Medi-Cal Fee-for-Service
Access to Care
Quarterly Monitoring Report #9
2013 Quarter 4

Executive Summary

February 2015

California Department of Health Care Services
Research and Analytic Studies Division
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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 fourth 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 FFS full-scope 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 3.2%, from 77,787 to 80,272. Physician specialists such as primary care, Obstetrics and Gynecology (OB/GYN), and Pediatricians also experienced modest growth.

- Overall, the number of FFS Medi-Cal Only beneficiaries entitled to full-scope benefits decreased 18.4% from the first quarter of 2013 to the fourth quarter of 2013, from 1,197,881 to 977,547 average monthly eligibles. The participation of FFS Medi-Cal Only beneficiaries entitled to full-scope benefits decreased 15.8% between the third quarter of 2013 and the fourth quarter of 2013.

- Starting with this report, baseline statistics — or benchmarks — were recalculated to reflect dates of service for January 1, 2011, to December 31, 2012. The newly established baseline slightly impacted utilization trends exhibited by children and adults in various aid categories. In particular, the utilization of particular services exhibited by children and adults in the Undocumented aid category, which reached outside of the baseline limits in prior reports, fell within the expected ranges of the new baseline.

- Beneficiaries participating in FFS continue to call into the DHCS Medi-Cal Managed Care Division's Office of the Ombudsman for assistance. Between January 2013 and December 2013, the Office of the Ombudsman documented a total of 12,306 calls received from Medi-Cal FFS beneficiaries, which marks a noticeable increase in call volume from the previous reporting 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 a County Organized Health System in eight counties during September 2013 and Regional/Other managed care models in 20 counties during November 2013.

Introduction

DHCS is directly responsible for ensuring access to health care services for beneficiaries enrolled in the FFS delivery system, where the Medi-Cal program serves as the primary source of coverage. This report is the ninth in a series of quarterly reports analyzing health care access for FFS Medi-Cal Only[1] beneficiaries. The information presented in this report serves as an early-warning mechanism for alerting State administrators to potential barriers to accessing FFS Medi-Cal services.

This report covers the fourth quarter of 2013, and presents data from the three previous quarters for comparison purposes. This 2013 Quarter 4 Access to Care 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. Court injunctions 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;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs); and
- Breast and Cervical Cancer Treatment Program services.[2,3,4]

Medi-Cal Enrollment Transitions

Expansion of Medi-Cal Managed Care – Several subpopulations transitioned from the Fee-for-Service (FFS) health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries enrolled into a Medi-Cal managed care plan in September 2013 due to the establishment of a County Organized Health System (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. Another 165,780

[1] The term “Medi-Cal Only” refers to individuals eligible for Medi-Cal but not Medicare.
[2] California Assembly Bill 97, (2011).
[3] California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf
[4] California Department of Health Care Services, State Plan Amendment, SPA 11-009.

FFS Medi-Cal beneficiaries enrolled into managed care plans in November 2013 due to the establishment of managed care in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne and Yuba counties (Table ES-1).

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

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
COHS	September 2013	Del Norte	5,837
COHS	September 2013	Humboldt	19,913
COHS	September 2013	Lake	12,749
COHS	September 2013	Lassen	3,507
COHS	September 2013	Modoc	1,376
COHS	September 2013	Shasta	28,430
COHS	September 2013	Siskiyou	7,736
COHS	September 2013	Trinity	1,940
			Subtotal = 81,488
Regional/Other	November 2013	Alpine	106
Regional/Other	November 2013	Amador	2,522
Regional/Other	November 2013	Butte	28,365
Regional/Other	November 2013	Calaveras	3,817
Regional/Other	November 2013	Colusa	2,820
Regional/Other	November 2013	El Dorado	10,621
Regional/Other	November 2013	Glenn	4,514
Regional/Other	November 2013	Imperial	36,927
Regional/Other	November 2013	Inyo	1,977
Regional/Other	November 2013	Mariposa	1,669
Regional/Other	November 2013	Mono	945
Regional/Other	November 2013	Nevada	6,764
Regional/Other	November 2013	Placer	16,815
Regional/Other	November 2013	Plumas	1,622
Regional/Other	November 2013	San Benito	5,401
Regional/Other	November 2013	Sierra	257
Regional/Other	November 2013	Sutter	14,372
Regional/Other	November 2013	Tehama	10,372
Regional/Other	November 2013	Tuolumne	4,519
Regional/Other	November 2013	Yuba	11,375
			Subtotal = 165,780
			Total = 247,268

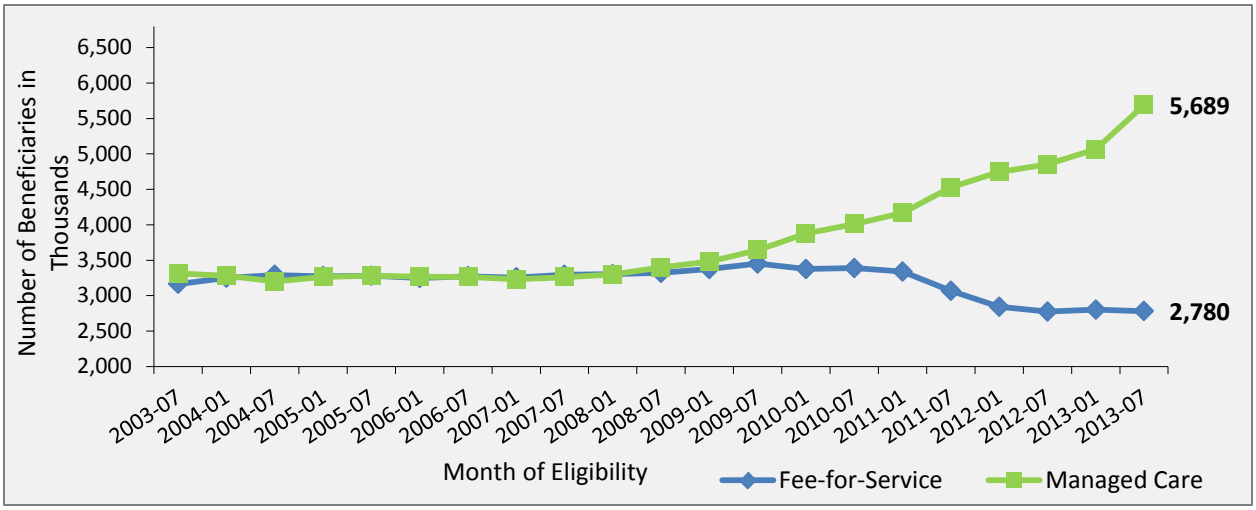
Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Eligibility Data System-Monthly Medi-Cal Eligibility Files (MEDS-MMEF) for October 2013. Data reflect a four-month reporting lag.

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 delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under the FFS delivery system are classified under the Other aid category in this report. FFS 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).

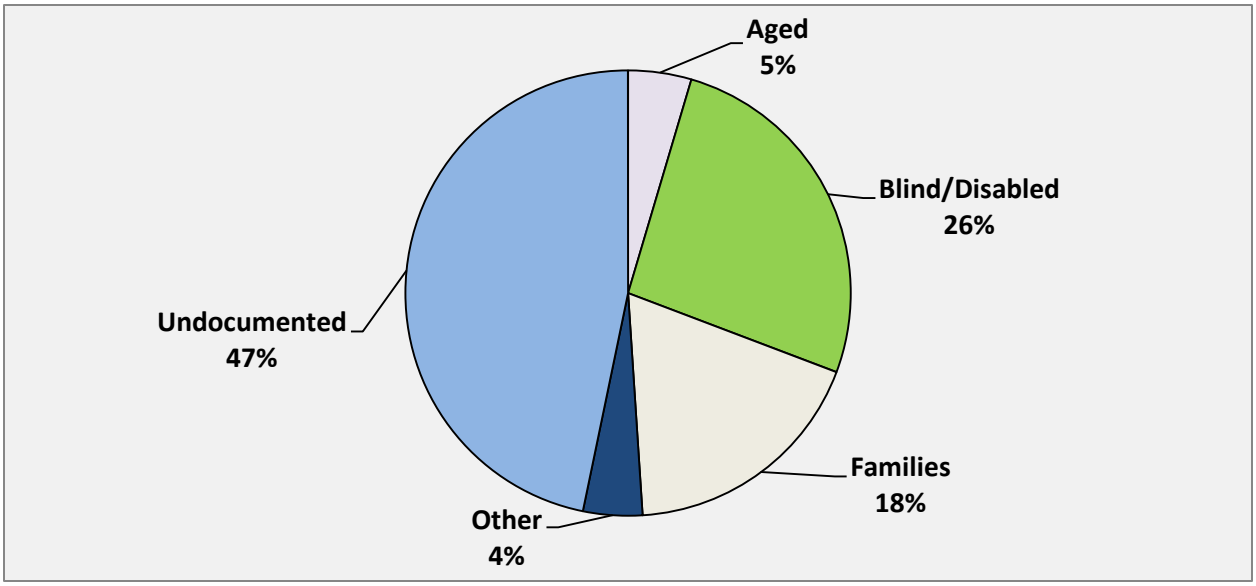
Figure ES-1: Trend in Biannual Medi-Cal FFS vs. Managed Care Participation, 2004–2013



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

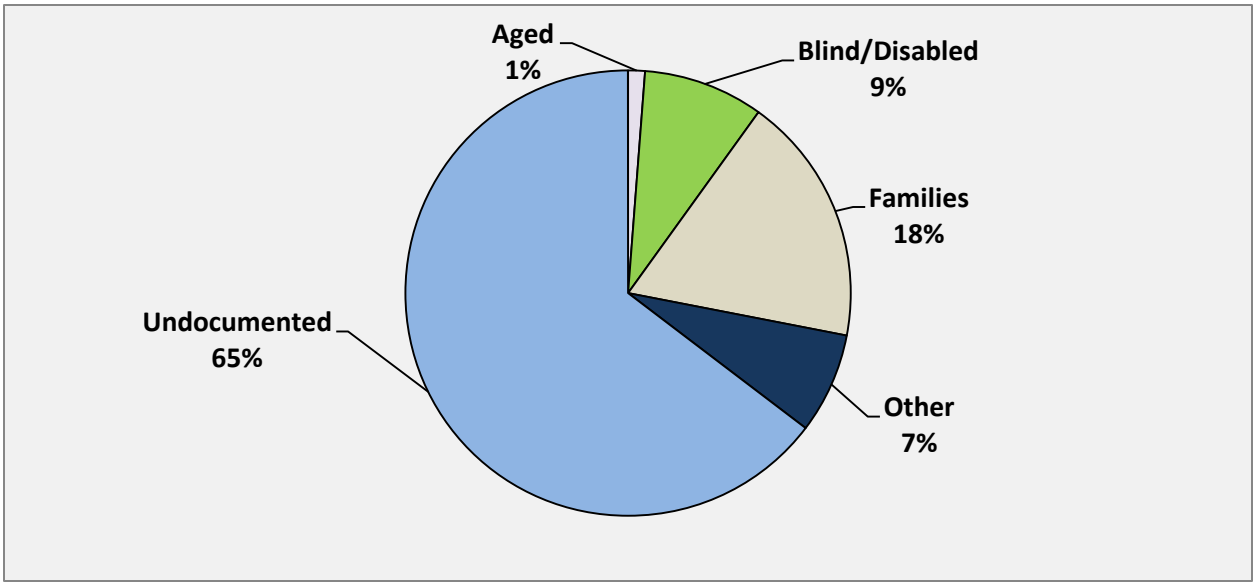
As beneficiaries are transitioned from FFS to managed care, the size and case mix of subpopulations evaluated in this report are altered. For instance, the proportion of the adult FFS Medi-Cal Only population enrolled in Undocumented aid codes constituted 47% of the population in January 2011 but represented 65% by December 2013 (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 Research and Analytic Studies Division using data from the Management Information System/Decision Support System (MIS/DSS) eligibility tables for January 2011. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Figure ES-3: Distribution of Adult FFS Medi-Cal Only Population in Quarter 4, 2013, by Aid Category



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

As counties transition from FFS to managed care delivery systems, beneficiaries who remain in FFS and the service utilization associated with FFS member months tend to be either those exempt from managed care participation, those initially eligible for Medi-Cal but not yet established in a plan, or those with months of eligibility occurring retroactively.[5]

Beneficiaries exempt 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 at particularly high rates during their initial months of participation. Utilization of services occurring during retroactive months of eligibility 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 FFS to a 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 count of beneficiaries – declines significantly from one month to the next, service utilization rates may exhibit significant variation or wide swings above or below normal ranges. Additionally, if the denominator of a subpopulation declines below a particular threshold, any corresponding rates will become unstable.

[5] 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. Site-specific physician counts are system-wide metrics designed to alert Department management to 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, both statewide and by county. 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. 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 3.2%, from 77,787 to 80,272. The aggregate number of primary care physicians increased 2.9%, from 40,737 to 41,917. Similarly, the total of 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 FFS full-scope 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 the 2013 Quarter 3 Access to Care Monitoring 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 physicians overall, this revision in methodology resulted in an increase in the number of primary care physicians reported. Historical trending of available primary care physicians can only be conducted starting with the revised counts presented in the 2013 Quarter 3 Access to Care Monitoring Report.

Beneficiary Participation

Overall, the number of FFS Medi-Cal Only beneficiaries entitled to full-scope beneficiaries decreased 18.4% from the first quarter of 2013 to the fourth quarter of 2013, from 1,197,881 to 977,547 average monthly eligibles. Participation also decreased 15.8% between the third quarter of 2013 and the fourth quarter of 2013, most likely due to the COHS expansion during September 2013.

Decreases in FFS participation among FFS Medi-Cal Only beneficiaries, both adults and children, occurred in the Families, Blind/Disabled, and Undocumented aid categories; and for children in the Foster Care and Other aid categories. The decrease in participation among beneficiaries in the Families and Blind/Disabled aid categories is likely due to the COHS expansion in September 2013 and regional managed care expansion in November 2013.

In contrast, increases in FFS participation among FFS Medi-Cal Only adult beneficiaries were seen in the Other and Aged aid categories.

A majority of counties (53) saw a decrease in FFS participation, with Del Norte County representing the greatest decrease. Five counties saw an increase in FFS participation. Four counties experienced less than one percentage point change in either direction over the 12-month study period.

Participation trends for Medi-Cal's FFS population were very different between metropolitan and non-metropolitan areas from the first quarter to the fourth quarter of 2013. The most significant difference was the decrease in participation among both adults and children in all aid categories in non-metropolitan areas, ranging from -4.2% to -75.9%. While metropolitan areas also experienced decreases for most ages and aid categories, adults saw increases in the Other and Aged aid categories.

FFS Medi-Cal participation among children in Undocumented aid codes residing in both metropolitan (-7.6%) and non-metropolitan (-6.5%) 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 subpopulation, as these beneficiaries are not eligible to participate in Medi-Cal managed care plans.

Service Utilization

Recalculation of Baseline Levels for this Report

The DHCS access monitoring system required the development of baseline statistics for trend comparisons on Medi-Cal service utilization. Since the establishment of the original baseline period of 2007-2009, Medi-Cal has undergone dramatic changes spurred by a deep economic recession and continual efforts to restructure the program's health care delivery system. In some cases, these changes dramatically affected Medi-Cal's FFS population, thus impacting how beneficiaries receive services. As a result, the baseline metrics that were established during Medi-Cal's transformational period may not always reflect the new reality. Therefore, starting with this report, the baseline statistics — or benchmarks — have been recalculated to reflect dates of service between January 1, 2011 and December 31, 2012. This updated baseline period will enable DHCS to more effectively analyze present service use.

The DHCS quarterly access monitoring effort incorporates measures of service utilization, or realized access. While determining physician supply and potential access trends is an integral part of evaluating access, considering what is actually occurring regarding beneficiaries' service use is vitally important in assessing such a multifaceted concept as access.

Evaluating service utilization across all Medi-Cal provider types is an essential component of the quarterly monitoring effort. DHCS grouped all provider types into 10 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 to be 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 managed care. Influential factors that occurred during the study period include the expansion of COHS and Regional/Other managed care models, as well as 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 quarterly access report. For example, utilization rates for children enrolled in Foster Care aid codes were again found to be within expected ranges across all analyzed service categories. Additionally, children in the Blind/Disabled aid category continued to place a disproportionate demand on services of all kinds.
- Children in the Other aid category continued to exhibit utilization in several service categories (e.g., Emergency Medical Transportation, Hospital Inpatient, Hospital Outpatient, Pharmacy, Physician/Clinic, and Radiology) that mostly fell below either the average rates or the expected ranges established during the baseline period. Of particular note, this population's utilization of Emergency Transportation, Radiology, Pharmacy, and Physician/Clinic services noticeably declined below the expected ranges starting in February 2013.
- The newly established baseline impacted utilization trends exhibited by children in the Undocumented aid category. For instance, this subpopulation's utilization of Other and Physician/Clinic services, which reached outside of the baseline limits in prior reports, fell within the expected ranges of the new baseline.
- 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 decrease 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 Outpatient, Non-Emergency Transportation, Nursing Facility, Physician/Clinic, and Radiology services.
- Adults in the Families aid category continued to display below-average utilization of Emergency Transportation and Hospital Inpatient services, as well as a downward trend in Physician/Clinic visits throughout most of the study period.
- The newly established baseline slightly impacted utilization trends exhibited by adults in various aid categories. In particular, adults enrolled in Undocumented aid codes exhibited utilization rates in several service categories (e.g., Emergency Transportation, Hospital Outpatient, Other, and Physician/Clinic) that reached outside of the baseline limits in prior reports but fell within the expected ranges of the new baseline.

- Adults in all analyzed aid categories exhibited Other services utilization that mostly fell below either the average rates or the expected ranges established during the baseline period.

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 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 subpopulations that continue to use these service categories exhibited utilization patterns at above-average rates that often fell above the expected ranges.

Tables ES-2 and ES-3 present the results of the analysis of 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 ES-2: Summary of Service Utilization Trends among FFS Medi-Cal Children Ages 0–20, by Aid Category and Service Category[6,7]

	Physician/ Clinic Services	Emergency Medical Transportation Services	Home Health Services	Hospital Inpatient Services	Hospital Outpatient Services	Pharmacy Services	Other Services	Radiology Services
Blind/ Disabled Aid Category	Mostly Above Average and Within Expected Range.	Mostly Within Expected Range.	Above Expected Range.	Mostly Within Expected Range.	Within Expected Range.	Within Expected Range.	Mostly Within Expected Range.	Mostly Within Expected Range.
Families Aid Category	Mostly Within Expected Range.	Mostly Within Expected Range.	N/A	Mostly Above Average with 6 Consecutive Months Above Expected Range (Jul 2013–Dec 2013).[8]	Mostly Within Expected Range.	Several Months Below Expected Range. Downward Trend (Jan 2013–Jun 2013).	Mostly Within Expected Range.	Mostly Within Expected Range.
Foster Care Aid Category	Mostly Within Expected Range.	Mostly Above Average and Mostly Within Expected Range.	N/A	Mostly Within Expected Range.	Within Expected Range.	Within Expected Range.	Within Expected Range.	Within Expected Range.
Other Aid Category	Below Average with 6 Consecutive Months Below Expected Range (Feb 2013–Jul 2013).	Mostly Below Expected Range.	Mostly Below Average and Within expected Range.	Mostly Below Expected Range Prior to July 2013 Admin Change.[VII]	Mostly Below Expected Range.	Mostly Below Expected Range. Downward Trend (Feb 2013–Jun 2013).	Mostly Below Average and Mostly Within Expected Range.	Mostly Below Expected Range.
Undoc- umented Aid Category	Above Average and Mostly Within Expected Range.	Within Expected Range.	N/A	6 Consecutive Months Above Expected Range (Jul 2013–Dec 2013).[VII]	Mostly Above Average and Mostly Within Expected Range.	Mostly Within Expected Range. Downward Trend (Jan 2013–Jun 2013).	Mostly Below Average and Mostly Within Expected Range.	Mostly Above Average and Mostly Within Expected Range.

[6] Children were excluded from analyses of Non-Emergency Medical Transportation and Nursing Facility services utilization due to low user counts (n<500).
[7] Subpopulation user counts can be found in corresponding figures located in the Service Utilization measure.
[8] Within expected range prior to July 2013 admin change which generated claims for infants previously billed on mother's claim. Months shown as above expected range reflect a change in reporting and not a change in utilization

Table ES-3: Summary of Service Utilization Trends among FFS Medi-Cal Adults Ages 21 and Older, by Aid Category and Service Category[9]

	Physician/ Clinic Services	Non-Emergency Transportation Services	Emergency Medical Transportation Services	Home Health Services Services	Hospital Inpatient Services	Hospital Outpatient Services	Nursing Facility Services	Pharmacy Services	Other Services	Radiology Services
Aged Aid Category	Mostly Within Expected Range. Slight Downward Trend (July 2013–December 2013).	N/A	N/A	N/A	Above Average with Five Months Above Expected Range.	Within Expected Range.	Above Expected Range.	Below Expected Range.	Mostly Below Expected Range.	Mostly Above Expected Range.
Blind/ Disabled Aid Category	Above Average with Three Consecutive Months Above Expected Range (Mar 2013–May 2013).	Mostly Above Expected Range.	Mostly Above Average and Mostly Within Expected Range.	Above Average and Above Expected Range.	Mostly Within Expected Range.	Above Average with Several Non-Consecutive Months Above Expected Range	Above Expected Range.	Mostly Below Average and Mostly Within Expected Range.	Mostly Below Average and Mostly Within Expected Range.	Mostly Above Expected Range.
Families Aid Category	Mostly Within Expected Range. Downward Trend (July 2013–December 2013).	N/A	Mostly Below Average and within Expected Range.	N/A	Mostly Below Average with Several Months Below Expected Range.	Mostly Within Expected Range.	N/A	Below Average with 4 Consecutive Months Below Expected Range (Sep 2013–Dec 2013).	Mostly Below Average and Mostly Within Expected Range.	Mostly Within Expected Range.
Other Aid Category	Within Expected Range.	Above Average with Five Consecutive Months Above Expected Range (Apr 2013–Aug 2013).	Mostly Below Average and Mostly Within Expected Range.	N/A	Mostly Below Expected Range.	Within Expected Range.	Below Average and Mostly Below Expected Range.	Below Average and Mostly Within Expected Range.	Mostly Below Average and Within Expected Range.	Within Expected Range.
Undoc-umented Aid Category	Within Expected Range.	N/A	Within Expected Range.	N/A	Mostly Below Expected Range.	Mostly Above Average and Within Expected Range.	N/A	Within Expected Range.	Mostly Below Average and Mostly Within Expected Range.	Mostly Above Average and Within Expected Range.

[9] Subpopulation user counts can be found in corresponding figures located in the Service Utilization measure.

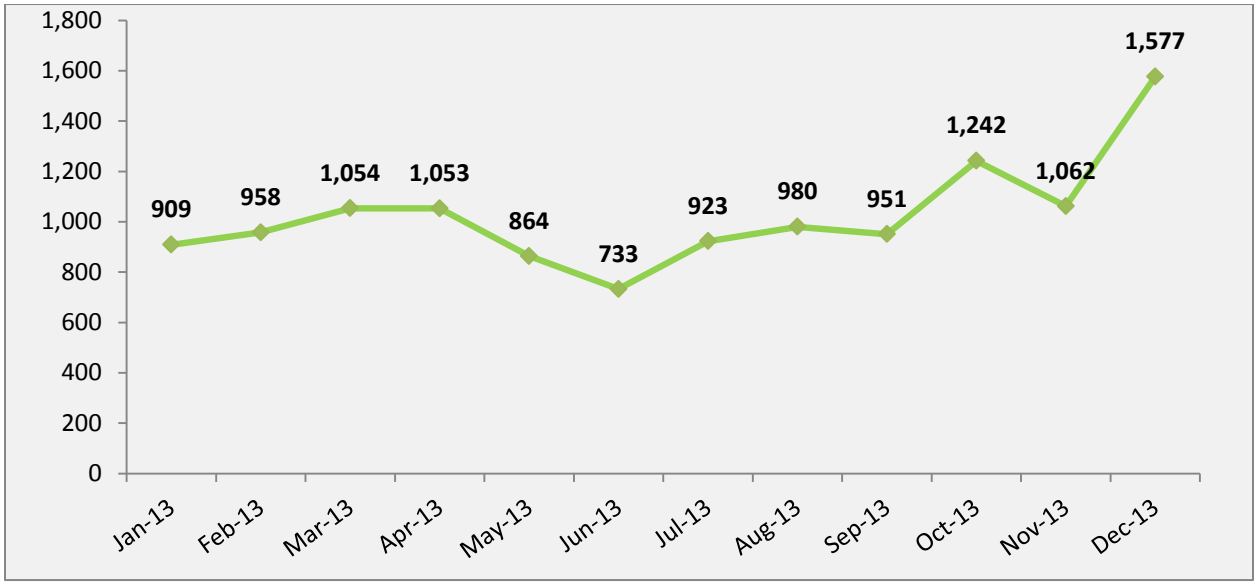
Beneficiary Feedback

The rate at which FFS Medi-Cal 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. Between January 2013 and December 2013, the Office of the Ombudsman documented a total of 12,306 calls received from FFS Medi-Cal beneficiaries. For each of these calls, the call center recorded the date and time of the 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 (Families, Blind/Disabled, Aged, Foster Care, Undocumented, and Other), and reason for call.

FFS call volume was noticeably higher for this period than during the previous reporting period (10,633 calls from October 2012 to September 2013). Call volume gradually increased from January to March, decreased from April to June, and then increased again until August. After September, call volume sharply increased overall, especially in October and December. Additionally, the increase in call volume from July to September 2013 likely reflects the expansion of COHS and Regional managed care, as well as the final phase of the HFP transition (Figure ES-4).

Figure ES-4: Calls Received from FFS Beneficiaries between January 2013–December 2013, by Month



Source: DHCS Research and Analytic Studies Division analyzed FFS calls received January 2013–December 2013 by the Office of the Ombudsman, Medi-Cal Managed Care Division.

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Physician Supply

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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 Fee-for-Service (FFS) full-scope Medi-Cal Only beneficiaries continued to grow modestly in the study period.
- Site-specific physician counts increased 3.2%, from 77,787 to 80,272.
- Site-specific primary care physician counts increased 2.9%, from 40,737 to 41,917.
- Site-specific physicians with a specialty in Obstetrics and Gynecology (OB/GYN) increased 2.4%, from 4,581 to 4,691.
- Site-specific Pediatrician counts increased 3.1%, from 7,915 to 8,162.

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 greater 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.[i]

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 DHCS management to 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), relative to the number of potential providers. 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 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. Court injunctions 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;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs); and
- Breast and Cervical Cancer Treatment Program services.[1,2,3]

Medi-Cal Enrollment Transitions

Expansion of Medi-Cal Managed Care – Several subpopulations transitioned from the Fee-for-Service (FFS) health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries enrolled into a Medi-Cal managed care plan in September 2013 due to the establishment of a County Organized Health System (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. Another 165,780 FFS Medi-Cal beneficiaries enrolled into managed care plans in November 2013 due to the establishment of managed care in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne and Yuba counties (Table PS-1).

[1] California Assembly Bill 97, (2011).
[2] California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf
[3] California Department of Health Care Services, State Plan Amendment, SPA 11-009.

Table PS-1: FFS Medi-Cal Only Beneficiaries Transitioned to Medi-Cal Managed Care in September and November 2013

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
COHS	September 2013	Del Norte	5,837
COHS	September 2013	Humboldt	19,913
COHS	September 2013	Lake	12,749
COHS	September 2013	Lassen	3,507
COHS	September 2013	Modoc	1,376
COHS	September 2013	Shasta	28,430
COHS	September 2013	Siskiyou	7,736
COHS	September 2013	Trinity	1,940
			Subtotal = 81,488
Regional/Other	November 2013	Alpine	106
Regional/Other	November 2013	Amador	2,522
Regional/Other	November 2013	Butte	28,365
Regional/Other	November 2013	Calaveras	3,817
Regional/Other	November 2013	Colusa	2,820
Regional/Other	November 2013	El Dorado	10,621
Regional/Other	November 2013	Glenn	4,514
Regional/Other	November 2013	Imperial	36,927
Regional/Other	November 2013	Inyo	1,977
Regional/Other	November 2013	Mariposa	1,669
Regional/Other	November 2013	Mono	945
Regional/Other	November 2013	Nevada	6,764
Regional/Other	November 2013	Placer	16,815
Regional/Other	November 2013	Plumas	1,622
Regional/Other	November 2013	San Benito	5,401
Regional/Other	November 2013	Sierra	257
Regional/Other	November 2013	Sutter	14,372
Regional/Other	November 2013	Tehama	10,372
Regional/Other	November 2013	Tuolumne	4,519
Regional/Other	November 2013	Yuba	11,375
			Subtotal = 165,780
			Total = 247,268

Source: Created by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for December 2013. Data were extracted from MIS/DSS four 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. FFS 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.

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.[ii] 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.[iii]

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 to a physician workforce report, more than 30% of California physicians in 2012 were ages 60 and older.[iv]

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.[v]

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.[vi] 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.[vii]

Training and Education for Primary Care Specialties – Many factors influence a medical student's decision in choosing to enter a specialist care field versus primary care. These reasons include: their interests and abilities; desired lifestyle, prestige, and salary levels; available residency slots; perceived job availability; and expected income.[viii]

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.[ix] Of further note is that Latinos represented 38% of the population while only representing 4% of the overall physician supply in California.[x]

Urban vs. Rural – The accessibility of primary care 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.[xi] 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 face increased transportation barriers.[xii] 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.[xiii]

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.[xiv] Physicians with an Active status bill Medi-Cal directly. 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 on 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.[4,5]

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

[4] "Medi-Cal Provider Enrollment, Frequently Asked Questions," URL: http://www.dhcs.ca.gov/provgovpart/Pages/PEDFrequentlyAskedQuestions.aspx

[5] Medi-Cal Provider Agreement DHCS 6208 form; URL: https://files.medi-cal.ca.gov/pubsdoco/forms.asp

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, in some cases, counting distinct physicians in combination with their location may overstate physician supply. For example, if a physician practices in one office location two days per week and in another office location for 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 counts for Medi-Cal physician supply by a magnitude of roughly 400 physicians per quarter, or <1% of total physician counts.

Beneficiary-to-Provider Ratios

The numerator used for beneficiary-to-provider ratios is the population of Medi-Cal beneficiaries eligible for Medi-Cal Only and participating in the FFS health care delivery system. Beneficiaries dually eligible for both Medicare and Medicaid benefits are excluded from the numerator for this analysis.

Readers should be aware that the population eligible for Medi-Cal Only and participating in the FFS health care delivery system is not static, and population shifts 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 165,000 beneficiaries shifted enrollment from FFS to Medi-Cal managed care 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 managed care plans, the case may be that access has not changed, but rather the beneficiaries have only changed health care 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, and Pediatrics.

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 the 2013 Quarter 3 Access to Care Monitoring 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 physicians overall, this revision in methodology resulted in an increase in the number of primary care physicians reported. Historical trending of available primary care physicians can only be conducted starting with the revised counts presented in the 2013 Quarter 3 Access to Care Monitoring Report.

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

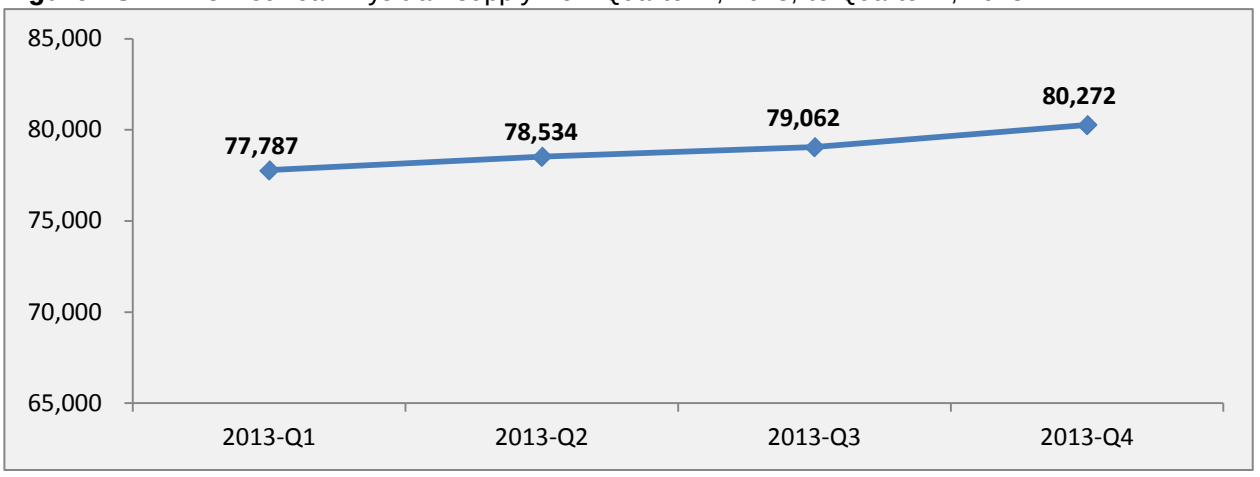
Section	Description
Total Physician Supply	All enrolled physicians with an Active or Indirect status at a given location, and beneficiary-to-provider ratios. Includes both primary care and specialty physicians.
Primary Care Physician Supply	All enrolled **primary care** physicians with an Active or Indirect 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 **OB/GYN** specialty and an Active or Indirect status at a given location.
Physicians with a Pediatric Specialty	All physicians with a **Pediatric** specialty and an Active or Indirect status at a given location.
Outpatient Clinics	All **Outpatient Clinics** 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.

- Statewide site-specific physician counts in FFS Medi-Cal increased 3.2%, from 77,787 to 80,272, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-1).

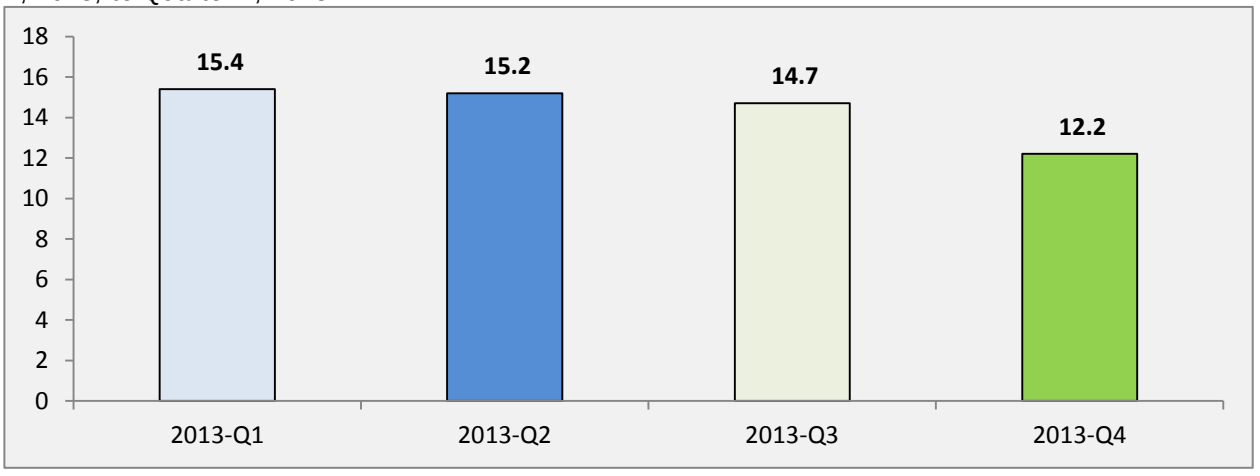
Figure PS-1: FFS Medi-Cal Physician Supply from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- Statewide beneficiary-to-provider ratios for FFS full-scope Medi-Cal Only beneficiaries declined 20.8%, from 15.4 to 12.2, during the study period (Figure PS-2).

Figure PS-2: Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The total count of physicians enrolled in FFS Medi-Cal during the fourth quarter of 2013 ranged from 1 in Sierra County to 21,521 in Los Angeles County. The average population-to-physician ratio ranged from 2.4 in San Francisco County to 328.8 in Sierra County during the study period (Table PS-3).

