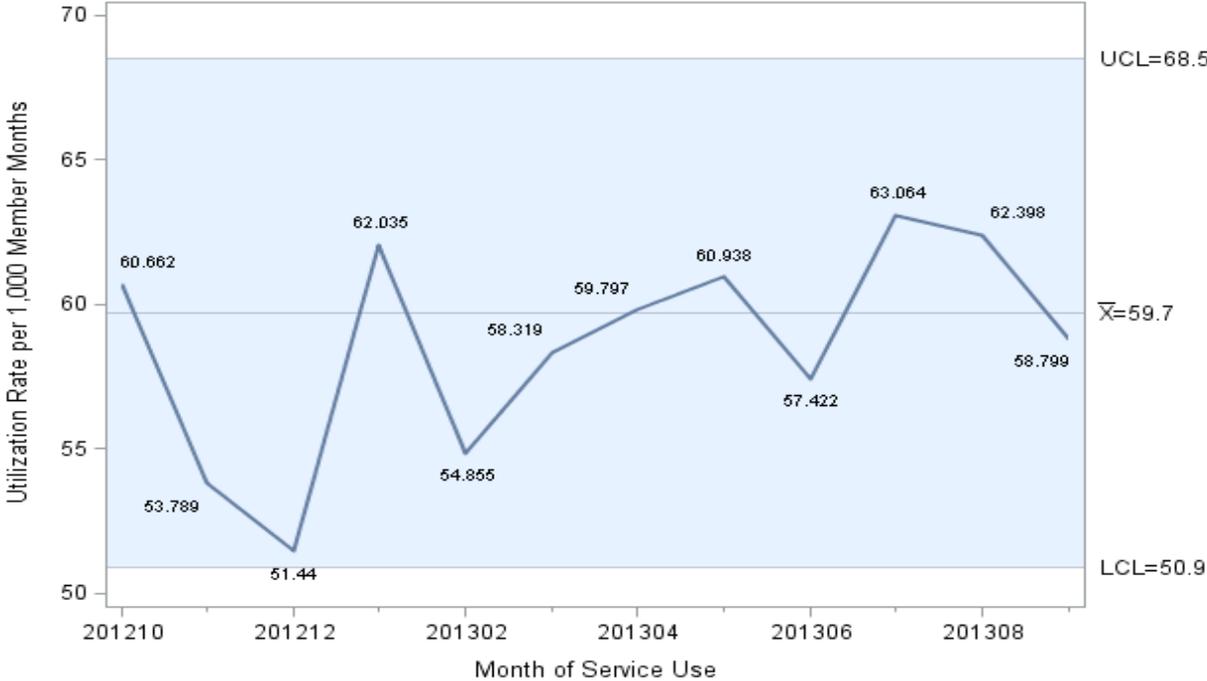


**Figure SU-75:** Radiology Utilization Rates among Adults Ages 21+ in the Other Aid Category, October 2012–September 2013 Unique User Count = 24,952



**Figure SU-76:** Radiology Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, October 2012–September 2013

Unique User Count = **48,575**



**Source:** Data for figures SU-72 to SU-76 were prepared by DHCS' RASD, using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from October 2012–September 2013. Data were extracted from MIS/DSS 4 months after corresponding time period to allow for processing of claims and updates to enrollment.

## Summary Tables

Tables SU-2 and SU-3 present the results of DHCS' analysis of the utilization trends among children and adults, by aid and service categories. The tables are color-coded to identify those cases when a particular cell, which presents utilization by aid and service categories, generated a utilization rate that was either lower or higher than the established confidence interval.

- Beige – Represents utilization rates found to be within the expected confidence intervals.
- Green – Represents utilization rates found to be outside of the expected confidence intervals.

In some cases, the utilization rate was found to be greater than expected. As noted above, there are a number of reasons why this might occur, such as changes in population mix.

**Table SU-2:** Summary of Service Utilization Trends among FFS Medi-Cal Children Ages 0–20, by Aid Category and Service Category

	Physician/Clinic Visit Services	Emergency Medical Transportation Services	Home Health Services	Hospital Inpatient Services	Hospital Outpatient Services	Pharmacy Services	Other Services	Radiology Services
<b>Blind/Disabled Aid Category</b>	Below-Average and Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range. Slight Downward Trend (Jan 2013–June 2013).	Above Expected Range.	Mostly Above-Average with Several Months Above Expected Range.	Within Expected Range.	Above-Average and Within Expected Range.	Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range.
<b>Families Aid Category</b>	Mostly Below-Average and Mostly Within Expected Range.	Mostly Within Expected Range.	N/A	Mostly Above-Average. Increase Above Expected Range in Last Quarter (July 2013–Sept 2013).	Mostly Below-Average with 4 Consecutive Months Below Expected Range (June 2013–Sept 2013). Downward Trend (Jan 2013–June 2013).	Below-Average with 4 Consecutive Months Below Expected Range (June 2013–Sept 2013). Downward Trend (Jan 2013–July 2013).	Within Expected Range.	Mostly Within Expected Range.
<b>Foster Care Aid Category</b>	Mostly Below-Average and Mostly Within Expected Range.	Mostly Above-Average and Mostly Within Expected Range. Increase in Last Quarter.	N/A	Mostly Below-Average and Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range.	Mostly Within Expected Range. Increase in Last Quarter.	Within Expected Range.	Within Expected Range.
<b>Other Aid Category</b>	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013).	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013).	N/A	Mostly Below-Average with 5 Consecutive Months Below Expected Range (Feb 2013–June 2013). Increase Back into Expected Range in Last Quarter.	Below Expected Range. Slight Downward Trend (Jan 2013–June 2013).	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013).	Mostly Below-Average and Mostly Within Expected Range.	Below-Average with 8 Consecutive Months Below Expected Range (Feb 2013–Sept 2013)
<b>Undocumented Aid Category</b>	Below Expected Range.	Mostly Below-Average and Within Expected Range.	N/A	Mostly Below-Average with 5 Consecutive Months Below Expected Range (Feb 2013–June 2013). Increase Above Expected Range in Last Quarter.	Below-Average and Mostly Within Expected Range.	Mostly Below-Average and Mostly Within Expected Range. Downward Trend (Jan 2013–June 2013).	Below Expected Range.	Mostly Below-Average and Within Expected Range.

**Note:** Children were excluded from analyses of Non-Emergency Medical Transportation and Nursing Facility services utilization due to low user counts (n<500)

**Table SU-3:** Summary of Service Utilization Trends among FFS Medi-Cal Adults Ages 21+, by Aid Category and Service Category

	Physician/Clinic Visit Services	Non-Emergency Transportation Services	Emergency Medical Transportation Services	Home Health Services	Hospital Inpatient Services	Hospital Outpatient Services	Nursing Facility Services	Pharmacy Services	Other Services	Radiology Services
<b>Aged Aid Category</b>	Below-Average and Mostly Within Expected Range.	N/A	N/A	N/A	Above Expected Range.	Mostly Above Average and Within Expected Range.	Above Expected Range.	Below Expected Range.	Below Expected Range.	Mostly Above Expected Range.
<b>Blind/Disabled Aid Category</b>	Below Average and Mostly Within Expected Range.	Above Expected Range.	Above Average with 5 Consecutive Months Above Expected Range.	Mostly Above-Average and Within Expected Range.	Above Expected Range.	Mostly Above-Average and Mostly Within Expected Range.	Above Expected Range.	Mostly Below Expected Range.	Mostly Below-Average and Within Expected Range.	Mostly Above Expected Range.
<b>Families Aid Category</b>	Below Expected Range.	N/A	Mostly Below-Average and Within Expected Range.	N/A	Mostly Below-Average with Several Months Below Expected Range.	Below Expected Range.	N/A	Mostly Below Expected Range.	Below-Average with Several Months Below Expected Range.	Within Expected Range.
<b>Other Aid Category</b>	Below Average and Mostly Within Expected Range.	Above Expected Range.	Within Expected Range.	N/A	Below Average with 5 Consecutive Months Below Expected Range (Feb 2013–June 2013).	Below Average with Several Months Below Expected Range.	Mostly Below-Expected Range.	Mostly Below Average and Within Expected Range.	Mostly Below Average and Within Expected Range.	Mostly Above Average and Within Expected Range.
<b>Undocumented Aid Category</b>	Below Expected Range.	N/A	Below Average with Several Months Below Expected Range.	N/A	Below Expected Range.	Mostly Below Expected Range.	N/A	Mostly Above Average. Within Expected Range.	Below Expected Range.	Within Expected Range.

## Conclusions — Service Utilization of Children Participating in FFS Medi-Cal

- Overall, service utilization patterns for children in most aid categories primarily followed the patterns identified in the previous access quarterly report. For example, the utilization rates for children in the Foster Care aid group across all of the analyzed service categories were once more observed to be within the expected ranges. Children in the Blind/Disabled, Other, and Undocumented aid categories again exhibited predominantly below-average Emergency Transportation services utilization. Additionally, children in the Blind/Disabled aid category continued to place a disproportionate demand on services of all kinds.
- After displaying decreased utilization in Emergency Medical Transportation, Hospital Inpatient, Hospital Outpatient, and Pharmacy services, as well as Physician/Clinic visits during the second quarter of 2013, Blind/Disabled children exhibited slight increases in utilization of these service categories at the end of the study period.
- Physician/Clinic service use patterns among children in most of the evaluated aid categories again fell below the average rates established during the baseline period.
- The utilization of all the evaluated services by children in the Other aid category again mostly fell below either the average rates or the expected ranges established during the baseline period. Of particular note, this subpopulation's utilization of Emergency Transportation, Radiology, and Pharmacy services, as well as Physician/Clinic visits, noticeably declined below the expected ranges starting in February 2013.
- As beneficiary participation shifted away from the FFS delivery system and into managed care, many service categories (e.g., Non-Emergency Transportation, Home Health, and Nursing Facility services) again experienced a noticeable decline in user counts that made the data unsuitable for analysis.

## Conclusions — Service Utilization of Adults Participating in FFS Medi-Cal

- As noted in the previous access quarterly reports, adults in the Blind/Disabled aid category continued to place a higher demand on Emergency Transportation, Hospital Inpatient, Hospital Outpatient, Non-Emergency Transportation, Nursing Facility, and Radiology services.
- Physician/Clinic service use patterns among adults in all of the analyzed aid categories again fell below either the average rates or the expected ranges established during the baseline period.
- Adults in the Families aid category continued to display below-average utilization of Emergency Transportation and Hospital Inpatient services, as well as Physician/Clinic visits, throughout most of the study period.
- Adults in the Undocumented aid category, who are only eligible for emergency and pregnancy-related services, also continued to exhibit below-average and lower-than-expected use of Emergency Transportation and Hospital Inpatient services, as well as Physician/Clinic visits.
- The continued decline in Medi-Cal's FFS population, which is a result of the transition of Medi-Cal beneficiaries into managed care plans, has directly reduced the pool of users for particular services. For instance, the number of adults in the Aged and Families aid categories that utilize Non-Emergency Transportation and Home Health services have declined to levels (<500) that render their use of these service categories inconsequential to the current analysis. The beneficiary subgroups that continue to use these service categories exhibited utilization patterns at above-average rates that often fell above the expected ranges.

## Appendix A – Detailed List of Other Providers

- Community-Based Adult Services Program (formerly called Adult Day Health Care) (PT 001)
- Assistive Device and Sick Room Supply Dealers (PT 002)
- Audiology Services–Audiologists (PT 003), Hearing Aid Dispensers (PT 013)
- Blood Banks (PT 004)
- Certified Nurse Midwife (PT 005)
- Chiropractors (PT 006)
- Certified Nurse Practitioner (PT 007), Group Certified Family/Pediatric Nurse Practitioners (PT 010)
- Christian Science Practitioner (PT 008)
- Fabricating Optical Lab (PT 011), Dispensing Opticians (PT 012), Optometrists (PT 020), and Optometric Groups (PT 023)
- Nurse Anesthetists (PT 018)
- Physical Therapist (PT 025), Occupational Therapist (PT 019), Speech Therapist (PT 037)
- Orthotists (PT 021), Prosthetists (PT 029)
- Podiatrists (PT 027)
- Portable X-Ray (PT 028)
- Psychologists (PT 031)
- Certified Acupuncturist (PT 032)
- Genetic Disease Testing (PT 033)
- Medicare Crossover Provider Only (PT 034)
- Outpatient Heroin Detoxification Center (PT 051)
- Local Education Agency (LEA) (PT 055)
- Respiratory Care Practitioner (056) and Respiratory Care Practitioner Group (PT 062)
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services Provider (PT 057)
- Health Access Program (HAP) (PT 058)
- Home and Community-Based Services (HCBS) Waiver Programs (Multiple Provider Types):
  - HCBS Nursing Facility (Congregate Living Health Facilities with Type A licensure) (PT 059)
  - HCBS Licensed Building Contractors (PT 063)
  - HCBS Employment Agency (PT 064)
  - HCBS Personal Care Agency (PT 066)
  - HCBS Benefit Provider (Licensed Clinical Social Worker, Licensed Psychologist, or Marriage and Family Therapist) (PT 068)
  - HCBS Professional Corporation (PT 069)
  - AIDS Waiver (PT 073)
  - Multipurpose Senior Services Program Waiver (PT 074)
  - Assisted Living Waiver-Facility (PT 092)
  - Assisted Living Waiver-Care Coordinator (PT 093)
  - HCBS Private Non-Profit (PT 095)

- Pediatric Subacute Care/LTC (PT 065)
- RVNS Individual Nurse Providers (PT 067)
- CCS/GHPP Non-Institutional Providers (PT 080)
- CCS/GHPP Institutional Providers (PT 081)
- Independent Diagnostic Testing Facility Crossover (PT 084)
- Clinical Nurse Specialist Crossover Provider (PT 085)
- Out-of-State Providers (PT 090)

## Appendix B

### Physician/Clinic Visit Services

**Table SU-4:** Physician/Clinic Visit Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	<b>Blind/Disabled Unique Users=13,864</b>	Oct-12	575.40	462.43	568.49	674.56
		Nov-12	505.11	462.43	568.49	674.56
		Dec-12	465.84	462.43	568.49	674.56
		Jan-13	579.34	462.43	568.49	674.56
		Feb-13	526.74	462.43	568.49	674.56
		Mar-13	542.29	462.43	568.49	674.56
		Apr-13	575.49	462.43	568.49	674.56
		May-13	558.17	462.43	568.49	674.56
		Jun-13	469.08	462.43	568.49	674.56
		Jul-13	521.45	462.43	568.49	674.56
		Aug-13	542.50	462.43	568.49	674.56
Sep-13	500.03	462.43	568.49	674.56		
Age 0–20	<b>Families Unique Users=135,069</b>	Oct-12	282.00	253.85	315.82	377.78
		Nov-12	264.02	253.85	315.82	377.78
		Dec-12	252.93	253.85	315.82	377.78
		Jan-13	329.85	253.85	315.82	377.78
		Feb-13	290.61	253.85	315.82	377.78
		Mar-13	288.78	253.85	315.82	377.78
		Apr-13	291.88	253.85	315.82	377.78
		May-13	283.13	253.85	315.82	377.78
		Jun-13	232.20	253.85	315.82	377.78
		Jul-13	249.13	253.85	315.82	377.78
		Aug-13	264.78	253.85	315.82	377.78
Sep-13	259.34	253.85	315.82	377.78		
Age 0–20	<b>Foster Care Unique Users=33,214</b>	Oct-12	263.48	229.80	280.66	331.53
		Nov-12	232.19	229.80	280.66	331.53
		Dec-12	211.54	229.80	280.66	331.53
		Jan-13	286.26	229.80	280.66	331.53
		Feb-13	254.02	229.80	280.66	331.53
		Mar-13	253.72	229.80	280.66	331.53
		Apr-13	258.79	229.80	280.66	331.53
		May-13	250.17	229.80	280.66	331.53
		Jun-13	209.61	229.80	280.66	331.53
Jul-13	234.15	229.80	280.66	331.53		

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Aug-13	245.32	229.80	280.66	331.53
		Sep-13	237.59	229.80	280.66	331.53
Age 0–20	Other Unique Users=161,706	Oct-12	476.93	412.24	486.29	560.34
		Nov-12	434.82	412.24	486.29	560.34
		Dec-12	425.34	412.24	486.29	560.34
		Jan-13	428.83	412.24	486.29	560.34
		Feb-13	336.39	412.24	486.29	560.34
		Mar-13	334.47	412.24	486.29	560.34
		Apr-13	329.73	412.24	486.29	560.34
		May-13	332.12	412.24	486.29	560.34
		Jun-13	306.37	412.24	486.29	560.34
		Jul-13	339.04	412.24	486.29	560.34
		Aug-13	363.62	412.24	486.29	560.34
		Sep-13	348.45	412.24	486.29	560.34
		Age 0–20	Undocumented Unique Users=23,456	Oct-12	182.14	193.24
Nov-12	164.29			193.24	220.83	248.41
Dec-12	162.66			193.24	220.83	248.41
Jan-13	178.33			193.24	220.83	248.41
Feb-13	155.32			193.24	220.83	248.41
Mar-13	168.93			193.24	220.83	248.41
Apr-13	168.46			193.24	220.83	248.41
May-13	172.03			193.24	220.83	248.41
Jun-13	157.38			193.24	220.83	248.41
Jul-13	176.92			193.24	220.83	248.41
Aug-13	178.13			193.24	220.83	248.41
Sep-13	166.21			193.24	220.83	248.41
Age 21+	Aged Unique Users=6,636			Oct-12	875.99	787.37
		Nov-12	790.70	787.37	948.71	1,110.04
		Dec-12	705.30	787.37	948.71	1,110.04
		Jan-13	922.55	787.37	948.71	1,110.04
		Feb-13	797.52	787.37	948.71	1,110.04
		Mar-13	821.61	787.37	948.71	1,110.04
		Apr-13	868.63	787.37	948.71	1,110.04
		May-13	826.82	787.37	948.71	1,110.04
		Jun-13	729.63	787.37	948.71	1,110.04
		Jul-13	857.54	787.37	948.71	1,110.04
		Aug-13	817.86	787.37	948.71	1,110.04
		Sep-13	764.20	787.37	948.71	1,110.04
		Age 21+	Blind/Disabled	Oct-12	1,062.06	958.31

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	<b>Unique Users=55,554</b>	Nov-12	970.38	958.31	1,131.36	1,304.40
		Dec-12	927.84	958.31	1,131.36	1,304.40
		Jan-13	1,112.73	958.31	1,131.36	1,304.40
		Feb-13	999.51	958.31	1,131.36	1,304.40
		Mar-13	1,053.62	958.31	1,131.36	1,304.40
		Apr-13	1,077.55	958.31	1,131.36	1,304.40
		May-13	1,077.33	958.31	1,131.36	1,304.40
		Jun-13	975.18	958.31	1,131.36	1,304.40
		Jul-13	1,050.70	958.31	1,131.36	1,304.40
		Aug-13	1,028.17	958.31	1,131.36	1,304.40
	Sep-13	981.24	958.31	1,131.36	1,304.40	
<b>Age 21+</b>	<b>Families Unique Users=93,466</b>	Oct-12	474.53	479.65	570.19	660.74
		Nov-12	442.62	479.65	570.19	660.74
		Dec-12	396.49	479.65	570.19	660.74
		Jan-13	476.82	479.65	570.19	660.74
		Feb-13	423.45	479.65	570.19	660.74
		Mar-13	446.26	479.65	570.19	660.74
		Apr-13	472.63	479.65	570.19	660.74
		May-13	461.64	479.65	570.19	660.74
		Jun-13	410.12	479.65	570.19	660.74
		Jul-13	453.97	479.65	570.19	660.74
		Aug-13	437.78	479.65	570.19	660.74
		Sep-13	410.50	479.65	570.19	660.74
<b>Age 21+</b>	<b>Other Unique Users=45,621</b>	Oct-12	1,180.05	1,042.21	1,245.83	1,449.45
		Nov-12	1,069.99	1,042.21	1,245.83	1,449.45
		Dec-12	980.73	1,042.21	1,245.83	1,449.45
		Jan-13	1,164.55	1,042.21	1,245.83	1,449.45
		Feb-13	1,002.08	1,042.21	1,245.83	1,449.45
		Mar-13	1,041.52	1,042.21	1,245.83	1,449.45
		Apr-13	1,104.55	1,042.21	1,245.83	1,449.45
		May-13	1,115.87	1,042.21	1,245.83	1,449.45
		Jun-13	1,007.97	1,042.21	1,245.83	1,449.45
		Jul-13	1,137.55	1,042.21	1,245.83	1,449.45
		Aug-13	1,105.32	1,042.21	1,245.83	1,449.45
		Sep-13	1,036.13	1,042.21	1,245.83	1,449.45
<b>Age 21+</b>	<b>Undocumented Unique Users=80,238</b>	Oct-12	207.61	230.32	272.92	315.52
		Nov-12	183.31	230.32	272.92	315.52
		Dec-12	171.75	230.32	272.92	315.52
		Jan-13	202.77	230.32	272.92	315.52

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Feb-13	178.57	230.32	272.92	315.52
		Mar-13	185.31	230.32	272.92	315.52
		Apr-13	192.16	230.32	272.92	315.52
		May-13	194.77	230.32	272.92	315.52
		Jun-13	177.72	230.32	272.92	315.52
		Jul-13	200.24	230.32	272.92	315.52
		Aug-13	196.36	230.32	272.92	315.52
		Sep-13	180.98	230.32	272.92	315.52

Source: Created by DHCS Research and Analytic Studies Division

## Non-Emergency Transportation Services

**Table SU-5:** Non-Emergency Transportation Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 21+	Blind/Disabled Unique Users=2,662	Oct-12	52.93	33.29	39.72	46.15
		Nov-12	51.70	33.29	39.72	46.15
		Dec-12	50.85	33.29	39.72	46.15
		Jan-13	52.10	33.29	39.72	46.15
		Feb-13	49.72	33.29	39.72	46.15
		Mar-13	54.98	33.29	39.72	46.15
		Apr-13	59.26	33.29	39.72	46.15
		May-13	61.38	33.29	39.72	46.15
		Jun-13	59.11	33.29	39.72	46.15
		Jul-13	62.85	33.29	39.72	46.15
		Aug-13	60.70	33.29	39.72	46.15
		Sep-13	61.79	33.29	39.72	46.15
Age 21+	Other Unique Users=1,003	Oct-12	29.95	17.67	21.14	24.61
		Nov-12	28.01	17.67	21.14	24.61
		Dec-12	28.25	17.67	21.14	24.61
		Jan-13	29.72	17.67	21.14	24.61
		Feb-13	27.51	17.67	21.14	24.61
		Mar-13	27.95	17.67	21.14	24.61
		Apr-13	29.07	17.67	21.14	24.61
		May-13	30.99	17.67	21.14	24.61
		Jun-13	28.46	17.67	21.14	24.61
		Jul-13	30.96	17.67	21.14	24.61
		Aug-13	29.81	17.67	21.14	24.61
		Sep-13	25.84	17.67	21.14	24.61

Source: Created by DHCS Research and Analytic Studies Division

## Emergency Transportation Services

**Table SU-6:** Emergency Transportation Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Blind/Disabled Unique Users=628	Oct-12	9.19	7.95	9.56	11.16
		Nov-12	8.11	7.95	9.56	11.16
		Dec-12	7.36	7.95	9.56	11.16
		Jan-13	9.16	7.95	9.56	11.16
		Feb-13	9.15	7.95	9.56	11.16
		Mar-13	9.14	7.95	9.56	11.16
		Apr-13	8.93	7.95	9.56	11.16
		May-13	8.44	7.95	9.56	11.16
		Jun-13	7.00	7.95	9.56	11.16
		Jul-13	8.19	7.95	9.56	11.16
		Aug-13	9.34	7.95	9.56	11.16
Sep-13	8.43	7.95	9.56	11.16		
Age 0–20	Families Unique Users=2,692	Oct-12	2.92	2.55	3.01	3.47
		Nov-12	2.72	2.55	3.01	3.47
		Dec-12	2.92	2.55	3.01	3.47
		Jan-13	3.51	2.55	3.01	3.47
		Feb-13	3.01	2.55	3.01	3.47
		Mar-13	3.16	2.55	3.01	3.47
		Apr-13	3.06	2.55	3.01	3.47
		May-13	3.22	2.55	3.01	3.47
		Jun-13	2.64	2.55	3.01	3.47
		Jul-13	2.89	2.55	3.01	3.47
		Aug-13	2.80	2.55	3.01	3.47
Sep-13	2.98	2.55	3.01	3.47		
Age 0–20	Foster Care Unique Users=1,083	Oct-12	4.70	3.54	4.31	5.08
		Nov-12	3.92	3.54	4.31	5.08
		Dec-12	3.81	3.54	4.31	5.08
		Jan-13	5.03	3.54	4.31	5.08
		Feb-13	4.13	3.54	4.31	5.08
		Mar-13	5.09	3.54	4.31	5.08
		Apr-13	5.01	3.54	4.31	5.08
		May-13	6.01	3.54	4.31	5.08
		Jun-13	4.22	3.54	4.31	5.08
		Jul-13	4.83	3.54	4.31	5.08
		Aug-13	5.02	3.54	4.31	5.08
Sep-13	5.13	3.54	4.31	5.08		