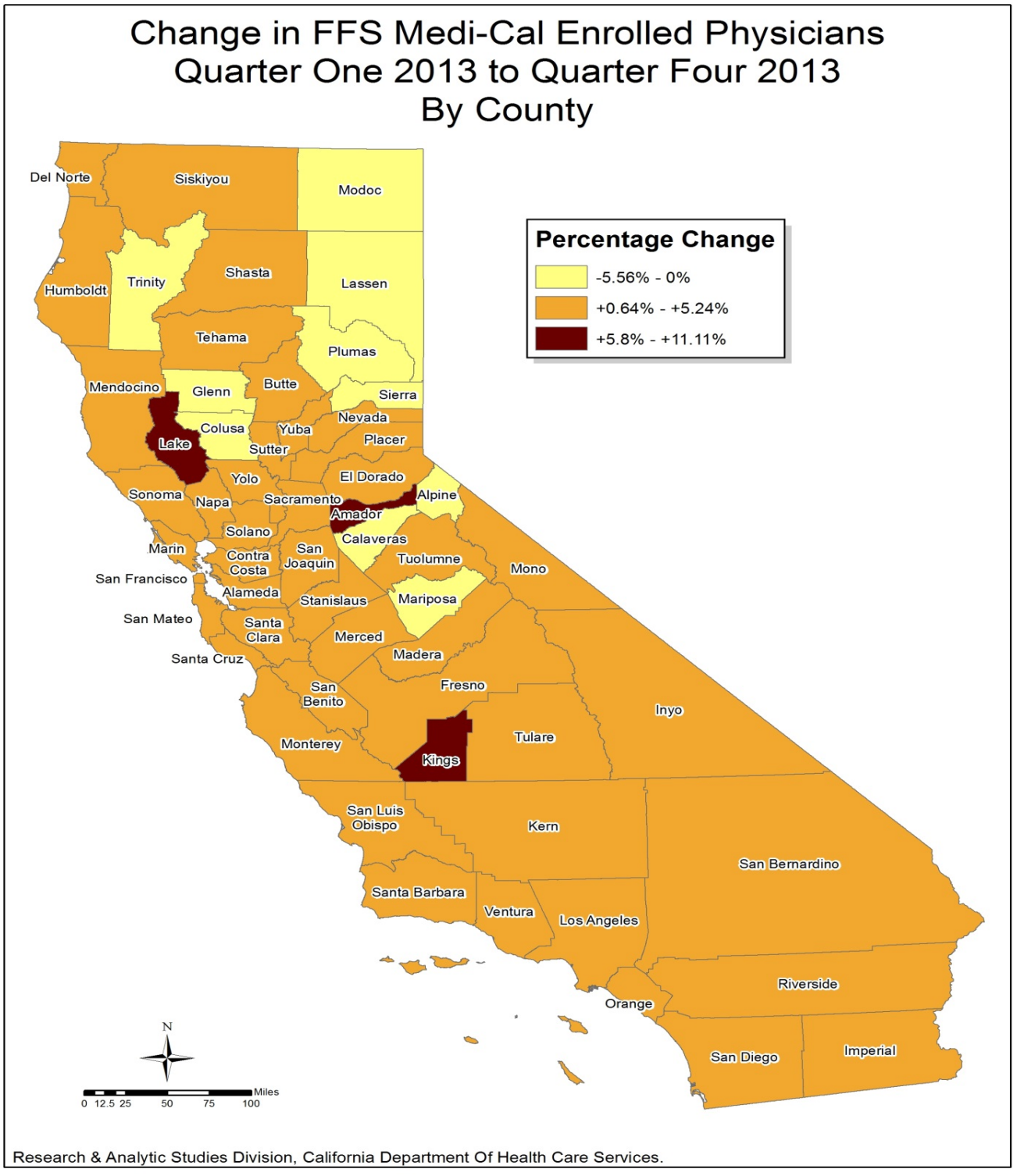
Table PS-3: Percent Change in FFS Medi-Cal Physicians and in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Alameda	3,481	3,547	3,519.8	1.9%	9.1	9.1	9.1	0.0%
Alpine	2	2	2.0	0.0%	76.5	39.5	67.9	-48.4%
Amador	45	50	47.5	11.1%	78.5	41.2	68.5	-47.5%
Butte	419	433	425.8	3.3%	95.5	52.4	85.3	-45.1%
Calaveras	36	34	35.0	-5.6%	152.1	89.0	140.3	-41.5%
Colusa	26	26	26.0	0.0%	140.2	79.5	129.6	-43.3%
Contra Costa	2,084	2,151	2,118.0	3.2%	9.7	10.5	9.8	8.2%
Del Norte	38	39	38.8	2.6%	165.2	11.8	113.0	-92.9%
El Dorado	192	200	196.0	4.2%	76.9	44.4	69.4	-42.3%
Fresno	1,506	1,541	1,521.8	2.3%	19.6	19.5	19.6	-0.5%
Glenn	19	18	18.8	-5.3%	304.1	174.4	278.5	-42.7%
Humboldt	314	316	314.3	0.6%	67.5	6.7	48.8	-90.1%
Imperial	176	183	180.0	4.0%	261.4	130.2	228.7	-50.2%
Inyo	31	32	31.8	3.2%	82.4	42.1	73.4	-48.9%
Kern	1,453	1,496	1,470.0	3.0%	25.0	23.6	24.8	-5.6%
Kings	138	146	142.0	5.8%	34.2	29.5	32.1	-13.7%
Lake	93	99	97.3	6.5%	143.3	12.4	98.8	-91.3%
Lassen	30	30	30.0	0.0%	128.9	15.3	92.8	-88.1%
Los Angeles	20,886	21,521	21,181.3	3.0%	13.5	11.7	12.5	-13.3%
Madera	253	263	256.5	4.0%	21.2	19.0	19.8	-10.4%
Marin	524	537	532.3	2.5%	2.6	2.6	2.7	0.0%
Mariposa	8	8	8.0	0.0%	279.3	158.5	252.4	-43.3%
Mendocino	150	157	152.0	4.7%	11.0	9.2	11.1	-16.4%
Merced	287	298	293.3	3.8%	20.4	17.3	19.3	-15.2%
Modoc	9	9	9.0	0.0%	163.4	18.1	117.7	-88.9%
Mono	38	39	38.8	2.6%	29.4	17.9	28.0	-39.1%
Monterey	593	609	601.3	2.7%	11.8	10.6	10.5	-10.2%
Napa	231	235	233.3	1.7%	6.4	5.8	6.4	-9.4%
Nevada	136	140	138.0	2.9%	66.5	38.8	61.2	-41.7%
Orange	5,558	5,678	5,608.3	2.2%	5.6	5.4	5.5	-3.6%
Placer	642	662	653.0	3.1%	37.6	22.6	34.4	-39.9%
Plumas	20	20	20.0	0.0%	121.8	71.0	109.5	-41.7%

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Riverside	2,303	2,374	2,339.3	3.1%	28.2	27.7	28.4	-1.8%
Sacramento	4,543	4,695	4,600.5	3.3%	9.1	8.3	8.9	-8.8%
San Benito	50	52	51.0	4.0%	161.1	103.2	149.4	-35.9%
San Bernardino	3,466	3,586	3,521.0	3.5%	24.0	23.4	23.9	-2.5%
San Diego	7,187	7,429	7,292.3	3.4%	10.4	10.4	10.6	0.0%
San Francisco	4,812	5,064	4,915.8	5.2%	2.5	2.3	2.4	-8.0%
San Joaquin	1,222	1,256	1,238.3	2.8%	20.0	16.5	18.0	-17.5%
San Luis Obispo	338	341	340.8	0.9%	9.2	8.1	8.8	-12.0%
San Mateo	1,714	1,750	1,734.0	2.1%	4.1	3.9	4.9	-4.9%
Santa Barbara	719	741	730.3	3.1%	9.6	8.6	8.6	-10.4%
Santa Clara	5,654	5,903	5,755.0	4.4%	5.4	4.7	5.1	-13.0%
Santa Cruz	453	469	459.5	3.5%	7.9	7.1	7.2	-10.1%
Shasta	382	388	384.3	1.6%	83.1	8.5	59.2	-89.8%
Sierra	1	1	1.0	0.0%	369.0	199.0	328.8	-46.1%
Siskiyou	69	71	70.3	2.9%	123.9	12.2	87.2	-90.2%
Solano	968	985	978.5	1.8%	5.9	5.5	5.5	-6.8%
Sonoma	988	1,021	1,005.3	3.3%	6.0	5.4	5.7	-10.0%
Stanislaus	1,106	1,147	1,129.0	3.7%	29.1	23.6	25.7	-18.9%
Sutter	138	142	139.3	2.9%	133.6	72.9	122.1	-45.4%
Tehama	69	71	69.8	2.9%	195.9	107.1	176.8	-45.3%
Trinity	9	9	9.0	0.0%	234.3	27.3	167.6	-88.3%
Tulare	512	528	520.0	3.1%	33.7	32.2	32.4	-4.5%
Tuolumne	81	84	82.8	3.7%	79.5	44.1	70.9	-44.5%
Ventura	1,154	1,206	1,173.0	4.5%	10.3	9.1	10.1	-11.7%
Yolo	341	349	344.5	2.3%	9.9	9.2	9.8	-7.1%
Yuba	90	91	90.5	1.1%	181.4	102.0	163.7	-43.8%
Statewide Total	**77,787**	**80,272**	**78,913.8**	**3.2%**	**15.4**	**12.2**	**14.4**	**-20.8%**

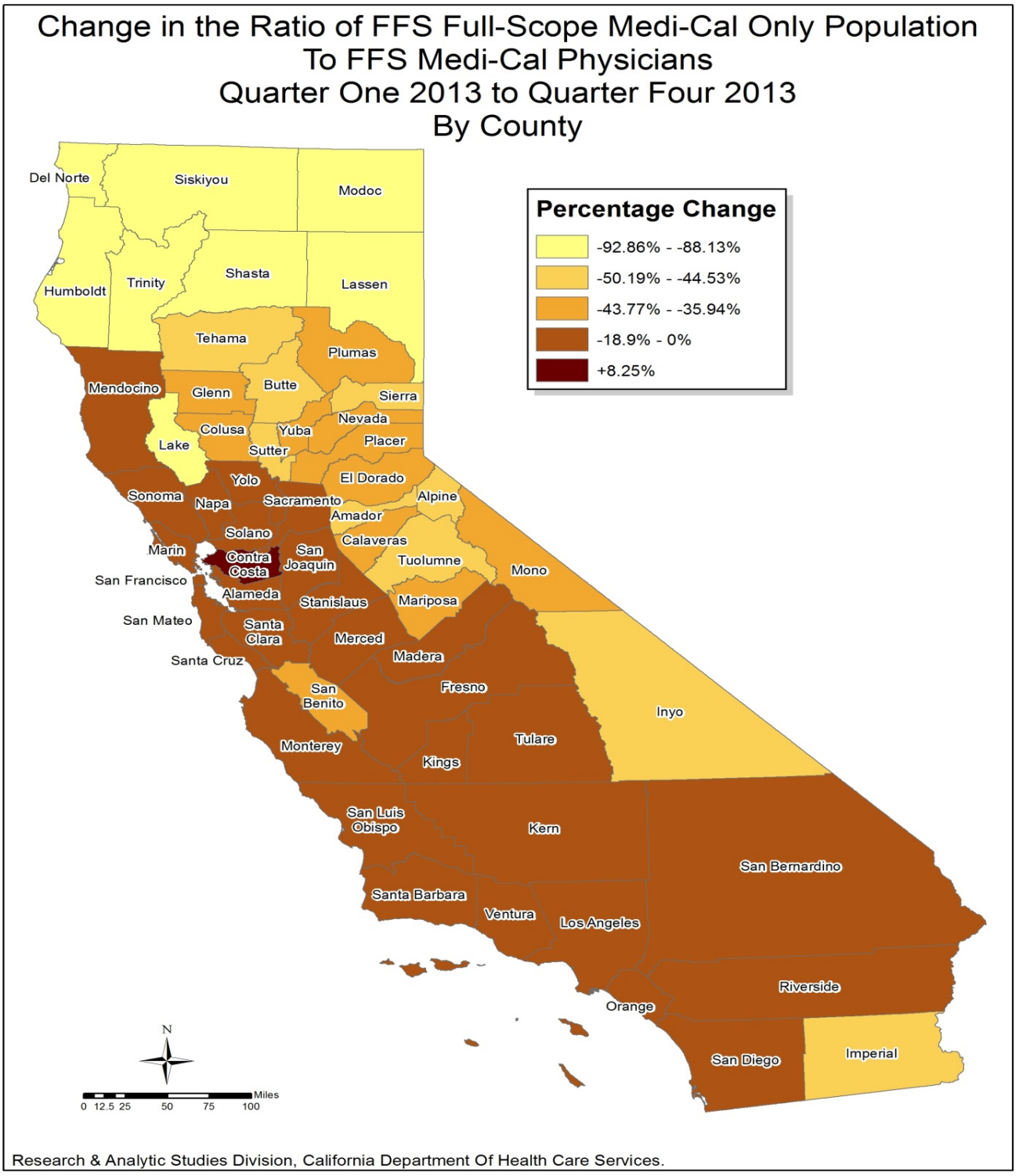
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-3: Percent Change in FFS Medi-Cal Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-4: Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County



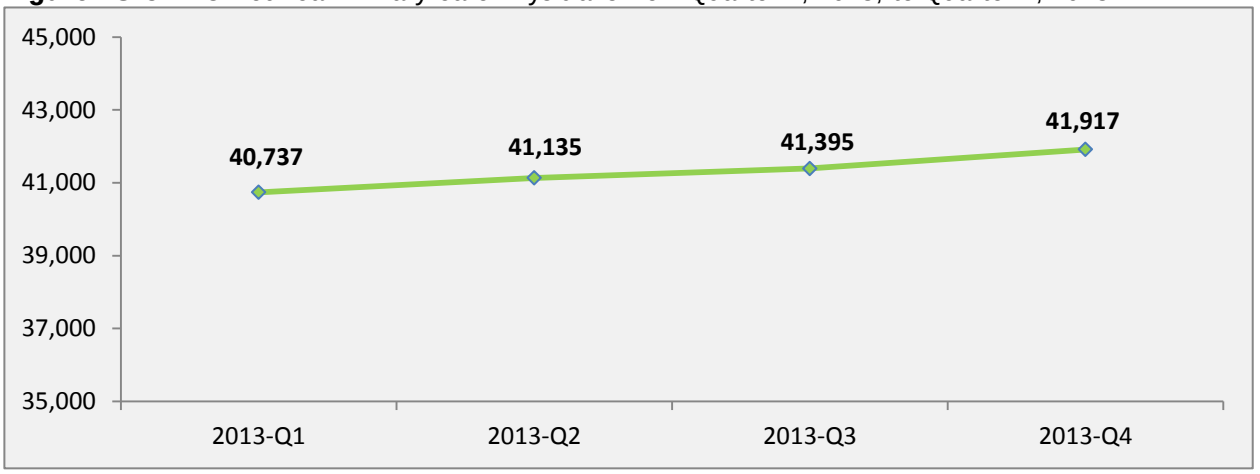
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

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.

- The total count of primary care physicians participating in FFS Medi-Cal increased 2.9%, from 40,737 to 41,917, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-5).

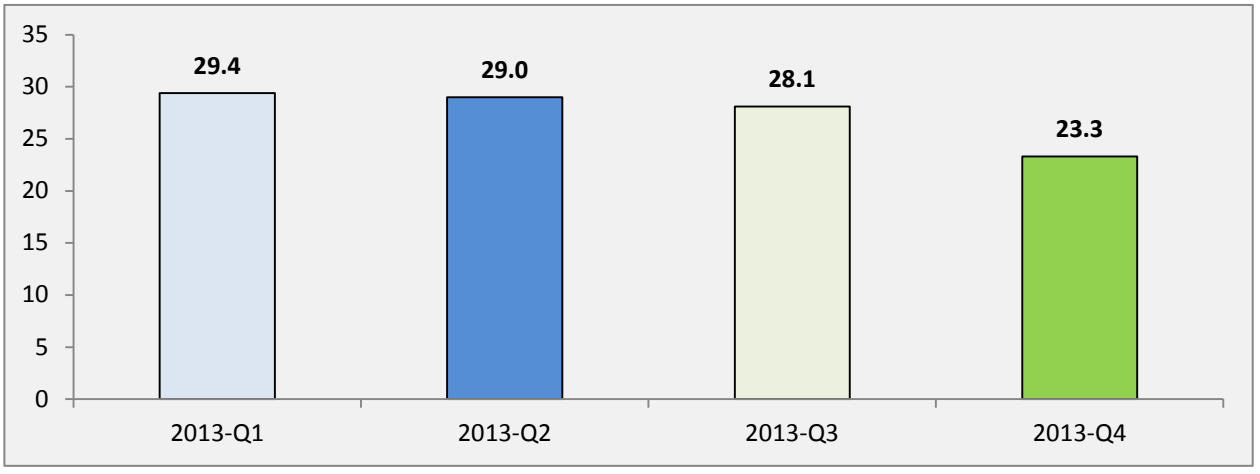
Figure PS-5: FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The statewide ratio of FFS full-scope Medi-Cal Only beneficiaries to primary care providers declined 20.7%, from 29.4 to 23.3, 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 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The counts of primary care physicians ranged from 1 in Alpine and Sierra counties to 11,297 in Los Angeles County during the fourth quarter of 2013. The average population-to-physician ratio ranged from 5.1 in Marin County to 484.2 in Glenn County during the study period (Table PS-4).

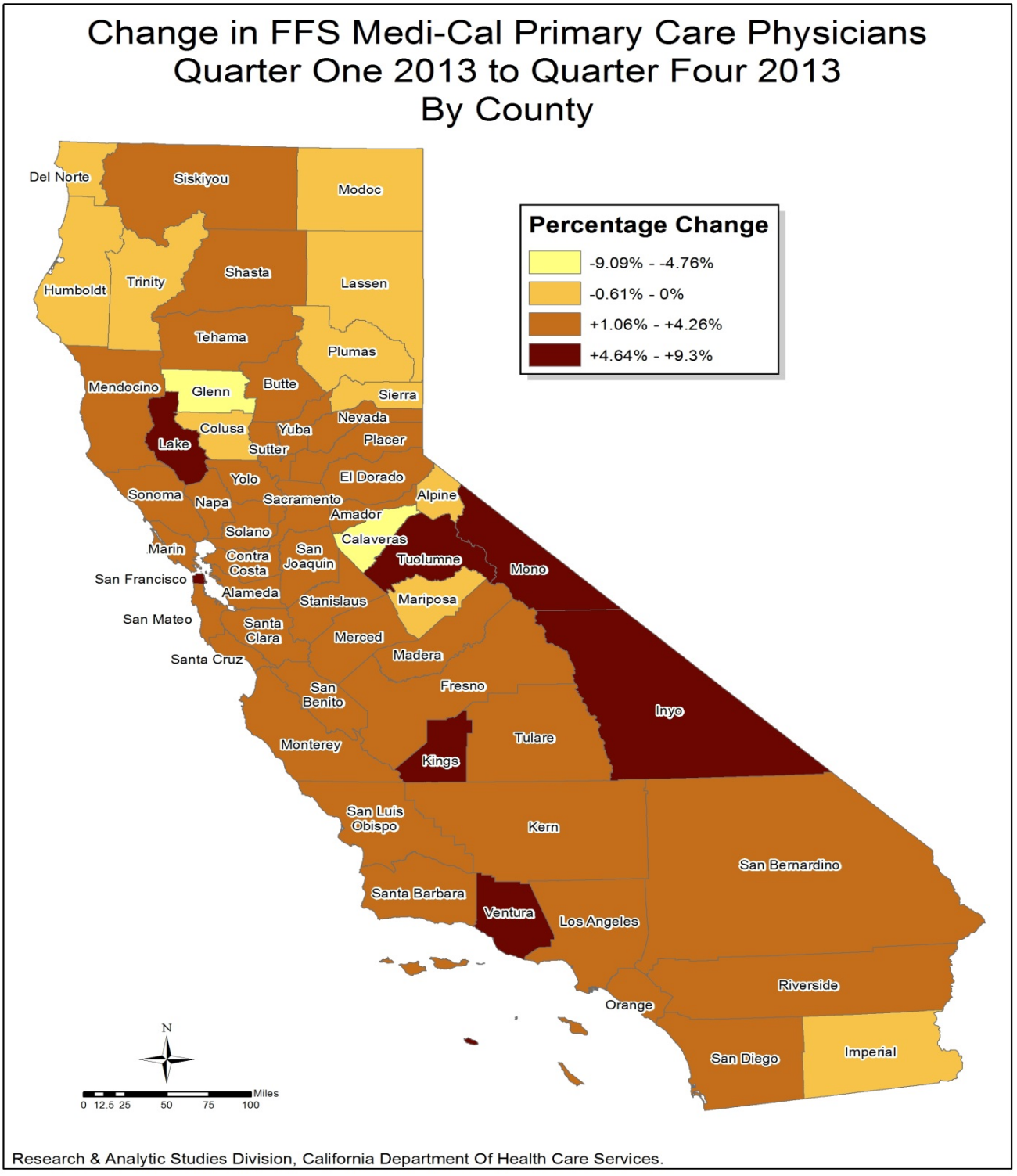
Table PS-4: Percent Change in FFS Medi-Cal Primary Care Physicians and in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Alameda	1,989	2,026	2,011.0	1.9%	15.9	15.9	15.9	0.0%
Alpine	1	1	1.0	0.0%	153.0	79.0	135.8	-48.4%
Amador	33	34	33.8	3.0%	107.1	60.5	95.7	-43.5%
Butte	180	185	181.8	2.8%	222.3	122.6	199.8	-44.8%
Calaveras	21	20	20.8	-4.8%	260.8	151.3	236.4	-42.0%
Colusa	18	18	18.0	0.0%	202.4	114.9	187.2	-43.2%
Contra Costa	1,120	1,155	1,136.8	3.1%	18.1	19.5	18.2	7.7%
Del Norte	20	20	20.0	0.0%	314.0	23.0	218.4	-92.7%
El Dorado	95	99	97.0	4.2%	155.4	89.6	140.1	-42.3%
Fresno	792	808	798.3	2.0%	37.3	37.3	37.5	0.0%
Glenn	11	10	10.8	-9.1%	525.2	314.0	484.2	-40.2%
Humboldt	163	162	162.3	-0.6%	130.1	13.1	94.3	-89.9%
Imperial	88	88	88.8	0.0%	522.8	270.7	462.0	-48.2%
Inyo	21	22	21.8	4.8%	121.6	61.2	107.2	-49.7%
Kern	791	813	798.8	2.8%	45.9	43.5	45.6	-5.2%
Kings	82	86	82.8	4.9%	57.5	50.1	55.0	-12.9%
Lake	43	47	45.5	9.3%	309.9	26.1	212.5	-91.6%
Lassen	20	20	20.0	0.0%	193.4	22.9	139.2	-88.2%
Los Angeles	11,028	11,297	11,161.0	2.4%	25.5	22.3	23.8	-12.5%
Madera	182	188	184.0	3.3%	29.5	26.5	27.6	-10.2%
Marin	278	287	283.5	3.2%	4.9	4.9	5.1	0.0%
Mariposa	5	5	5.0	0.0%	446.8	253.6	403.8	-43.2%
Mendocino	74	76	74.8	2.7%	22.4	18.9	22.5	-15.6%
Merced	168	172	170.8	2.4%	34.9	30.0	33.2	-14.0%
Modoc	8	8	8.0	0.0%	183.9	20.4	132.5	-88.9%
Mono	18	19	18.8	5.6%	62.0	36.8	57.9	-40.6%
Monterey	328	340	334.8	3.7%	21.4	19.0	18.9	-11.2%
Napa	106	108	107.0	1.9%	13.9	12.6	14.0	-9.4%
Nevada	75	78	76.8	4.0%	120.5	69.7	110.1	-42.2%
Orange	2,863	2,933	2,895.5	2.4%	10.9	10.4	10.7	-4.6%
Placer	417	432	425.3	3.6%	57.9	34.7	52.9	-40.1%
Plumas	16	16	16.0	0.0%	152.3	88.7	136.8	-41.8%
Riverside	1,285	1,330	1,308.8	3.5%	50.6	49.4	50.7	-2.4%

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Sacramento	2,152	2,208	2,176.0	2.6%	19.3	17.7	18.9	-8.3%
San Benito	27	28	27.8	3.7%	298.3	191.6	274.2	-35.8%
San Bernardino	2,028	2,092	2,059.5	3.2%	41.0	40.1	40.9	-2.2%
San Diego	3,465	3,595	3,519.3	3.8%	21.5	21.4	21.8	-0.5%
San Francisco	2,218	2,321	2,261.0	4.6%	5.4	5.1	5.3	-5.6%
San Joaquin	671	686	678.3	2.2%	36.4	30.1	32.8	-17.3%
San Luis Obispo	151	153	152.5	1.3%	20.6	18.0	19.6	-12.6%
San Mateo	888	907	899.5	2.1%	7.8	7.5	9.4	-3.8%
Santa Barbara	326	331	328.0	1.5%	21.2	19.2	19.2	-9.4%
Santa Clara	2,932	3,044	2,981.3	3.8%	10.3	9.1	9.7	-11.7%
Santa Cruz	227	234	230.0	3.1%	15.7	14.3	14.3	-8.9%
Shasta	189	191	189.8	1.1%	167.9	17.4	119.8	-89.6%
Sierra	1	1	1.0	0.0%	369.0	199.0	328.8	-46.1%
Siskiyou	39	40	39.5	2.6%	219.1	21.7	155.3	-90.1%
Solano	555	562	559.5	1.3%	10.3	9.6	9.7	-6.8%
Sonoma	530	551	541.8	4.0%	11.1	10.0	10.5	-9.9%
Stanislaus	582	598	592.3	2.7%	55.3	45.3	49.1	-18.1%
Sutter	84	87	85.0	3.6%	219.5	118.9	200.1	-45.8%
Tehama	47	49	47.5	4.3%	287.7	155.2	260.1	-46.1%
Trinity	4	4	4.0	0.0%	527.3	61.5	377.2	-88.3%
Tulare	307	315	312.0	2.6%	56.2	54.0	54.0	-3.9%
Tuolumne	43	45	44.0	4.7%	149.8	82.4	133.6	-45.0%
Ventura	680	714	693.5	5.0%	17.5	15.4	17.0	-12.0%
Yolo	214	219	216.3	2.3%	15.7	14.7	15.6	-6.4%
Yuba	38	39	38.5	2.6%	429.6	238.0	385.3	-44.6%
Statewide	**40,737**	**41,917**	**41,296.0**	**2.9%**	**29.4**	**23.3**	**27.5**	**-20.7%**

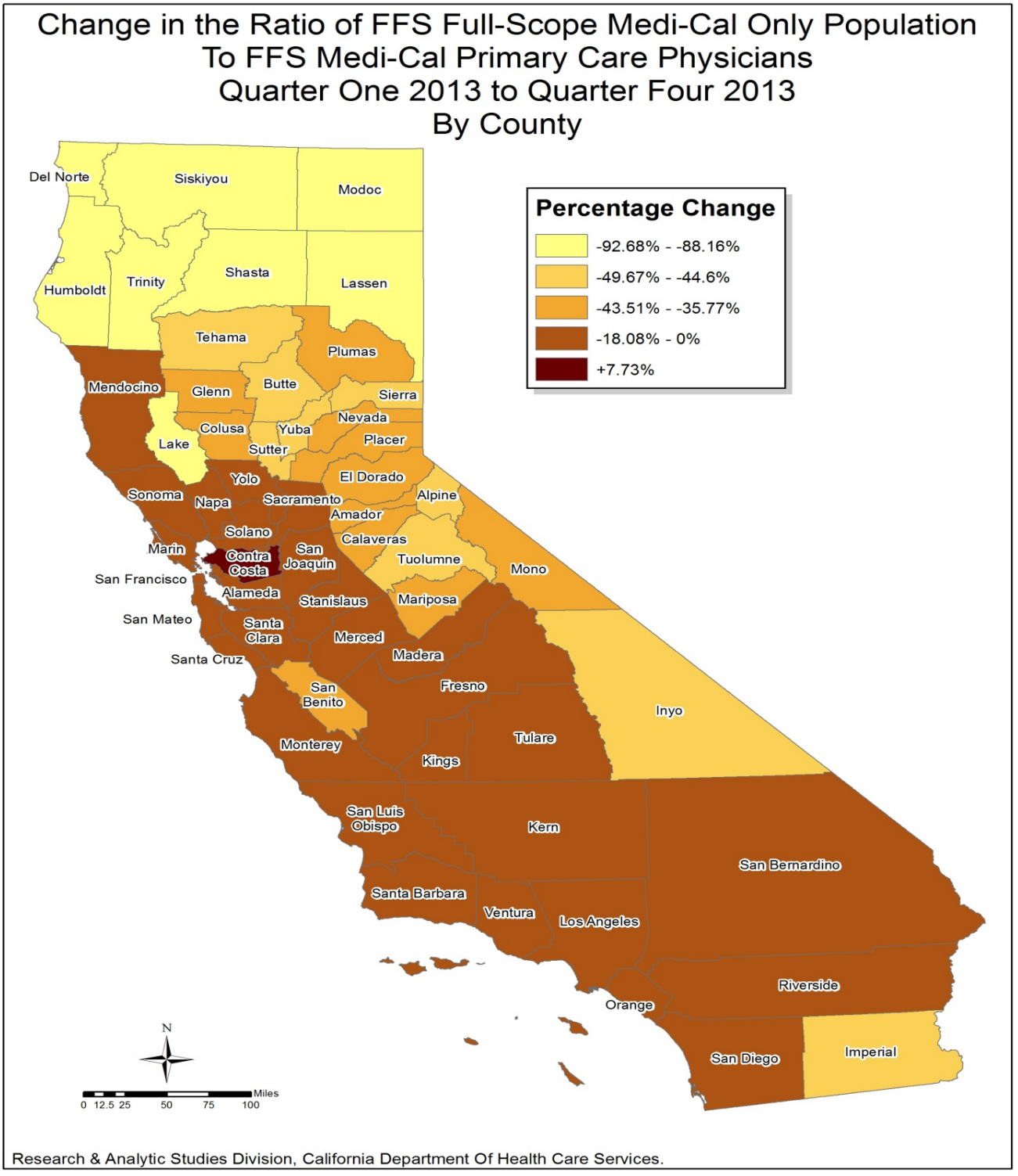
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-7: Percent Change in FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-8: Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Population to FFS Medi-Cal Primary Care Physicians from Quarter 1, 2013, to Quarter 4, 2013, by County



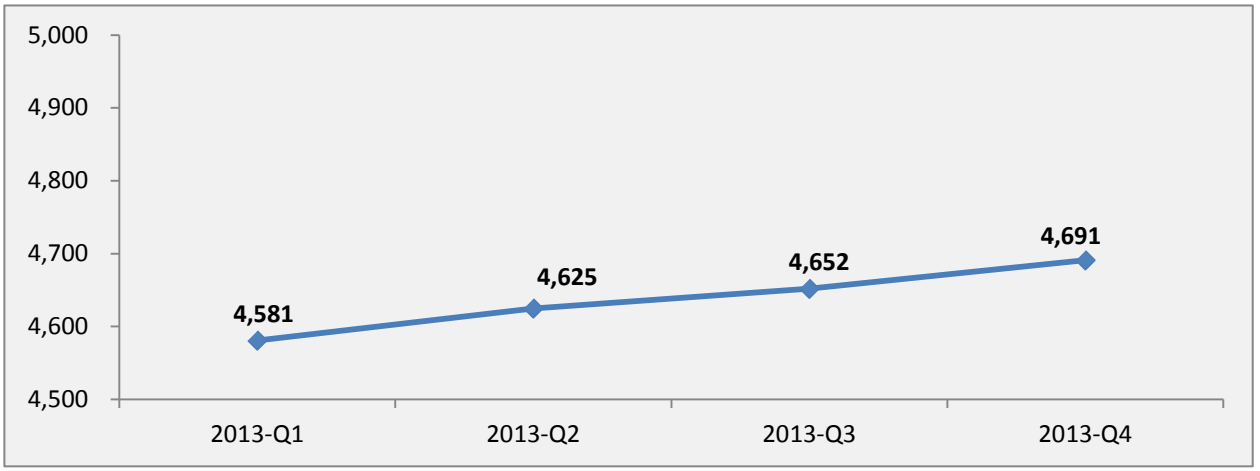
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

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.

- The total count of physicians with an OB/GYN specialty in FFS Medi-Cal increased 2.4%, from 4,581 to 4,691, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-9).

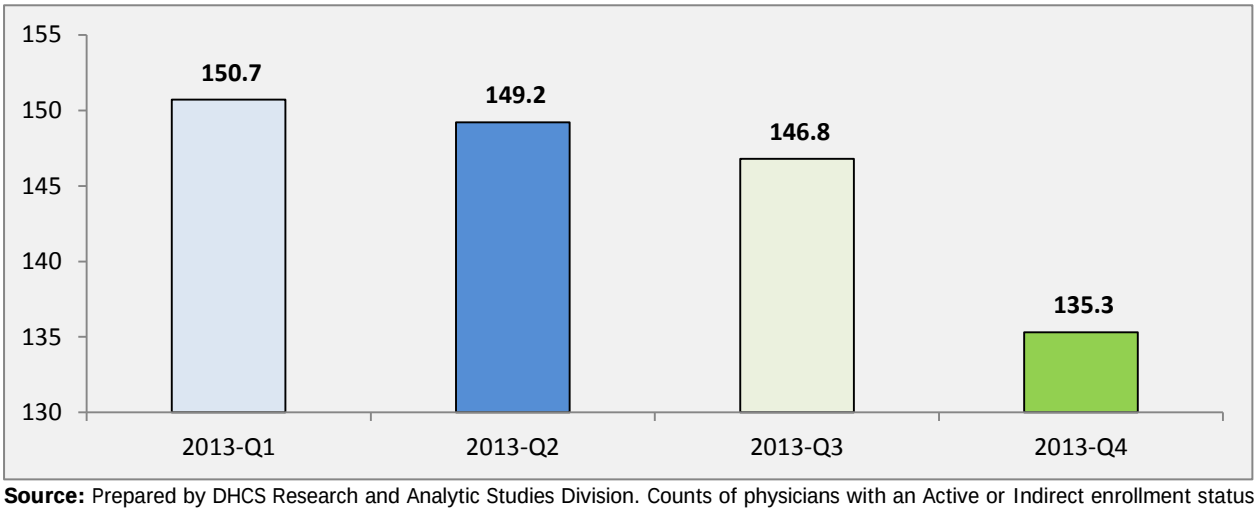
Figure PS-9: FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The ratio of FFS Medi-Cal Only, non-elderly adult females ages 18–64 per physician with an OB/GYN specialty declined 10.2%, from 150.7 to 135.3, during the study period (Figure PS-10).

Figure PS-10: Ratio of FFS Medi-Cal Only Non-Elderly Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- There were no physicians with an OB/GYN specialty located in Alpine, Colusa, Mariposa, Sierra, or Trinity counties in the fourth quarter of 2013. In contrast, 1,177 physicians with an OB/GYN specialty practiced in Los Angeles County during the fourth 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 34.5 in San Francisco County to 1,502.5 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).