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Other Unique Users=1,726	Oct-12	2.75	2.46	3.03	3.60
		Nov-12	2.52	2.46	3.03	3.60
		Dec-12	2.71	2.46	3.03	3.60
		Jan-13	3.16	2.46	3.03	3.60
		Feb-13	2.27	2.46	3.03	3.60
		Mar-13	2.18	2.46	3.03	3.60
		Apr-13	2.10	2.46	3.03	3.60
		May-13	2.13	2.46	3.03	3.60
		Jun-13	1.95	2.46	3.03	3.60
		Jul-13	2.38	2.46	3.03	3.60
		Aug-13	2.20	2.46	3.03	3.60
		Sep-13	2.00	2.46	3.03	3.60
Age 0–20	Undocumented Unique Users=645	Oct-12	1.92	1.47	1.82	2.17
		Nov-12	1.50	1.47	1.82	2.17
		Dec-12	1.52	1.47	1.82	2.17
		Jan-13	1.99	1.47	1.82	2.17
		Feb-13	1.53	1.47	1.82	2.17
		Mar-13	1.74	1.47	1.82	2.17
		Apr-13	1.64	1.47	1.82	2.17
		May-13	2.13	1.47	1.82	2.17
		Jun-13	1.78	1.47	1.82	2.17
		Jul-13	1.97	1.47	1.82	2.17
		Aug-13	1.76	1.47	1.82	2.17
		Sep-13	1.51	1.47	1.82	2.17
Age 21+	Blind/Disabled Unique Users=7,034	Oct-12	42.15	34.14	38.39	42.64
		Nov-12	40.83	34.14	38.39	42.64
		Dec-12	41.40	34.14	38.39	42.64
		Jan-13	44.41	34.14	38.39	42.64
		Feb-13	38.77	34.14	38.39	42.64
		Mar-13	43.19	34.14	38.39	42.64
		Apr-13	41.90	34.14	38.39	42.64
		May-13	45.35	34.14	38.39	42.64
		Jun-13	42.77	34.14	38.39	42.64
		Jul-13	46.00	34.14	38.39	42.64
		Aug-13	44.84	34.14	38.39	42.64
		Sep-13	44.36	34.14	38.39	42.64
Age 21+	Families Unique Users=3,894	Nov-12	6.47	6.33	7.52	8.70
		Dec-12	6.46	6.33	7.52	8.70
		Jan-13	7.29	6.33	7.52	8.70

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Feb-13	6.49	6.33	7.52	8.70
		Mar-13	6.83	6.33	7.52	8.70
		Apr-13	6.80	6.33	7.52	8.70
		May-13	7.49	6.33	7.52	8.70
		Jun-13	7.34	6.33	7.52	8.70
		Jul-13	8.16	6.33	7.52	8.70
		Aug-13	7.27	6.33	7.52	8.70
		Sep-13	7.27	6.33	7.52	8.70
Age 21+	Other Unique Users=1,538	Oct-12	13.10	11.12	13.64	16.16
		Nov-12	13.21	11.12	13.64	16.16
		Dec-12	13.66	11.12	13.64	16.16
		Jan-13	14.61	11.12	13.64	16.16
		Feb-13	12.79	11.12	13.64	16.16
		Mar-13	13.29	11.12	13.64	16.16
		Apr-13	13.33	11.12	13.64	16.16
		May-13	14.82	11.12	13.64	16.16
		Jun-13	13.45	11.12	13.64	16.16
		Jul-13	14.20	11.12	13.64	16.16
		Aug-13	13.37	11.12	13.64	16.16
		Sep-13	11.79	11.12	13.64	16.16
Age 21+	Undocumented Unique Users=3,154	Oct-12	2.20	2.02	2.35	2.68
		Nov-12	1.80	2.02	2.35	2.68
		Dec-12	1.77	2.02	2.35	2.68
		Jan-13	2.14	2.02	2.35	2.68
		Feb-13	1.89	2.02	2.35	2.68
		Mar-13	1.92	2.02	2.35	2.68
		Apr-13	2.02	2.02	2.35	2.68
		May-13	2.05	2.02	2.35	2.68
		Jun-13	1.83	2.02	2.35	2.68
		Jul-13	2.11	2.02	2.35	2.68
		Aug-13	2.11	2.02	2.35	2.68
		Sep-13	1.95	2.02	2.35	2.68

Source: Created by DHCS Research and Analytic Studies Division

## Home Health Services

**Table SU-7:** Home Health Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Blind/Disabled Unique Users=1,575	Oct-12	148.03	71.93	99.12	126.31
		Nov-12	137.81	71.93	99.12	126.31
		Dec-12	155.39	71.93	99.12	126.31
		Jan-13	142.85	71.93	99.12	126.31
		Feb-13	135.40	71.93	99.12	126.31
		Mar-13	150.72	71.93	99.12	126.31
		Apr-13	157.02	71.93	99.12	126.31
		May-13	156.25	71.93	99.12	126.31
		Jun-13	156.13	71.93	99.12	126.31
		Jul-13	158.03	71.93	99.12	126.31
		Aug-13	152.76	71.93	99.12	126.31
Sep-13	169.05	71.93	99.12	126.31		
Age 21+	Blind/Disabled Unique Users=1,035	Oct-12	15.11	9.07	12.28	15.49
		Nov-12	14.43	9.07	12.28	15.49
		Dec-12	12.83	9.07	12.28	15.49
		Jan-13	13.46	9.07	12.28	15.49
		Feb-13	12.09	9.07	12.28	15.49
		Mar-13	12.40	9.07	12.28	15.49
		Apr-13	14.17	9.07	12.28	15.49
		May-13	13.26	9.07	12.28	15.49
		Jun-13	11.83	9.07	12.28	15.49
		Jul-13	12.70	9.07	12.28	15.49
		Aug-13	11.69	9.07	12.28	15.49
Sep-13	11.63	9.07	12.28	15.49		

Source: DHCS Research and Analytic Studies Division

## Hospital Inpatient Services

**Table SU-8:** Hospital Inpatient Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	<b>Blind/Disabled Unique Users=1,182</b>	Oct-12	134.56	74.83	100.00	125.16
		Nov-12	114.21	74.83	100.00	125.16
		Dec-12	103.38	74.83	100.00	125.16
		Jan-13	136.44	74.83	100.00	125.16
		Feb-13	117.69	74.83	100.00	125.16
		Mar-13	120.68	74.83	100.00	125.16
		Apr-13	141.65	74.83	100.00	125.16
		May-13	117.57	74.83	100.00	125.16
		Jun-13	96.46	74.83	100.00	125.16
		Jul-13	151.29	74.83	100.00	125.16
		Aug-13	128.54	74.83	100.00	125.16
Sep-13	111.20	74.83	100.00	125.16		
Age 0–20	<b>Families Unique Users=9,143</b>	Oct-12	44.20	33.98	40.10	46.23
		Nov-12	41.81	33.98	40.10	46.23
		Dec-12	43.07	33.98	40.10	46.23
		Jan-13	50.08	33.98	40.10	46.23
		Feb-13	43.14	33.98	40.10	46.23
		Mar-13	40.69	33.98	40.10	46.23
		Apr-13	46.41	33.98	40.10	46.23
		May-13	43.00	33.98	40.10	46.23
		Jun-13	38.48	33.98	40.10	46.23
		Jul-13	61.57	33.98	40.10	46.23
		Aug-13	53.06	33.98	40.10	46.23
Sep-13	53.31	33.98	40.10	46.23		
Age 0–20	<b>Foster Care Unique Users=769</b>	Oct-12	15.59	12.42	17.17	21.93
		Nov-12	16.10	12.42	17.17	21.93
		Dec-12	14.84	12.42	17.17	21.93
		Jan-13	18.01	12.42	17.17	21.93
		Feb-13	15.77	12.42	17.17	21.93
		Mar-13	19.59	12.42	17.17	21.93
		Apr-13	15.10	12.42	17.17	21.93
		May-13	15.16	12.42	17.17	21.93
		Jun-13	14.56	12.42	17.17	21.93
		Jul-13	15.63	12.42	17.17	21.93
		Aug-13	23.17	12.42	17.17	21.93
Sep-13	15.06	12.42	17.17	21.93		

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Other Unique Users=12,468	Oct-12	59.45	50.04	59.58	69.11
		Nov-12	55.32	50.04	59.58	69.11
		Dec-12	54.07	50.04	59.58	69.11
		Jan-13	58.32	50.04	59.58	69.11
		Feb-13	38.58	50.04	59.58	69.11
		Mar-13	39.11	50.04	59.58	69.11
		Apr-13	36.06	50.04	59.58	69.11
		May-13	34.81	50.04	59.58	69.11
		Jun-13	35.32	50.04	59.58	69.11
		Jul-13	63.48	50.04	59.58	69.11
		Aug-13	57.26	50.04	59.58	69.11
Sep-13	55.32	50.04	59.58	69.11		
Age 0–20	Undocumented Unique Users=13,414	Oct-12	47.37	46.75	54.59	62.44
		Nov-12	47.05	46.75	54.59	62.44
		Dec-12	46.42	46.75	54.59	62.44
		Jan-13	50.37	46.75	54.59	62.44
		Feb-13	44.25	46.75	54.59	62.44
		Mar-13	45.86	46.75	54.59	62.44
		Apr-13	44.95	46.75	54.59	62.44
		May-13	39.77	46.75	54.59	62.44
		Jun-13	43.06	46.75	54.59	62.44
		Jul-13	101.17	46.75	54.59	62.44
		Aug-13	103.47	46.75	54.59	62.44
Sep-13	92.06	46.75	54.59	62.44		
Age 21+	Aged Unique Users=930	Oct-12	217.48	92.11	109.08	126.04
		Nov-12	223.79	92.11	109.08	126.04
		Dec-12	201.16	92.11	109.08	126.04
		Jan-13	274.11	92.11	109.08	126.04
		Feb-13	227.79	92.11	109.08	126.04
		Mar-13	171.58	92.11	109.08	126.04
		Apr-13	208.62	92.11	109.08	126.04
		May-13	197.34	92.11	109.08	126.04
		Jun-13	183.08	92.11	109.08	126.04
		Jul-13	248.88	92.11	109.08	126.04
		Aug-13	274.24	92.11	109.08	126.04
Sep-13	195.34	92.11	109.08	126.04		
Age 21+	Blind/Disabled Unique Users=7,525	Oct-12	278.33	162.75	193.90	225.04
		Nov-12	244.65	162.75	193.90	225.04
		Dec-12	231.74	162.75	193.90	225.04

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Jan-13	302.33	162.75	193.90	225.04
		Feb-13	264.27	162.75	193.90	225.04
		Mar-13	240.50	162.75	193.90	225.04
		Apr-13	275.25	162.75	193.90	225.04
		May-13	261.54	162.75	193.90	225.04
		Jun-13	232.84	162.75	193.90	225.04
		Jul-13	291.34	162.75	193.90	225.04
		Aug-13	268.25	162.75	193.90	225.04
		Sep-13	244.63	162.75	193.90	225.04
Age 21+	<b>Families Unique Users=9,401</b>	Oct-12	64.20	57.49	65.85	74.20
		Nov-12	60.51	57.49	65.85	74.20
		Dec-12	54.90	57.49	65.85	74.20
		Jan-13	65.97	57.49	65.85	74.20
		Feb-13	53.97	57.49	65.85	74.20
		Mar-13	56.96	57.49	65.85	74.20
		Apr-13	61.14	57.49	65.85	74.20
		May-13	57.30	57.49	65.85	74.20
		Jun-13	53.21	57.49	65.85	74.20
		Jul-13	63.56	57.49	65.85	74.20
Age 21+	<b>Other Unique Users=10,928</b>	Oct-12	216.75	192.48	225.79	259.11
		Nov-12	202.45	192.48	225.79	259.11
		Dec-12	188.46	192.48	225.79	259.11
		Jan-13	208.04	192.48	225.79	259.11
		Feb-13	175.53	192.48	225.79	259.11
		Mar-13	172.47	192.48	225.79	259.11
		Apr-13	180.17	192.48	225.79	259.11
		May-13	186.96	192.48	225.79	259.11
		Jun-13	168.54	192.48	225.79	259.11
		Jul-13	193.26	192.48	225.79	259.11
Age 21+	<b>Undocumented Unique Users=20,213</b>	Oct-12	37.09	46.90	54.06	61.23
		Nov-12	34.30	46.90	54.06	61.23
		Dec-12	33.13	46.90	54.06	61.23
		Jan-13	37.04	46.90	54.06	61.23
		Feb-13	31.38	46.90	54.06	61.23
		Mar-13	31.79	46.90	54.06	61.23

<b>Age Group</b>	<b>Aid Category</b>	<b>Month</b>	<b>Service Utilization Rate</b>	<b>Baseline Lower Control Limit</b>	<b>Baseline Mean</b>	<b>Baseline Upper Control Limit</b>
		Apr-13	33.61	46.90	54.06	61.23
		May-13	34.29	46.90	54.06	61.23
		Jun-13	29.44	46.90	54.06	61.23
		Jul-13	35.44	46.90	54.06	61.23
		Aug-13	36.60	46.90	54.06	61.23
		Sep-13	32.99	46.90	54.06	61.23

Source: DHCS Research and Analytic Studies Division

## Hospital Outpatient Services

**Table SU-9:** Hospital Outpatient Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	<b>Blind/Disabled Unique Users=7,564</b>	Oct-12	176.09	142.47	171.57	200.67
		Nov-12	162.02	142.47	171.57	200.67
		Dec-12	147.03	142.47	171.57	200.67
		Jan-13	184.14	142.47	171.57	200.67
		Feb-13	171.74	142.47	171.57	200.67
		Mar-13	176.75	142.47	171.57	200.67
		Apr-13	178.14	142.47	171.57	200.67
		May-13	177.11	142.47	171.57	200.67
		Jun-13	149.93	142.47	171.57	200.67
		Jul-13	167.94	142.47	171.57	200.67
Aug-13	169.59	142.47	171.57	200.67		
Sep-13	161.31	142.47	171.57	200.67		
Age 0–20	<b>Families Unique Users=50,276</b>	Oct-12	71.86	69.58	84.52	99.46
		Nov-12	68.54	69.58	84.52	99.46
		Dec-12	67.41	69.58	84.52	99.46
		Jan-13	86.67	69.58	84.52	99.46
		Feb-13	76.70	69.58	84.52	99.46
		Mar-13	76.45	69.58	84.52	99.46
		Apr-13	72.83	69.58	84.52	99.46
		May-13	72.53	69.58	84.52	99.46
		Jun-13	62.44	69.58	84.52	99.46
		Jul-13	63.71	69.58	84.52	99.46
Aug-13	65.50	69.58	84.52	99.46		
Sep-13	66.42	69.58	84.52	99.46		
Age 0–20	<b>Foster Care Unique Users=12,027</b>	Oct-12	68.30	60.43	70.52	80.61
		Nov-12	65.14	60.43	70.52	80.61
		Dec-12	59.11	60.43	70.52	80.61
		Jan-13	75.79	60.43	70.52	80.61
		Feb-13	66.82	60.43	70.52	80.61
		Mar-13	69.46	60.43	70.52	80.61
		Apr-13	71.25	60.43	70.52	80.61
		May-13	70.38	60.43	70.52	80.61
		Jun-13	61.16	60.43	70.52	80.61
		Jul-13	65.38	60.43	70.52	80.61
Aug-13	65.47	60.43	70.52	80.61		
Sep-13	66.57	60.43	70.52	80.61		

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Other Unique Users=39,423	Oct-12	83.54	84.01	96.93	109.84
		Nov-12	79.51	84.01	96.93	109.84
		Dec-12	81.02	84.01	96.93	109.84
		Jan-13	80.50	84.01	96.93	109.84
		Feb-13	63.19	84.01	96.93	109.84
		Mar-13	62.49	84.01	96.93	109.84
		Apr-13	60.64	84.01	96.93	109.84
		May-13	61.96	84.01	96.93	109.84
		Jun-13	57.63	84.01	96.93	109.84
		Jul-13	60.14	84.01	96.93	109.84
		Aug-13	60.53	84.01	96.93	109.84
Sep-13	60.93	84.01	96.93	109.84		
Age 0–20	Undocumented Unique Users=19,354	Oct-12	65.36	56.38	65.38	74.38
		Nov-12	56.71	56.38	65.38	74.38
		Dec-12	57.11	56.38	65.38	74.38
		Jan-13	64.28	56.38	65.38	74.38
		Feb-13	56.25	56.38	65.38	74.38
		Mar-13	59.16	56.38	65.38	74.38
		Apr-13	58.94	56.38	65.38	74.38
		May-13	60.97	56.38	65.38	74.38
		Jun-13	54.78	56.38	65.38	74.38
		Jul-13	62.61	56.38	65.38	74.38
		Aug-13	64.91	56.38	65.38	74.38
Sep-13	62.14	56.38	65.38	74.38		
Age 21+	Aged Unique Users=2,324	Oct-12	177.89	121.20	145.47	169.75
		Nov-12	154.78	121.20	145.47	169.75
		Dec-12	138.87	121.20	145.47	169.75
		Jan-13	166.08	121.20	145.47	169.75
		Feb-13	149.86	121.20	145.47	169.75
		Mar-13	148.23	121.20	145.47	169.75
		Apr-13	158.15	121.20	145.47	169.75
		May-13	153.50	121.20	145.47	169.75
		Jun-13	130.98	121.20	145.47	169.75
		Jul-13	150.44	121.20	145.47	169.75
		Aug-13	142.47	121.20	145.47	169.75
Sep-13	126.81	121.20	145.47	169.75		
Age 21+	Blind/Disabled Unique Users=29,809	Oct-12	289.37	217.58	256.04	294.51
		Nov-12	268.68	217.58	256.04	294.51
		Dec-12	249.82	217.58	256.04	294.51

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Jan-13	294.97	217.58	256.04	294.51
		Feb-13	264.31	217.58	256.04	294.51
		Mar-13	283.62	217.58	256.04	294.51
		Apr-13	292.98	217.58	256.04	294.51
		May-13	294.85	217.58	256.04	294.51
		Jun-13	270.48	217.58	256.04	294.51
		Jul-13	284.59	217.58	256.04	294.51
		Aug-13	282.64	217.58	256.04	294.51
		Sep-13	268.51	217.58	256.04	294.51
Age 21+	<b>Families Unique Users=48,044</b>	Oct-12	145.04	149.86	171.56	193.26
		Nov-12	138.59	149.86	171.56	193.26
		Dec-12	126.07	149.86	171.56	193.26
		Jan-13	149.63	149.86	171.56	193.26
		Feb-13	132.75	149.86	171.56	193.26
		Mar-13	139.91	149.86	171.56	193.26
		Apr-13	146.41	149.86	171.56	193.26
		May-13	148.28	149.86	171.56	193.26
		Jun-13	133.90	149.86	171.56	193.26
		Jul-13	146.10	149.86	171.56	193.26
		Aug-13	138.77	149.86	171.56	193.26
		Sep-13	126.04	149.86	171.56	193.26
Age 21+	<b>Other Unique Users=21,286</b>	Oct-12	281.71	256.72	302.10	347.49
		Nov-12	256.95	256.72	302.10	347.49
		Dec-12	235.85	256.72	302.10	347.49
		Jan-13	278.26	256.72	302.10	347.49
		Feb-13	240.26	256.72	302.10	347.49
		Mar-13	254.30	256.72	302.10	347.49
		Apr-13	267.64	256.72	302.10	347.49
		May-13	265.20	256.72	302.10	347.49
		Jun-13	248.98	256.72	302.10	347.49
		Jul-13	269.39	256.72	302.10	347.49
		Aug-13	267.06	256.72	302.10	347.49
		Sep-13	247.01	256.72	302.10	347.49
Age 21+	<b>Undocumented Unique Users=53,211</b>	Oct-12	51.06	51.73	60.04	68.36
		Nov-12	45.85	51.73	60.04	68.36
		Dec-12	44.07	51.73	60.04	68.36
		Jan-13	53.83	51.73	60.04	68.36
		Feb-13	46.81	51.73	60.04	68.36
		Mar-13	49.54	51.73	60.04	68.36

<b>Age Group</b>	<b>Aid Category</b>	<b>Month</b>	<b>Service Utilization Rate</b>	<b>Baseline Lower Control Limit</b>	<b>Baseline Mean</b>	<b>Baseline Upper Control Limit</b>
		Apr-13	50.06	51.73	60.04	68.36
		May-13	50.66	51.73	60.04	68.36
		Jun-13	47.79	51.73	60.04	68.36
		Jul-13	51.68	51.73	60.04	68.36
		Aug-13	49.96	51.73	60.04	68.36
		Sep-13	47.15	51.73	60.04	68.36

Source: DHCS Research and Analytic Studies Division

## Nursing Facility Services

**Table SU-10:** Nursing Facility Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 21+	Aged Unique Users=559	Oct-12	694.13	190.07	213.93	237.78
		Nov-12	675.85	190.07	213.93	237.78
		Dec-12	712.30	190.07	213.93	237.78
		Jan-13	796.74	190.07	213.93	237.78
		Feb-13	725.29	190.07	213.93	237.78
		Mar-13	778.41	190.07	213.93	237.78
		Apr-13	739.91	190.07	213.93	237.78
		May-13	772.76	190.07	213.93	237.78
		Jun-13	705.99	190.07	213.93	237.78
		Jul-13	770.39	190.07	213.93	237.78
		Aug-13	759.22	190.07	213.93	237.78
Sep-13	655.40	190.07	213.93	237.78		
Age 21+	Blind/Disabled Unique Users=7,478	Oct-12	1,855.85	548.11	609.99	671.87
		Nov-12	1,830.30	548.11	609.99	671.87
		Dec-12	1,945.89	548.11	609.99	671.87
		Jan-13	1,834.10	548.11	609.99	671.87
		Feb-13	1,695.23	548.11	609.99	671.87
		Mar-13	1,901.64	548.11	609.99	671.87
		Apr-13	1,794.48	548.11	609.99	671.87
		May-13	1,899.46	548.11	609.99	671.87
		Jun-13	1,890.68	548.11	609.99	671.87
		Jul-13	1,885.17	548.11	609.99	671.87
		Aug-13	1,923.27	548.11	609.99	671.87
Sep-13	2,174.01	548.11	609.99	671.87		
Age 21+	Other Unique Users=5,205	Oct-12	2,012.45	2,020.54	2,232.61	2,444.69
		Nov-12	1,958.02	2,020.54	2,232.61	2,444.69
		Dec-12	2,015.82	2,020.54	2,232.61	2,444.69
		Jan-13	2,051.09	2,020.54	2,232.61	2,444.69
		Feb-13	1,816.63	2,020.54	2,232.61	2,444.69
		Mar-13	1,884.14	2,020.54	2,232.61	2,444.69
		Apr-13	1,949.86	2,020.54	2,232.61	2,444.69
		May-13	1,970.79	2,020.54	2,232.61	2,444.69
		Jun-13	1,849.83	2,020.54	2,232.61	2,444.69
		Jul-13	1,935.19	2,020.54	2,232.61	2,444.69
		Aug-13	1,888.22	2,020.54	2,232.61	2,444.69
Sep-13	1,797.56	2,020.54	2,232.61	2,444.69		