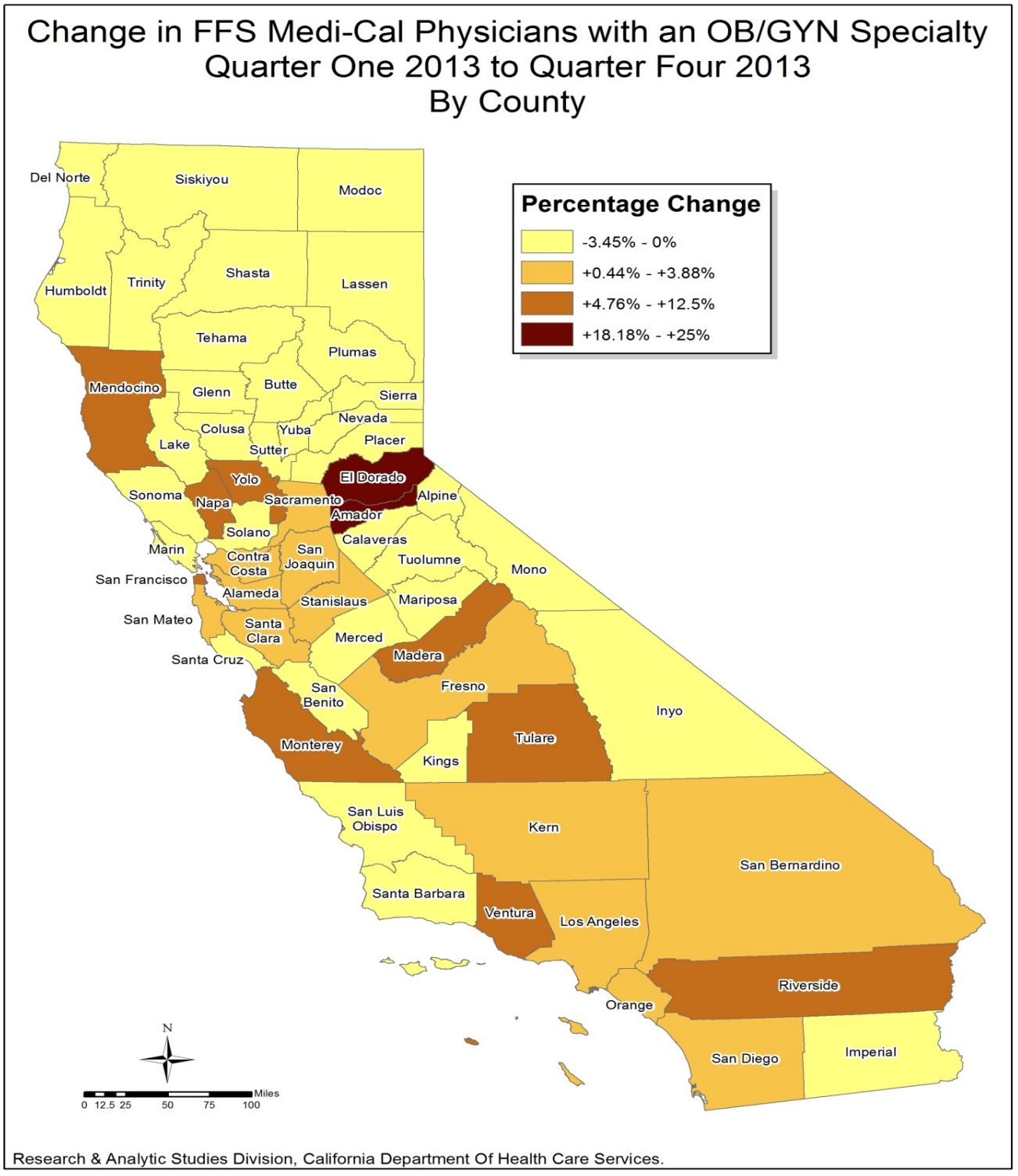
Table PS-5: Percent Change in FFS Medi-Cal Primary Care Physicians with an OB/GYN Specialty and in the Ratio of FFS Medi-Cal Only Non-Elderly Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Alameda	229	230	229.5	0.4%	84.4	84.9	84.9	0.6%
Alpine	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Amador	4	5	4.5	25.0%	266.8	133.8	219.4	-49.9%
Butte	29	28	28.8	-3.4%	415.3	272.4	380.1	-34.4%
Calaveras	1	1	1.0	0.0%	1,637.0	937.0	1,444.0	-42.8%
Colusa	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Contra Costa	103	107	105.8	3.9%	115.5	119.8	114.9	3.7%
Del Norte	2	2	2.0	0.0%	935.0	105.0	651.1	-88.8%
El Dorado	11	13	12.3	18.2%	394.6	218.2	324.0	-44.7%
Fresno	94	97	96.3	3.2%	231.6	223.3	224.6	-3.6%
Glenn	1	1	1.0	0.0%	1,642.0	1,093.0	1,502.5	-33.4%
Humboldt	13	13	13.0	0.0%	483.8	75.3	347.2	-84.4%
Imperial	16	16	16.0	0.0%	840.9	443.0	740.2	-47.3%
Inyo	3	3	3.0	0.0%	262.0	168.7	239.3	-35.6%
Kern	93	95	92.8	2.2%	209.7	200.7	209.3	-4.3%
Kings	10	10	10.0	0.0%	252.0	236.8	246.2	-6.0%
Lake	3	3	3.0	0.0%	1,359.0	193.7	974.7	-85.7%
Lassen	1	1	1.0	0.0%	1,153.0	178.0	825.3	-84.6%
Los Angeles	1,157	1,177	1,168.0	1.7%	193.5	187.5	192.0	-3.1%
Madera	14	15	14.3	7.1%	328.7	292.5	314.1	-11.0%
Marin	25	25	25.0	0.0%	107.3	107.9	107.8	0.6%
Mariposa	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Mendocino	16	17	16.3	6.3%	76.7	68.4	74.1	-10.8%
Merced	18	18	18.0	0.0%	293.0	291.0	291.3	-0.7%
Modoc	1	1	1.0	0.0%	452.0	63.0	318.8	-86.1%
Mono	3	3	3.0	0.0%	109.3	85.7	103.8	-21.6%

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Monterey	56	59	57.8	5.4%	195.5	176.0	184.3	-10.0%
Napa	16	17	16.8	6.3%	83.4	74.2	76.9	-11.0%
Nevada	10	10	10.0	0.0%	274.1	172.7	249.7	-37.0%
Orange	368	375	371.0	1.9%	107.2	104.1	105.9	-2.9%
Placer	46	46	46.0	0.0%	144.3	94.7	132.2	-34.4%
Plumas	1	1	1.0	0.0%	731.0	448.0	648.3	-38.7%
Riverside	147	154	150.3	4.8%	204.6	198.0	202.6	-3.2%
Sacramento	244	248	245.5	1.6%	72.7	69.2	72.1	-4.8%
San Benito	4	4	4.0	0.0%	616.3	442.0	571.2	-28.3%
San Bernardino	190	196	193.3	3.2%	200.9	197.5	198.8	-1.7%
San Diego	380	387	383.0	1.8%	85.2	83.1	84.4	-2.5%
San Francisco	234	246	239.8	5.1%	35.6	33.3	34.5	-6.5%
San Joaquin	97	99	98.3	2.1%	128.2	116.8	121.3	-8.9%
San Luis Obispo	22	22	22.0	0.0%	102.8	99.5	100.8	-3.2%
San Mateo	88	90	88.8	2.3%	85.8	90.4	91.9	5.4%
Santa Barbara	51	50	50.8	-2.0%	166.7	169.9	167.1	1.9%
Santa Clara	372	384	377.3	3.2%	67.3	61.6	64.7	-8.5%
Santa Cruz	29	29	29.5	0.0%	128.0	125.1	123.1	-2.3%
Shasta	14	14	14.0	0.0%	667.7	84.1	471.5	-87.4%
Sierra	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Siskiyou	4	4	4.0	0.0%	630.3	74.5	447.3	-88.2%
Solano	63	63	63.0	0.0%	62.1	61.1	61.7	-1.6%
Sonoma	55	55	55.3	0.0%	88.2	84.8	85.4	-3.9%
Stanislaus	65	67	66.3	3.1%	203.2	176.0	186.1	-13.4%
Sutter	11	11	11.0	0.0%	466.6	305.3	429.7	-34.6%
Tehama	4	4	4.0	0.0%	965.5	645.5	892.4	-33.1%
Trinity	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Tulare	56	63	60.3	12.5%	240.2	213.8	223.6	-11.0%
Tuolumne	7	7	7.0	0.0%	278.9	171.3	252.2	-38.6%
Ventura	78	82	80.3	5.1%	135.3	123.5	128.8	-8.7%
Yolo	19	20	19.3	5.3%	97.5	91.9	95.4	-5.7%
Yuba	3	3	3.0	0.0%	1,592.0	1,031.7	1,449.5	-35.2%
Statewide	**4,581**	**4,691**	**4,637.3**	**2.4%**	**150.7**	**135.3**	**145.5**	**-10.2%**

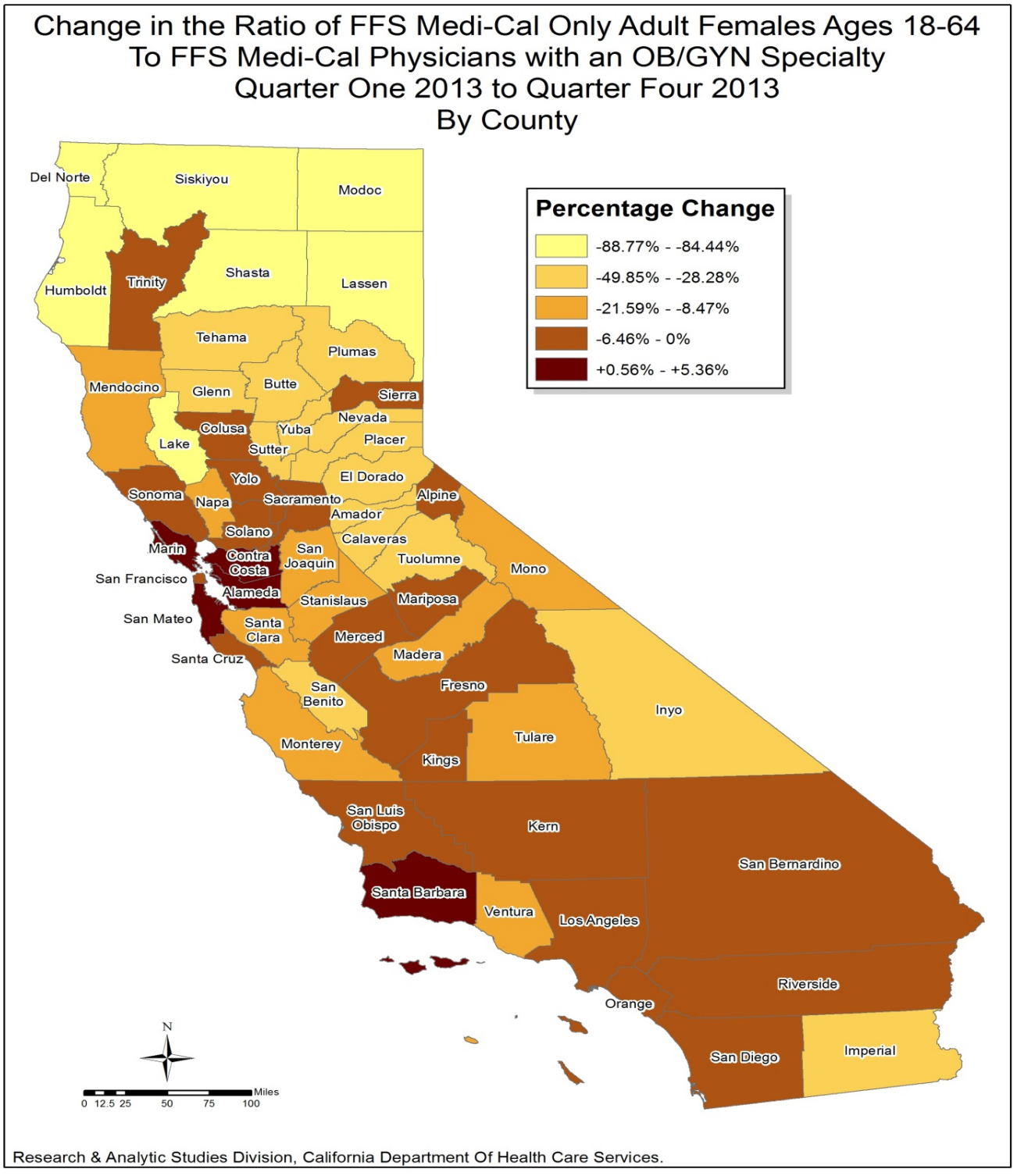
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-11: Percent Change in FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-12: Percent Change in the Ratio of FFS Medi-Cal Only Adult Females Ages 18–64 to FFS Medi-Cal Physicians with an OB/GYN Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County



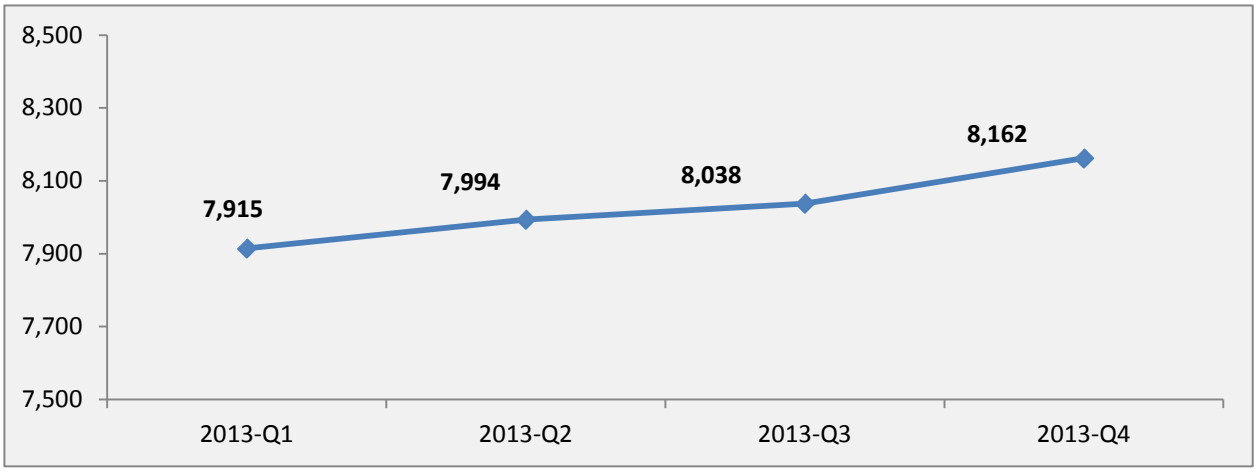
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

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.

- The total count of physicians with a Pediatric specialty in FFS Medi-Cal increased 3.1%, from 7,915 to 8,162, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-13).

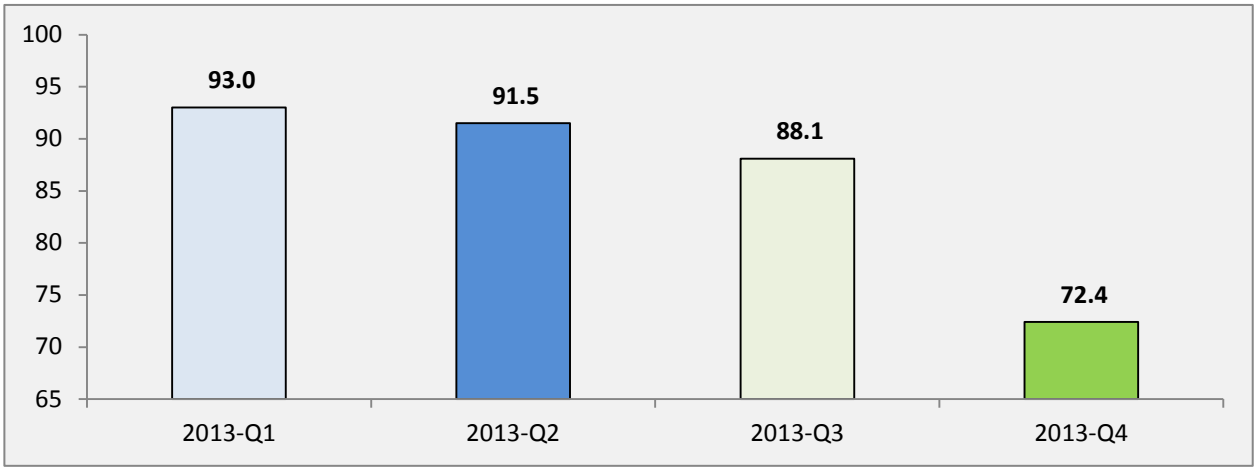
Figure PS-13: FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The ratio of FFS full-scope Medi-Cal Only children ages 0-17 per physician with a Pediatric specialty decreased 22.2%, from 93.0 to 72.4, during the study period (Figure PS-14).

Figure PS-14: Ratio of FFS Full-Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of 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, or Trinity counties, while the largest concentration (2,116) of Pediatricians practiced in Los Angeles County in the fourth 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 11.3 in San Francisco County to 2,803.8 in Yuba County during the study period (Table PS-6).

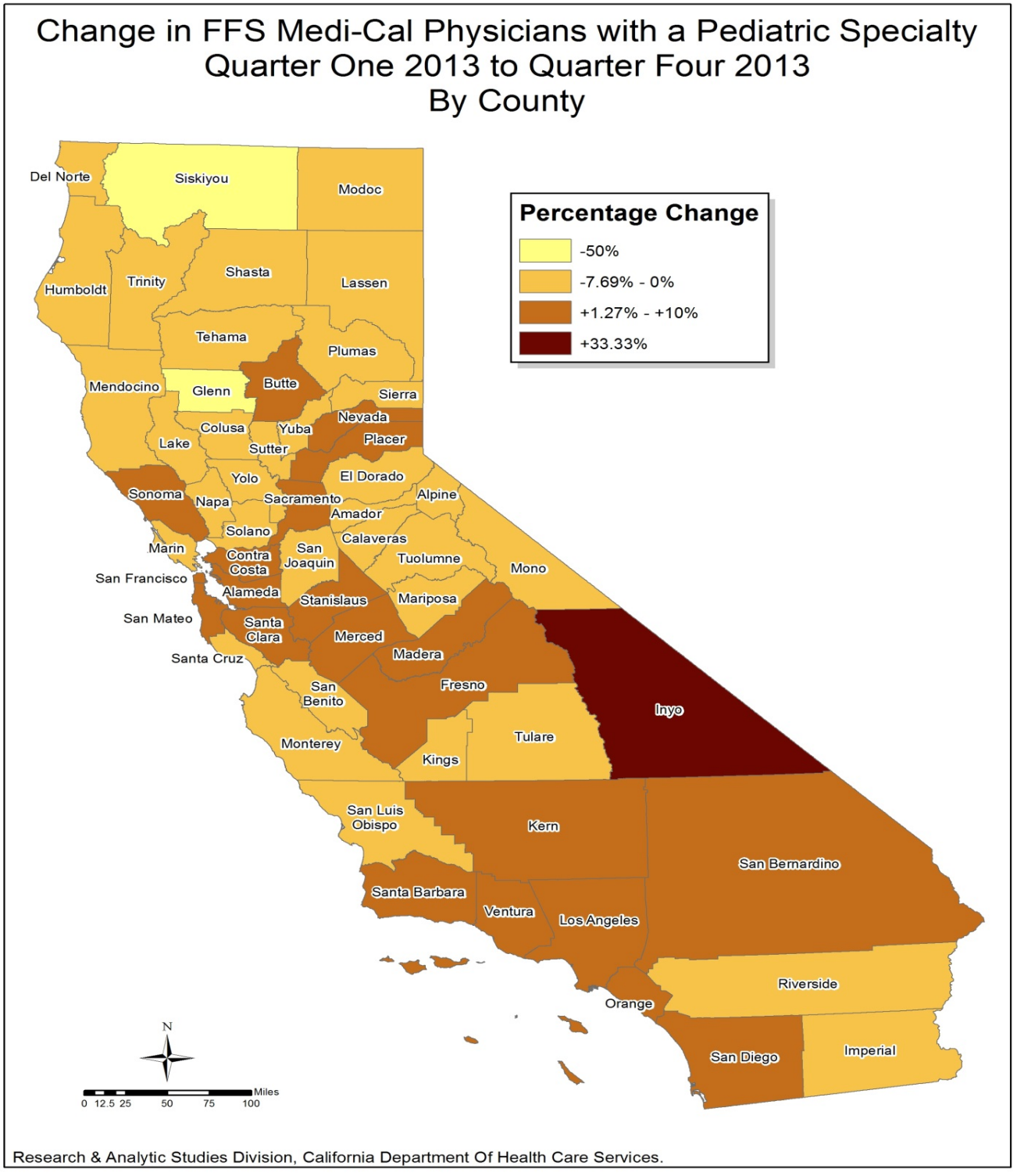
Table PS-6: Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty and in the Ratio of FFS Full Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Alameda	541	556	549.0	2.8%	33.4	32.7	33.1	-2.1%
Alpine	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Amador	1	1	1.0	0.0%	1,918.0	1,056.0	1,775.5	-44.9%
Butte	17	18	17.3	5.9%	1,236.1	585.5	1,105.6	-52.6%
Calaveras	1	1	1.0	0.0%	2,870.0	1,503.0	2,622.5	-47.6%
Colusa	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Contra Costa	158	160	158.8	1.3%	78.7	82.6	77.9	5.0%
Del Norte	5	5	5.0	0.0%	647.6	47.2	457.8	-92.7%
El Dorado	10	10	10.0	0.0%	838.6	476.5	780.8	-43.2%
Fresno	140	142	140.5	1.4%	128.5	126.4	129.9	-1.6%
Glenn	2	1	1.8	-50.0%	1,843.5	1,873.0	1,914.3	1.6%
Humboldt	13	12	12.3	-7.7%	870.5	93.6	678.2	-89.2%
Imperial	12	12	12.0	0.0%	2,202.6	1,109.9	1,982.8	-49.6%
Inyo	3	4	3.8	33.3%	509.3	184.0	382.1	-63.9%
Kern	123	126	124.3	2.4%	194.7	182.3	193.2	-6.4%
Kings	9	9	9.0	0.0%	350.9	314.2	336.1	-10.5%
Lake	4	4	4.0	0.0%	1,753.8	177.5	1,281.0	-89.9%
Lassen	2	2	2.0	0.0%	1,036.0	131.5	760.4	-87.3%
Los Angeles	2,056	2,116	2,084.0	2.9%	88.2	72.7	79.0	-17.6%
Madera	134	139	135.8	3.7%	26.9	23.6	24.9	-12.3%
Marin	44	44	44.0	0.0%	21.1	21.7	22.7	2.8%
Mariposa	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Mendocino	11	11	11.0	0.0%	91.5	79.5	96.5	-13.1%
Merced	18	19	18.8	5.6%	214.7	167.6	198.6	-21.9%
Modoc	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Mono	5	5	5.0	0.0%	154.2	91.8	151.6	-40.5%

County	Q1 2013 # of Providers	Q4 2013 # of Providers	Average Number	Percent Change	Q1 2013 Population-to-Provider Ratio	Q4 2013 Population-to-Provider Ratio	Average Ratio	Percent Change
Monterey	63	63	63.0	0.0%	75.1	67.3	66.5	-10.4%
Napa	16	16	16.0	0.0%	59.7	52.8	61.0	-11.6%
Nevada	10	11	10.5	10.0%	489.0	256.5	446.8	-47.5%
Orange	634	650	642.0	2.5%	32.7	30.1	31.6	-8.0%
Placer	87	91	88.8	4.6%	165.7	93.3	152.2	-43.7%
Plumas	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Riverside	182	181	181.0	-0.5%	237.8	239.6	244.0	0.8%
Sacramento	397	407	401.5	2.5%	63.0	57.2	61.1	-9.2%
San Benito	3	3	3.0	0.0%	1,731.3	1,137.0	1,658.7	-34.3%
San Bernardino	378	395	385.3	4.5%	135.0	128.3	133.9	-5.0%
San Diego	712	746	727.0	4.8%	67.5	66.7	68.5	-1.2%
San Francisco	484	505	493.0	4.3%	11.9	10.7	11.3	-10.1%
San Joaquin	106	105	105.8	-0.9%	147.4	121.3	133.2	-17.7%
San Luis Obispo	29	29	29.0	0.0%	66.1	55.8	63.2	-15.6%
San Mateo	153	156	155.3	2.0%	30.3	28.3	36.6	-6.6%
Santa Barbara	67	68	67.3	1.5%	71.2	60.7	61.9	-14.7%
Santa Clara	814	860	833.8	5.7%	22.4	19.1	20.7	-14.7%
Santa Cruz	34	34	34.0	0.0%	64.1	54.7	56.6	-14.7%
Shasta	16	16	16.0	0.0%	1,044.6	114.1	764.2	-89.1%
Sierra	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Siskiyou	2	1	1.3	-50.0%	2,242.0	551.0	2,713.0	-75.4%
Solano	81	81	81.0	0.0%	44.4	39.2	40.1	-11.7%
Sonoma	60	64	62.5	6.7%	64.5	53.4	58.7	-17.2%
Stanislaus	69	71	70.8	2.9%	277.9	225.9	244.8	-18.7%
Sutter	12	12	12.0	0.0%	926.4	484.4	856.2	-47.7%
Tehama	8	8	8.0	0.0%	1,000.1	508.6	905.8	-49.1%
Trinity	0	0	0.0	0.0%	0.0	0.0	0.0	0.0%
Tulare	67	67	67.0	0.0%	159.5	151.7	153.2	-4.9%
Tuolumne	5	5	5.0	0.0%	670.6	356.6	614.6	-46.8%
Ventura	82	85	82.8	3.7%	99.2	82.5	96.7	-16.8%
Yolo	32	32	32.0	0.0%	69.5	64.4	69.9	-7.3%
Yuba	3	3	3.0	0.0%	3,100.7	1,598.3	2,803.8	-48.5%
Statewide	**7,915**	**8,162**	**8,027.3**	**3.1%**	**93.0**	**72.4**	**86.3**	**-22.2%**

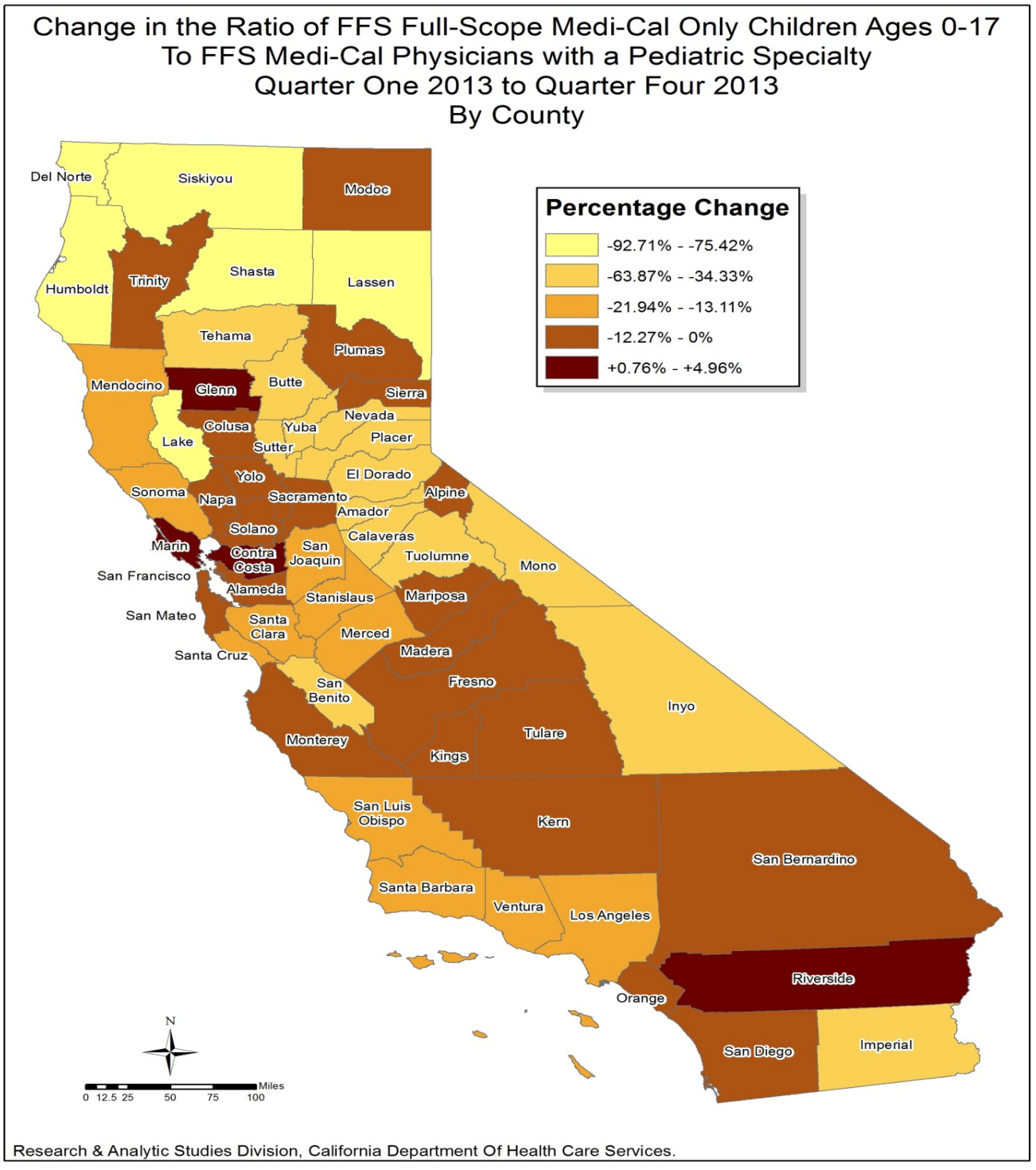
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-15: Percent Change in FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013**.**

Figure PS-16: Percent Change in the Ratio of FFS Full-Scope Medi-Cal Only Children Ages 0–17 to FFS Medi-Cal Physicians with a Pediatric Specialty from Quarter 1, 2013, to Quarter 4, 2013, by County



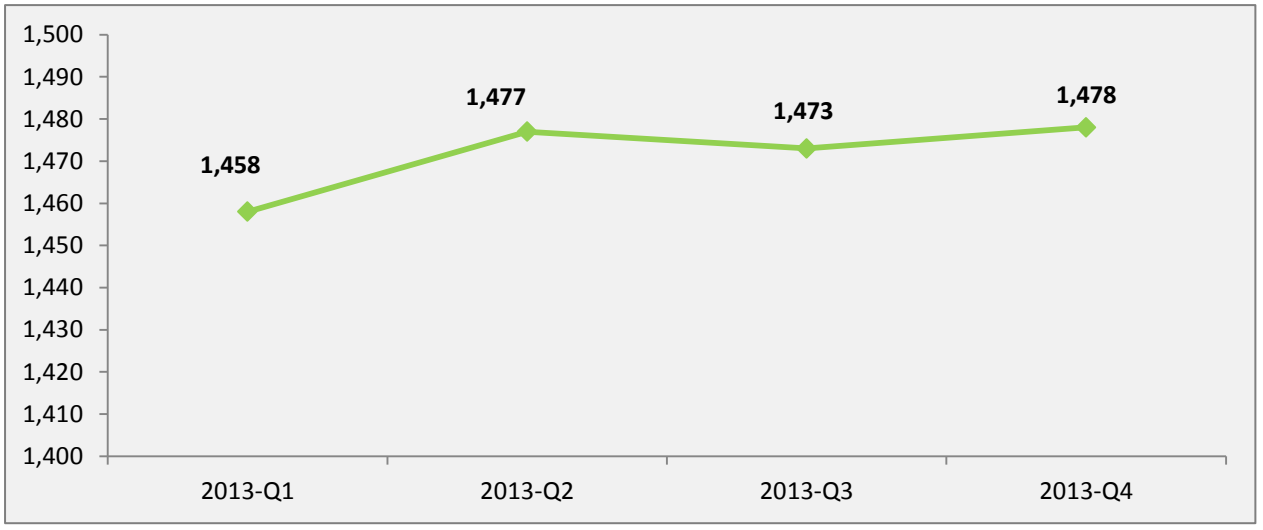
Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

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 1.4%, from 1,458 to 1,478, between the first quarter of 2013 and the fourth quarter of 2013 (Figure PS-17).

Figure PS-17: FFS Medi-Cal Outpatient Clinics from Quarter 1, 2013, to Quarter 4, 2013



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of clinics for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

- The average count of outpatient clinics ranged from 1.0 in Alpine and Mono counties to 303.5 in Los Angeles County from the first quarter of 2013 to the fourth quarter of 2013 (Table PS-7).

Table PS-7: Percent Change in FFS Medi-Cal Outpatient Clinics from Quarter 1, 2013, to Quarter 4, 2013, by County

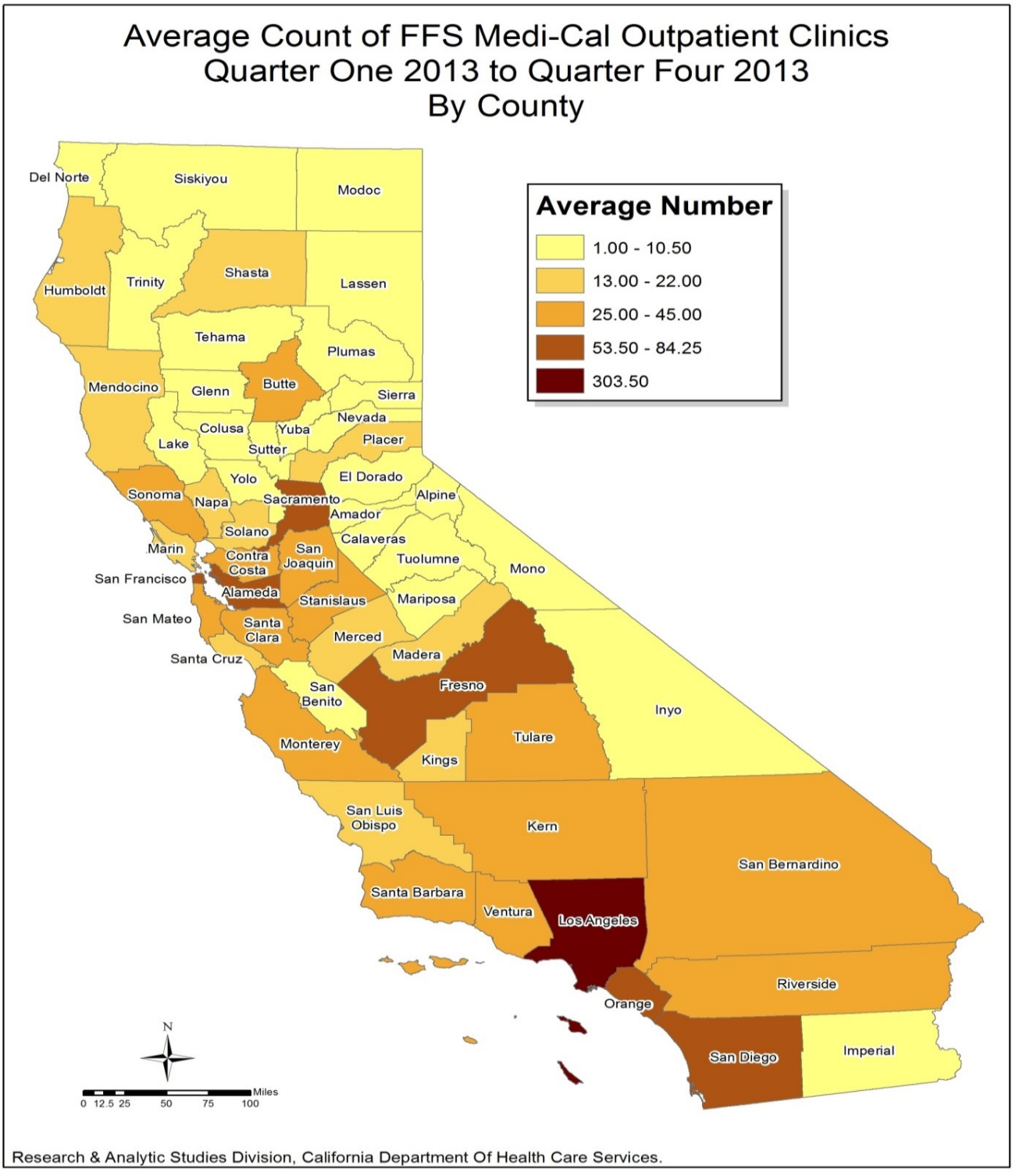
County	Q1 2013 # of Clinics	Q4 2013 # of Clinics	Average Number	Percent Change
Alameda	58	60	59.3	3.4%
Alpine	1	1	1.0	0.0%
Amador	5	6	5.3	20.0%
Butte	25	27	26.0	8.0%
Calaveras	7	7	7.0	0.0%
Colusa	5	5	5.0	0.0%
Contra Costa	32	31	31.3	-3.1%
Del Norte	4	4	4.0	0.0%
El Dorado	5	6	5.5	20.0%
Fresno	55	55	55.0	0.0%
Glenn	9	8	8.5	-11.1%
Humboldt	22	22	22.0	0.0%
Imperial	11	10	10.5	-9.1%

County	Q1 2013 # of Clinics	Q4 2013 # of Clinics	Average Number	Percent Change
Inyo	3	3	2.8	0.0%
Kern	39	39	39.0	0.0%
Kings	15	16	15.8	6.7%
Lake	7	10	7.8	42.9%
Lassen	2	2	2.0	0.0%
Los Angeles	302	299	303.5	-1.0%
Madera	15	14	14.5	-6.7%
Marin	15	15	15.0	0.0%
Mariposa	6	6	6.0	0.0%
Mendocino	14	14	13.8	0.0%
Merced	22	21	21.5	-4.5%
Modoc	3	3	3.3	0.0%
Mono	1	1	1.0	0.0%
Monterey	27	27	26.8	0.0%
Napa	13	13	13.0	0.0%
Nevada	6	6	6.0	0.0%
Orange	82	82	82.3	0.0%
Placer	13	13	13.3	0.0%
Plumas	6	6	6.0	0.0%
Riverside	39	40	39.3	2.6%
Sacramento	62	67	64.3	8.1%
San Benito	3	2	2.3	-33.3%
San Bernardino	39	41	39.8	5.1%
San Diego	78	87	84.3	11.5%
San Francisco	54	52	53.5	-3.7%
San Joaquin	26	33	29.8	26.9%
San Luis Obispo	15	17	16.0	13.3%
San Mateo	30	31	30.3	3.3%
Santa Barbara	32	32	32.0	0.0%
Santa Clara	45	45	45.0	0.0%
Santa Cruz	14	13	13.3	-7.1%
Shasta	18	18	18.0	0.0%
Sierra	3	3	3.0	0.0%
Siskiyou	6	7	6.5	16.7%
Solano	17	17	17.0	0.0%
Sonoma	27	26	26.8	-3.7%
Stanislaus	25	27	26.0	8.0%
Sutter	10	10	10.0	0.0%
Tehama	7	7	7.0	0.0%
Trinity	2	2	2.0	0.0%

County	Q1 2013 # of Clinics	Q4 2013 # of Clinics	Average Number	Percent Change
Tulare	29	26	27.3	-10.3%
Tuolumne	9	9	9.3	0.0%
Ventura	26	24	25.0	-7.7%
Yolo	7	6	6.5	-14.3%
Yuba	5	4	4.5	-20.0%
Statewide	**1,458**	**1,478**	**1,471.5**	**1.4%**

Source: Prepared by DHCS Research and Analytic Studies Division. Counts of clinics for April 2013, July 2013, and October 2013 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the month of January 2013.

Figure PS-18: Average Count of FFS Medi-Cal Outpatient Clinics from Quarter 1, 2013, to Quarter 4, 2013, by County



Source: Prepared by DHCS Research and Analytic Studies Division. Counts of physicians with an Active or Indirect enrollment status for October 2012 were obtained from the Provider Master File (PMF), and estimated from the Medi-Cal PMF for the months of April 2013 and July 2013.

Conclusions

- The site-specific counts of FFS Medi-Cal physicians increased 3.2% from the first quarter of 2013 to the fourth quarter of 2013, while the statewide beneficiary-to-physician ratios for FFS full-scope Medi-Cal Only beneficiaries decreased 20.8% 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 FFS full-scope Medi-Cal Only beneficiaries to primary care physicians decreased 20.7%.
- The site-specific counts of FFS Medi-Cal primary care physicians with an OB/GYN specialty increased by 2.4% from the first quarter of 2013 to the fourth quarter of 2013, while site-specific counts of primary care physicians with a Pediatric specialty increased 3.1% during the study period. Of particular note, the ratio of FFS full-scope Medi-Cal Only beneficiaries to primary care physicians with an OB/GYN specialty decreased 10.2% during the study period, while the ratio of beneficiaries to primary care physicians with a Pediatric specialty decreased 22.2%.
- The overall count of outpatient clinics participating in FFS Medi-Cal increased 1.4% from the first quarter of 2013 to the fourth 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.

References

[i] Sager, A., Socolar, D. (2005, February). *Health Costs Absorb One-Quarter of Economic Growth, 2000–2005*. Boston University School of Public Health's Health Reform Program. Retrieved from http://dcc2.bumc.bu.edu/hs/health%20costs%20absorb%20one-quarter%20of%20economic%20growth%20%202000-05%20%20sager-socolar%207%20february%202005.pdf on 12/13/2013.

[ii] Zuckerman, S., and Goin, D. (2012, December). *How Much will Medicaid Physician Fees for Primary Care Rise in 2013? – Evidence from a 2012 Survey of Medicaid Physician Fees.* The Urban Institute. Retrieved from http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8398.pdf on 08/12/2014.

[iii] Rosenthal, E. (2014, January). Patients' Costs Skyrocket; Specialists' Income Soars. *The New York Times.* Retrieved from http://www.nytimes.com/2014/01/19/health/patients-costs-skyrocket-specialists-incomes-soar.html?_r=1 on 02/14/2014.

[iv] Association of American Medical Colleges. (2013, November). *2013 State Physician Workforce Data Book* - Center for Workforce Studies. Retrieved from https://members.aamc.org/eweb/upload/State%20Physician%20Workforce%20Data%20Book%202013%20(PDF).pdf on 08/12/2014.

[v] McGinnis, Berenson, and Highsmith. (2011, January).

[vi] Massachusetts Medical Society. (2013, September). *2013 MMS Physician Workforce Study*. Retrieved from http://massmed.org/News-and-Publications/Research-and-Studies/2013-MMS-Physician-Workforce-Study-(pdf) on 12/13/2013.

[vii] U.S. Department of Health and Human Services. (2008, December). *The Physician Workforce: Projections and Research into Current Issues Affecting Supply and Demand*. Rockville: Health Resources and Services Administration's Bureau of Health Professions. Retrieved from http://bhpr.hrsa.gov/healthworkforce/reports/physwfissues.pdf on 12/13/2013.

[viii] U.S. Department of Health and Human Services. (2008, December).

[ix] California Health Care Foundation (CHCF) (2014, March). *California Health Care Almanac – California Physicians: Surplus or Scarcity?* Retrieved from http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaPhysiciansSurplusSupply2014.pdf on 9/12/14.

[x] CHCF. (2014, March).

[xi] Lishner, D., Richardson, M., Levine, P., Patrick, D. (1996, December). Access to Primary Health Care Among Persons With Disabilities in Rural Areas: A Summary of the Literature. *Journal of Rural Health, Vol. 12* (Issue 1): 45-53.

[xii] Lishner, et. al. (1996, December).

[xiii] Lishner, et. al. (1996, December).

[xiv] California Code of Regulations. Provider Enrollment Regulations. Title 22, Division 3. Retrieved from http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/05enrollment_regulations.pdf on 12/13/2013.

Medi-Cal Fee-for-Service
Access to Care
Quarterly Monitoring Report #9
2013 Quarter 4
BENEFICIARY PARTICIPATION

February 2015

California Department of Health Care Services
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Key Points

- The number of Fee-for-Service (FFS) Medi-Cal Only beneficiaries eligible to receive full-scope benefits decreased 15.8% between the third quarter of 2013 and the fourth quarter of 2013. This decline in participation is most likely due to the expansion of County Organized Health Systems (COHS) in September 2013 and regional managed care in November 2013.
- Overall, FFS Medi-Cal Only participation by full-scope beneficiaries decreased 18.4% from the first quarter of 2013 to the fourth quarter of 2013, from 1,197,881 to 977,547 average monthly eligibles.
- During the study period, 51.7% of FFS Medi-Cal Only beneficiaries reported Spanish as their primary language. English was the primary language for 44.4% of beneficiaries.
- Hispanics represented 64.9% 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 Fee-for-Service (FFS) Medi-Cal health care 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 a beneficiary utilizes 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 restricted-scope Medi-Cal benefits but not Medicare.

Understanding the unique complexities of Medi-Cal's 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 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. Court injunctions 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;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs); and
- Breast and Cervical Cancer Treatment Program services.[1,2,3]

Medi-Cal Enrollment Transitions

Expansion of Medi-Cal Managed Care – Several subpopulations transitioned from the Fee-for-Service (FFS) health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries enrolled into a Medi-Cal managed care plan in September 2013 due to the establishment of a County Organized Health System (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. Another 165,780 FFS Medi-Cal beneficiaries enrolled into managed care plans in November 2013 due to the establishment of managed care in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne and Yuba counties (Table BP-1).

Table BP-1: FFS Medi-Cal Only Beneficiaries Transitioned to Medi-Cal Managed Care in September and November 2013

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
COHS	September 2013	Del Norte	5,837
COHS	September 2013	Humboldt	19,913
COHS	September 2013	Lake	12,749
COHS	September 2013	Lassen	3,507
COHS	September 2013	Modoc	1,376
COHS	September 2013	Shasta	28,430
COHS	September 2013	Siskiyou	7,736
COHS	September 2013	Trinity	1,940
			Subtotal = 81,488

[1] California Assembly Bill 97, (2011).
[2] California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf
[3] California Department of Health Care Services, State Plan Amendment, SPA 11-009.

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
Regional/Other	November 2013	Alpine	106
Regional/Other	November 2013	Amador	2,522
Regional/Other	November 2013	Butte	28,365
Regional/Other	November 2013	Calaveras	3,817
Regional/Other	November 2013	Colusa	2,820
Regional/Other	November 2013	El Dorado	10,621
Regional/Other	November 2013	Glenn	4,514
Regional/Other	November 2013	Imperial	36,927
Regional/Other	November 2013	Inyo	1,977
Regional/Other	November 2013	Mariposa	1,669
Regional/Other	November 2013	Mono	945
Regional/Other	November 2013	Nevada	6,764
Regional/Other	November 2013	Placer	16,815
Regional/Other	November 2013	Plumas	1,622
Regional/Other	November 2013	San Benito	5,401
Regional/Other	November 2013	Sierra	257
Regional/Other	November 2013	Sutter	14,372
Regional/Other	November 2013	Tehama	10,372
Regional/Other	November 2013	Tuolumne	4,519
Regional/Other	November 2013	Yuba	11,375
			Subtotal = 165,780
			Total = 247,268

Source: Created by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for December 2013. Data were extracted from MIS/DSS four 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. FFS 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.

Factors Influencing Beneficiary Participation

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

Population Characteristics

As outlined in the Medicaid and CHIP Payment and Access Commission's 2011 Report to Congress, understanding the unique complexities of Medi-Cal's subpopulations is crucial for administrators to develop suitable policies and processes that will ensure appropriate access to care for all beneficiaries.[i] Similarly, the behavioral model of access to health care services developed by researchers 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.[ii]

Predisposing Factors – These factors include variables that influence the propensity of individuals to seek care. Predisposing 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).[iii]

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 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 is an individual's income, which can be a determining factor in their eligibility for Medi-Cal services.[iv]

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.[v] Appendix C shows the most prevalent clinical conditions affecting various Medi-Cal subpopulations.

Program Factors

In addition to the expansion of managed care and the HFP transition, other program factors may influence beneficiary participation.

Eligibility Status – The range of benefits offered by the Medi-Cal program varies among subpopulations. 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 program's degree of responsibility for ensuring access to care may also vary depending on the subpopulation and type of coverage afforded. As of December 2013, approximately 65% of FFS Medi-Cal Only adult beneficiaries were undocumented immigrants.[vi] For these beneficiaries, DHCS is responsible for ensuring access to prenatal, obstetrical, and emergency services only. The remaining beneficiaries participating in FFS Medi-Cal who are not eligible for Medicare qualify for full-scope benefits.

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 conducted 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 hardships due to individuals becoming uninsured and losing continuity of medical care.[vii]

Societal Factors

Pregnancy-Related Services/Declining Birthrates – National and statewide birthrates have been declining for several years. 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.[viii] As pregnancy-related services comprise a large proportion of the services administered by Medi-Cal, the decline in overall birthrates has 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 the Medi-Cal program.

Immigration – Undocumented immigrants comprise the largest group covered by FFS Medi-Cal Only, and are granted restricted-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 trends in immigration.

Methods

The access monitoring activities that DHCS has undertaken and described in this report 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 are "certified eligible" are included in this analysis. Certified eligibles are those beneficiaries deemed qualified for Medi-Cal based on a valid eligibility determination and who have enrolled into the program. This definition does not include those who may be eligible for, or who are in the process of becoming eligible, but have not yet been enrolled in Medi-Cal. This classification also excludes individuals who have a monthly share-of-cost obligation that has not been met, as well as some specific populations including California's Family Planning, Access, Care, and Treatment program members and individuals granted provisional Medi-Cal enrollment under the Presumptive Eligibility (PE) program for pregnancy; however individuals granted temporary enrollment under other PE programs, most notably, the Hospital Presumptive Eligibility program, are included.

Beneficiary participation summaries were derived from the Management Information System/Decision Support System (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 and metropolitan designation.

In this report, Medi-Cal participation in the FFS health care delivery system was measured as "member months," representing the number of months a beneficiary has been in the FFS Medi-Cal health care 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 FFS Medi-Cal and not eligible for Medicare were grouped into homogeneous subpopulations based on one of six eligibility categories: Blind/Disabled, Families, 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 among Medi-Cal beneficiaries were explored stratifying beneficiaries by county and metropolitan designation.[4]

Change in participation in the FFS health care 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 first quarter of 2013 to the fourth quarter of 2013. Additional comparisons were made between the current quarter being studied and the previous quarter.

[4] 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.

Results

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

Participation in the FFS health care delivery system among Medi-Cal beneficiaries eligible for full-scope benefits decreased 18.4% from the first quarter of 2013 to the fourth quarter of 2013, from 1,197,881 to 977,547 average monthly eligibles (Table BP-6).

Children ages 0–17 experienced a 19.7% decrease in participation from the first quarter of 2013 to the fourth quarter of 2013. This decrease is likely due to the managed care transitions that occurred during the study period. Adults ages 18–64 also saw a significant decrease of 16.9% due to managed care expansions in 28 counties. In contrast, adults ages 65 and older saw a 6.5% increase in participation during the study period (Table BP-6).

FFS participation decreased 15.8% between the most recent quarter of the study period and the previous quarter, likely due to the managed care expansions in November 2013. Among beneficiaries ages 65 and older, FFS participation increased slightly (0.8%) during the last quarter, compared with the larger increase (6.5%) over the entire study period (Table BP-6).

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

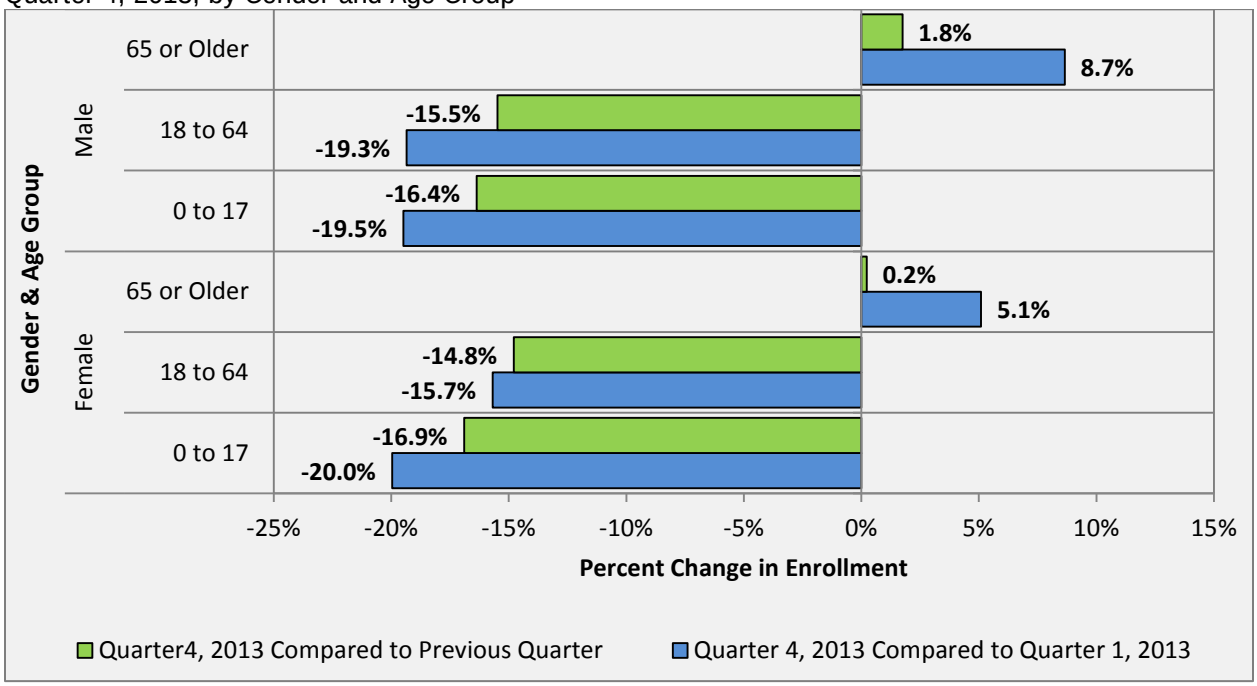
Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

The largest increases in FFS participation from the first quarter to the fourth quarter of 2013 were among adults ages 65 and older, with participation increasing 8.7% for males and 5.1% for females. When comparing the fourth quarter of 2013 with the previous quarter, FFS participation among adults ages 65 and older increased 1.8% for males and 0.2% for females (Figure BP-2, Table BP-6).

There was also a significant decrease in FFS participation from the first quarter of 2013 to the fourth quarter of 2013 among adults ages 18–64, with participation decreasing 19.3% for males and 15.7% for females. When comparing the fourth quarter of 2013 with the previous quarter, participation among adults ages 18–64 decreased 15.5% for males and 14.8% for females (Figure BP-2, Table BP-6).

In contrast, the largest decreases in FFS participation during the study period were among children ages 0–17, with participation decreasing 20.0% for females and 19.5% for males. When comparing the fourth quarter of 2013 with the previous quarter, participation among children ages 0-17 decreased 16.9% for females and 16.4% for males (Figure BP-2, Table BP-6).

Figure BP-2: Percent Change in FFS Full-Scope Medi-Cal Only Participation from Quarter 1, 2013, to Quarter 4, 2013, by Gender and Age Group



Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

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

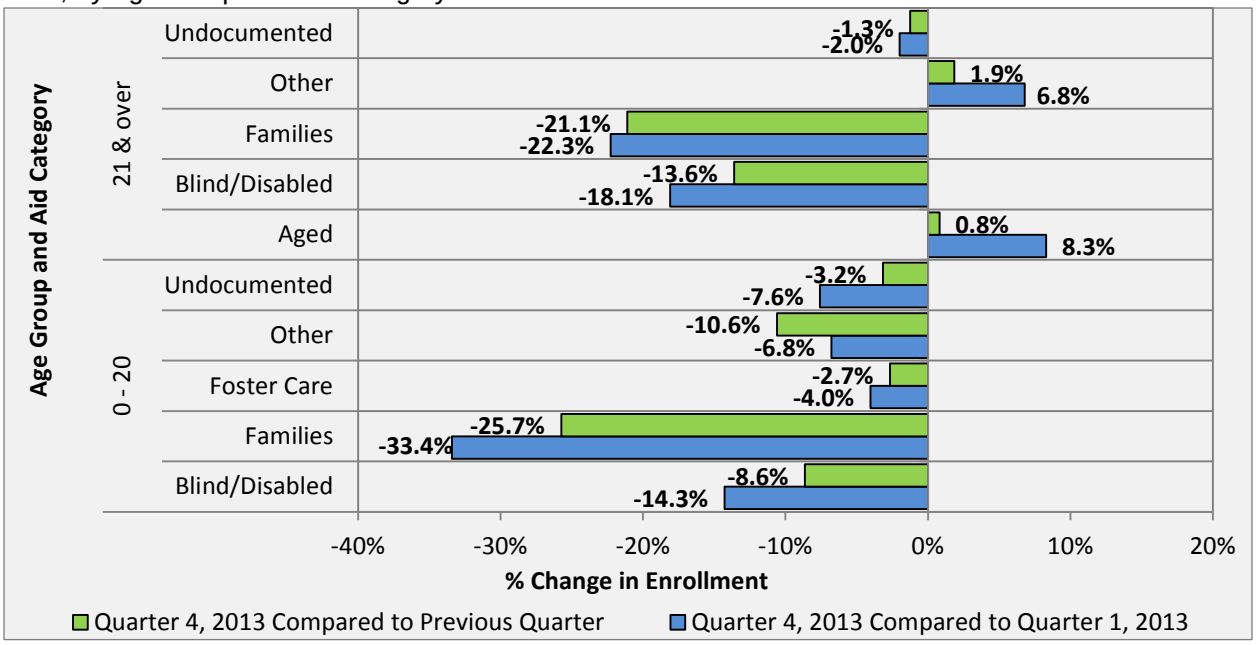
Large decreases in FFS participation were observed among children and adults in the Families and Blind/Disabled aid categories from the first quarter of 2013 to the fourth quarter of 2013.

For instance, a sharp decrease in FFS participation was observed among children in the Families aid category (-33.4%) primarily due to the managed care transitions that occurred during the study period. There were also decreases among children in the Blind/Disabled (-14.3%), Undocumented (-7.6%), Other (-6.8%), and Foster Care (-4.0%) aid categories (Figure BP-3, Table BP-8).

Among adults, there were decreases in the Families (-22.3%), Blind/Disabled (-18.1%), and Undocumented (-2.0%) aid categories, primarily due to managed care expansions. In contrast, the largest increase in FFS participation during the reporting period occurred among adults in the Other (6.8%) and Aged (8.3%) aid categories (Figure BP-3, Table BP-8).

Comparing FFS participation between the last two quarters of the study period showed similar trends, with decreases among adults in the Families (-21.1%), Blind/Disabled (-13.6%), and Undocumented (-1.3%) aid categories, and increases in the Other (1.9%) and Aged (0.8%) aid categories. Participation among children decreased in the Families (-25.7%), Other (-10.6%), Blind/Disabled (-8.6%), Undocumented (-3.2%), and Foster Care (-2.7%) aid categories (Figure BP-3, Table BP-8).

Figure BP-3: Percent Change in FFS Medi-Cal Only Participation from Quarter 1, 2013, to Quarter 4, 2013, by Age Group and Aid Category

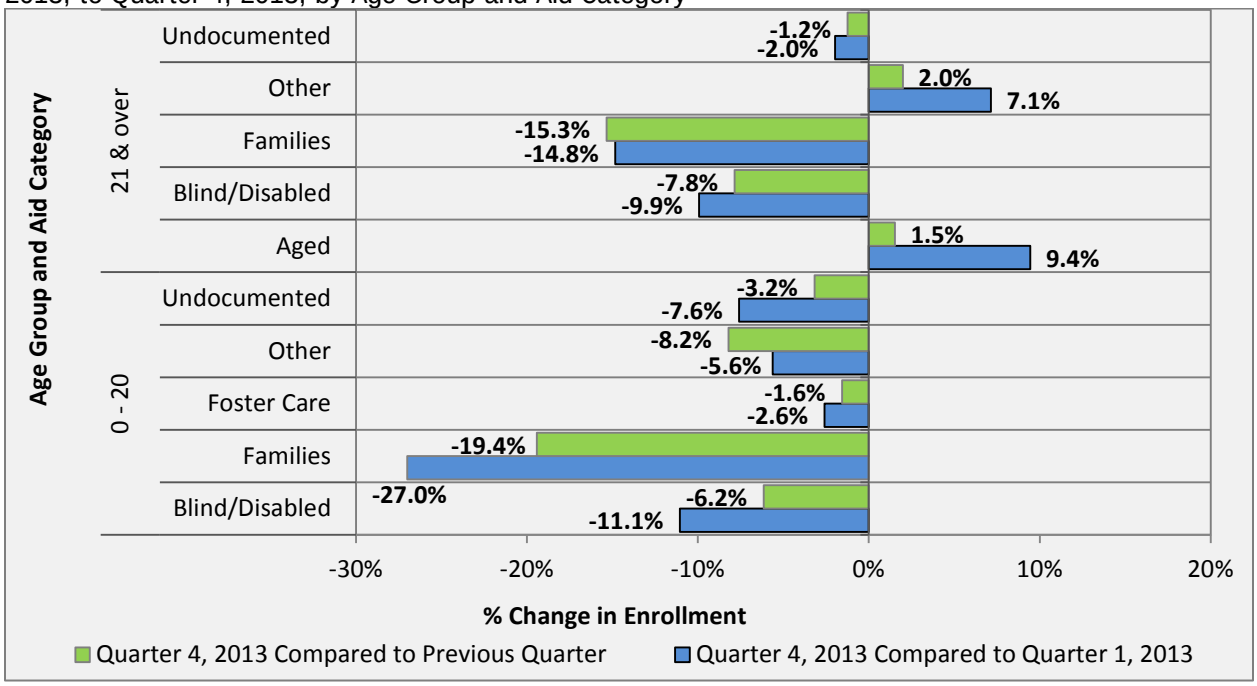


Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

FFS Medi-Cal Only Beneficiary Participation in Metropolitan Counties

From the first quarter to the fourth quarter of 2013, participation among beneficiaries residing in metropolitan areas decreased for children in the Families (-27.0%), Blind/Disabled (-11.1%), Undocumented (-7.6%), Other (-5.6%), and Foster Care (-2.6%) aid categories (Figure BP-4). Among adults, there were decreases in the Families (-14.8%), Blind/Disabled (-9.9%), and Undocumented (-2.0%) aid categories and increases in the Aged (9.4%) and Other (7.1%) aid categories (Figure BP-4, Table BP-9).

Figure BP-4: Percent Change in FFS Medi-Cal Only Participation in Metropolitan Areas from Quarter 1, 2013, to Quarter 4, 2013, by Age Group and Aid Category

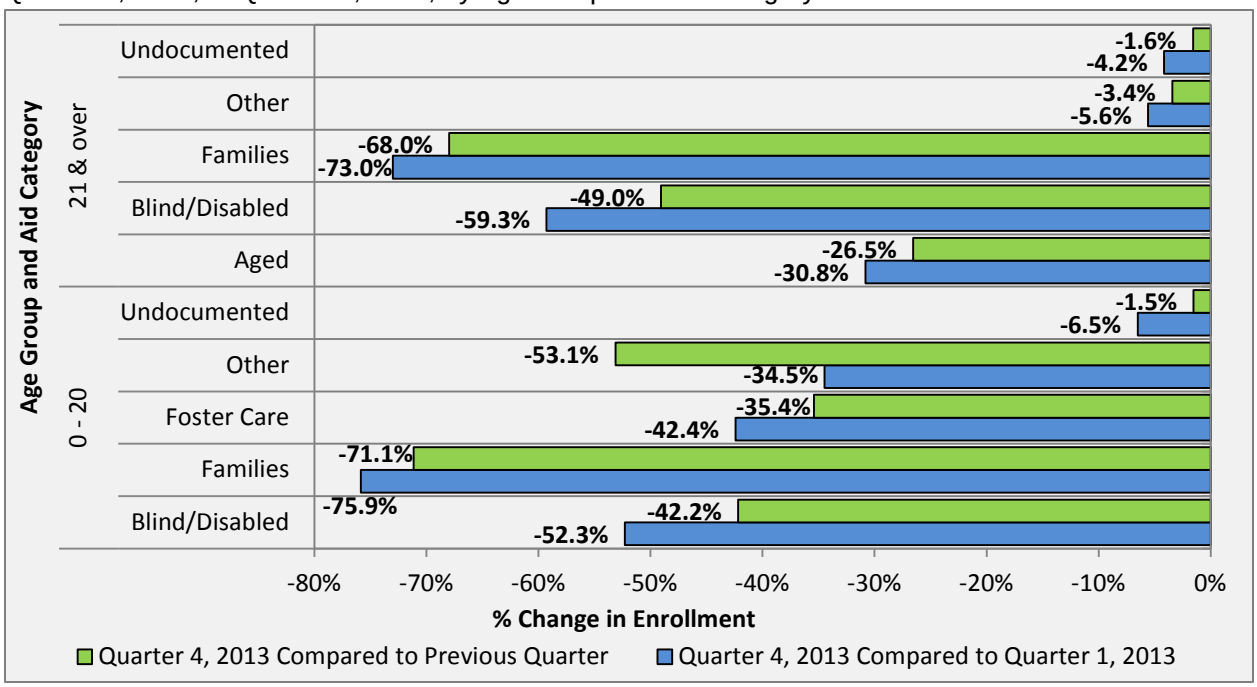


Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

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

From the first quarter to the fourth quarter of 2013, participation among beneficiaries residing in non-metropolitan areas decreased for children in all aid categories, including Families (-75.9%), Blind/Disabled (-52.3%), Foster Care (-42.4%), Other (-34.5%), and Undocumented (-6.5%). Adults also saw decreases in all aid categories, including Families (-73.0%), Blind/Disabled (-59.3%), Aged (-30.8%), Other (-5.6%), and Undocumented (-4.2%) (Figure BP-5, Table BP-10).

Figure BP-5: Percent Change in FFS Medi-Cal Only Participation in Non-Metropolitan Areas from Quarter 1, 2013, to Quarter 4, 2013, by Age Group and Aid Category

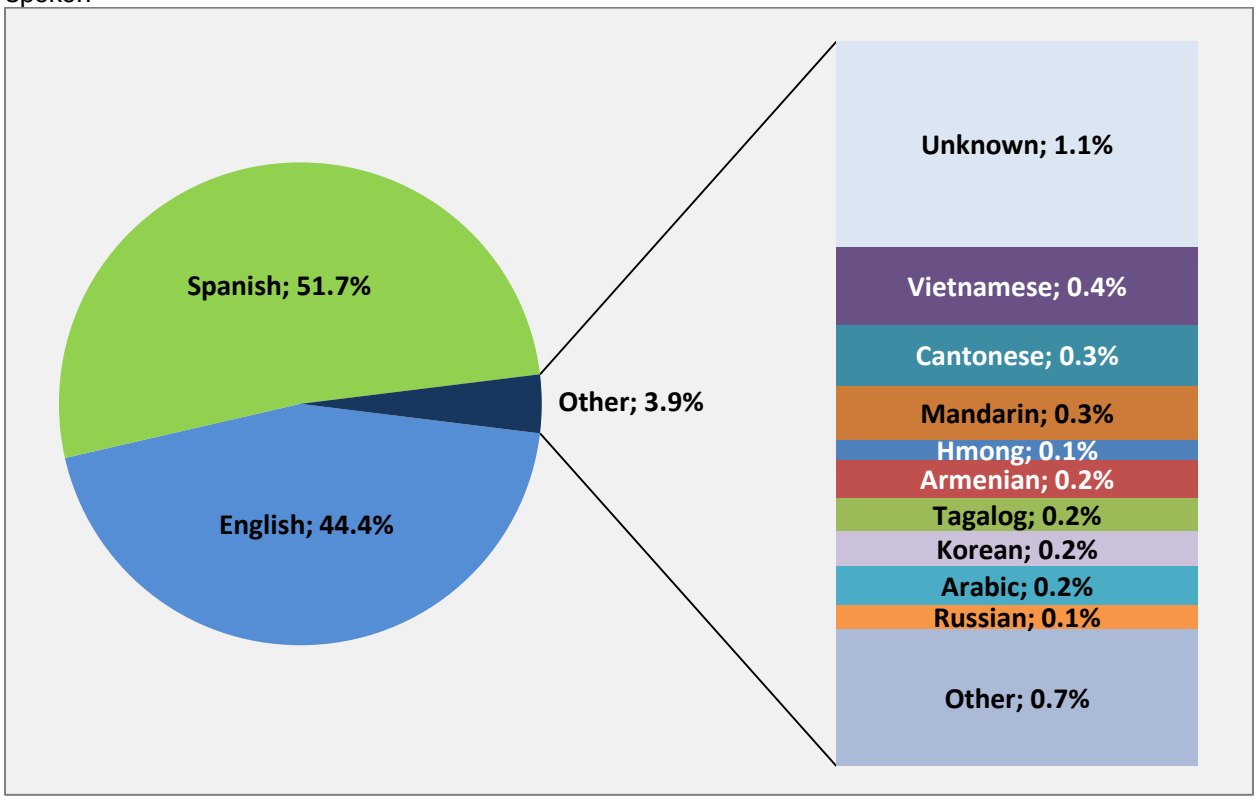


Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

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

Spanish was the primary language spoken by 51.7% of FFS Medi-Cal Only beneficiaries in December 2013. English was self-reported as the primary language spoken by 44.4% of beneficiaries. The remaining 3.9% of beneficiaries spoke a variety of primary languages, including Vietnamese (0.4%), Cantonese (0.3%), Mandarin (0.3%), Armenian (0.2%), Tagalog (0.2%), Korean (0.2%), Arabic (0.2%), Hmong (0.1%), and Russian (0.1%) (Figure BP-6).

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

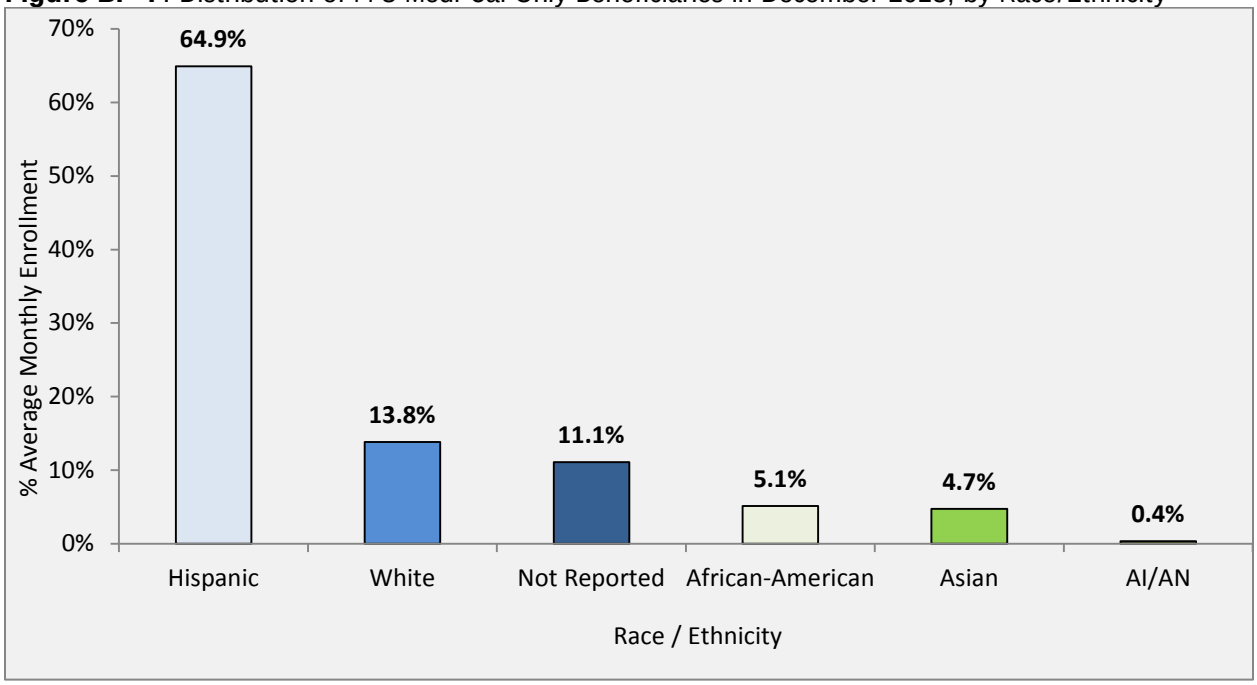


Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables for December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to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

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

Hispanics represented 64.9% of the total FFS Medi-Cal Only population in December 2013. Whites accounted for 13.8% of all FFS Medi-Cal Only beneficiaries, while African-American (5.1%), Asian (4.7%), and American Indian/Alaskan Native (AI/AN) (0.4%) beneficiaries represented a much smaller proportion of the overall population. An additional 11.1% 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 December 2013, by Race/Ethnicity

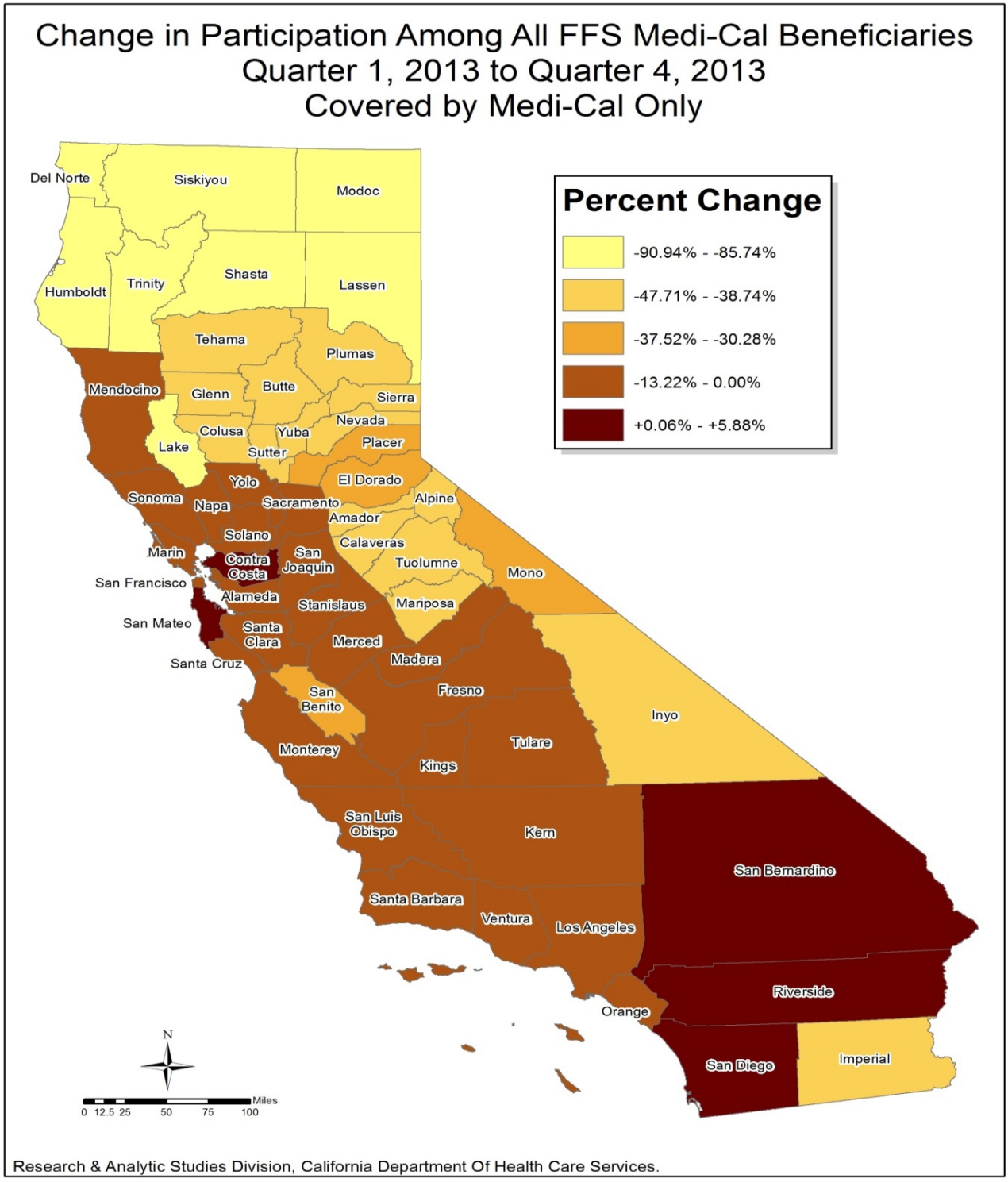


Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables for December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to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

Distribution of FFS Medi-Cal Only Beneficiaries, by County

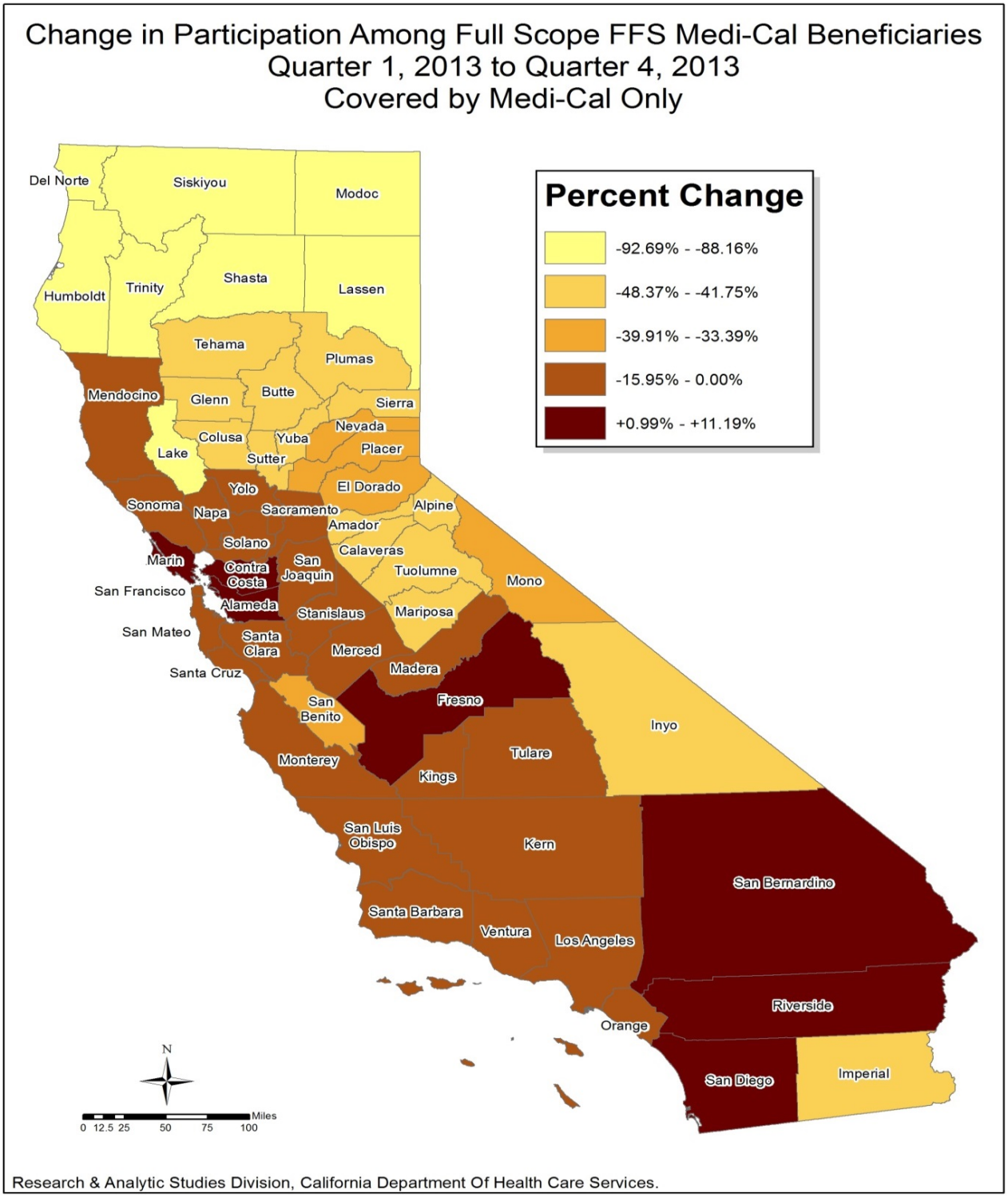
During the study period, analyses identified large variations in participation among FFS Medi-Cal Only beneficiaries by county. A vast majority of counties, 53 out of 58, saw decreases in FFS participation. The counties with the largest decreases in participation directly corresponded with the eight counties where a COHS was established in September 2013. For instance, Del Norte (-90.9%), Shasta (-88.5%), Siskiyou (-88.1%), Trinity (-87.8%), Humboldt (-87.7%), Lake (-86.8%), and Lassen (-85.8%) counties experienced the greatest decreases in participation. Counties where Regional/Other managed care models expanded in November 2013 experienced declines in participation ranging from -30.9% to -47.7%. Additionally, four counties experienced less than one percentage point change in either direction. Analyses of participation among full-scope beneficiaries showed similar decreases for the same counties (Figures BP-8 and BP-9, Table BP-2).