Source: DHCS Research and Analytic Studies Division

## Pharmacy Services

**Table SU-11:** Pharmacy Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	<b>Blind/Disabled</b> Unique Users=18,669	Oct-12	1,317.22	1,057.32	1,220.60	1,383.88
		Nov-12	1,291.37	1,057.32	1,220.60	1,383.88
		Dec-12	1,282.20	1,057.32	1,220.60	1,383.88
		Jan-13	1,372.78	1,057.32	1,220.60	1,383.88
		Feb-13	1,286.01	1,057.32	1,220.60	1,383.88
		Mar-13	1,346.45	1,057.32	1,220.60	1,383.88
		Apr-13	1,337.04	1,057.32	1,220.60	1,383.88
		May-13	1,350.18	1,057.32	1,220.60	1,383.88
		Jun-13	1,238.04	1,057.32	1,220.60	1,383.88
		Jul-13	1,298.16	1,057.32	1,220.60	1,383.88
		Aug-13	1,327.55	1,057.32	1,220.60	1,383.88
Sep-13	1,291.37	1,057.32	1,220.60	1,383.88		
Age 0–20	<b>Families</b> Unique Users=83,958	Oct-12	212.29	200.37	274.54	348.72
		Nov-12	210.40	200.37	274.54	348.72
		Dec-12	211.79	200.37	274.54	348.72
		Jan-13	274.05	200.37	274.54	348.72
		Feb-13	248.72	200.37	274.54	348.72
		Mar-13	241.53	200.37	274.54	348.72
		Apr-13	231.68	200.37	274.54	348.72
		May-13	218.31	200.37	274.54	348.72
		Jun-13	176.19	200.37	274.54	348.72
		Jul-13	170.05	200.37	274.54	348.72
		Aug-13	184.46	200.37	274.54	348.72
Sep-13	199.94	200.37	274.54	348.72		
Age 0–20	<b>Foster Care</b> Unique Users=33,973	Oct-12	563.28	446.66	526.41	606.17
		Nov-12	530.65	446.66	526.41	606.17
		Dec-12	517.98	446.66	526.41	606.17
		Jan-13	609.18	446.66	526.41	606.17
		Feb-13	549.34	446.66	526.41	606.17
		Mar-13	557.34	446.66	526.41	606.17
		Apr-13	555.60	446.66	526.41	606.17
		May-13	552.58	446.66	526.41	606.17
		Jun-13	480.66	446.66	526.41	606.17
		Jul-13	511.00	446.66	526.41	606.17
		Aug-13	518.74	446.66	526.41	606.17
Sep-13	521.38	446.66	526.41	606.17		

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Other Unique Users=70,526	Oct-12	225.94	223.27	295.37	367.48
		Nov-12	212.11	223.27	295.37	367.48
		Dec-12	222.05	223.27	295.37	367.48
		Jan-13	236.41	223.27	295.37	367.48
		Feb-13	196.88	223.27	295.37	367.48
		Mar-13	189.27	223.27	295.37	367.48
		Apr-13	181.00	223.27	295.37	367.48
		May-13	175.00	223.27	295.37	367.48
		Jun-13	153.64	223.27	295.37	367.48
		Jul-13	155.21	223.27	295.37	367.48
		Aug-13	162.27	223.27	295.37	367.48
		Sep-13	167.22	223.27	295.37	367.48
Age 0–20	Undocumented Unique Users=11,476	Oct-12	77.01	67.61	82.35	97.08
		Nov-12	64.69	67.61	82.35	97.08
		Dec-12	67.71	67.61	82.35	97.08
		Jan-13	85.52	67.61	82.35	97.08
		Feb-13	77.32	67.61	82.35	97.08
		Mar-13	77.07	67.61	82.35	97.08
		Apr-13	74.24	67.61	82.35	97.08
		May-13	73.56	67.61	82.35	97.08
		Jun-13	65.64	67.61	82.35	97.08
		Jul-13	70.24	67.61	82.35	97.08
		Aug-13	72.75	67.61	82.35	97.08
		Sep-13	70.72	67.61	82.35	97.08
Age 21+	Aged Unique Users=14,068	Oct-12	1,329.77	2,121.75	2,386.29	2,650.83
		Nov-12	1,278.50	2,121.75	2,386.29	2,650.83
		Dec-12	1,212.99	2,121.75	2,386.29	2,650.83
		Jan-13	1,317.48	2,121.75	2,386.29	2,650.83
		Feb-13	1,230.79	2,121.75	2,386.29	2,650.83
		Mar-13	1,299.58	2,121.75	2,386.29	2,650.83
		Apr-13	1,322.13	2,121.75	2,386.29	2,650.83
		May-13	1,298.70	2,121.75	2,386.29	2,650.83
		Jun-13	1,198.69	2,121.75	2,386.29	2,650.83
		Jul-13	1,275.75	2,121.75	2,386.29	2,650.83
		Aug-13	1,233.32	2,121.75	2,386.29	2,650.83
		Sep-13	1,156.46	2,121.75	2,386.29	2,650.83
Age 21+	Blind/Disabled Unique Users=77,608	Oct-12	2,978.57	2,973.85	3,338.11	3,702.37
		Nov-12	2,896.66	2,973.85	3,338.11	3,702.37
		Dec-12	2,911.46	2,973.85	3,338.11	3,702.37
		Jan-13	2,926.51	2,973.85	3,338.11	3,702.37

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Feb-13	2,789.09	2,973.85	3,338.11	3,702.37
		Mar-13	3,025.18	2,973.85	3,338.11	3,702.37
		Apr-13	2,948.51	2,973.85	3,338.11	3,702.37
		May-13	3,047.42	2,973.85	3,338.11	3,702.37
		Jun-13	2,888.16	2,973.85	3,338.11	3,702.37
		Jul-13	2,930.76	2,973.85	3,338.11	3,702.37
		Aug-13	2,949.70	2,973.85	3,338.11	3,702.37
		Sep-13	2,752.08	2,973.85	3,338.11	3,702.37
<b>Age 21+</b>	<b>Families Unique Users=79,533</b>	Oct-12	652.89	656.95	760.17	863.40
		Nov-12	667.69	656.95	760.17	863.40
		Dec-12	615.10	656.95	760.17	863.40
		Jan-13	660.09	656.95	760.17	863.40
		Feb-13	602.34	656.95	760.17	863.40
		Mar-13	638.56	656.95	760.17	863.40
		Apr-13	635.46	656.95	760.17	863.40
		May-13	640.02	656.95	760.17	863.40
		Jun-13	595.53	656.95	760.17	863.40
		Jul-13	608.92	656.95	760.17	863.40
		Aug-13	604.11	656.95	760.17	863.40
		Sep-13	542.84	656.95	760.17	863.40
<b>Age 21+</b>	<b>Other Unique Users=34,297</b>	Oct-12	1,304.08	1,145.92	1,270.37	1,394.83
		Nov-12	1,228.57	1,145.92	1,270.37	1,394.83
		Dec-12	1,224.17	1,145.92	1,270.37	1,394.83
		Jan-13	1,273.18	1,145.92	1,270.37	1,394.83
		Feb-13	1,168.13	1,145.92	1,270.37	1,394.83
		Mar-13	1,218.82	1,145.92	1,270.37	1,394.83
		Apr-13	1,247.99	1,145.92	1,270.37	1,394.83
		May-13	1,250.47	1,145.92	1,270.37	1,394.83
		Jun-13	1,163.24	1,145.92	1,270.37	1,394.83
		Jul-13	1,240.42	1,145.92	1,270.37	1,394.83
		Aug-13	1,208.55	1,145.92	1,270.37	1,394.83
		Sep-13	1,167.85	1,145.92	1,270.37	1,394.83
<b>Age 21+</b>	<b>Undocumented Unique Users=94,602</b>	Oct-12	203.41	161.23	184.38	207.53
		Nov-12	172.87	161.23	184.38	207.53
		Dec-12	177.74	161.23	184.38	207.53
		Jan-13	203.29	161.23	184.38	207.53
		Feb-13	183.75	161.23	184.38	207.53
		Mar-13	193.28	161.23	184.38	207.53
		Apr-13	193.46	161.23	184.38	207.53
		May-13	192.21	161.23	184.38	207.53

<b>Age Group</b>	<b>Aid Category</b>	<b>Month</b>	<b>Service Utilization Rate</b>	<b>Baseline Lower Control Limit</b>	<b>Baseline Mean</b>	<b>Baseline Upper Control Limit</b>
		Jun-13	179.47	161.23	184.38	207.53
		Jul-13	192.39	161.23	184.38	207.53
		Aug-13	193.06	161.23	184.38	207.53
		Sep-13	188.60	161.23	184.38	207.53

Source: DHCS Research and Analytic Studies Division

## Other Services

**Table SU-12:** Other Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Blind/Disabled Unique Users=11,734	Oct-12	1,305.09	261.29	821.43	1,381.56
		Nov-12	1,030.48	261.29	821.43	1,381.56
		Dec-12	789.39	261.29	821.43	1,381.56
		Jan-13	1,208.69	261.29	821.43	1,381.56
		Feb-13	1,160.61	261.29	821.43	1,381.56
		Mar-13	1,011.64	261.29	821.43	1,381.56
		Apr-13	1,423.96	261.29	821.43	1,381.56
		May-13	1,395.62	261.29	821.43	1,381.56
		Jun-13	444.25	261.29	821.43	1,381.56
		Jul-13	469.14	261.29	821.43	1,381.56
		Aug-13	583.75	261.29	821.43	1,381.56
Sep-13	1,118.30	261.29	821.43	1,381.56		
Age 0–20	Families Unique Users=38,078	Oct-12	92.77	36.13	72.77	109.41
		Nov-12	72.50	36.13	72.77	109.41
		Dec-12	62.17	36.13	72.77	109.41
		Jan-13	87.83	36.13	72.77	109.41
		Feb-13	80.18	36.13	72.77	109.41
		Mar-13	81.35	36.13	72.77	109.41
		Apr-13	96.73	36.13	72.77	109.41
		May-13	87.76	36.13	72.77	109.41
		Jun-13	50.65	36.13	72.77	109.41
		Jul-13	52.75	36.13	72.77	109.41
		Aug-13	63.41	36.13	72.77	109.41
Sep-13	73.80	36.13	72.77	109.41		
Age 0–20	Foster Care Unique Users=16,170	Oct-12	222.94	79.27	162.22	245.17
		Nov-12	180.10	79.27	162.22	245.17
		Dec-12	140.13	79.27	162.22	245.17
		Jan-13	212.78	79.27	162.22	245.17
		Feb-13	200.59	79.27	162.22	245.17
		Mar-13	181.11	79.27	162.22	245.17
		Apr-13	231.11	79.27	162.22	245.17
		May-13	218.22	79.27	162.22	245.17
		Jun-13	96.62	79.27	162.22	245.17
		Jul-13	100.87	79.27	162.22	245.17
		Aug-13	129.69	79.27	162.22	245.17
Sep-13	181.74	79.27	162.22	245.17		

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Other Unique Users=44,050	Oct-12	95.28	79.27	162.22	245.17
		Nov-12	76.84	63.51	85.22	106.94
		Dec-12	65.94	63.51	85.22	106.94
		Jan-13	79.57	63.51	85.22	106.94
		Feb-13	74.30	63.51	85.22	106.94
		Mar-13	76.94	63.51	85.22	106.94
		Apr-13	90.01	63.51	85.22	106.94
		May-13	84.60	63.51	85.22	106.94
		Jun-13	58.21	63.51	85.22	106.94
		Jul-13	65.50	63.51	85.22	106.94
		Aug-13	78.07	63.51	85.22	106.94
Sep-13	79.02	63.51	85.22	106.94		
Age 0–20	Undocumented Unique Users=4,493	Oct-12	17.48	19.24	24.23	29.21
		Nov-12	15.22	19.24	24.23	29.21
		Dec-12	13.49	19.24	24.23	29.21
		Jan-13	16.56	19.24	24.23	29.21
		Feb-13	14.40	19.24	24.23	29.21
		Mar-13	14.70	19.24	24.23	29.21
		Apr-13	15.82	19.24	24.23	29.21
		May-13	15.10	19.24	24.23	29.21
		Jun-13	13.64	19.24	24.23	29.21
		Jul-13	16.69	19.24	24.23	29.21
		Aug-13	17.71	19.24	24.23	29.21
Sep-13	14.73	19.24	24.23	29.21		
Age 21+	Aged Unique Users=3,134	Oct-12	223.20	287.41	375.55	463.70
		Nov-12	188.24	287.41	375.55	463.70
		Dec-12	163.41	287.41	375.55	463.70
		Jan-13	210.65	287.41	375.55	463.70
		Feb-13	194.78	287.41	375.55	463.70
		Mar-13	207.88	287.41	375.55	463.70
		Apr-13	218.73	287.41	375.55	463.70
		May-13	208.91	287.41	375.55	463.70
		Jun-13	187.14	287.41	375.55	463.70
		Jul-13	209.25	287.41	375.55	463.70
		Aug-13	194.64	287.41	375.55	463.70
Sep-13	191.28	287.41	375.55	463.70		
Age 21+	Blind/Disabled Unique Users=25,349	Oct-12	254.64	219.61	274.27	328.94
		Nov-12	236.77	219.61	274.27	328.94
		Dec-12	219.42	219.61	274.27	328.94