Figure BP-8: Comparison of FFS Medi-Cal Only Beneficiary Participation from Quarter 1, 2013 to Quarter 4, 2013, by County



Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Figure BP-9: Comparison of FFS Full-Scope Medi-Cal Only Beneficiary Participation from Quarter 1, 2013 to Quarter 4, 2013, by County



Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Conclusions

- FFS Medi-Cal Only beneficiaries are a culturally and ethnically diverse population. The majority of beneficiaries describe themselves as Hispanic, and about half list Spanish as their primary language.
- Overall, the number of FFS Medi-Cal Only beneficiaries entitled to full-scope benefits decreased 18.4% from the first quarter to the fourth quarter of 2013. Participation decreased 15.8% between the third quarter of 2013 and the fourth quarter of 2013, most likely due to the managed care COHS expansions in September 2013 and the regional managed care expansion in November 2013.
- Decreases in FFS participation among all Medi-Cal Only beneficiaries were seen in the Families, Blind/Disabled, and Undocumented aid categories. Additionally, decreases in participation occurred among children in all of the analyzed aid categories. The decrease in participation among beneficiaries in the Families and Blind/Disabled aid categories is likely due to the COHS expansions in September 2013 and the regional managed care expansion in November 2013.
- Increases in FFS participation among Medi-Cal Only adult beneficiaries were only seen for adults enrolled in the Other and Aged aid categories.
- Participation trends for Medi-Cal's FFS population were very different between metropolitan and non-metropolitan areas from the first quarter to the fourth quarter of 2013. In particular, while all beneficiaries in non-metropolitan areas exhibited decreases in participation, adults in metropolitan areas and in the Aged and Other aid categories experienced a slight increase in participation.
- A majority of counties (53) saw a decrease in FFS participation, with Del Norte County representing the greatest decrease. Five counties saw an increase in FFS participation. Four 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 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Alameda	51,843	52,779	51,279	51,808	-0.1%	1.0%
Alpine	153	152	161	80	-47.7%	-50.3%
Amador	3,623	3,693	3,800	2,139	-41.0%	-43.7%
Butte	41,210	42,143	42,464	23,807	-42.2%	-43.9%
Calaveras	5,624	5,747	5,718	3,150	-44.0%	-44.9%
Colusa	4,045	4,226	4,286	2,425	-40.0%	-43.4%
Contra Costa	33,843	33,057	33,490	35,832	5.9%	7.0%
Del Norte	6,426	6,469	4,550	582	-90.9%	-87.2%
El Dorado	15,768	16,186	16,386	9,852	-37.5%	-39.9%
Fresno	58,251	58,446	57,091	57,031	-2.1%	-0.1%
Glenn	6,362	6,559	6,659	3,694	-41.9%	-44.5%
Humboldt	21,780	22,651	16,363	2,673	-87.7%	-83.7%
Imperial	46,905	47,674	48,434	24,662	-47.4%	-49.1%
Inyo	2,862	3,027	3,000	1,652	-42.3%	-44.9%
Kern	59,189	60,851	58,250	57,025	-3.7%	-2.1%
Kings	7,827	7,814	7,357	7,167	-8.4%	-2.6%
Lake	13,964	14,376	10,435	1,841	-86.8%	-82.4%
Lassen	3,988	4,084	2,948	565	-85.8%	-80.8%
Los Angeles	583,243	564,586	567,056	547,975	-6.0%	-3.4%
Madera	12,217	11,861	11,340	11,402	-6.7%	0.5%
Marin	5,812	6,000	5,890	5,797	-0.3%	-1.6%
Mariposa	2,286	2,341	2,348	1,318	-42.3%	-43.9%
Mendocino	3,308	3,675	3,218	3,046	-7.9%	-5.3%
Merced	13,730	13,800	13,356	12,727	-7.3%	-4.7%
Modoc	1,543	1,598	1,136	220	-85.7%	-80.6%
Mono	1,329	1,443	1,487	918	-30.9%	-38.3%
Monterey	24,834	23,518	23,041	22,915	-7.7%	-0.5%
Napa	3,209	3,345	3,123	2,953	-8.0%	-5.4%
Nevada	9,332	9,767	10,073	5,717	-38.7%	-43.2%
Orange	86,604	85,523	85,777	84,299	-2.7%	-1.7%
Placer	25,297	26,172	26,689	16,076	-36.5%	-39.8%
Plumas	2,493	2,528	2,479	1,470	-41.0%	-40.7%
Riverside	92,676	95,419	94,671	92,914	0.3%	-1.9%

County	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Sacramento	55,446	55,653	55,170	52,585	-5.2%	-4.7%
San Benito	9,130	9,471	9,644	6,365	-30.3%	-34.0%
San Bernardino	115,013	117,159	115,662	115,079	0.1%	-0.5%
San Diego	98,988	102,241	100,681	100,124	1.1%	-0.6%
San Francisco	21,213	21,110	20,914	20,686	-2.5%	-1.1%
San Joaquin	38,313	36,346	34,697	33,765	-11.9%	-2.7%
San Luis Obispo	5,844	5,739	5,627	5,314	-9.1%	-5.6%
San Mateo	18,664	23,117	22,025	19,609	5.1%	-11.0%
Santa Barbara	19,230	18,108	18,094	18,318	-4.7%	1.2%
Santa Clara	63,641	62,632	60,327	59,304	-6.8%	-1.7%
Santa Cruz	8,301	7,855	7,608	7,813	-5.9%	2.7%
Shasta	32,132	32,997	23,459	3,698	-88.5%	-84.2%
Sierra	376	370	385	202	-46.3%	-47.5%
Siskiyou	8,709	8,924	6,369	1,034	-88.1%	-83.8%
Solano	10,409	9,724	9,840	9,651	-7.3%	-1.9%
Sonoma	11,823	11,533	11,155	11,020	-6.8%	-1.2%
Stanislaus	42,406	39,063	37,691	36,798	-13.2%	-2.4%
Sutter	19,961	20,891	21,142	11,837	-40.7%	-44.0%
Tehama	14,406	14,786	15,013	8,446	-41.4%	-43.7%
Trinity	2,124	2,156	1,553	259	-87.8%	-83.3%
Tulare	35,976	35,029	35,102	35,089	-2.5%	0.0%
Tuolumne	6,501	6,722	6,691	3,776	-41.9%	-43.6%
Ventura	26,117	26,929	24,755	23,929	-8.4%	-3.3%
Yolo	5,356	5,381	5,386	5,100	-4.8%	-5.3%
Yuba	17,304	17,676	17,773	10,142	-41.4%	-42.9%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-3: Average Monthly FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Alameda	31,528	32,753	31,525	32,297	2.4%	2.4%
Alpine	153	151	160	79	-48.4%	-50.6%
Amador	3,534	3,605	3,713	2,058	-41.8%	-44.6%
Butte	40,021	40,954	41,286	22,674	-43.3%	-45.1%
Calaveras	5,477	5,612	5,589	3,025	-44.8%	-45.9%
Colusa	3,644	3,841	3,922	2,068	-43.2%	-47.3%
Contra Costa	20,213	19,615	20,262	22,475	11.2%	10.9%
Del Norte	6,279	6,320	4,408	459	-92.7%	-89.6%
El Dorado	14,765	15,180	15,396	8,873	-39.9%	-42.4%
Fresno	29,537	30,176	29,713	30,118	2.0%	1.4%
Glenn	5,777	5,978	6,096	3,140	-45.6%	-48.5%
Humboldt	21,209	22,078	15,795	2,127	-90.0%	-86.5%
Imperial	46,009	46,805	47,573	23,818	-48.2%	-49.9%
Inyo	2,553	2,719	2,694	1,347	-47.2%	-50.0%
Kern	36,310	38,003	36,067	35,368	-2.6%	-1.9%
Kings	4,718	4,729	4,436	4,312	-8.6%	-2.8%
Lake	13,324	13,739	9,802	1,226	-90.8%	-87.5%
Lassen	3,867	3,966	2,839	458	-88.2%	-83.9%
Los Angeles	281,539	261,514	264,840	251,434	-10.7%	-5.1%
Madera	5,368	5,086	4,837	4,987	-7.1%	3.1%
Marin	1,368	1,553	1,469	1,395	2.0%	-5.0%
Mariposa	2,234	2,282	2,292	1,268	-43.2%	-44.7%
Mendocino	1,654	2,018	1,588	1,439	-13.0%	-9.4%
Merced	5,863	5,946	5,680	5,157	-12.0%	-9.2%
Modoc	1,471	1,531	1,074	163	-88.9%	-84.8%
Mono	1,116	1,231	1,288	699	-37.4%	-45.7%
Monterey	7,009	5,734	6,065	6,450	-8.0%	6.3%
Napa	1,475	1,658	1,478	1,360	-7.8%	-8.0%
Nevada	9,039	9,486	9,787	5,435	-39.9%	-44.5%
Orange	31,252	30,400	31,394	30,424	-2.6%	-3.1%
Placer	24,152	25,042	25,585	14,976	-38.0%	-41.5%
Plumas	2,436	2,473	2,426	1,419	-41.7%	-41.5%
Riverside	65,011	67,758	67,020	65,691	1.0%	-2.0%

County	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Sacramento	41,433	41,823	41,586	39,140	-5.5%	-5.9%
San Benito	8,053	8,383	8,605	5,364	-33.4%	-37.7%
San Bernardino	83,051	85,419	84,244	83,873	1.0%	-0.4%
San Diego	74,505	78,168	76,993	76,911	3.2%	-0.1%
San Francisco	12,053	12,047	11,888	11,779	-2.3%	-0.9%
San Joaquin	24,405	22,615	21,315	20,667	-15.3%	-3.0%
San Luis Obispo	3,106	3,055	3,016	2,759	-11.2%	-8.5%
San Mateo	6,936	10,733	9,273	6,774	-2.3%	-26.9%
Santa Barbara	6,900	5,786	6,050	6,341	-8.1%	4.8%
Santa Clara	30,221	29,614	27,984	27,637	-8.6%	-1.2%
Santa Cruz	3,554	3,167	3,088	3,335	-6.2%	8.0%
Shasta	31,732	32,608	23,080	3,313	-89.6%	-85.6%
Sierra	369	364	383	199	-46.1%	-48.0%
Siskiyou	8,546	8,766	6,217	867	-89.9%	-86.1%
Solano	5,722	5,102	5,404	5,415	-5.4%	0.2%
Sonoma	5,900	5,729	5,544	5,488	-7.0%	-1.0%
Stanislaus	32,193	28,967	27,865	27,058	-16.0%	-2.9%
Sutter	18,434	19,361	19,658	10,344	-43.9%	-47.4%
Tehama	13,520	13,922	14,163	7,604	-43.8%	-46.3%
Trinity	2,109	2,142	1,537	246	-88.3%	-84.0%
Tulare	17,237	16,349	16,739	17,011	-1.3%	1.6%
Tuolumne	6,443	6,661	6,627	3,707	-42.5%	-44.1%
Ventura	11,868	12,831	11,482	10,990	-7.4%	-4.3%
Yolo	3,363	3,441	3,487	3,221	-4.2%	-7.6%
Yuba	16,324	16,742	16,878	9,281	-43.1%	-45.0%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the 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 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Alameda	18,053	18,845	17,517	18,152	0.5%	3.6%
Alpine	84	83	93	41	-51.2%	-55.9%
Amador	1,918	2,016	2,112	1,056	-44.9%	-50.0%
Butte	21,013	21,943	22,272	10,539	-49.8%	-52.7%
Calaveras	2,870	3,037	3,080	1,503	-47.6%	-51.2%
Colusa	2,462	2,698	2,798	1,371	-44.3%	-51.0%
Contra Costa	12,428	11,832	11,969	13,214	6.3%	10.4%
Del Norte	3,238	3,338	2,344	236	-92.7%	-89.9%
El Dorado	8,386	8,921	9,160	4,765	-43.2%	-48.0%
Fresno	17,992	18,840	18,185	17,950	-0.2%	-1.3%
Glenn	3,687	3,880	4,001	1,873	-49.2%	-53.2%
Humboldt	11,317	12,170	8,812	1,123	-90.1%	-87.3%
Imperial	26,431	27,361	28,062	3,319	-49.6%	-52.5%
Inyo	1,528	1,671	1,669	736	-51.8%	-55.9%
Kern	23,942	25,358	23,694	22,975	-4.0%	-3.0%
Kings	3,158	3,199	2,914	2,828	-10.4%	-3.0%
Lake	7,015	7,388	5,383	710	-89.9%	-86.8%
Lassen	2,072	2,176	1,572	263	-87.3%	-83.3%
Los Angeles	181,313	160,876	162,241	153,834	-15.2%	-5.2%
Madera	3,599	3,404	3,240	3,282	-8.8%	1.3%
Marin	929	1,115	988	953	2.6%	-3.5%
Mariposa	1,187	1,252	1,266	645	-45.7%	-49.1%
Mendocino	1,006	1,366	998	874	-13.1%	-12.4%
Merced	3,864	4,081	3,744	3,184	-17.6%	-15.0%
Modoc	779	843	596	98	-87.4%	-83.6%
Mono	771	878	924	459	-40.5%	-50.3%
Monterey	4,729	3,728	4,044	4,242	-10.3%	4.9%
Napa	955	1,143	960	844	-11.6%	-12.1%
Nevada	4,890	5,316	5,612	2,821	-42.3%	-49.7%
Orange	20,757	20,061	20,664	19,592	-5.6%	-5.2%
Placer	14,418	15,209	15,753	8,492	-41.1%	-46.1%
Plumas	1,307	1,361	1,348	719	-45.0%	-46.7%
Riverside	43,277	45,431	44,582	43,371	0.2%	-2.7%

County	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Sacramento	25,019	25,174	24,537	23,287	-6.9%	-5.1%
San Benito	5,194	5,546	5,753	3,411	-34.3%	-40.7%
San Bernardino	51,032	52,916	51,642	50,678	-0.7%	-1.9%
San Diego	48,021	51,364	50,030	49,774	3.7%	-0.5%
San Francisco	5,775	5,673	5,432	5,377	-6.9%	-1.0%
San Joaquin	15,620	14,605	13,384	12,733	-18.5%	-4.9%
San Luis Obispo	1,918	1,937	1,857	1,619	-15.6%	-12.8%
San Mateo	4,641	7,469	6,191	4,407	-5.0%	-28.8%
Santa Barbara	4,771	3,760	3,978	4,126	-13.5%	3.7%
Santa Clara	18,238	17,752	16,395	16,419	-10.0%	0.1%
Santa Cruz	2,180	1,873	1,787	1,860	-14.7%	4.1%
Shasta	16,714	17,672	12,698	1,826	-89.1%	-85.6%
Sierra	179	185	200	83	-53.6%	-58.5%
Siskiyou	4,484	4,677	3,382	551	-87.7%	-83.7%
Solano	3,594	2,991	3,213	3,173	-11.7%	-1.2%
Sonoma	3,868	3,784	3,572	3,420	-11.6%	-4.3%
Stanislaus	19,178	17,397	16,610	16,040	-16.4%	-3.4%
Sutter	11,117	11,919	12,246	5,813	-47.7%	-52.5%
Tehama	8,001	8,354	8,560	4,069	-49.1%	-52.5%
Trinity	1,064	1,095	798	139	-86.9%	-82.6%
Tulare	10,683	9,990	10,214	10,161	-4.9%	-0.5%
Tuolumne	3,353	3,565	3,590	1,783	-46.8%	-50.3%
Ventura	8,134	9,183	7,630	7,008	-13.8%	-8.2%
Yolo	2,224	2,340	2,319	2,060	-7.4%	-11.2%
Yuba	9,302	9,690	9,859	4,795	-48.5%	-51.4%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-5: Average Monthly FFS Medi-Cal Only Women Ages 18–64 from Quarter 1, 2013, to Quarter 4, 2013, by County

County	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Alameda	19,325	19,475	19,558	19,537	1.1%	-0.1%
Alpine	38	37	34	20	-47.4%	-41.2%
Amador	1,067	1,052	1,069	669	-37.3%	-37.4%
Butte	12,045	12,062	12,081	7,627	-36.7%	-36.9%
Calaveras	1,637	1,614	1,588	937	-42.8%	-41.0%
Colusa	995	961	945	659	-33.8%	-30.3%
Contra Costa	11,894	11,810	12,094	12,819	7.8%	6.0%
Del Norte	1,870	1,840	1,289	210	-88.8%	-83.7%
El Dorado	4,341	4,263	4,264	2,837	-34.6%	-33.5%
Fresno	21,773	21,500	21,513	21,663	-0.5%	0.7%
Glenn	1,642	1,643	1,632	1,093	-33.4%	-33.0%
Humboldt	6,289	6,268	4,518	979	-84.4%	-78.3%
Imperial	13,455	13,385	13,446	7,088	-47.3%	-47.3%
Inyo	786	799	780	506	-35.6%	-35.1%
Kern	19,503	19,696	19,350	19,069	-2.2%	-1.5%
Kings	2,520	2,508	2,450	2,368	-6.0%	-3.3%
Lake	4,077	4,095	2,943	581	-85.7%	-80.3%
Lassen	1,153	1,144	826	178	-84.6%	-78.5%
Los Angeles	223,841	225,425	226,953	220,642	-1.4%	-2.8%
Madera	4,602	4,519	4,372	4,388	-4.7%	0.4%
Marin	2,682	2,678	2,721	2,698	0.6%	-0.8%
Mariposa	654	653	648	387	-40.8%	-40.3%
Mendocino	1,227	1,241	1,180	1,162	-5.3%	-1.5%
Merced	5,274	5,224	5,237	5,238	-0.7%	0.0%
Modoc	452	443	317	63	-86.1%	-80.1%
Mono	328	334	326	257	-21.6%	-21.2%
Monterey	10,947	10,739	10,460	10,381	-5.2%	-0.8%
Napa	1,334	1,281	1,270	1,262	-5.4%	-0.6%
Nevada	2,741	2,752	2,766	1,727	-37.0%	-37.6%
Orange	39,451	39,306	39,339	39,048	-1.0%	-0.7%
Placer	6,637	6,679	6,646	4,358	-34.3%	-34.4%
Plumas	731	714	700	448	-38.7%	-36.0%
Riverside	30,070	30,455	30,723	30,486	1.4%	-0.8%
Sacramento	17,745	17,817	18,063	17,164	-3.3%	-5.0%
San Benito	2,465	2,456	2,449	1,768	-28.3%	-27.8%

County	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
San Bernardino	38,171	38,401	38,379	38,709	1.4%	0.9%
San Diego	32,376	32,289	32,411	32,140	-0.7%	-0.8%
San Francisco	8,331	8,236	8,304	8,197	-1.6%	-1.3%
San Joaquin	12,432	11,893	11,746	11,558	-7.0%	-1.6%
San Luis Obispo	2,261	2,201	2,218	2,188	-3.2%	-1.4%
San Mateo	7,549	8,401	8,531	8,139	7.8%	-4.6%
Santa Barbara	8,503	8,492	8,419	8,497	-0.1%	0.9%
Santa Clara	25,023	24,759	24,116	23,655	-5.5%	-1.9%
Santa Cruz	3,713	3,622	3,558	3,628	-2.3%	2.0%
Shasta	9,348	9,318	6,560	1,178	-87.4%	-82.0%
Sierra	116	110	110	71	-38.8%	-35.5%
Siskiyou	2,521	2,544	1,794	298	-88.2%	-83.4%
Solano	3,915	3,891	3,898	3,846	-1.8%	-1.3%
Sonoma	4,849	4,722	4,643	4,664	-3.8%	0.5%
Stanislaus	13,210	12,263	12,022	11,795	-10.7%	-1.9%
Sutter	5,133	5,209	5,205	3,358	-34.6%	-35.5%
Tehama	3,862	3,901	3,933	2,582	-33.1%	-34.4%
Trinity	624	625	445	78	-87.5%	-82.5%
Tulare	13,449	13,418	13,441	13,468	0.1%	0.2%
Tuolumne	1,952	1,962	1,947	1,199	-38.6%	-38.4%
Ventura	10,551	10,461	10,169	10,126	-4.0%	-0.4%
Yolo	1,853	1,791	1,858	1,838	-0.8%	-1.1%
Yuba	4,776	4,777	4,746	3,095	-35.2%	-34.8%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-6: Average Monthly FFS Full-Scope Medi-Cal Only Beneficiaries from Quarter 1, 2013, to Quarter 4, 2013, by Gender and Age Group

Gender	Age Group	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Female	0 to 17	357,924	355,970	344,785	286,511	-20.0%	-16.9%
Female	18 to 64	294,413	294,586	291,310	248,235	-15.7%	-14.8%
Female	65 or Older	7,714	8,111	8,088	8,107	5.1%	0.2%
Male	0 to 17	377,757	375,762	363,690	304,166	-19.5%	-16.4%
Male	18 to 64	155,013	153,893	147,931	125,030	-19.3%	-15.5%
Male	65 or Older	5,060	5,413	5,403	5,498	8.7%	1.8%
All	0 to 17	735,681	731,732	708,475	590,677	-19.7%	-16.6%
All	18 to 64	449,426	448,479	439,241	373,265	-16.9%	-15.0%
All	65 or Older	12,774	13,524	13,491	13,605	6.5%	0.8%
Total		1,197,881	1,193,735	1,161,207	977,547	-18.4%	-15.8%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-7: Average Monthly FFS Restricted-Scope Medi-Cal Only Beneficiaries from Quarter 1, 2013, to Quarter 4, 2013, by Gender and Age Group

Gender	Age Group	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
Female	0 to 17	54,350	52,999	51,425	49,671	-8.6%	-3.4%
Female	18 to 64	395,698	395,569	391,695	386,389	-2.4%	-1.4%
Female	65 or Older	11,091	11,163	11,269	11,329	2.1%	0.5%
Male	0 to 17	56,118	54,868	53,278	51,329	-8.5%	-3.7%
Male	18 to 64	218,174	219,068	216,380	213,498	-2.1%	-1.3%
Male	65 or Older	5,645	5,718	5,864	5,912	4.7%	0.8%
All	0 to 17	110,468	107,867	104,703	101,000	-8.6%	-3.5%
All	18 to 64	613,872	614,637	608,075	599,887	-2.3%	-1.3%
All	65 or Older	16,736	16,881	17,133	17,241	3.0%	0.6%
Total		741,076	739,385	729,911	718,128	-3.1%	-1.6%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-8: Average Monthly FFS Medi-Cal Only Beneficiaries from Quarter 1, 2013, to Quarter 4, 2013, by Age Group and Aid Category

Age Group	Aid Category	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
0 to 20	Blind/Disabled	36,855	36,136	34,577	31,592	-14.3%	-8.6%
0 to 20	Families	397,567	366,813	356,526	264,752	-33.4%	-25.7%
0 to 20	Foster Care	98,073	97,892	96,707	94,124	-4.0%	-2.7%
0 to 20	Other	286,775	313,222	299,078	267,369	-6.8%	-10.6%
0 to 20	Undocumented	145,527	142,688	138,889	134,496	-7.6%	-3.2%
	Aged	10,194	10,925	10,949	11,039	8.3%	0.8%
	Blind/Disabled	96,249	96,799	91,235	78,821	-18.1%	-13.6%
21+	Families	210,256	209,062	207,124	163,411	-22.3%	-21.1%
	Other	61,764	62,729	64,763	65,962	6.8%	1.9%
	Undocumented	595,550	596,696	591,023	583,632	-2.0%	-1.3%
Total		1,938,810	1,932,962	1,890,871	1,695,198	-12.6%	-10.3%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Table BP-9: Average Monthly FFS Medi-Cal Only Beneficiaries in Metropolitan Areas from Quarter 1, 2013, to Quarter 4, 2013, by Age Group and Aid Category

Age Group	Aid Category	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
0 to 20	Blind/Disabled	33,969	33,274	32,195	30,215	-11.1%	-6.2%
0 to 20	Families	345,476	315,517	312,950	252,179	-27.0%	-19.4%
0 to 20	Foster Care	94,524	94,193	93,544	92,080	-2.6%	-1.6%
0 to 20	Other	275,394	296,858	283,168	259,912	-5.6%	-8.2%
0 to 20	Undocumented	143,947	141,150	137,389	133,019	-7.6%	-3.2%
	Aged	9,902	10,622	10,674	10,837	9.4%	1.5%
	Blind/Disabled	80,293	80,904	78,481	72,323	-9.9%	-7.8%
21+	Families	183,360	182,267	184,452	156,146	-14.8%	-15.3%
	Other	60,065	61,065	63,102	64,358	7.1%	2.0%
	Undocumented	590,649	591,827	586,252	578,935	-2.0%	-1.2%
Total		1,817,579	1,807,677	1,782,207	1,650,004	-9.2%	-7.4%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the 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 1, 2013, to Quarter 4, 2013, by Age Group and Aid Category

Age Group	Aid Category	Q1 2013 Average Member Months	Q2 2013 Average Member Months	Q3 2013 Average Member Months	Q4 2013 Average Member Months	% Change from Q4 2013 to Q1 2013	% Change from Previous Quarter
0 to 20	Blind/Disabled	2,886	2,862	2,381	1,377	-52.3%	-42.2%
	Families	52,091	51,296	43,575	12,573	-75.9%	-71.1%
	Foster Care	3,549	3,699	3,164	2,044	-42.4%	-35.4%
	Other	11,380	16,364	15,910	7,457	-34.5%	-53.1%
	Undocumented	1,580	1,538	1,500	1,477	-6.5%	-1.5%
21+	Aged	292	303	275	202	-30.8%	-26.5%
	Blind/Disabled	15,955	15,896	12,753	6,498	-59.3%	-49.0%
	Families	26,895	26,795	22,671	7,265	-73.0%	-68.0%
	Other	1,699	1,664	1,661	1,604	-5.6%	-3.4%
	Undocumented	4,901	4,869	4,772	4,697	-4.2%	-1.6%
Total		121,228	125,286	108,662	45,194	-62.7%	-58.4%

Source: Created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) eligibility tables with dates of eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

Appendix B — Medi-Cal Aid Codes

Medi-Cal beneficiaries are assigned aid codes 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. More than 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 Families 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 Families 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

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

Aid Category	Aid Codes
Aged	10, 14, 16, 17, 18, 1D, 1E, 1H, 1X, 1Y
Blind/Disabled	20, 24, 26, 27, 28, 2D, 2E, 2H, 6A, 36, 60, 64, 66, 67, 68, 6C, 6D, 6E, 6H, 6N, 6P, 6S, 6V, 6W, 6X, 6Y, 8G
Families	30, 32, 33, 34, 35, 37, 38, 39, 54, 59, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 5X, 6R, 7J, K1
Foster Care	03, 04, 06, 07, 40, 42, 43, 45, 46, 49, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4W, 5K
Other	01, 02, 08, 13, 23, 44, 47, 51, 52, 53, 56, 57, 63, 65, 71, 72, 73, 76, 77, 78, 79, 81, 82, 83, 86, 87, 0A, 0L, 0M, 0N, 0P, 0R, 0T, 0U, 0V, 0W, 0X, 0Y, 2A, 2V, 4V, 5C, 5D, 5E, 5V, 6G, 6J, 7A, 7F, 7G, 7H, 7M, 7N, 7P, 7R, 7T, 7V, 8E, 8P, 8R, 8U, 8V, 8W, 8X, F1, F2, F3, F4, G0, G1, G2, G3, G4, G5, G6, G7, G8, H1, H2, H3, H4, H5, M0, M1, M2, M3, M4, M5, M6, M7, M8, M9, N5, N6, N7, N8, R1
Undocumented	48, 55, 58, 69, 70, 74, 75, 1U, 3T, 3V, 5F, 5G, 5H, 5J, 5M, 5N, 5R, 5T, 5W, 5Y, 6U, 7C, 7K, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9

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

Aid Category	Adults (21+ years)		Aid Category	Children (0–21 years)
Aged (65+ years)	Essential hypertension Diabetes mellitus with and without complication Disorders of lipid metabolism Lower respiratory diseases Chest pain Deficiency and other anemia Cardiac dysrhythmias		**Foster Care**	Upper respiratory infections Blindness and vision defects Attention-deficit conduct and disruptive behavior Medical exams and evaluations Asthma Developmental disorders
Blind/ Disabled	Essential hypertension Spondylosis; intervertebral disc disorders; other back problems Diabetes mellitus without complications Lower respiratory diseases Non traumatic joint disease Abdominal pain		**Blind/ Disabled**	Rehabilitative care; fitting of prostheses Developmental disorders Paralysis Upper respiratory infections Other congenital anomalies Nutrition, endocrine, and other metabolic disorders Epilepsy
Families	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		**Families**	Upper and lower respiratory infections Otitis media and related conditions Acute bronchitis Blindness and vision defects Live born infant care Disorders of the teeth and jaw
Other	Pregnancy-related conditions Medical exams, evaluations, and screening for suspected conditions Breast cancer Contraception and procreative management Diabetes Essential hypertension		**Other**	Upper and lower respiratory infections Live born infant care Hemolytic and perinatal jaundice Other perinatal conditions Otitis media and related conditions Normal pregnancy and delivery Nutritional, endocrine, and metabolic disorders
Undoc-umented	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		**Undoc-umented**	Live born infant care Normal pregnancy and delivery Hemolytic and perinatal jaundice Other perinatal conditions Complications of pregnancy and birth Abdominal pain

References

[i] Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission. (2011, March). *Report to the Congress on Medicaid and CHIP*. Retrieved from http://www.macpac.gov/reports on 12/13/2013.

[ii] Andersen, R., Aday, L.A. (Fall 1974). A Framework for the Study of Access to Medical Care. *Health Services Research, Vol. 9* (Issue 3): 208-220.

[iii] Andersen and Aday. (Fall 1974)

[iv] Andersen and Aday. (Fall 1974)

[v] Andersen and Aday. (Fall 1974)

[vi] Percentage generated by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System (MIS/DSS) eligibility tables for December 2013. Data were extracted from the MIS/DSS four months after the corresponding time period to allow for updates to enrollment.

[vii] Ku, L., MacTaggart, P., Pervez, F., Rosenbaum, S. (2009, July). *Improving Medicaid's Continuity of Coverage and Quality of Care*. Association for Community Affiliated Plans: Washington, D.C. Retrieved from http://www.communityplans.net/Portals/0/ACAP%20Docs/Improving%20Medicaid%20Final%20070209.pdf on 12/13/2013.

[viii] Births: Final Data for 2012. National Vital Statistics Reports, Vol. 62 (Issue 9). (2013). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf on 08/14/2014.

Medi-Cal Fee-for-Service

Access to Care

Quarterly Monitoring Report #9

2013 Quarter 4

Beneficiary Feedback

February 2015

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 12,306 calls in the current study period, compared with 10,633 calls in the last study period.
- Enrollment/Continuity of Care and Miscellaneous call categories comprised 89.2% of calls.
- Among calls regarding Enrollment/Continuity of Care and Provider/Availability matters, 87.5% were received from beneficiaries in the Families, Blind/Disabled, and Other aid categories.
- The increase in call volume from January 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 may be a result of the establishment of a County Organized Health System in eight counties during September 2013. Additionally, the increase in calls received during December 2013 may be due to the expansion of Regional/Other managed care models into 20 counties in November 2013.

Introduction

Help lines provide needed assistance to Fee-for-Service (FFS) Medi-Cal beneficiaries experiencing difficulties navigating the health care system and assist the California Department of Health Care Services (DHCS) in ensuring health care access. While several administrative data sources can be used to monitor Medi-Cal participation and utilization, help lines provide DHCS with information regarding beneficiaries' experiences, including difficulties enrolling in the program, finding a provider, and receiving referrals to specialists. This type of feedback enables DHCS to identify potential factors impeding beneficiaries' use of services.

The following two help lines are available to FFS Medi-Cal beneficiaries: DHCS' Medi-Cal Member and Provider Helpline and the Medi-Cal Managed Care Office of the Ombudsman call center. DHCS' Medi-Cal Member and Provider Helpline serves as a direct source of information for providers, beneficiaries, and prospective enrollees. Data and information generated from this help line will be incorporated into this measure once they become available. Although it is primarily focused on assisting Medi-Cal managed care beneficiaries, the Medi-Cal Managed Care Office of the Ombudsman call center provides FFS Medi-Cal beneficiaries with general program information. Until data from DHCS' help line becomes available, this report will present data from the Medi-Cal Managed Care Office of the Ombudsman call center.

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. Court injunctions 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;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs); and
- Breast and Cervical Cancer Treatment Program services.[1,2,3]

Medi-Cal Enrollment Transitions

Expansion of Medi-Cal Managed Care – Several subpopulations transitioned from the Fee-for-Service (FFS) health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries enrolled into a Medi-Cal managed care plan in September 2013 due to the establishment of a County Organized Health System (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. Another 165,780 FFS Medi-Cal beneficiaries enrolled into managed care plans in November 2013 due to the establishment of managed care in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne and Yuba counties (Table BF-1).

Table BF-1: FFS Medi-Cal Only Beneficiaries Transitioned to Medi-Cal Managed Care in September and November 2013

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
COHS	September 2013	Del Norte	5,837
COHS	September 2013	Humboldt	19,913
COHS	September 2013	Lake	12,749
COHS	September 2013	Lassen	3,507
COHS	September 2013	Modoc	1,376
COHS	September 2013	Shasta	28,430
COHS	September 2013	Siskiyou	7,736
COHS	September 2013	Trinity	1,940
			Subtotal = 81,488

[1] California Assembly Bill 97, (2011).
[2] California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf
[3] California Department of Health Care Services, State Plan Amendment, SPA 11-009.

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
Regional/Other	November 2013	Alpine	106
Regional/Other	November 2013	Amador	2,522
Regional/Other	November 2013	Butte	28,365
Regional/Other	November 2013	Calaveras	3,817
Regional/Other	November 2013	Colusa	2,820
Regional/Other	November 2013	El Dorado	10,621
Regional/Other	November 2013	Glenn	4,514
Regional/Other	November 2013	Imperial	36,927
Regional/Other	November 2013	Inyo	1,977
Regional/Other	November 2013	Mariposa	1,669
Regional/Other	November 2013	Mono	945
Regional/Other	November 2013	Nevada	6,764
Regional/Other	November 2013	Placer	16,815
Regional/Other	November 2013	Plumas	1,622
Regional/Other	November 2013	San Benito	5,401
Regional/Other	November 2013	Sierra	257
Regional/Other	November 2013	Sutter	14,372
Regional/Other	November 2013	Tehama	10,372
Regional/Other	November 2013	Tuolumne	4,519
Regional/Other	November 2013	Yuba	11,375
			Subtotal = 165,780
			Total = 247,268

Source: Created by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for December 2013. Data were extracted from MIS/DSS four months after the 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 care delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility through FFS are classified under the Other aid category in this report. FFS 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

As data from the Department's help line has yet to become available, this report 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 12,306 calls from FFS beneficiaries from the first quarter to the fourth 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 (Families, Blind/Disabled, Aged, Foster Care, Undocumented, and Other), and reason for call.

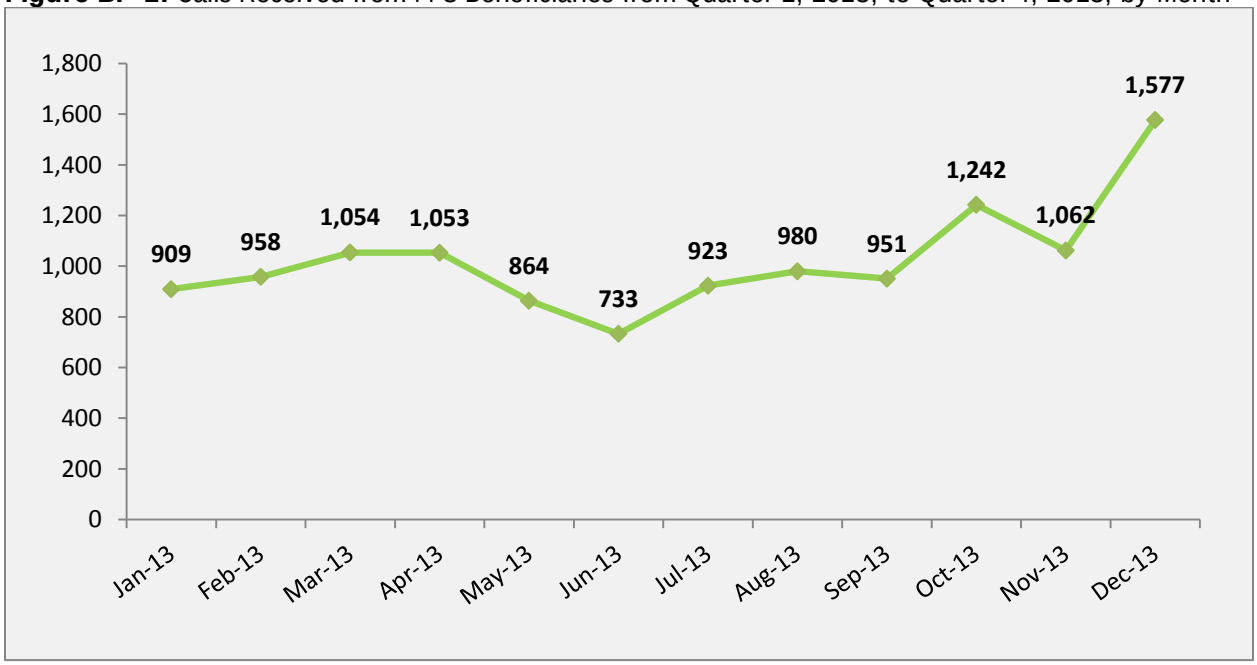
Limitations

As the contact information 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 January 2013 and December 2013, the Office of the Ombudsman call center documented a total of 12,306 calls received from FFS Medi-Cal beneficiaries. FFS call volume was noticeably higher for this period than the previous reporting period (10,633 calls for October 2012 to September 2013). Call volume gradually increased from January to March, decreased from April to June, and then increased again until August. After September, call volume sharply increased overall, especially in October and December. The increase from June to October, and especially the notable increase from September to October, can likely be attributed to the expansion of Medi-Cal managed care to 28 counties, as well as the final phases of the HFP transition (Figure BF-1). The jump from November to December was likely due to the inaugural open enrollment period for the Medi-Cal expansion component of the Patient Protection and Affordable Care Act (ACA) of 2010.

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



Source: DHCS Research and Analytic Studies Division analyzed FFS calls received from January 2013–December 2013 by the Medi-Cal Managed Care Division's Office of the Ombudsman call center.

Call Volume, by Quarter

Call volume increased 35.9% from the third quarter to the fourth quarter of 2013, and reached its highest level during December 2013. Call volume decreased 9.3% during the second quarter of 2013 and then increased 7.6% during the third quarter of 2013 (Table BF-2).

Table BF-2: Number of Calls Received from FFS Beneficiaries from Quarter 1, 2013 to Quarter 4, 2013, by Quarter

Quarter	Total Calls per Quarter	% Change from Previous Quarter
Jan.–March 2013	2,921	32.2%
April–June 2013	2,650	-9.3%
July–Sept. 2013	2,854	7.6%
Oct.–Dec. 2013	3,881	35.9%

Source: DHCS Research and Analytic Studies Division analyzed FFS calls received January 2013–December 2013 by the Medi-Cal Managed Care Division's Office of the Ombudsman call center.

Modified Call Categories

To help monitor whether managed care health plans are operating in line with their contractual obligations, the Office of 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 enable 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 in order 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

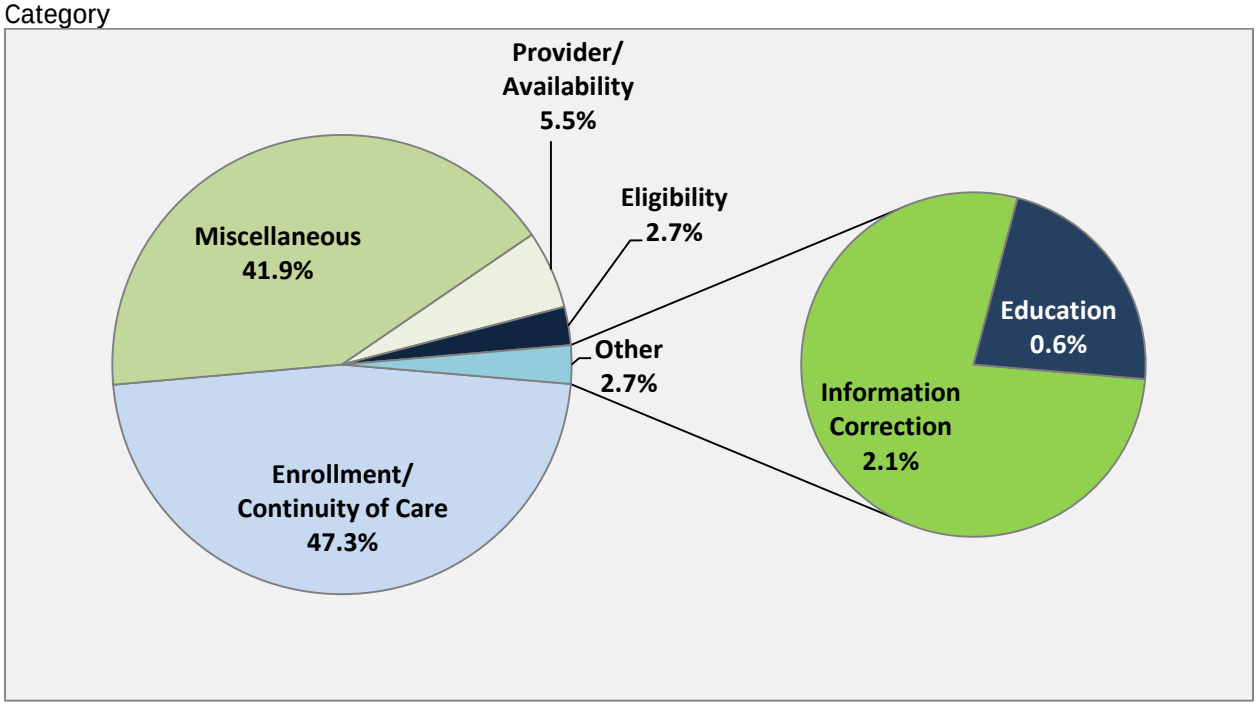
Call Category	Reason for Call
Enrollment/ Continuity of Care	• Seeking information about new enrollment into plan • Wanting to change plans or disenroll from managed care • Seeking medical exemptions • Emergency plan disenrollment requests • Pregnancy or other qualifying conditions • Enrollment issues for specific beneficiary groups such as Seniors and Persons with Disabilities and foster care • Issues with mandatory enrollment • Change or default into other managed care plan • Issues regarding dental plan enrollment
Provider/ Availability Issues	• Termination of Medi-Cal eligibility • 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
Information Correction	• Need to correct beneficiary information (e.g., aid code, county code, address) • Need to fix provider billing issues
Education	• Seeking information about Medi-Cal program (e.g., Adult Day Health Center, Healthy Families) • Seeking information regarding notice of action
Eligibility	• Beneficiary has share of cost or restricted aid code • Beneficiary resides in a restricted or carved-out zip code
Miscellaneous	• 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 represent the call codes used by the Medi-Cal Managed Care Division's Office of the Ombudsman.

Distribution of Calls, by Call Category

Enrollment/Continuity of Care represented 47.3% of calls, while another 41.9% of calls were categorized as Miscellaneous. The remaining 10.9% of calls pertained to Provider/Availability, Information Correction, Education, and Eligibility issues (Figure BF-2).

Figure BF-2: Calls Received from FFS Beneficiaries from Quarter 1, 2013, to Quarter 4, 2013, by Call Category



Source: DHCS Research and Analytic Studies Division analyzed FFS calls received from January 2013–December 2013 by the Medi-Cal Managed Care Division's Office of the Ombudsman call center.

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.

Distribution of Calls, by Aid Category

The Medi-Cal aid codes reported by FFS beneficiary callers were collapsed into six aid code categories. Table BF-4 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.

Of the total calls received, 5,816 were categorized as Enrollment/Continuity of Care, and 678 as Provider/Availability. 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 Families aid category, followed by beneficiaries in the Blind/Disabled and Other aid categories.

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 Quarter 1, 2013, to Quarter 4, 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	2,866	49.3%	237	35.0%
Blind/Disabled	1,187	20.4%	116	17.1%
Other	1,037	17.8%	236	34.8%
Aged	414	7.1%	48	7.1%
Foster Care	291	5.0%	7	1.0%
Undocumented	21	0.4%	34	5.0%
Total	**5,816**	**100%**	**678**	**100%**

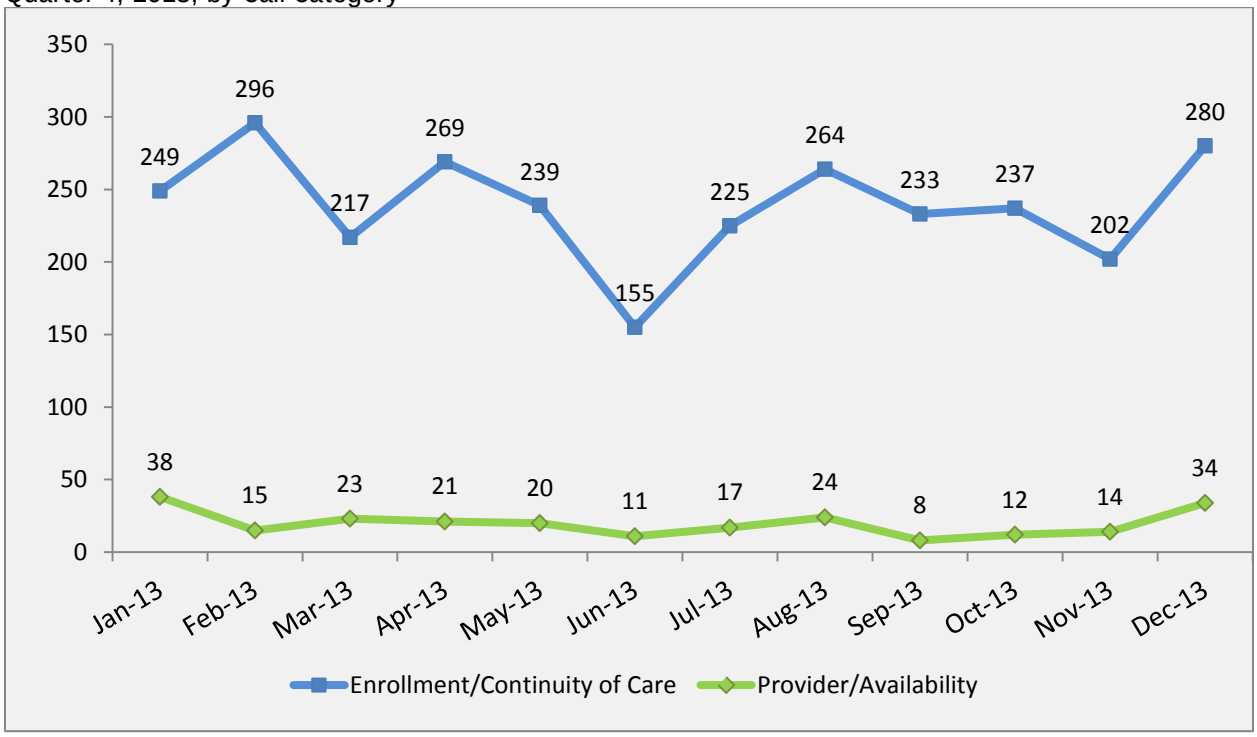
Source: DHCS Research and Analytic Studies Division analyzed FFS calls received from January 2013–December 2013 by the Medi-Cal Managed Care Division's Office of the Ombudsman call center.

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 Beneficiaries in Families Aid Codes, by Call Category

Among FFS beneficiaries enrolled under Families aid codes, there were numerous fluctuations in the number of calls pertaining to Enrollment/Continuity of Care issues throughout the reporting period. There was a sharp increase (70.3%) from June to August of 2013. Additionally, calls pertaining to Provider/Availability issues were less frequent but stable (Figure BF-3).

Figure BF-3: Monthly Call Volume from Beneficiaries in Families Aid Codes from Quarter 1, 2013, to Quarter 4, 2013, by Call Category

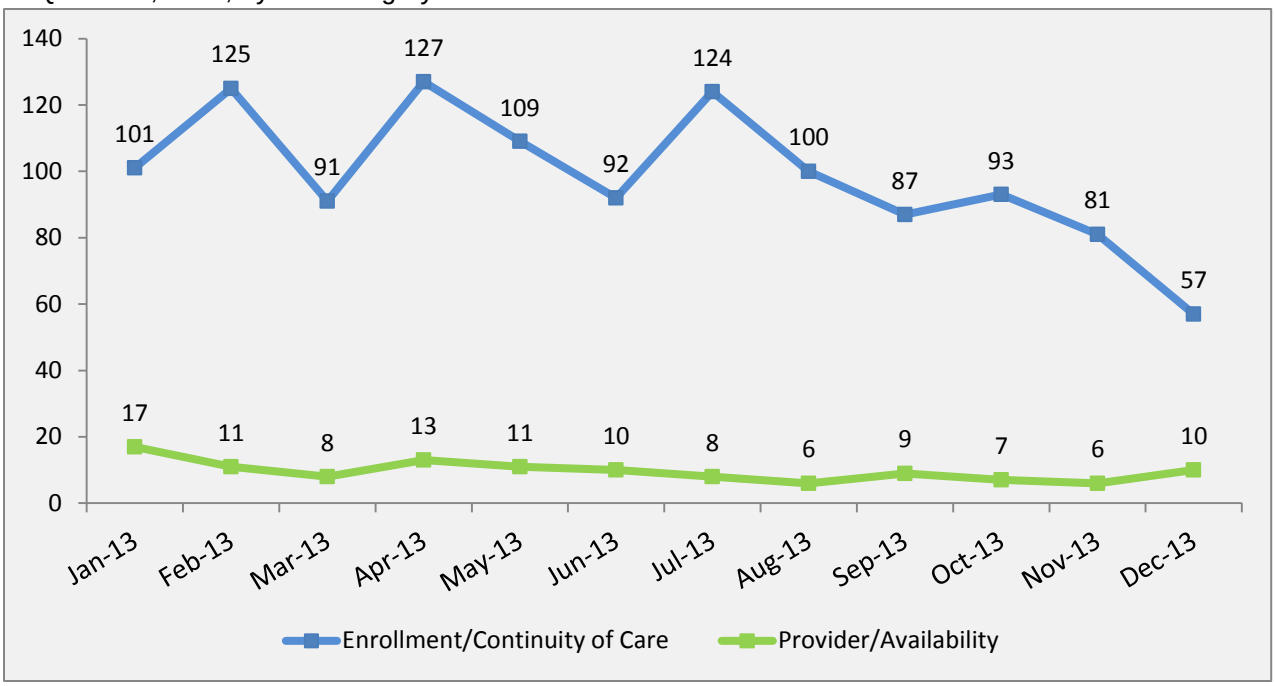


Source: DHCS Research and Analytic Studies Division analyzed FFS calls received from January 2013-December 2013 by the Medi-Cal Managed Care Division's Office of the Ombudsman call center.

Distribution of Calls from Beneficiaries in Blind/Disabled Aid Codes, by Call Category

Among beneficiaries enrolled under Blind/Disabled aid codes, the number of calls pertaining to Enrollment/Continuity of Care matters fluctuated before decreasing 54.0% over the last two quarters of the study period. Additionally, calls pertaining to Provider/Availability issues were infrequent and primarily stable (Figure BF-4).

Figure BF-4: Monthly Call Volume from Beneficiaries in Blind/Disabled Aid Codes from Quarter 1, 2013, to Quarter 4, 2013, by Call Category



Source: DHCS Research and Analytic Studies Division analyzed FFS calls received from January 2013–December 2013 by the Medi-Cal Managed Care Division's Office of the Ombudsman call center.

Reason for Call

To further investigate calls received from FFS beneficiaries, the top reasons for calls under each call category were identified. Among beneficiaries enrolled under Families aid codes, 88.5% of calls categorized as Enrollment/Continuity of Care pertained to requests for new enrollment. Another 3.5% of Enrollment/Continuity of Care calls were regarding Foster Care disenrollment exemption requests (Table BF-5).

Additionally, nearly 88.6% of the calls categorized under Provider/Availability related to the termination of Medi-Cal eligibility. Approximately 5.5% were related to beneficiaries being billed for services. Another 1.7% concerned refusal of medications, and 0.8% pertained to delays or denials of referrals or appointments.

Table BF-5: Top Four Reasons for Calls from Beneficiaries in Families Aid Codes from Quarter 1, 2013 to Quarter 4, 2013

Reason for Call	# of Calls	% of All Calls in Category*
Enrollment/Continuity of Care (n=2,866)		
Requesting New Enrollment into Plan	2,536	88.5%
Foster Care/Adoption Disenrollment Exemption Request	100	3.5%
Wants to Disenroll from Plan and Enroll in FFS	49	1.7%
Hold on Plan	31	1.1%
Provider/Availability (n=237)		
Medi-Cal Eligibility Terminated	210	88.6%
Beneficiary Being Billed	13	5.5%
Refusal of Medications	4	1.7%
Delay/Denial of Referrals or Appointments	2	0.8%

Source: DHCS Research and Analytic Studies Division analyzed FFS calls received from January 2013–December 2013 by the Medi-Cal Managed Care Division's Office of the Ombudsman call center.

* 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 enrolled under Blind/Disabled aid codes, 62.5% of the calls categorized as Enrollment/Continuity of Care involved callers requesting new enrollment. Approximately 12.0% concerned medical exemption requests or emergency disenrollment exemption requests, while 9.8% related to requests to disenroll from managed care plans and become an FFS participant, and 3.0% of calls pertained to long-term care emergency disenrollment requests (Table BF-6).

Additionally, of the calls categorized under Provider/Availability, 62.9% involved termination of Medi-Cal eligibility, 12.1% pertained to refusal of medication, 8.6% were from beneficiaries who were erroneously billed for services, and 2.6% were regarding denials of Durable Medical Equipment.

Table BF-6: Top Four Reasons for Calls from Beneficiaries in Blind/Disabled Aid Codes from Quarter 1, 2013, to Quarter 4, 2013, by Call Category

Reason for Call	# of Calls	% of All Calls in Category*
Enrollment/Continuity of Care (n=1,187)		
Requesting New Enrollment into Plan	742	62.5%
Status Checks on Medical Exemptions and Emergency Disenrollments	143	12.0%
Wants to Disenroll from Plan and Enroll in FFS	116	9.8%
Long-Term Care Issues— Emergency Disenrollment Request	36	3.0%
Provider/Availability (n=116)		
Medi-Cal Eligibility Terminated	73	62.9%
Refusal of Medication	14	12.1%
Beneficiary Being Billed	10	8.6%
Denial of Durable Medical Equipment	3	2.6%

Source: DHCS Research and Analytic Studies Division analyzed FFS calls received from January 2013–December 2013 by the Medi-Cal Managed Care Division's Office of the Ombudsman call center.
*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 January 2013 and December 2013, the Medi-Cal Managed Care Division's Office of the Ombudsman call center staff documented 12,306 calls from FFS Medi-Cal beneficiaries. Call volume during this 12-month period was approximately 16% higher than it was from October 2012 to September 2013.
- About 47.3% of calls pertained to Enrollment/Continuity of Care issues. Another 41.9% were categorized under Miscellaneous. Due to the ambiguity of Miscellaneous calls, they were not further analyzed. The focus of this analysis was on calls related to Enrollment/Continuity of Care and Provider/Availability, as these key elements help identify access-related problems experienced by beneficiaries.
- Among calls categorized as Enrollment/Continuity of Care and Provider/Availability, a large majority of calls were from FFS beneficiaries enrolled under Families, Blind/Disabled, and Other aid codes.
- Callers enrolled under Families aid codes were primarily interested in requesting new enrollment. Other Enrollment/Continuity of Care matters important to these callers included foster care/adoption disenrollment exemption requests, and disenrollment from managed care to become an FFS participant. These callers also sought information regarding the termination of their Medi-Cal eligibility, being billed erroneously for services, and refusal of medications.
- Callers enrolled under Blind/Disabled aid codes were primarily interested in requesting new enrollment. These callers also requested status checks on medical exemptions and emergency disenrollment exemptions, disenrollment from managed care, and emergency disenrollment from long-term care. Other reasons for these calls included termination of Medi-Cal eligibility, refusal of medication, being billed erroneously for services, and denial of Durable Medical Equipment.

Medi-Cal Fee-For-Service
Access to Care
Quarterly Monitoring Report #9
2013 Quarter 4

Service Utilization

February 2015

California Department of Health Care Services
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Key Points

- Starting with this report, the baseline statistics – or benchmarks – have been recalculated to reflect dates of service between January 1, 2011, and December 31, 2012. The newly established baseline slightly impacted the utilization trends exhibited by children and adults in various aid categories. In particular, the utilization of particular services exhibited by children and adults in the Undocumented aid category, which reached outside of the baseline limits in prior reports, fell within the expected ranges of the new baseline.
- Despite the establishment of a new baseline, the service utilization rates for both children and adults in most aid categories primarily followed the patterns of shifting utilization identified in the previous quarterly access report.
- The continued shifts in utilization observed in this report may be attributable to a combination of factors such as the ongoing change in the population case mix, a declining birthrate, the expansion of County Organized Health Systems (COHS) and Regional/Other managed care models, and the transition of the Healthy Families Program (HFP) into Medi-Cal.

Introduction

Many factors affect health care utilization and the type of health care services sought by a given population. One of these factors is adequate access to care. Limitations in 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, and 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 or 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, and 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 this 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. Court injunctions 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;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs); and
- Breast and cervical cancer treatment services.[1,2,3]

Medi-Cal Enrollment Transitions

Expansion of Medi-Cal Managed Care – Several subpopulations transitioned from the Fee-for-Service (FFS) health delivery system into managed care plans during the study period. For instance, 81,488 FFS Medi-Cal Only beneficiaries enrolled into a Medi-Cal managed care plan in September 2013 due to the establishment of a County Organized Health System (COHS) in Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties. Another 165,780 FFS Medi-Cal beneficiaries enrolled into managed care plans in November 2013 due to the establishment of managed care in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne and Yuba counties (Table SU-1).

Table SU-1: FFS Medi-Cal Only Beneficiaries Transitioned to Medi-Cal Managed Care in September and November 2013

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
COHS	September 2013	Del Norte	5,837
COHS	September 2013	Humboldt	19,913
COHS	September 2013	Lake	12,749
COHS	September 2013	Lassen	3,507
COHS	September 2013	Modoc	1,376
COHS	September 2013	Shasta	28,430
COHS	September 2013	Siskiyou	7,736
COHS	September 2013	Trinity	1,940
			Subtotal = 81,488

[1] California Assembly Bill 97, (2011).
[2] California Department of Health Care Services, Implementation of AB97 Reductions. Retrieved from http://www.dhcs.ca.gov/Documents/AB97ImplementationAnnouncemen081413.pdf
[3] California Department of Health Care Services, State Plan Amendment, SPA 11-009.

Managed Care Plan Type	Month of Transition	Transition Counties	Approximate Number of Medi-Cal Only Beneficiaries
Regional/Other	November 2013	Alpine	106
Regional/Other	November 2013	Amador	2,522
Regional/Other	November 2013	Butte	28,365
Regional/Other	November 2013	Calaveras	3,817
Regional/Other	November 2013	Colusa	2,820
Regional/Other	November 2013	El Dorado	10,621
Regional/Other	November 2013	Glenn	4,514
Regional/Other	November 2013	Imperial	36,927
Regional/Other	November 2013	Inyo	1,977
Regional/Other	November 2013	Mariposa	1,669
Regional/Other	November 2013	Mono	945
Regional/Other	November 2013	Nevada	6,764
Regional/Other	November 2013	Placer	16,815
Regional/Other	November 2013	Plumas	1,622
Regional/Other	November 2013	Sierra	257
Regional/Other	November 2013	San Benito	5,401
Regional/Other	November 2013	Sutter	14,372
Regional/Other	November 2013	Tehama	10,372
Regional/Other	November 2013	Tuolumne	4,519
Regional/Other	November 2013	Yuba	11,375
			Subtotal = 165,780
			Total = 247,268

Source: Created by DHCS Research and Analytic Studies Division using data from the Management Information System/Decision Support System's (MIS/DSS) eligibility tables for December 2013. Data were extracted from the MIS/DSS four months after the 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 care delivery system until the date of their annual eligibility review for Medi-Cal. These children with presumptive eligibility under FFS are classified under the Other aid category in this report. FFS 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 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 societal perspectives 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.[4]

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.[5] 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.[6]

Paradigm Three – If beneficiary participation decreases within a subpopulation and those that remain in FFS 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 FFS 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.

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

[5] This assumes populations that enroll exhibit similar health needs as those who were previously enrolled. If the newly enrolled individuals are a much healthier population with low health care service utilization, then utilization rates may decline. This decline may be driven more by beneficiaries' health characteristics than access difficulties.

[6] This assumes populations that enroll exhibit similar health needs as those who were previously enrolled.

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.

The DHCS access monitoring system required the development of baseline statistics for trend comparisons. Since the establishment of the original baseline period of 2007–2009, Medi-Cal has undergone dramatic changes spurred 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, thus impacting how beneficiaries utilize services. As a result, the baseline metrics that were established during Medi-Cal's transformational period may not always reflect the new reality. Therefore, starting with this report, the baseline statistics — or benchmarks — have been recalculated to reflect dates of service between January 1, 2011 and December 31, 2012. This updated baseline period will enable DHCS to more effectively analyze present service use.

DHCS plotted monthly service utilization rates per 1,000 member months for the study period of January 2013 to December 2013. DHCS used Shewhart control charts to identify whether health care service utilization rates changed over this time period, and compared rates to low and high utilization thresholds calculated from the baseline period of 2011–2012. 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 and lower threshold levels are represented in each control chart, with UCL representing upper control limits, LCL representing lower control limits, and $\overline{x}$ 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 managed care plans. 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 contained in 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 not eligible for Medicare coverage.

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 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

- Children in the Blind/Disabled aid category placed a greater demand on Physician/Clinic services than most other beneficiary subpopulations.

Among children ages 0–20 in the FFS Medi-Cal health care delivery system, monthly Physician/Clinic service utilization rates ranged from 155.32 to 579.34 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Physician/Clinic service utilization rates continued to be higher among children in the Blind/Disabled aid category. Utilization rates for children in the Other aid category mostly fell below the expected baseline ranges observed in the baseline period of 2011–12. Additionally, children in the Blind/Disabled and Undocumented aid categories mostly displayed above-average utilization rates during the study period.

Figures SU-1 to SU-5 represent the control charts for children from the first quarter of 2013 to the fourth quarter of 2013.

Trend Analysis – Adults

- Adults in the Blind/Disabled and Other aid categories exhibited higher utilization rates than adult beneficiaries in other subpopulations.

Monthly Physician/Clinic service utilization rates for adults ages 21 and older ranged from 166.38 to 1,164.55 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Similar to 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 subpopulations. Adults in Blind/Disabled aid category exhibited above-average utilization that reached above expected ranges. Additionally, adults in the Aged and Families aid categories exhibited slight downward trends in Physician/Clinic services utilization over the last two quarters of the study period.

Figures SU-6 to SU-10 represent the control chart analysis for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Physician/Clinic Services Utilization Rates among Children, January 2013–December 2013

Figure SU-1: Physician/Clinic Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 12,267**

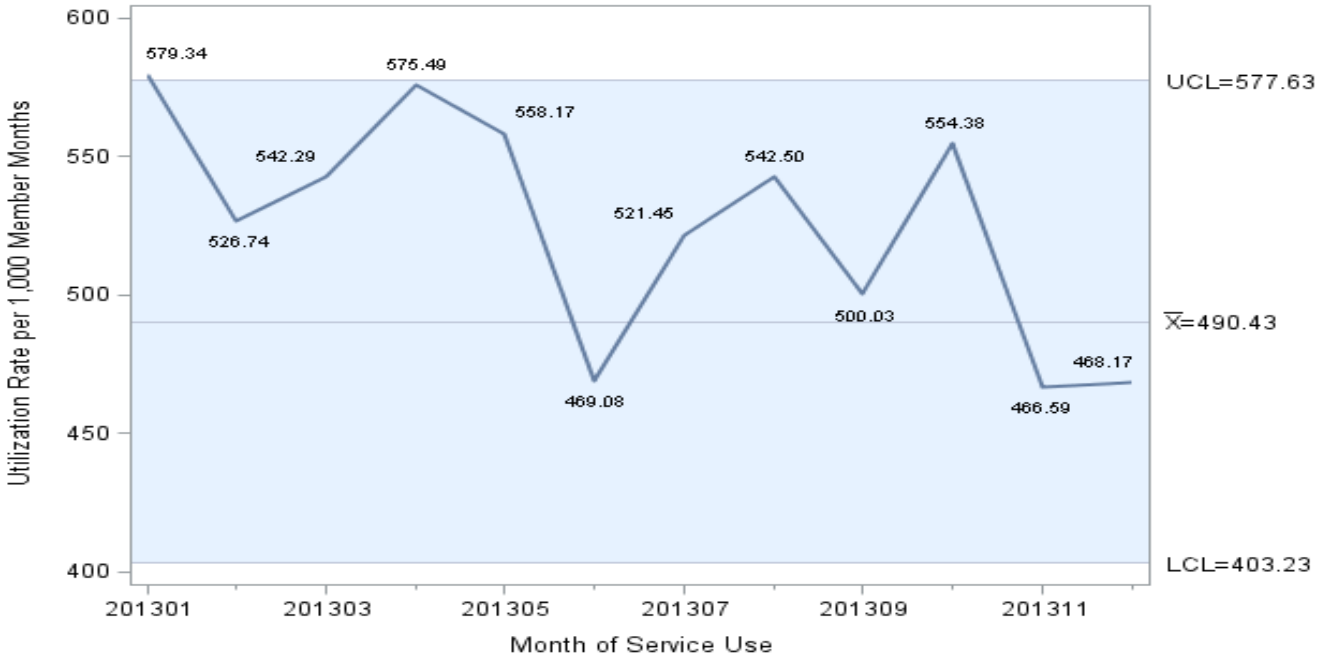


Figure SU-2: Physician/Clinic Utilization Rates among Children Ages 0–20 in the Families Aid Category, January 2013–December 2013 Unique User Count **= 101,130**

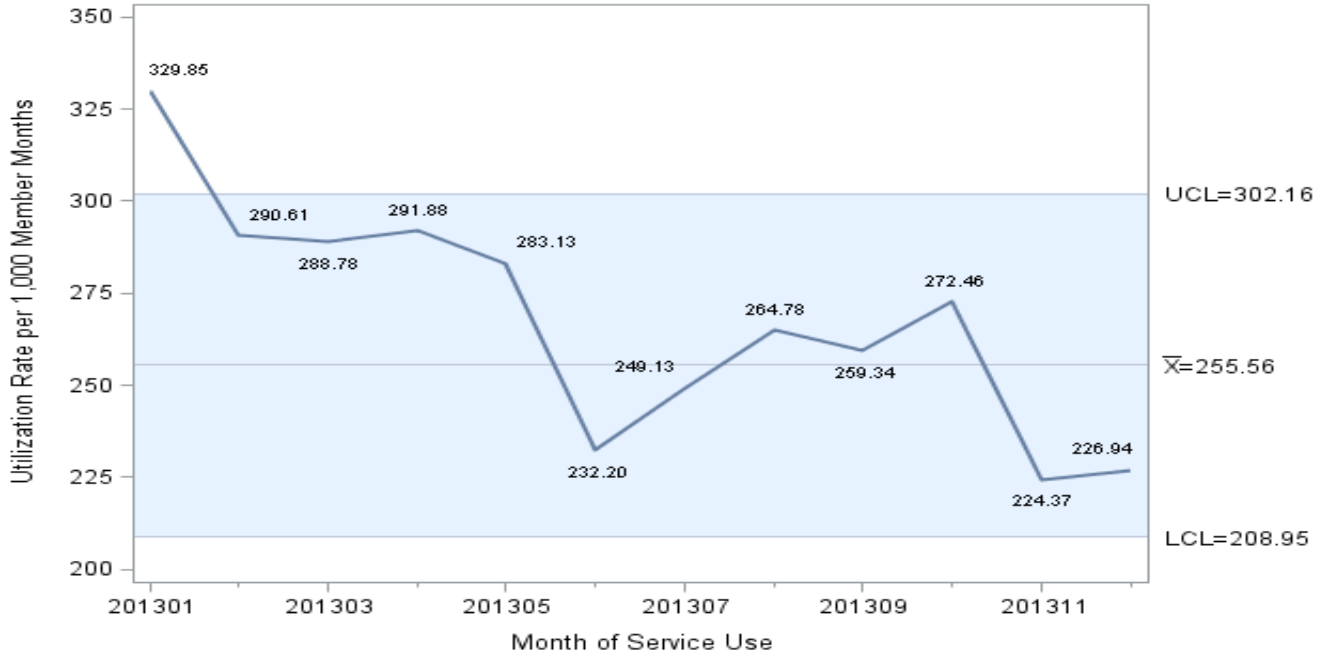


Figure SU-3: Physician/Clinic Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, January 2013–December 2013 Unique User Count=**30,943**

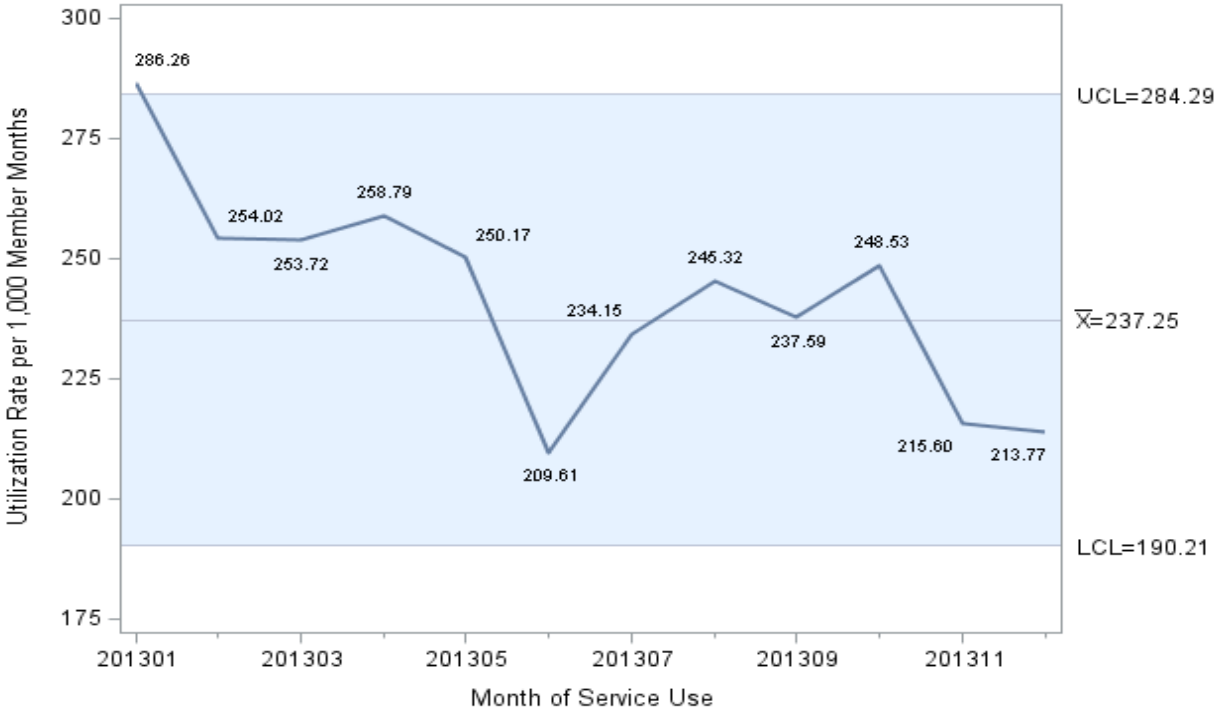


Figure SU-4: Physician/Clinic Utilization Rates among Children Ages 0–20 in the Other Care Aid Category, January 2013–December 2013 Unique User Count=**140,302**