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Jan-13	255.55	219.61	274.27	328.94
		Feb-13	239.04	219.61	274.27	328.94
		Mar-13	256.47	219.61	274.27	328.94
		Apr-13	279.85	219.61	274.27	328.94
		May-13	276.14	219.61	274.27	328.94
		Jun-13	254.81	219.61	274.27	328.94
		Jul-13	267.19	219.61	274.27	328.94
		Aug-13	265.57	219.61	274.27	328.94
		Sep-13	255.73	219.61	274.27	328.94
Age 21+	Families Unique Users=37,224	Oct-12	108.67	98.08	132.45	166.82
		Nov-12	98.80	98.08	132.45	166.82
		Dec-12	82.78	98.08	132.45	166.82
		Jan-13	102.72	98.08	132.45	166.82
		Feb-13	93.25	98.08	132.45	166.82
		Mar-13	101.00	98.08	132.45	166.82
		Apr-13	107.76	98.08	132.45	166.82
		May-13	104.69	98.08	132.45	166.82
		Jun-13	92.79	98.08	132.45	166.82
		Jul-13	102.93	98.08	132.45	166.82
		Aug-13	103.99	98.08	132.45	166.82
Age 21+	Other Unique Users=29,607	Oct-12	308.76	251.93	314.87	377.81
		Nov-12	282.88	251.93	314.87	377.81
		Dec-12	251.83	251.93	314.87	377.81
		Jan-13	314.75	251.93	314.87	377.81
		Feb-13	272.16	251.93	314.87	377.81
		Mar-13	281.68	251.93	314.87	377.81
		Apr-13	312.47	251.93	314.87	377.81
		May-13	307.97	251.93	314.87	377.81
		Jun-13	272.11	251.93	314.87	377.81
		Jul-13	329.03	251.93	314.87	377.81
		Aug-13	313.49	251.93	314.87	377.81
Age 21+	Undocumented Unique Users=37,869	Oct-12	45.66	48.55	60.49	72.43
		Nov-12	39.06	48.55	60.49	72.43
		Dec-12	36.69	48.55	60.49	72.43
		Jan-13	44.49	48.55	60.49	72.43
		Feb-13	38.30	48.55	60.49	72.43
		Mar-13	40.20	48.55	60.49	72.43
		Apr-13	42.12	48.55	60.49	72.43

<b>Age Group</b>	<b>Aid Category</b>	<b>Month</b>	<b>Service Utilization Rate</b>	<b>Baseline Lower Control Limit</b>	<b>Baseline Mean</b>	<b>Baseline Upper Control Limit</b>
		May-13	41.95	48.55	60.49	72.43
		Jun-13	37.13	48.55	60.49	72.43
		Jul-13	43.17	48.55	60.49	72.43
		Aug-13	42.74	48.55	60.49	72.43
		Sep-13	39.71	48.55	60.49	72.43

Source: DHCS Research and Analytic Studies Division

## Radiology Services

**Table SU-13:** Radiology Services Utilization Rates from October 2012 to September 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline Mean

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Blind/Disabled Unique Users=3,564	Oct-12	104.75	84.13	103.54	122.96
		Nov-12	93.31	84.13	103.54	122.96
		Dec-12	90.94	84.13	103.54	122.96
		Jan-13	113.88	84.13	103.54	122.96
		Feb-13	99.66	84.13	103.54	122.96
		Mar-13	95.39	84.13	103.54	122.96
		Apr-13	106.62	84.13	103.54	122.96
		May-13	96.15	84.13	103.54	122.96
		Jun-13	77.14	84.13	103.54	122.96
		Jul-13	93.80	84.13	103.54	122.96
		Aug-13	96.72	84.13	103.54	122.96
	Sep-13	90.39	84.13	103.54	122.96	
Age 0–20	Families Unique Users=22,880	Oct-12	50.93	38.01	47.93	57.84
		Nov-12	46.58	38.01	47.93	57.84
		Dec-12	47.21	38.01	47.93	57.84
		Jan-13	59.15	38.01	47.93	57.84
		Feb-13	51.57	38.01	47.93	57.84
		Mar-13	51.80	38.01	47.93	57.84
		Apr-13	52.66	38.01	47.93	57.84
		May-13	51.61	38.01	47.93	57.84
		Jun-13	41.75	38.01	47.93	57.84
		Jul-13	43.06	38.01	47.93	57.84
		Aug-13	45.07	38.01	47.93	57.84
	Sep-13	47.91	38.01	47.93	57.84	
Age 0–20	Foster Care Unique Users=5,771	Oct-12	47.75	35.41	43.00	50.59
		Nov-12	41.34	35.41	43.00	50.59
		Dec-12	38.92	35.41	43.00	50.59
		Jan-13	47.00	35.41	43.00	50.59
		Feb-13	42.53	35.41	43.00	50.59
		Mar-13	44.71	35.41	43.00	50.59
		Apr-13	46.06	35.41	43.00	50.59
		May-13	45.57	35.41	43.00	50.59
		Jun-13	38.49	35.41	43.00	50.59
		Jul-13	39.45	35.41	43.00	50.59
		Aug-13	43.29	35.41	43.00	50.59
	Sep-13	44.96	35.41	43.00	50.59	

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	Other Unique Users=19,704	Oct-12	56.75	51.88	60.91	69.94
		Nov-12	51.29	51.88	60.91	69.94
		Dec-12	52.89	51.88	60.91	69.94
		Jan-13	55.59	51.88	60.91	69.94
		Feb-13	44.55	51.88	60.91	69.94
		Mar-13	43.34	51.88	60.91	69.94
		Apr-13	44.22	51.88	60.91	69.94
		May-13	44.44	51.88	60.91	69.94
		Jun-13	40.26	51.88	60.91	69.94
		Jul-13	42.35	51.88	60.91	69.94
		Aug-13	43.46	51.88	60.91	69.94
Sep-13	44.38	51.88	60.91	69.94		
Age 0–20	Undocumented Unique Users=6,814	Oct-12	37.94	30.25	35.40	40.56
		Nov-12	31.29	30.25	35.40	40.56
		Dec-12	31.14	30.25	35.40	40.56
		Jan-13	35.68	30.25	35.40	40.56
		Feb-13	32.00	30.25	35.40	40.56
		Mar-13	33.82	30.25	35.40	40.56
		Apr-13	34.19	30.25	35.40	40.56
		May-13	34.54	30.25	35.40	40.56
		Jun-13	30.45	30.25	35.40	40.56
		Jul-13	34.94	30.25	35.40	40.56
		Aug-13	35.76	30.25	35.40	40.56
Sep-13	34.73	30.25	35.40	40.56		
Age 21+	Aged Unique Users=2,766	Oct-12	230.30	150.33	179.38	208.43
		Nov-12	218.64	150.33	179.38	208.43
		Dec-12	196.14	150.33	179.38	208.43
		Jan-13	245.03	150.33	179.38	208.43
		Feb-13	223.69	150.33	179.38	208.43
		Mar-13	223.39	150.33	179.38	208.43
		Apr-13	222.92	150.33	179.38	208.43
		May-13	207.18	150.33	179.38	208.43
		Jun-13	192.78	150.33	179.38	208.43
		Jul-13	226.13	150.33	179.38	208.43
		Aug-13	237.09	150.33	179.38	208.43
Sep-13	214.37	150.33	179.38	208.43		
Age 21+	Blind/Disabled Unique Users=23,660	Oct-12	287.11	200.73	234.65	268.57
		Nov-12	264.66	200.73	234.65	268.57
		Dec-12	254.03	200.73	234.65	268.57
		Jan-13	300.40	200.73	234.65	268.57

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Feb-13	267.99	200.73	234.65	268.57
		Mar-13	288.34	200.73	234.65	268.57
		Apr-13	286.58	200.73	234.65	268.57
		May-13	290.76	200.73	234.65	268.57
		Jun-13	266.73	200.73	234.65	268.57
		Jul-13	283.27	200.73	234.65	268.57
		Aug-13	281.70	200.73	234.65	268.57
		Sep-13	265.01	200.73	234.65	268.57
Age 21+	Families Unique Users=39,281	Oct-12	141.82	117.09	136.53	155.98
		Nov-12	136.82	117.09	136.53	155.98
		Dec-12	123.78	117.09	136.53	155.98
		Jan-13	145.16	117.09	136.53	155.98
		Feb-13	129.28	117.09	136.53	155.98
		Mar-13	137.95	117.09	136.53	155.98
		Apr-13	145.81	117.09	136.53	155.98
		May-13	144.59	117.09	136.53	155.98
		Jun-13	131.50	117.09	136.53	155.98
		Jul-13	145.37	117.09	136.53	155.98
		Aug-13	139.94	117.09	136.53	155.98
Age 21+	Other Unique Users=24,952	Oct-12	320.86	238.05	291.87	345.70
		Nov-12	298.54	238.05	291.87	345.70
		Dec-12	276.79	238.05	291.87	345.70
		Jan-13	333.17	238.05	291.87	345.70
		Feb-13	282.56	238.05	291.87	345.70
		Mar-13	297.49	238.05	291.87	345.70
		Apr-13	321.47	238.05	291.87	345.70
		May-13	326.18	238.05	291.87	345.70
		Jun-13	299.66	238.05	291.87	345.70
		Jul-13	328.04	238.05	291.87	345.70
		Aug-13	322.28	238.05	291.87	345.70
Age 21+	Undocumented Unique Users=48,575	Oct-12	60.66	50.93	59.72	68.52
		Nov-12	53.79	50.93	59.72	68.52
		Dec-12	51.44	50.93	59.72	68.52
		Jan-13	62.03	50.93	59.72	68.52
		Feb-13	54.85	50.93	59.72	68.52
		Mar-13	58.32	50.93	59.72	68.52
		Apr-13	59.80	50.93	59.72	68.52
		May-13	60.94	50.93	59.72	68.52

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
		Jun-13	57.42	50.93	59.72	68.52
		Jul-13	63.06	50.93	59.72	68.52
		Aug-13	62.40	50.93	59.72	68.52
		Sep-13	58.80	50.93	59.72	68.52

Source: Research and Analytic Studies Division



**Medi-Cal Fee-For-Service  
Access to Care  
Quarterly Monitoring Report #8  
2013 Quarter 3  
Beneficiary Feedback**

**October 2014**

California Department of Health Care Services  
Research and Analytic Studies Division  
MS 1200, P.O. Box 997413  
Sacramento, CA 95899-7413

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## Key Points

- Call volume increased to 10,633 calls in the current study period compared with 9,260 calls in the last study period.
- The three top call categories continued to be related to issues regarding Provider/Availability, Miscellaneous, and Enrollment/Continuity of Care.
- The majority of calls for Enrollment/Continuity of Care and Provider/Availability issues were received from beneficiaries in Family and Blind/Disabled aid categories.
- The increase in call volume that began in October 2012 and continued through April 2013 likely reflects the transition of children from the Healthy Families Program (HFP) into Medi-Cal that began January 1, 2013.
- The increase in call volume from July to September 2013 likely reflects the transition of 110,000 beneficiaries to Medi-Cal managed care in eight California counties on September 1, 2013, as well as the final phase of the HFP transition.

## Introduction

In 2011, the Centers for Medicare & Medicaid Services strongly encouraged the California Department of Health Care Services (DHCS) to implement a beneficiary help line as part of the Department's comprehensive health care access monitoring plan. Though DHCS has several administrative data sources that can be used to monitor health care access, there is no ongoing mechanism in place allowing beneficiaries to provide feedback pertaining to their experiences, including difficulties finding a provider, receiving referrals to specialists, and their difficulties with enrollment. In addition, though data from claims provides DHCS with information regarding services that were utilized by its members, beneficiaries who encounter factors that impede their use of services cannot be accounted for using this data source. A DHCS help line would address this gap in information for monitoring health care access, and provide needed assistance to Fee-for-Service (FFS) beneficiaries having difficulties navigating the health care system.