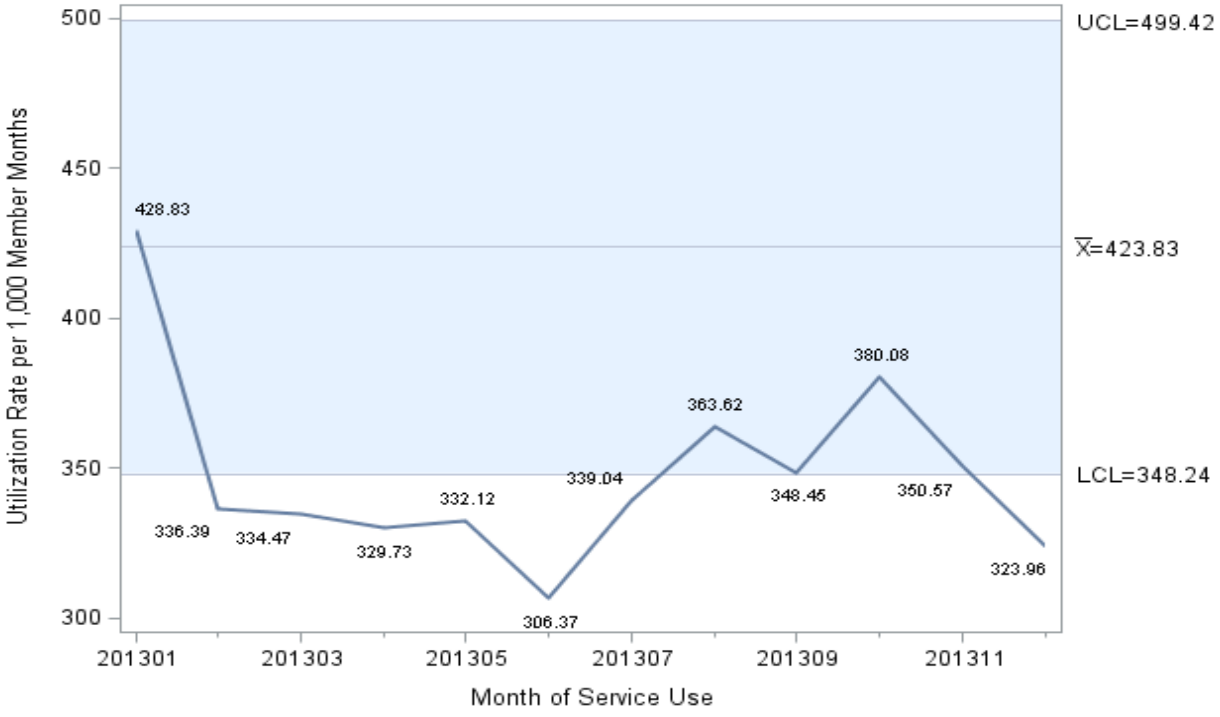
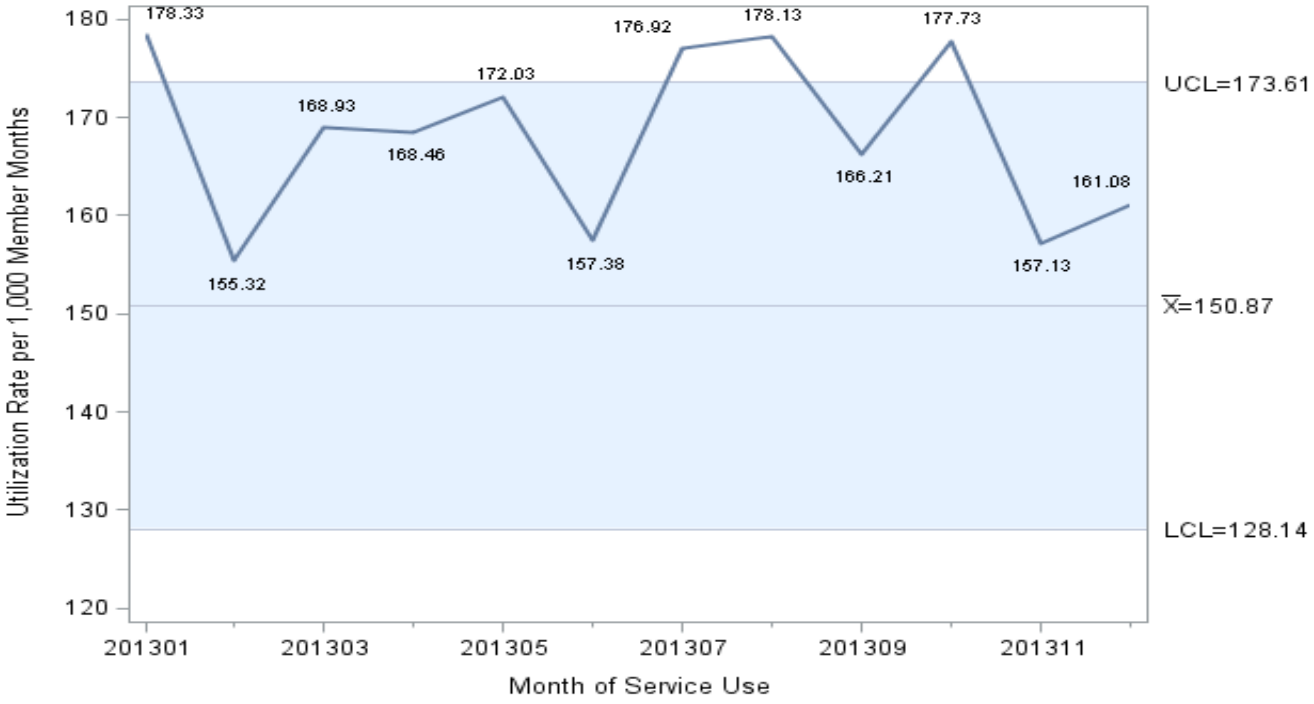


Figure SU-5: Physician/Clinic Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, January 2013–December 2013 Unique User Count=**22,113**



Source: Figures SU-1 to SU-5 were created by DHCS Research and Analytic Studies Division using data from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data were extracted from MIS/DSS four 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, January 2013–December 2013

Figure SU-6: Physician/Clinic Utilization Rates among Adults Ages 21+ in the Aged Aid Category, January 2013–December 2013 Unique User Count **= 6,266**

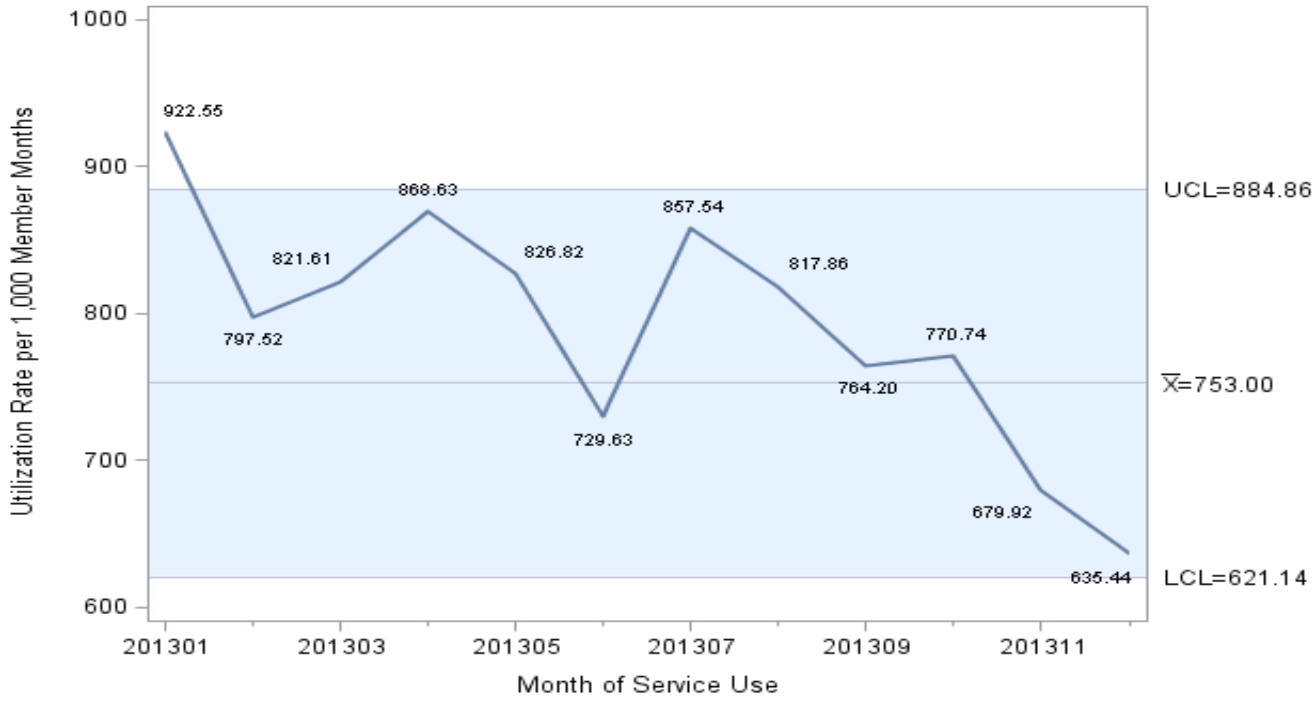


Figure SU-7: Physician/Clinic Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 44,301**

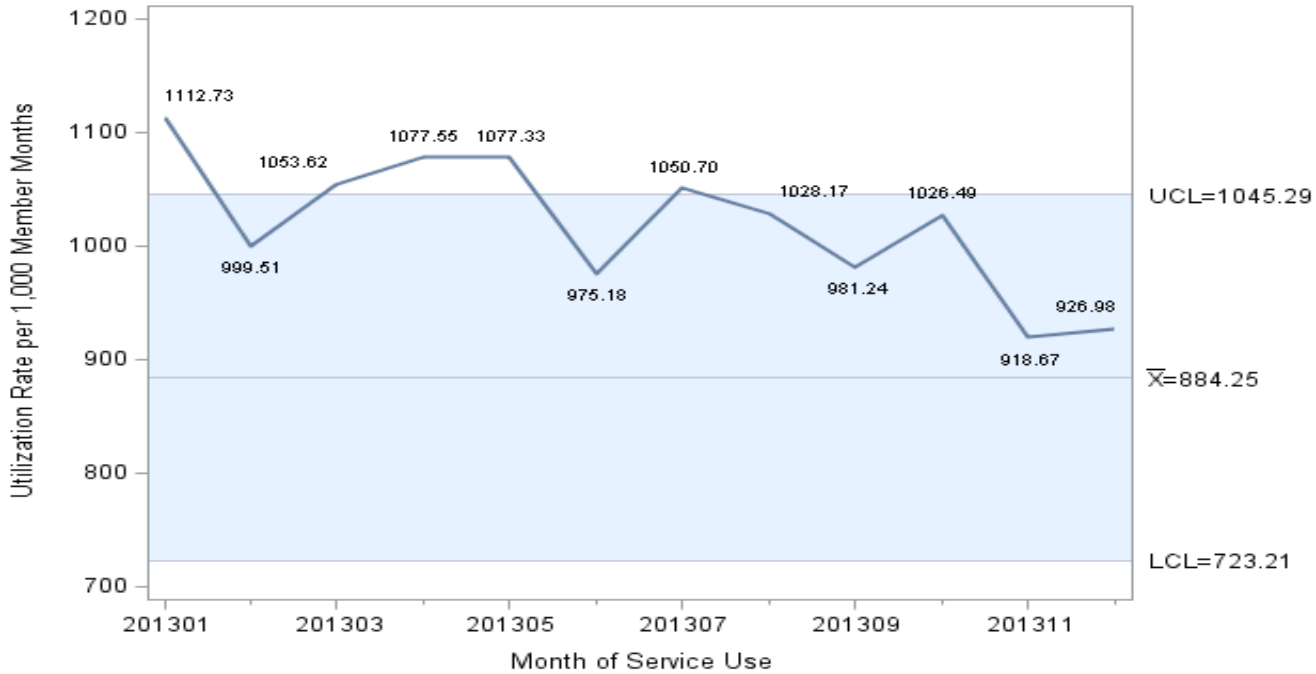


Figure SU-8: Physician/Clinic Utilization Rates among Adults Ages 21+ in Families Aid Category, January 2013–December 2013 Unique User Count **= 69,160**

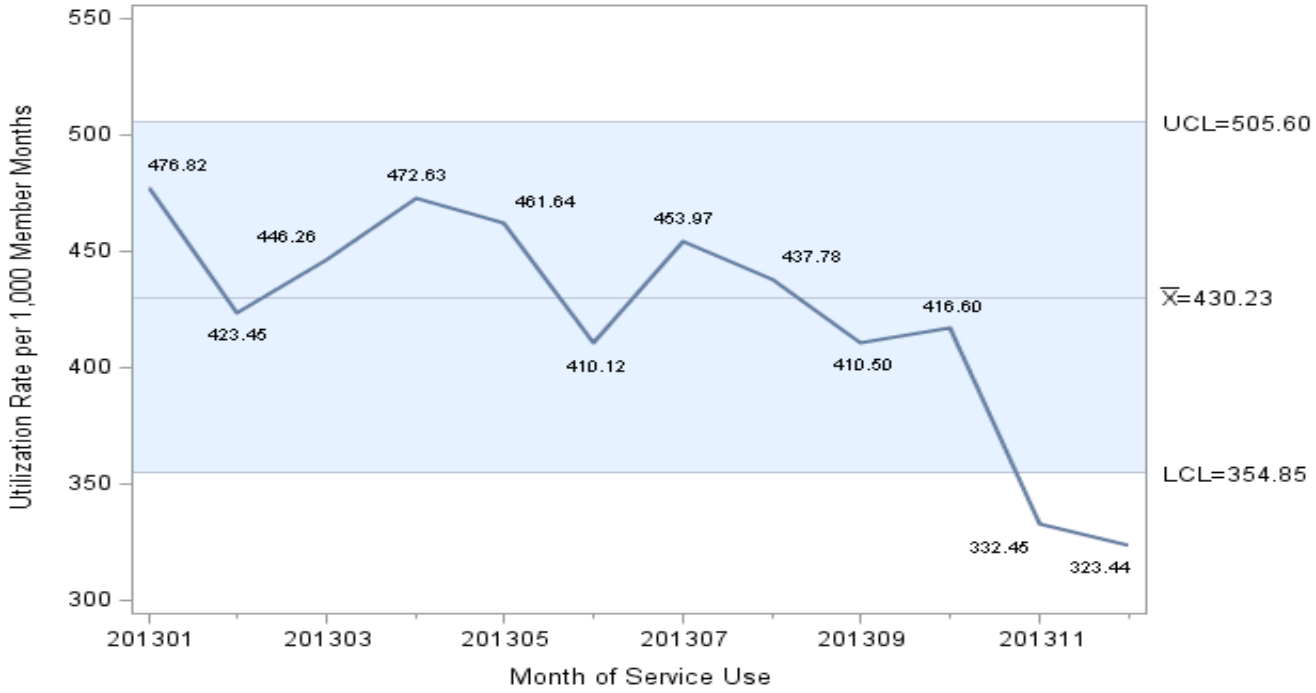


Figure SU-9: Physician/Clinic Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count **= 44,163**

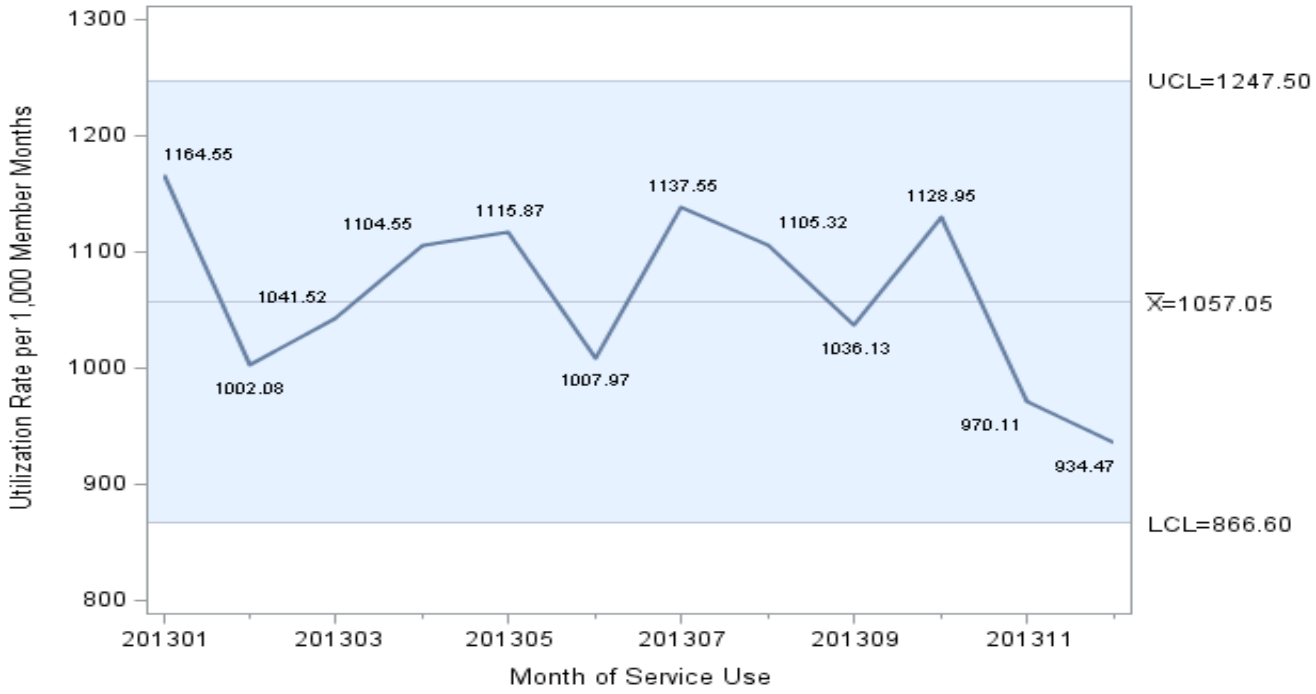
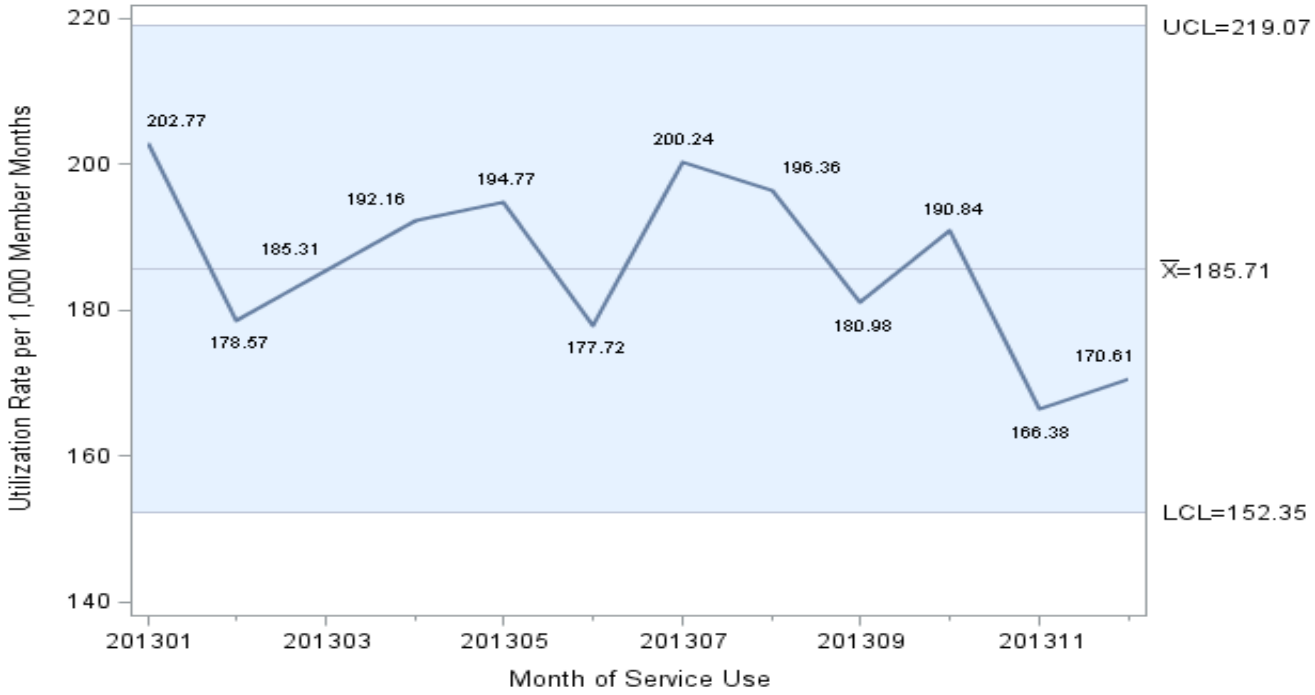


Figure SU-10: Physician/Clinic Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 75,469**



Source: Figures SU-6 to SU-10 were created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data were extracted from the MIS/DSS four 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 transportation 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 unviable.

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 certain 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 a hospital, or when plan members seek specific treatment such as organ transplantation services.

Trend Analysis – Children

Children in all aid categories were 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 for 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 program and enrolled in the Blind/Disabled and Other aid categories. Adults in the Aged and Families aid categories were excluded from this analysis because of their relatively small user counts (<500). Medi-Cal FFS beneficiaries in the Undocumented aid category are not entitled to Non-Emergency Services and, therefore, were excluded from this analysis.

Among adults in these two aid categories, monthly Non-Emergency Medical Transportation service utilization rates ranged from 24.03 to 67.64 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Non-Emergency Medical Transportation service utilization rates among adults across the analyzed aid categories were similar to results from the previous quarterly access reports. For instance, adults in the Blind/Disabled aid category exhibited noticeably higher utilization, with rates about 1.5 to nearly 3 times higher than for adults in the Other aid category. Adults in the analyzed aid categories again mostly exhibited Non-Emergency Medical Transportation utilization rates above the expected ranges observed in the baseline period of 2011–12.

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

Trends of Monthly Non-Emergency Medical Transportation Services Utilization Rates among Adults, January 2013–December 2013

Figure SU-11: Non-Emergency Transportation Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 2,379**

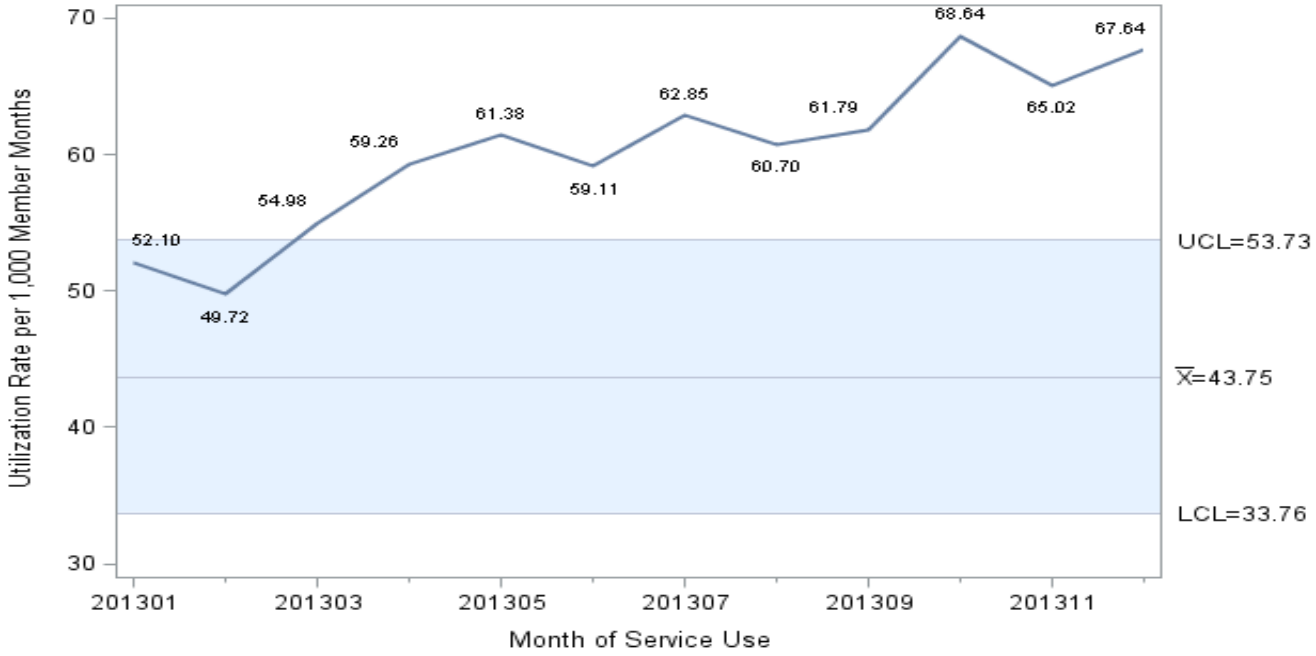
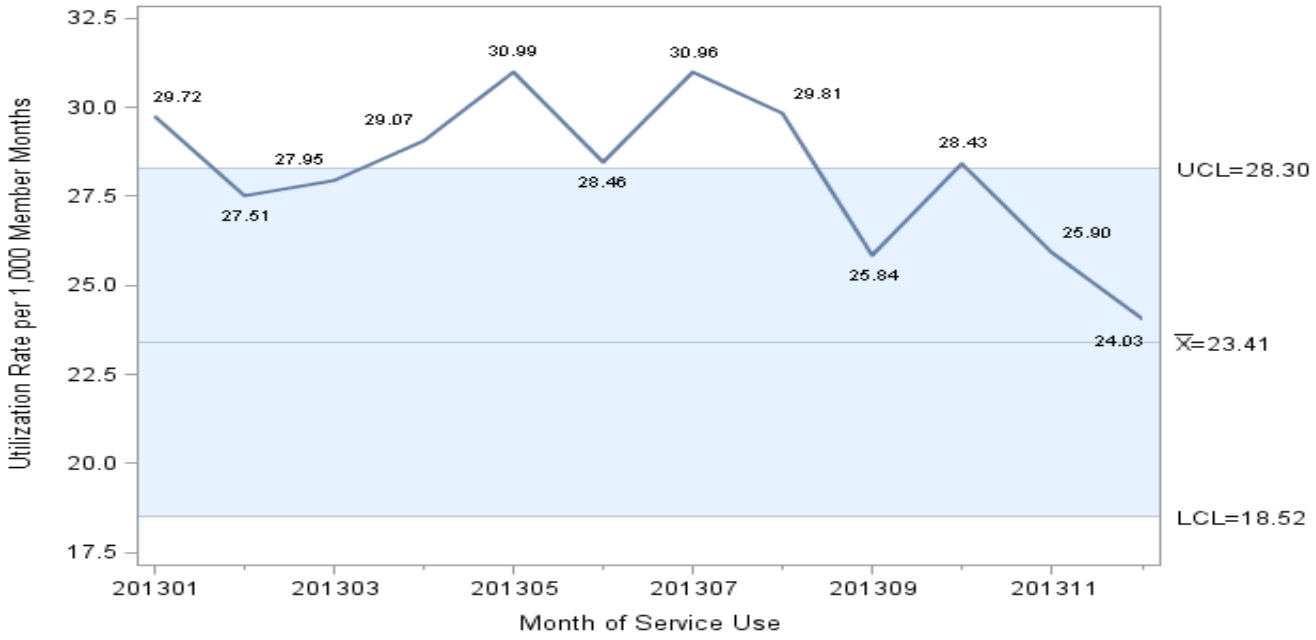


Figure SU-12: Non-Emergency Transportation Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count = **910**



Source: Figures SU-11 and SU-12 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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.

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

- Utilization rates were noticeably higher among children in the Blind/Disabled aid category.

Among children ages 0–20 in the FFS Medi-Cal health care delivery system, monthly Emergency Medical Transportation service utilization rates ranged from 1.51 to 9.34 visits per 1,000 member months from the first quarter of 2013 to the fourth 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 7.00 to 9.34 visits per 1,000 member months. In contrast, utilization rates for children in the Families and Other aid categories ranged from 1.86 to 3.51 visits per 1,000 member months. Children in the Foster Care aid category again primarily displayed above-average utilization rates, while those in the Other aid category continued to mostly exhibit utilization below the expected ranges observed in the baseline period of 2011–12.

Figures SU-13 to SU-17 represent the control chart analysis for children from the first quarter of 2013 to the fourth quarter of 2013.

Trend Analysis – Adults

- Utilization was noticeably higher among adults in the Blind/Disabled aid category with mostly above-average rates that at times reached above the expected ranges.

Adults in the Aged aid category were excluded from this analysis because of their relatively small user counts (<500).

Monthly Emergency Medical Transportation service utilization rates for adults ages 21 and older ranged from 1.83 to 46.00 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Similar to results from the previous quarterly access reports, Emergency Medical Transportation service 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 and Other aid categories exhibited mostly below-average service utilization rates, whereas adults in the Blind/Disabled aid category primarily displayed above-average utilization rates. Emergency Medical Transportation service utilization rates for adults in the all analyzed aid categories mostly fell within expected baseline ranges.

Figures SU-18 to SU-21 represent the control chart analysis for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Emergency Medical Transportation Services Utilization Rates among Children, January 2013–December 2013

Figure SU-13: Emergency Transportation Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 587**

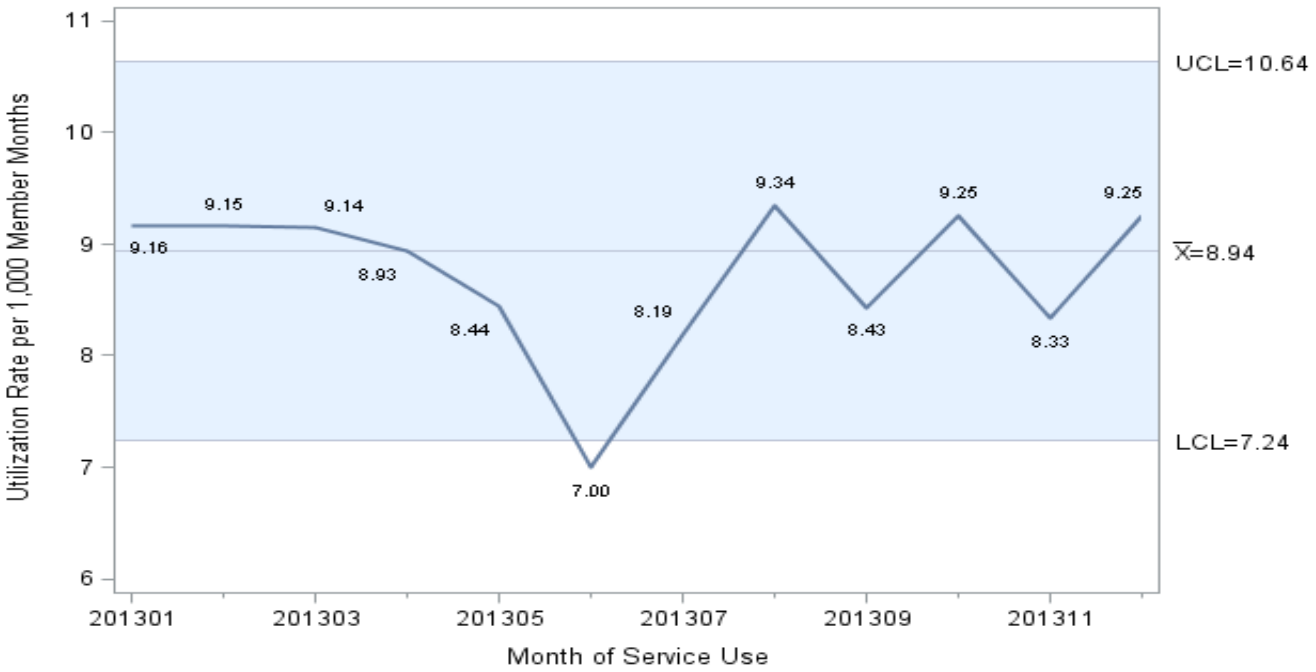


Figure SU-14: Emergency Transportation Utilization Rates among Children Ages 0–20 in the Families Aid Category, January 2013–December 2013 Unique User Count **= 2,127**

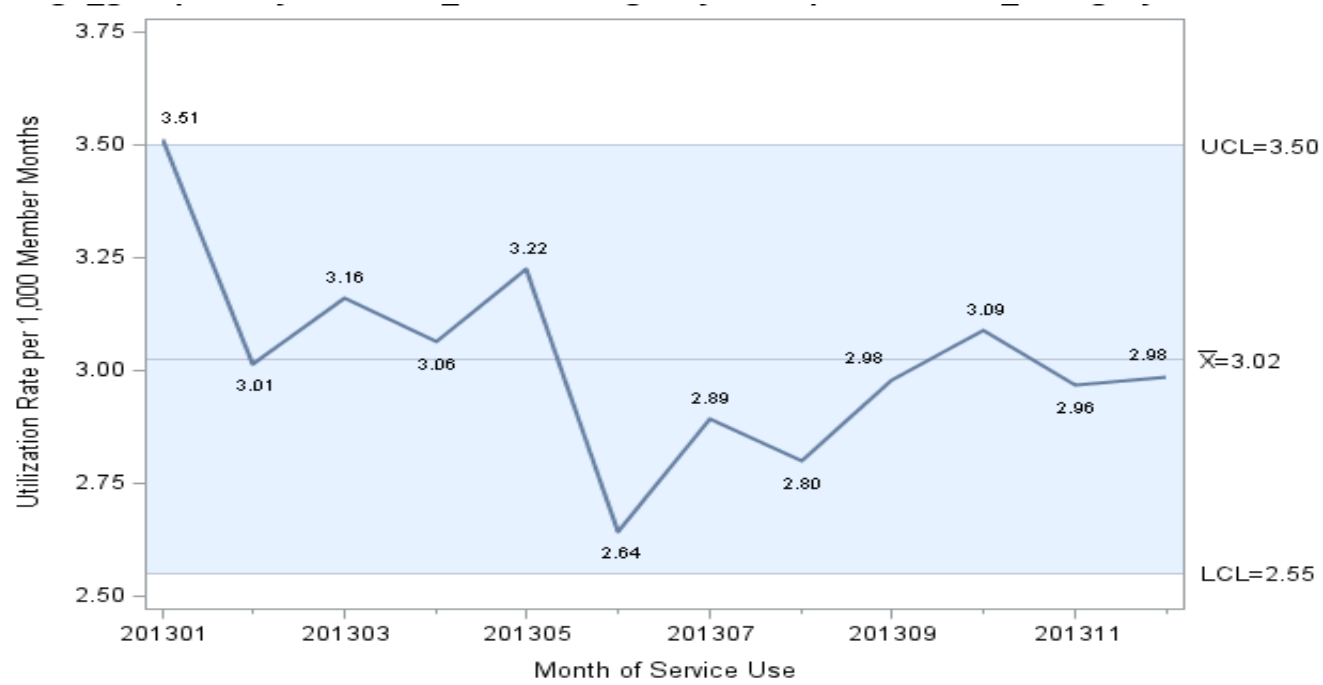


Figure SU-15: Emergency Transportation Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, January 2013–December 2013 Unique User Count **= 1,063**