## Background

### Assembly Bill 97

In March 2011, Assembly Bill (AB) 97 was signed into law and instituted a 10% reduction in Medi-Cal reimbursements to select providers. A court injunction delayed the implementation of AB 97 until September 2013.

The reimbursement reductions do not apply to all Medi-Cal providers and services. Providers and services that are exempt from the 10% reduction in Medi-Cal reimbursement rates include but are not limited to:

- Physician services to children ages 0-20;
- Hospital inpatient and outpatient services;
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).<sup>i,ii,iii</sup>

## Medi-Cal Enrollment Transitions

**Expansion of Medi-Cal Managed Care** – Several subpopulations transitioned from the FFS health delivery system into Medi-Cal managed care plans during the study period. For instance, 81,488 FFS Medi-Cal beneficiaries transitioned into a Medi-Cal managed care plan in September 2013 due to the establishment of County Organized Health Systems (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties (Table BF-1).

**Table BF-1:** FFS Medi-Cal Only Beneficiaries Shifting to Medi-Cal Managed Care in September 2013

Transition County	Transition Type	Approximate Number of Beneficiaries
Del Norte	Managed Care – COHS	5,837
Humboldt	Managed Care – COHS	19,913
Lake	Managed Care – COHS	12,749
Lassen	Managed Care – COHS	3,507
Modoc	Managed Care – COHS	1,376
Shasta	Managed Care – COHS	28,430
Siskiyou	Managed Care – COHS	7,736
Trinity	Managed Care – COHS	1,940
	<b>Total:</b>	<b>81,488</b>

**Source:** Created by DHCS' Research and Analytic Studies Division (RASD) using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for September 2013. Data were extracted from MIS/DSS 4-months after corresponding time period to allow for updates to enrollment.

<sup>i</sup> California Assembly Bill 97, (2011).

<sup>ii</sup> California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from <http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf>

<sup>iii</sup> California Department of Health Care Services, State Plan Amendment, SPA 11-009.

**Healthy Families Transition** – On January 1, 2013, DHCS began the first of four phases in 2013 to transition approximately 860,000 children from the Healthy Families Program (HFP) into Medi-Cal. To ensure minimal disruption to coverage, DHCS assigned certain children presumptive eligibility for Medi-Cal benefits under the FFS health delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS health delivery system are classified under the Other aid category in this report. Participation rates for these children are expected to decline throughout 2013 and beyond as they are redetermined into aid codes that require enrollment in a Medi-Cal managed care health plan.

## Methods

DHCS relies on data obtained from the Medi-Cal Managed Care Office of the Ombudsman for the purpose of monitoring health care access.

Upon receiving a call, the Office of the Ombudsman identifies whether a beneficiary is enrolled in FFS by their Medi-Cal identification number. The Office of the Ombudsman call center documented 10,633 calls from FFS beneficiaries from the fourth quarter of 2012 through the third quarter of 2013. For each of these calls, the call center recorded the date and time of call, beneficiary aid category, county of residence, and reasons for the call. Data for these calls were summarized by month received, six aid category groupings (Family, Blind/Disabled, Aged, Foster Care, Undocumented, and Other), and reason for call.

## Limitations

There is currently no help line dedicated specifically to FFS beneficiaries for them to provide feedback pertaining to their experiences, including difficulties finding a provider, receiving referrals to specialists, and their challenges with enrollment.

In the absence of a FFS-specific help line, this report presents data from the Office of the Ombudsman call center. As the number for the Office of the Ombudsman call center is listed on notices for managed care transitions, calls received from FFS beneficiaries may be skewed in reflecting transition-related issues, such as questions about their pending enrollment or whether their FFS provider will be available to them in managed care.

## Results

Between October 2012 and September 2013, the Office of the Ombudsman documented a total of 10,633 calls received from Medi-Cal FFS beneficiaries (Figure BF-1).

FFS call volume was slightly higher for this period than the previous reporting period (9,260 calls from July 2012 to June 2013). An upward trend in call volume was observed beginning in November 2012, with call volume decreasing for the months of May 2013 and June 2013 before resuming an upward trend in July 2013. Additionally, the increase in call volume from July to September 2013 likely reflects the establishment of COHS in eight counties in September 2013, as well as the final phase of the HFP transition (Figure BF-1).

**Figure BF-1:** Calls Received from FFS Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Month



**Source:** DHCS' RASD's analysis of FFS calls received October 2012–September 2013 by the Office of the Ombudsman, Medi-Cal Managed Care Division.

## Call Volume by Quarter

Call volume increased 32% from the fourth quarter of 2012 to the first quarter of 2013, and reached its highest level during March 2013. Call volume decreased 9% during the second quarter of 2013 and then increased 8% during the third quarter of 2013 (Table BF-2).

**Table BF-2:** Number of Calls Received from FFS Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Quarter

Quarter	Total Calls per Quarter	% Change from Previous Quarter
Oct-Dec 2012	2,208	49%
Jan-Mar 2013	2,921	32%
Apr-Jun 2013	2,650	-9%
Jul-Sept 2013	2,854	8%

**Source:** DHCS' RASD's analysis of FFS calls received October 2012–September 2013 by the Office of the Ombudsman, Medical Managed Care Division.

## Modified Call Categories

To help monitor whether managed care health plans are operating in line with their contractual obligations, the Ombudsman call center staff assigns codes to each call based on the reason for the call. The codes fall under certain categories such as Enrollment/Continuity of Care and Quality of Care, which enables the Ombudsman to identify potential problems among particular health plans or counties that may need investigating.

While the coding scheme used by the Ombudsman is helpful for overseeing health plans, call groupings are categorized differently for the purpose of this report to better identify whether FFS beneficiaries are having problems accessing the care they need, including whether they are able to find a provider, continue with the same provider as their “usual source of care,” and access specialty services when needed.

Table BF-3 presents these groupings and a description of the codes that fall within each category. The first two categories, Enrollment/Continuity of Care and Provider/Availability issues, are key elements in understanding whether beneficiaries are experiencing access-related problems.

**Table BF-3:** Modified Call Categories

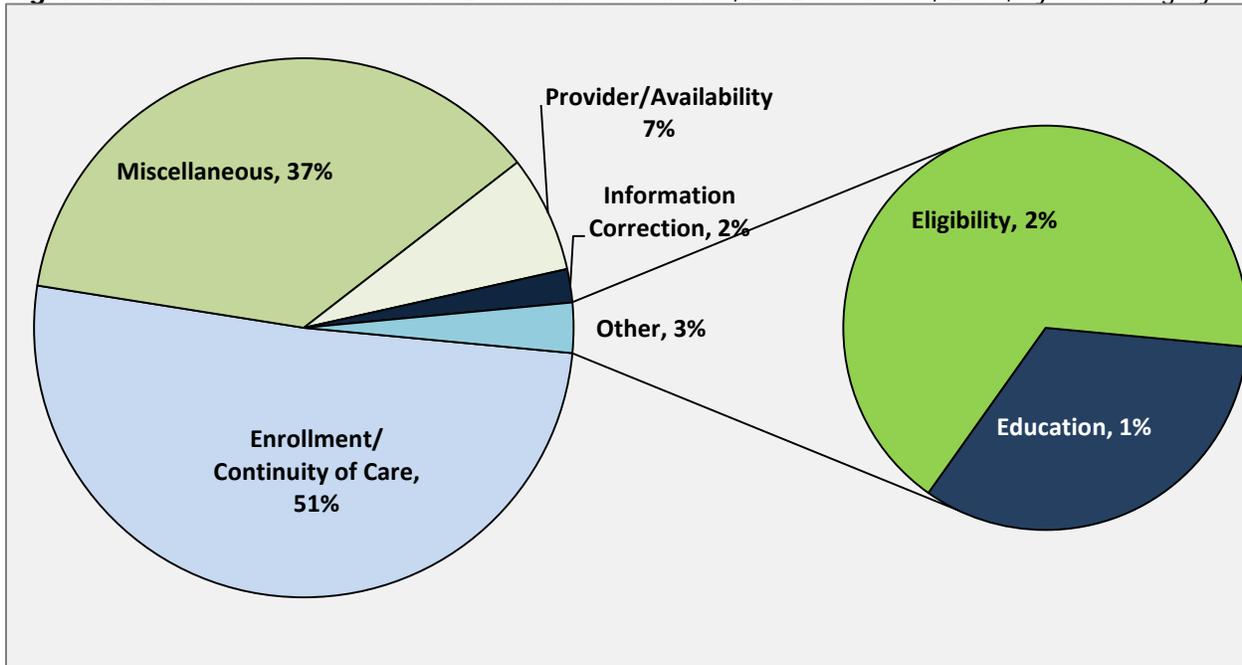
<b>Call Category</b>	<b>Reason for Call</b>
<b>Enrollment and Continuity of Care Issues</b>	Seeking information for new enrollment into plan
	Wanting to change plans or disenroll from managed care
	Seeking medical exemptions
	Emergency plan disenrollment requests
	Pregnancy or other qualifying conditions
	Enrollment issues for specific beneficiary groups such as Seniors and Persons with Disabilities and foster care
	Mandatory enrollment issues
	Change or default into other managed care plan
	Issues regarding dental plan enrollment
<b>Provider and Availability Issues</b>	Medi-Cal eligibility was terminated
	Seeking to obtain or change provider
	Issue with transportation or distance to provider
	Issue with disability/physical access
	Was refused care or given inappropriate care
	Was refused medications, Durable Medical Equipment, or medical supplies
	Delayed referral or appointment
	Unable to access primary care physician/specialist/provider
	Language access issues
Delay of prior authorization	
<b>Information Correction Issues</b>	Need to correct beneficiary information (e.g., aid code, county code, address)
	Need to fix provider billing issues
<b>Education Issues</b>	Seeking information about Medi-Cal program (e.g., Adult Day Health Center, Healthy Families)
	Seeking information regarding notice of action
<b>Eligibility Issues</b>	Beneficiary has share of cost or restricted aid code
	Beneficiary resides in a restricted or carved out zip code
<b>Miscellaneous Issues</b>	Voicemail calls
	Complaints about plan/provider staff
	Referrals to external organizations such as Social Security Administration, County Eligibility offices, and Medicare
	Other Issues

**Note:** The modified call categories in the first column were developed based on the reasons for call in the second column, which are the call codes used by the Ombudsman.

## Distribution of Calls by Call Category

Enrollment/Continuity of Care represented 51% of calls, while another 37% of calls were categorized as Miscellaneous. The remaining 12% of calls pertained to Provider/Availability, Information Correction, Education, and Eligibility issues (Figure BF-2).

**Figure BF-2:** Calls Received from FFS Beneficiaries Quarter 4, 2012–Quarter 3, 2013, by Call Category



**Source:** DHCS' RASD's analysis of FFS calls received October 2012–September 2013 by the Office of the Ombudsman, Medical Managed Care Division.

As key elements in understanding whether beneficiaries are experiencing access-related problems, the remainder of this analysis will focus on two call categories: Enrollment/Continuity of Care and Provider/Availability issues. Of the total calls received, there were 5,456 calls categorized as Enrollment/Continuity of Care and 702 calls categorized as Provider/Availability (Table BF-4).

## Calls by Aid Code Category

The Medi-Cal aid codes reported by FFS beneficiary callers were collapsed into six aid code categories. The following table presents the calls received from FFS beneficiaries based on the primary access issue (Enrollment/Continuity of Care and Provider/Availability) and aid category in which the beneficiary was enrolled (Table BF-4).

Patterns of call volume by aid category were similar between Enrollment/Continuity of Care and Provider/Availability. The majority of calls for each call category were received from beneficiaries in the Family aid category, followed by beneficiaries in the Blind/Disabled, Other, and Aged aid categories (Table BF-4).

In general, a large proportion of calls received by the Ombudsman's Office pertained to Enrollment/Continuity of Care issues as compared with Provider/Availability issues. However, among beneficiaries enrolled in Undocumented aid codes, a higher volume of calls pertained to Provider/Availability issues (Table BF-4).

**Table BF-4:** Calls for Enrollment/Continuity of Care and Provider/Availability Issues from October 2012 to September 2013, by Aid Category

Aid Category	Enrollment/ Continuity of Care # of Calls	Enrollment/ Continuity of Care % of Calls	Provider/ Availability # of Calls	Provider/ Availability % of Calls
Families	2,685	49.2%	232	33.1%
Blind/Disabled	1,219	22.3%	130	18.5%
Other	833	15.3%	237	33.8%
Aged	431	7.9%	59	8.4%
Foster Care	269	4.9%	8	1.1%
Undocumented	19	0.4%	36	5.1%
<b>Total</b>	<b>5,456</b>	<b>100.0%</b>	<b>702</b>	<b>100.0%</b>

**Source:** DHCS' RASD's analysis of FFS calls received October 2012–September 2013 by the Office of the Ombudsman, Medi-Cal Managed Care Division.

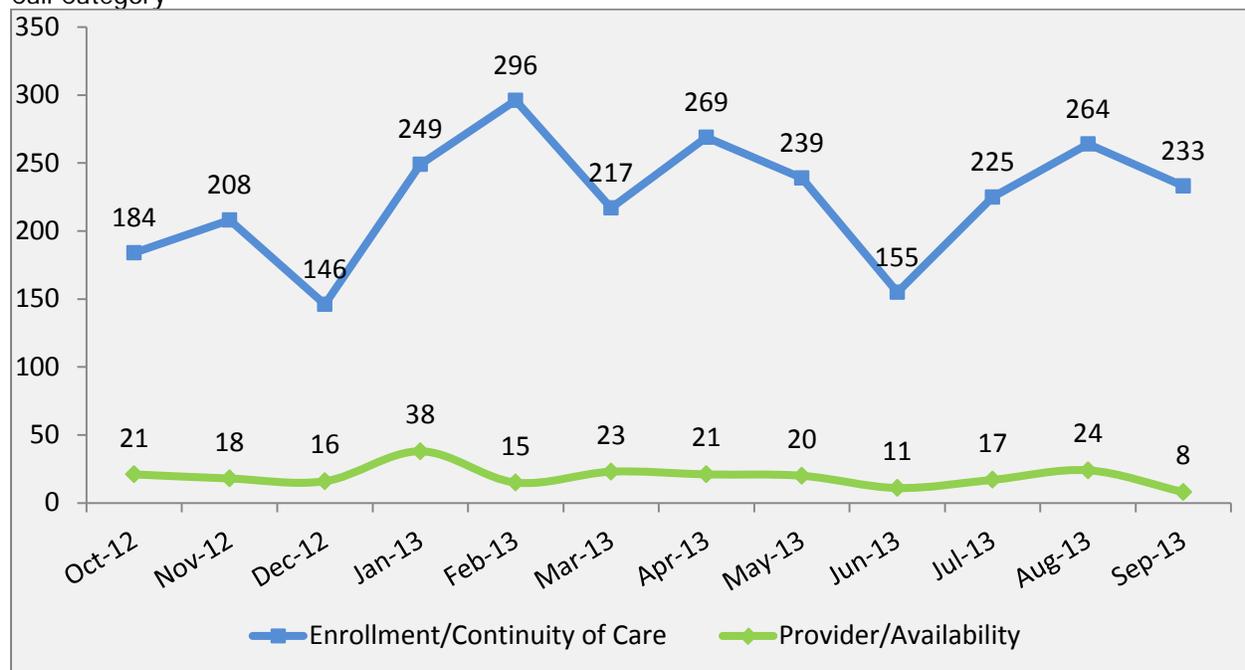
As the majority of calls were received from beneficiaries in Families and Blind/Disabled aid codes, the following sections will focus on calls received from beneficiaries in these two aid categories.

### Distribution of Calls from Family Aid Codes by Call Category

Among beneficiaries in Family aid codes, there were numerous fluctuations in the number of calls pertaining to Enrollment/Continuity of Care issues throughout the reporting period. During the third quarter of 2013, call volume increased 9% compared with the second quarter of 2013, even as the volume of calls declined in September 2013 (Figure BF-3).

Additionally, calls pertaining to Provider/Availability issues were less frequent but stable until September 2013, when calls declined 67%, the lowest number reported during the study period (Figure BF-3).

**Figure BF-3:** Monthly Call Volume from Family Aid Codes from Quarter 4, 2012 to Quarter 3, 2013, by Call Category



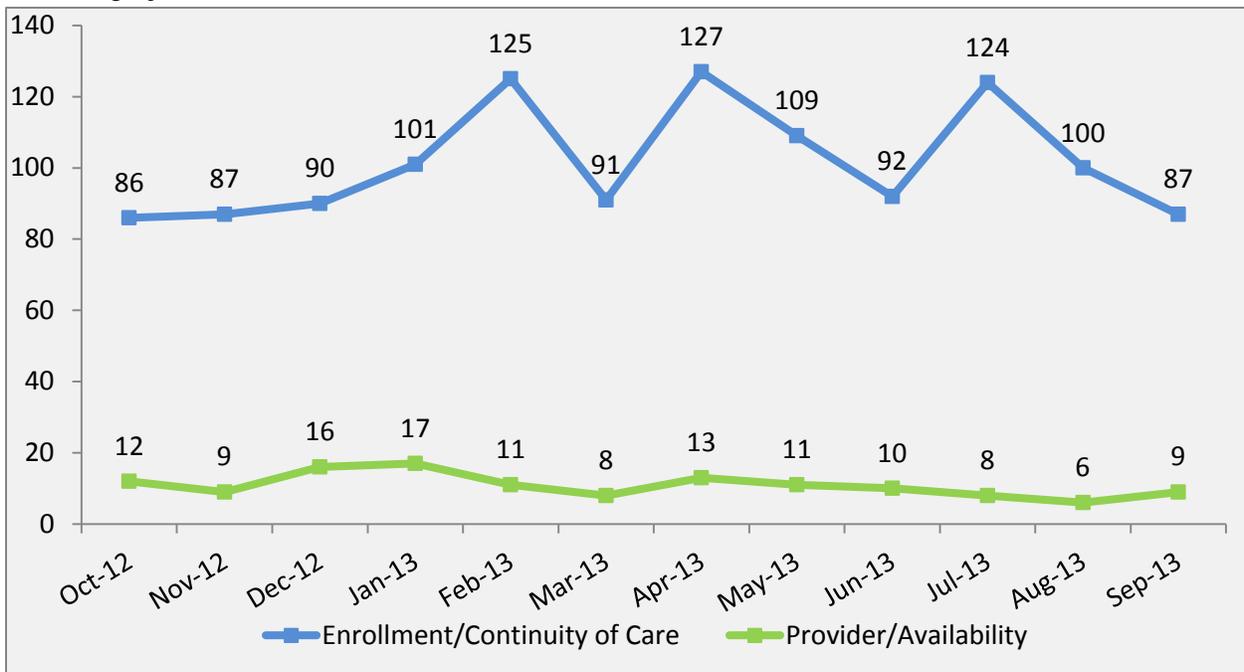
**Source:** DHCS' RASD's analysis of FFS calls received October 2012-September 2013 by the Office of the Ombudsman, Medi-Cal Managed Care Division.

### Distribution of Calls from Blind/Disabled Aid Codes by Call Category

Among beneficiaries in Blind/Disabled aid codes, there were fluctuations in the number of calls pertaining to Enrollment/Continuity of Care issues throughout the reporting period before decreasing 19% in August and 13% in September 2013 (Figure BF-4).

Additionally, calls pertaining to Provider/Availability issues were infrequent but stable for most of the study period before decreasing 32% in the third quarter of 2013 (Figure BF-4).

**Figure BF-4:** Monthly Calls from Blind/Disabled Beneficiaries from Quarter 4, 2012 to Quarter 3, 2013, by Call Category



**Source:** DHCS' RASD's analysis of FFS calls received October 2012–September 2013 by the Office of the Ombudsman, Medical Managed Care Division.

## Reason for Call

To further investigate calls received from FFS beneficiaries, the top reasons for calls under each call category were identified. Among beneficiaries in Family aid codes, about 88% of calls categorized as Enrollment/Continuity of Care pertained to requests for new enrollment. Another 3% of Enrollment/Continuity of Care calls were regarding Foster Care disenrollment exemption requests, 2% pertained to requests to disenroll from managed care, and just over 1% pertained to holds on health plans (Table BF-5).

Additionally, of the calls categorized under Provider/Availability, nearly 85% were addressing the termination of Medi-Cal eligibility. Approximately 8% were related to beneficiaries being billed for services, nearly 3% concerned refusal of medications, and another 1% pertained to delays or denials of referrals or appointments (Table BF-5).

**Table BF-5:** Top Four Reasons for Calls from Family Aid Codes from Quarter 4, 2012 to Quarter 3, 2013

Reason for Call	# of Calls	% of All Calls*
<b>Enrollment/Continuity of Care (n=2,685)</b>		
Requesting New Enrollment into Plan	2,370	88.3%
Foster Care/Adoption Disenrollment Exemption Request	87	3.2%
Wants to Disenroll from Plan to Become FFS	59	2.2%
Hold on Plan	39	1.5%
<b>Provider/Availability (n=232)</b>		
Medi-Cal Eligibility Terminated	196	84.5%
Beneficiary Being Billed	19	8.2%
Refusal of Medications	6	2.6%
Delay/Denial of Referrals or Appointments	3	1.3%

**Source:** DHCS' RASD's analysis of FFS calls received October 2012–September 2013 by the Office of the Ombudsman, Medi-Cal Managed Care Division.

\*Percentages are based on all calls received during the study period. Only the top four call subcategories are displayed here, so percentages will not sum to 100%.

Among beneficiaries in Blind/Disabled aid codes, about 60% of the calls categorized as Enrollment/Continuity of Care involved callers requesting new enrollment. Approximately 13% concerned medical exemption requests or emergency disenrollment exemption requests, just over 10% pertained to calls from beneficiaries wanting to disenroll from managed care to become a FFS participant, and 2% of calls were pertaining to long-term care disenrollment emergency requests (Table BF-6).

Additionally, of the calls categorized under Provider/Availability, 60% of calls involved termination of Medi-Cal eligibility, 15% pertained to refusal of medication, nearly 11% were from beneficiaries who were erroneously billed for services, and just over 5% were calls about denials of Durable Medical Equipment (Table BF-6).

**Table BF-6:** Top Four Reasons for Calls from Blind/Disabled Aid Codes from Quarter 4, 2012 to Quarter 3, 2013, by Call Category

Reason for Call	# of Calls	% of Calls
Status Checks on Medical Exemptions and Emergency Disenrollments	164	13.5%
Long-Term Care Issues—Disenrollment Emergency Request	28	2.3%
Medi-Cal Eligibility Terminated	78	60.0%
Beneficiary Being Billed	14	10.8%

**Source:** DHCS' RASD's analysis of FFS calls received October 2012–September 2013 by the Office of the Ombudsman, Medi-Cal Managed Care Division.

\*Percentages are based on all calls received during the study period. Only the top four call subcategories are displayed here, so percentages will not sum to 100%

## Conclusions

- Between October 2012 and September 2013, the Ombudsman call center staff documented 10,633 calls from FFS beneficiaries in the Medi-Cal program. Call volume during this 12-month period was 15% higher than July 2012 to June 2013.
- About 51% of the calls received by the Office of the Ombudsman pertained to Enrollment/Continuity of Care. Another 37% of the calls were categorized under Miscellaneous. Due to the ambiguity of Miscellaneous calls, they were not further analyzed. The focus of the analyses was on calls related to Enrollment/Continuity of Care and Provider/Availability, as these key elements help identify access-related issues experienced by beneficiaries.
- Among calls categorized as Enrollment/Continuity of Care and Provider/Availability, the majority of calls were from FFS beneficiaries enrolled in Family, Blind/Disabled, and Other aid categories.
- Callers in Family aid codes were primarily concerned with requesting new enrollment. Other important issues included foster care/adoption issues and disenrolling from managed care and changing to FFS. These callers also sought information regarding the termination of their Medi-Cal eligibility, being erroneously billed for services, and refusal of medications.
- Callers from Blind/Disabled aid codes were primarily concerned with requesting new enrollment. These callers also requested medical exemptions and emergency disenrollment exemption requests, disenrollment from managed care, and emergency disenrollment from plan due to long-term care issues. Other reasons for these calls included termination of Medi-Cal eligibility, refused medications, being billed erroneously for services, and denial of Durable Medical Equipment.