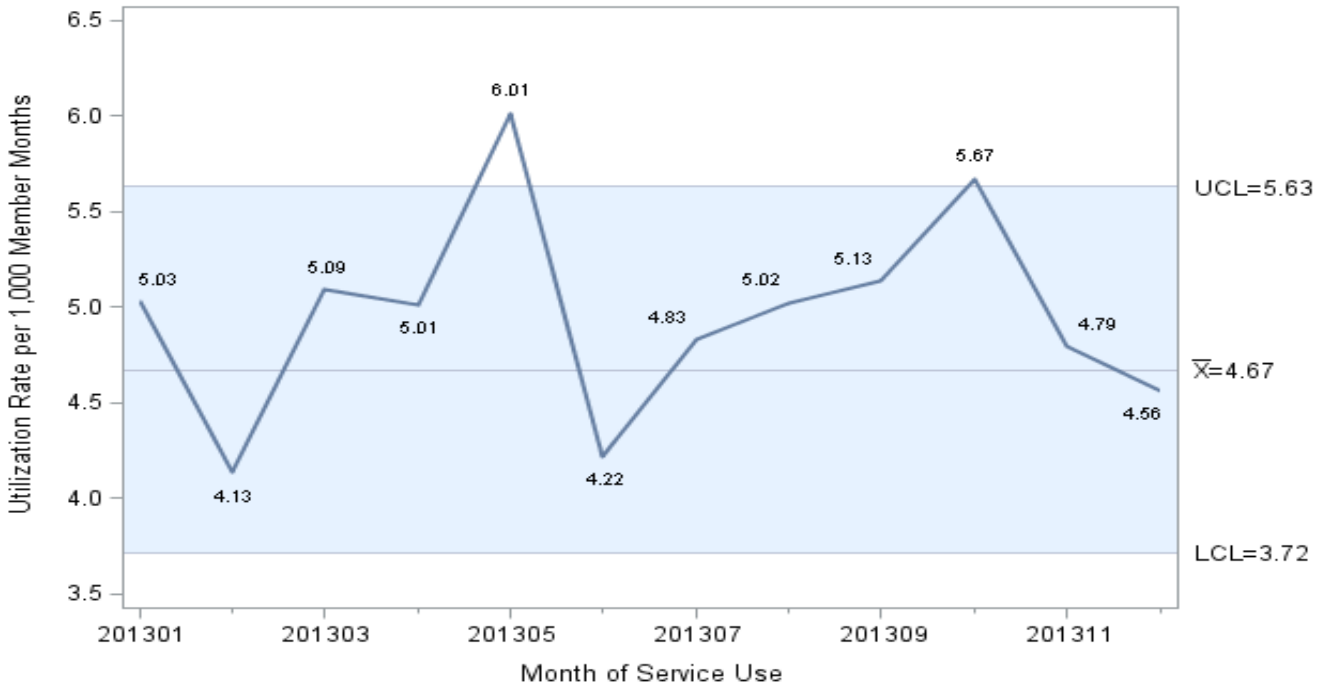


Figure SU-16: Emergency Transportation Utilization Rates among Children Ages 0–20 in the Other Aid Category, January 2013–December 2013 Unique User Count **= 1,537**

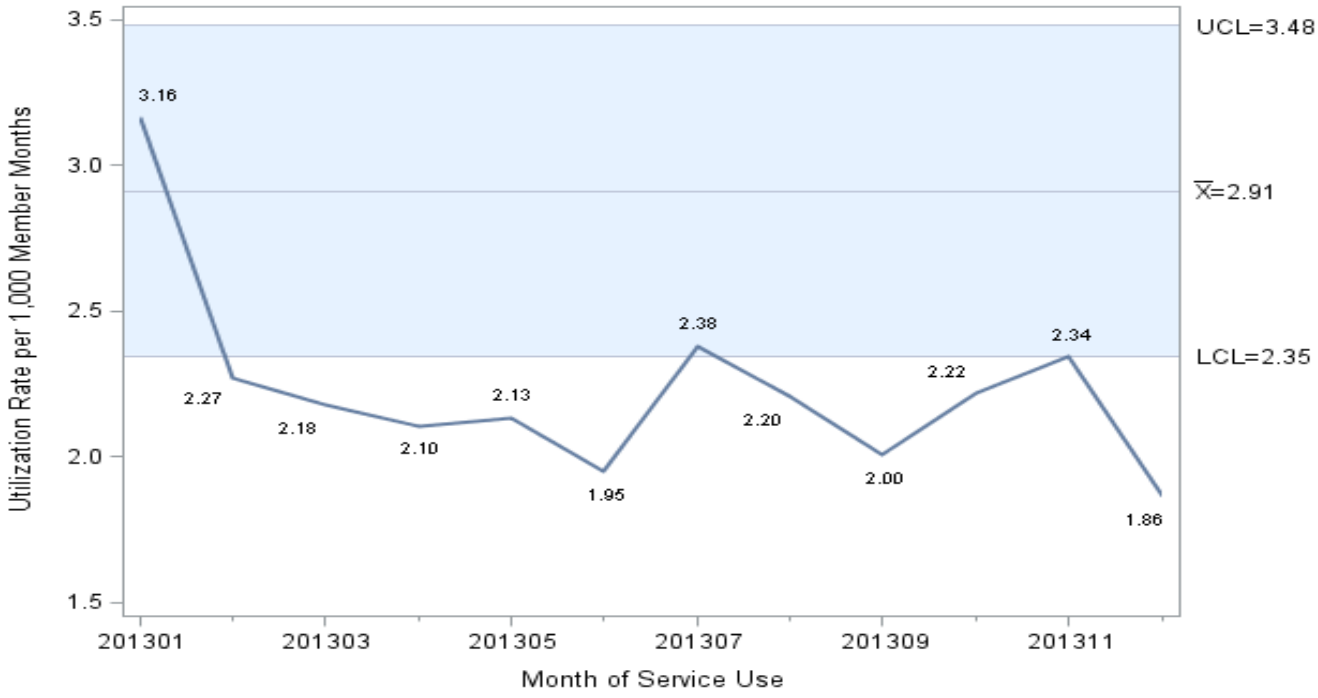
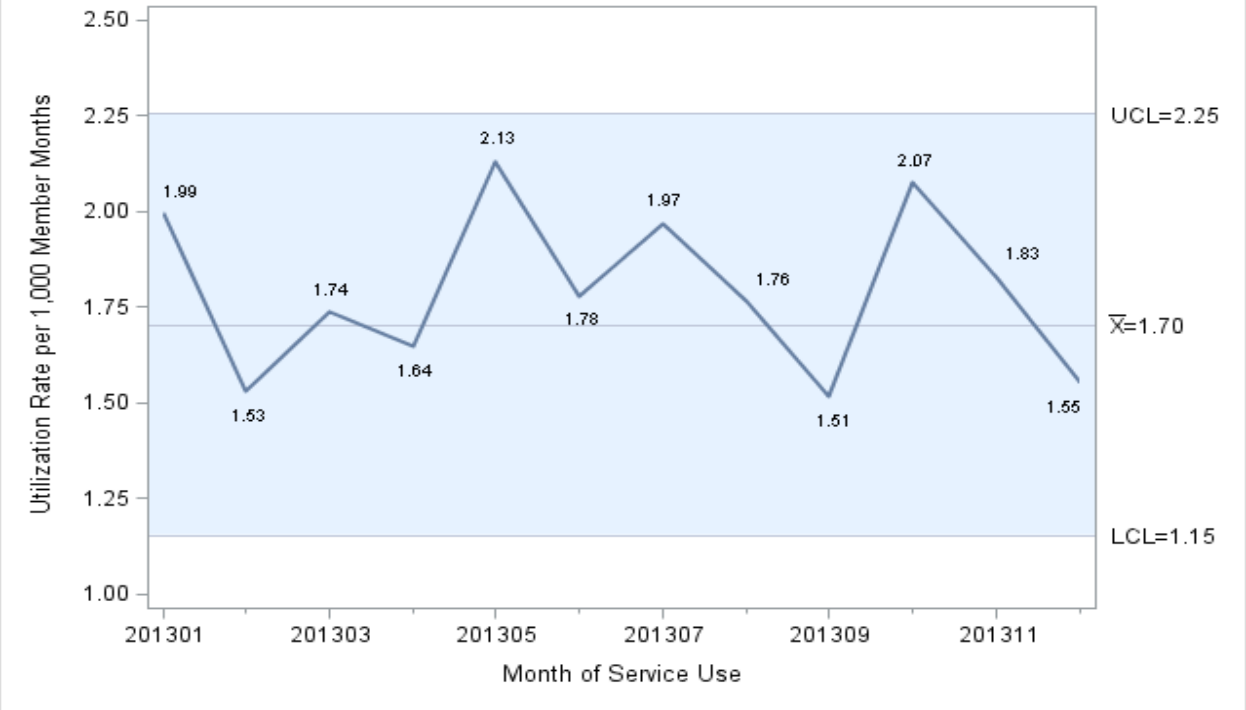


Figure SU-17: Emergency Transportation Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 646**



Source: Figures SU-13 to SU-17 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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, January 2013–December 2013

Figure SU-18: Emergency Transportation Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 6,027**

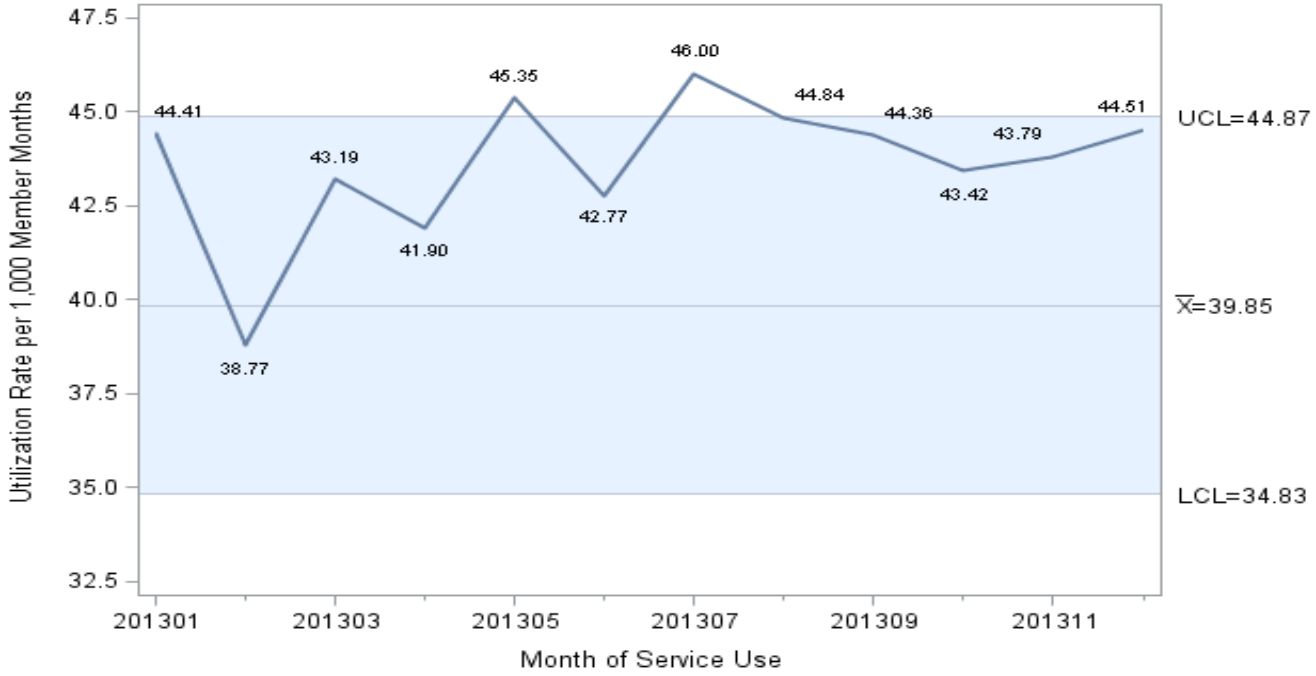


Figure SU-19: Emergency Transportation Utilization Rates among Adults Ages 21+ in the Families Aid Category, January 2013–December 2013 Unique User Count **= 2,931**

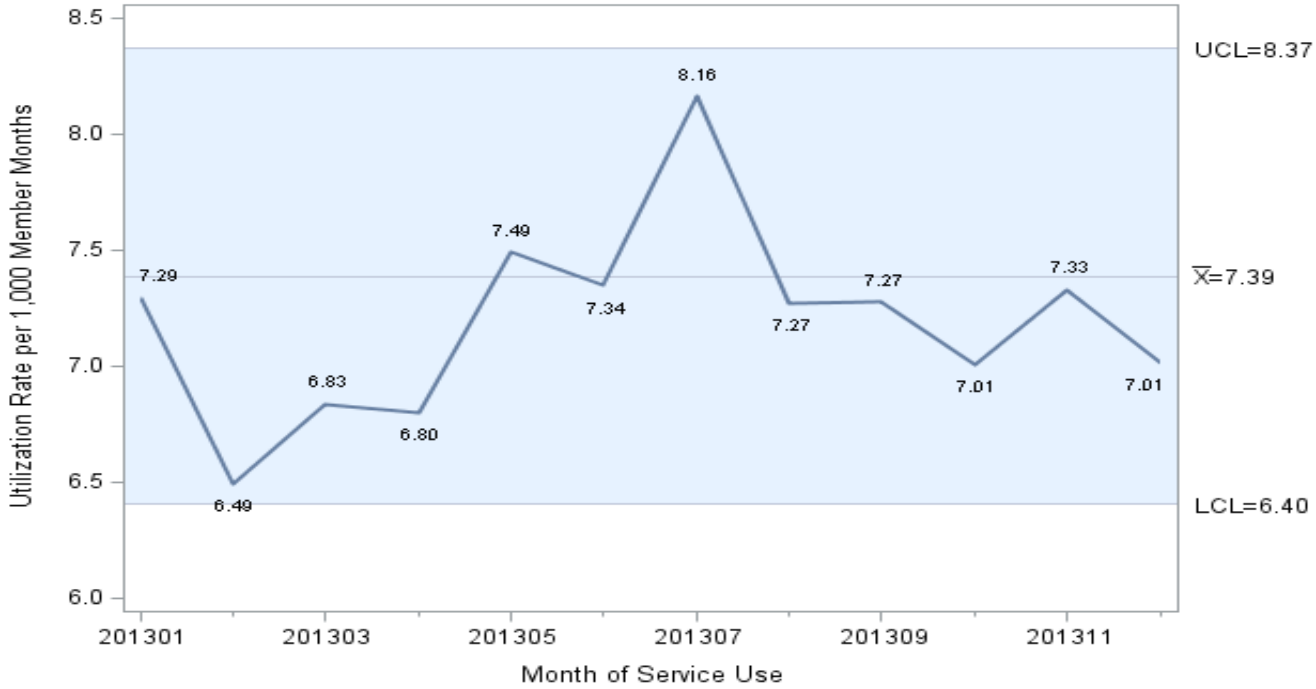


Figure SU-20: Emergency Transportation Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count **= 1,552**

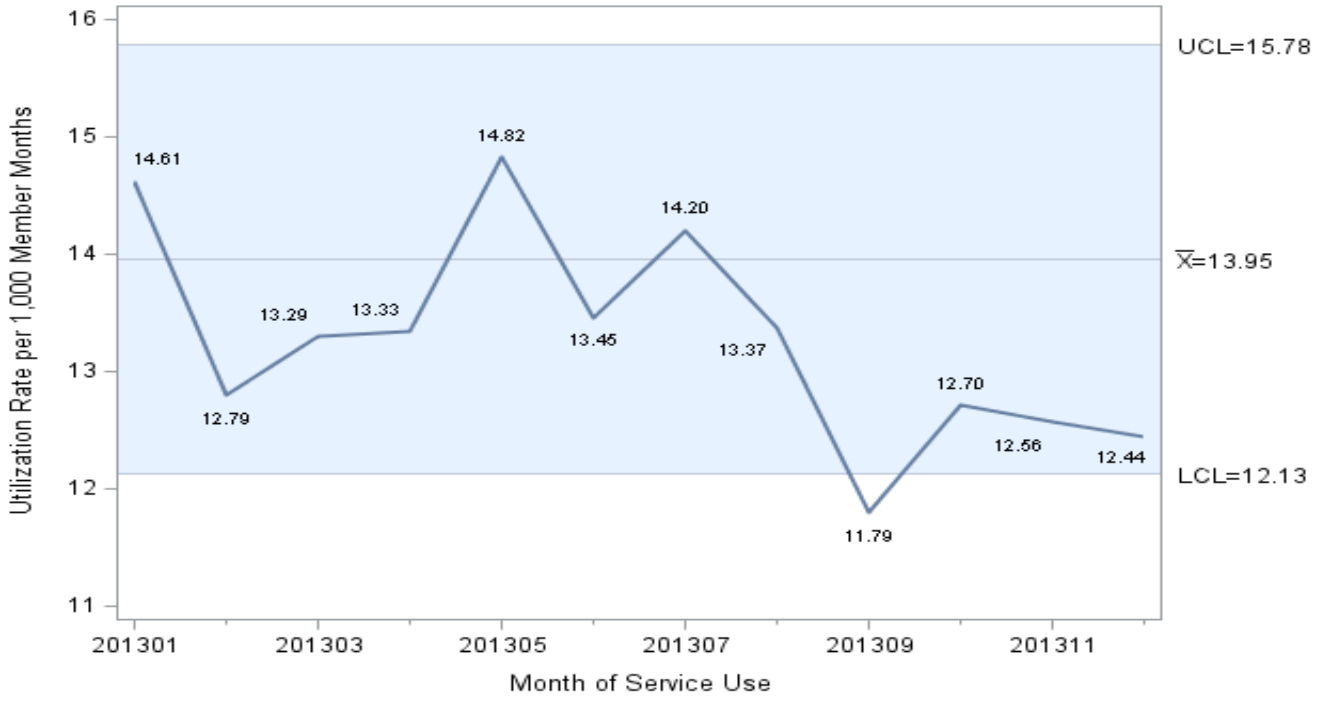
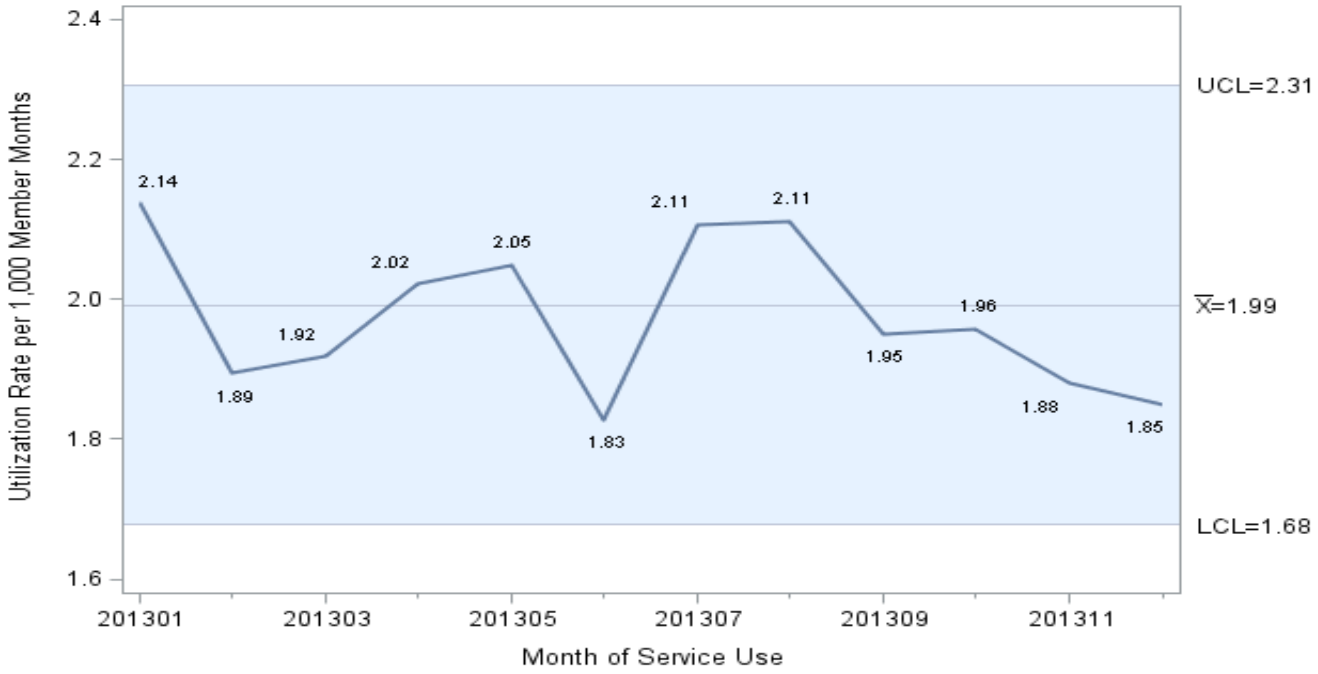


Figure SU-21: Emergency Transportation Rates among Adults Ages 21+ in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 2,881**



Source: Figures SU-18 to SU-21 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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; and
- 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.

Readers should note that FFS Medi-Cal beneficiaries in the Undocumented aid category are not entitled to Home Health services, and were consequently excluded from this analysis.

Trend Analysis – Children

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

This analysis focuses only on Home Health service utilization rates among Medi-Cal children ages 0–20 participating in FFS and enrolled in the Blind/Disabled and Other aid categories. Children in the Families, Foster Care, and Other aid categories were excluded because of their relatively small user counts (<500).

Among children in these two aid categories, monthly Home Health service utilization rates ranged from 0.78 to 182.36 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013. Home Health service utilization rates were noticeably higher for children in the Blind/Disabled aid category, while children in the Other aid category rarely utilized these services. Additionally, children in the Other aid category mostly displayed below-average utilization rates during the study period. In contrast, children in the Blind/Disabled aid category exhibited utilization rates above the expected ranges observed in the baseline period of 2011–12.

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

Trend Analysis – Adults

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

This analysis only focuses on Home Health services utilization among adult beneficiaries ages 21 and older enrolled in the Blind/Disabled aid category. Adults in the Aged, Families, and Other aid categories were excluded from this analysis because of their relatively small user counts (<500).

Monthly Home Health service utilization rates for adults in the Blind/Disabled aid category ranged from 11.63 to 14.17 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Similar to results from the previous quarterly access reports, adults in the Blind/Disabled aid category exhibited much lower overall Home Health service utilization rates than children in the same aid category. Adults in this aid category displayed above-average utilization rates that remained above expected baseline ranges.

Figure SU-24 represents the control chart analysis for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Home Health Services Utilization Rates among Children, January 2013–December 2013

Figure SU-22: Home Health Services Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, January 2013-December 2013 Unique User Count **= 1,513**

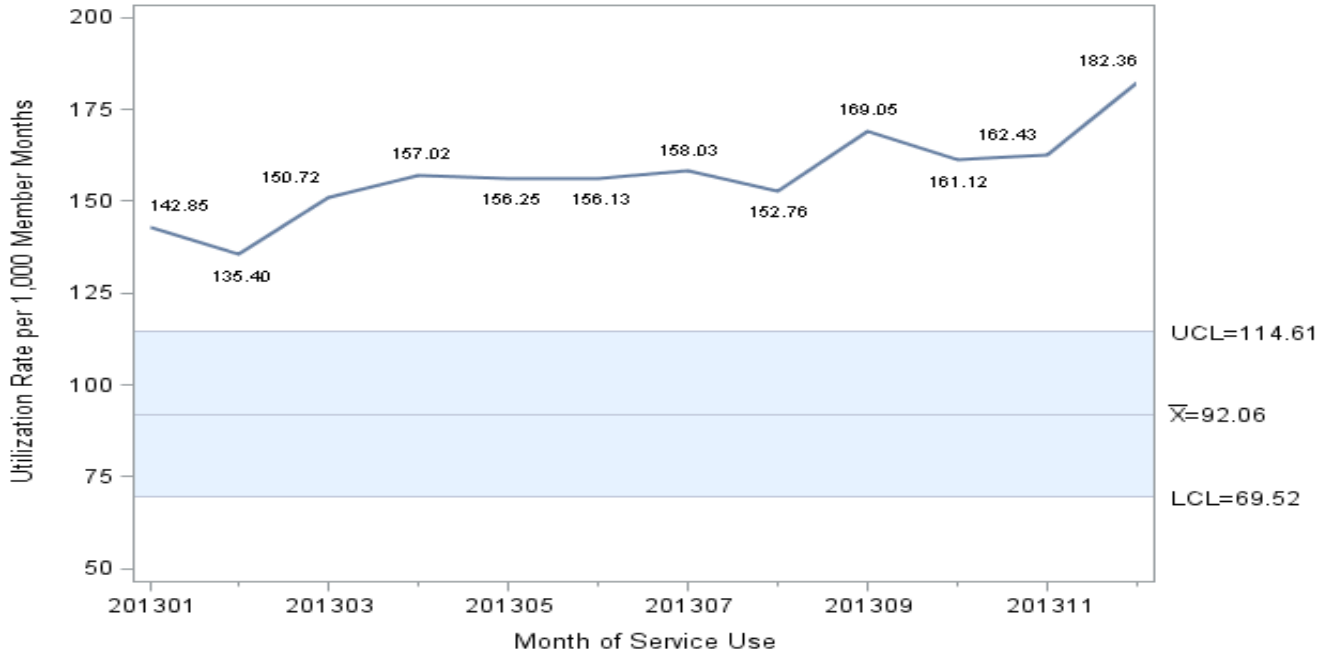
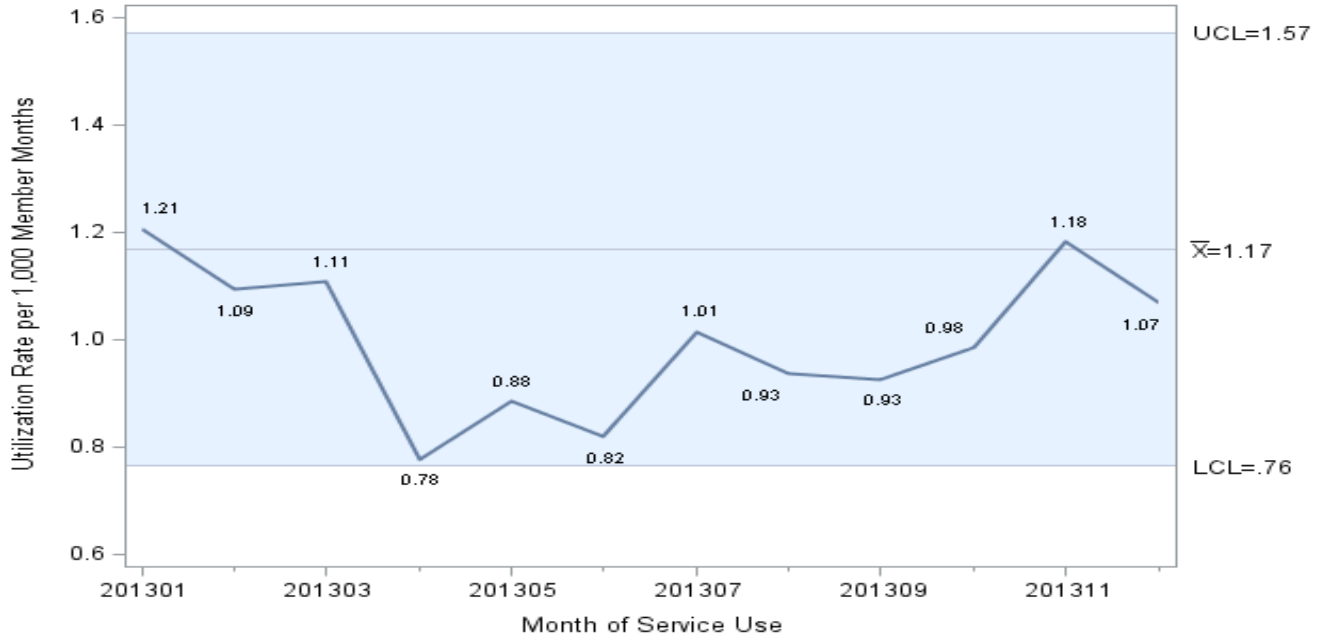


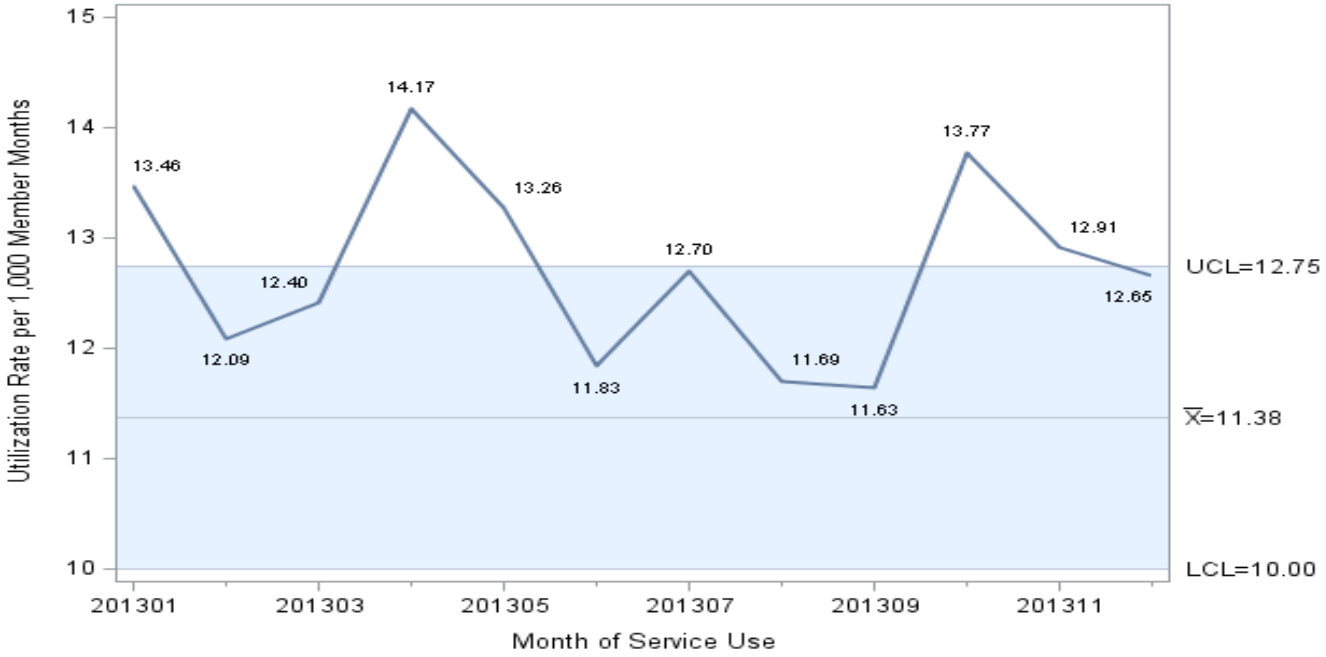
Figure SU-23: Home Health Services Utilization Rates Among Children Ages 0–20 in the Other Aid Category, January 2013–December 2013 Unique User Counts**=557**



Source: Figure SU-22 and SU-23 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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, January 2013–December 2013

Figure SU-24: Home Health Services Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 861**



Source: Figure SU-24 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four months after corresponding time period to allow for processing of claims and updates to enrollment.

Hospital Inpatient Services

Background

Hospital Inpatient services refers to patients admitted to a 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.

Trend Analysis – Children

- Children in the Blind/Disabled aid category consistently exhibited high Hospital Inpatient use throughout the study period, while children in the Undocumented aid category displayed the highest rates in the fourth quarter.

Monthly Hospital Inpatient service utilization rates for children ages 0–20 in the FFS Medi-Cal health care delivery system ranged from 14.56 to 151.29 days per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013. Children in the Blind/Disabled aid category consistently exhibited high Hospital Inpatient use throughout the study period. Children in the Families, Other, and Undocumented aid categories exhibited marked increases in Hospital Inpatient service utilization. These increases are attributable to an administrative change in how pregnancy-related claims are processed. 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 was consistent with recent trends. Figures SU-25 to SU-29 represent the control chart analysis for children from the first quarter of 2013 to the fourth quarter of 2013.

Trend Analysis – Adults

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

Among adults ages 21 and older, monthly Hospital Inpatient service utilization rates ranged from 29.44 to 321.35 days per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013. Hospital Inpatient service use was again noticeably higher for adults in the Aged and Blind/Disabled aid categories. Adults in the Aged aid category exhibited above-average utilization that reached levels above the baseline thresholds. In contrast, adults in the Families, Other, and Undocumented aid categories mostly exhibited below-average Hospital Inpatient service utilization rates that often fell below expected ranges. Figures SU-30 to SU-34 represent the control chart analysis for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Hospital Inpatient Services Utilization Rates among Children, January 2013–December 2013

Figure SU-25: Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 974**

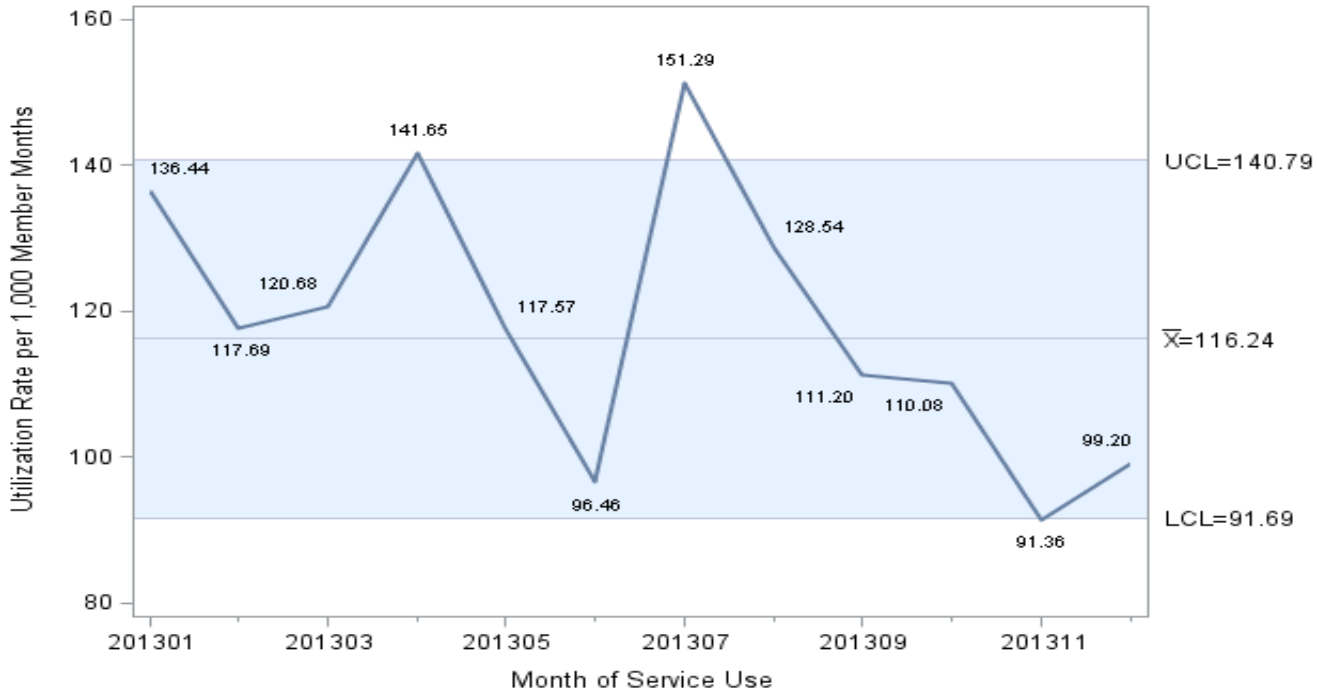


Figure SU-26: Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Families Aid Category, January 2013–December 2013 Unique User Count **= 7,793**

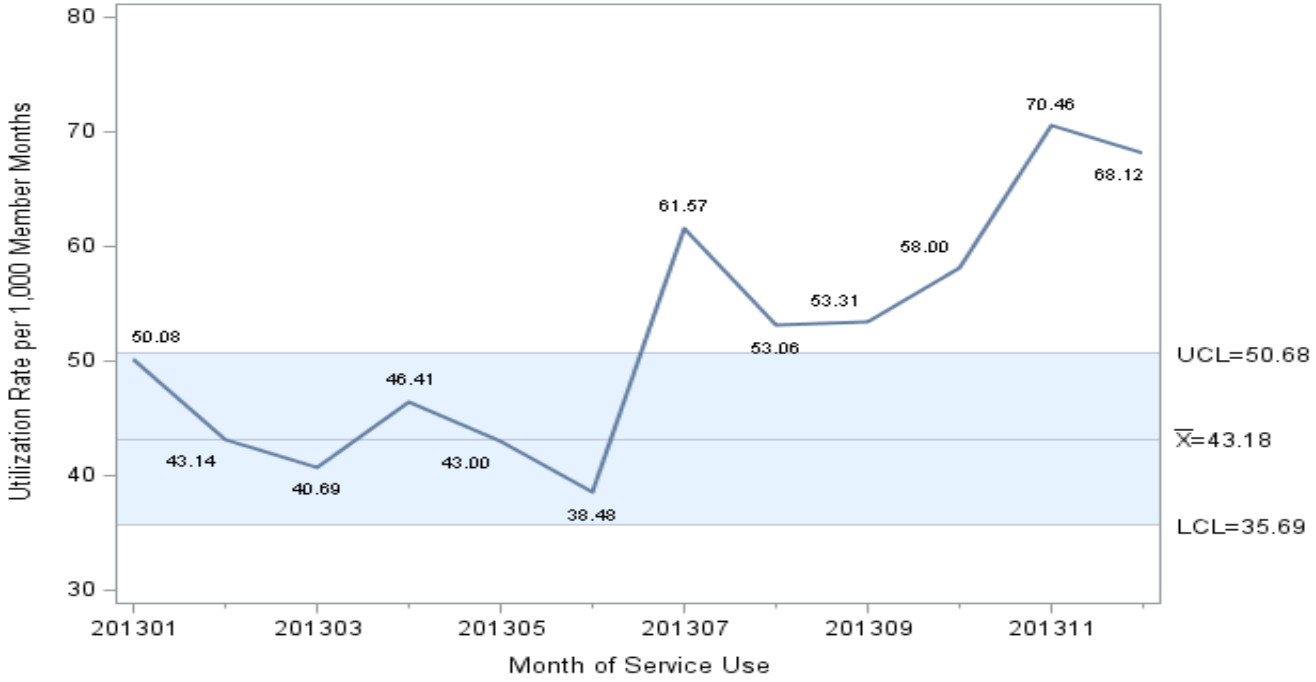


Figure SU-27: Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, January 2013–December 2013 Unique User Count **= 758**

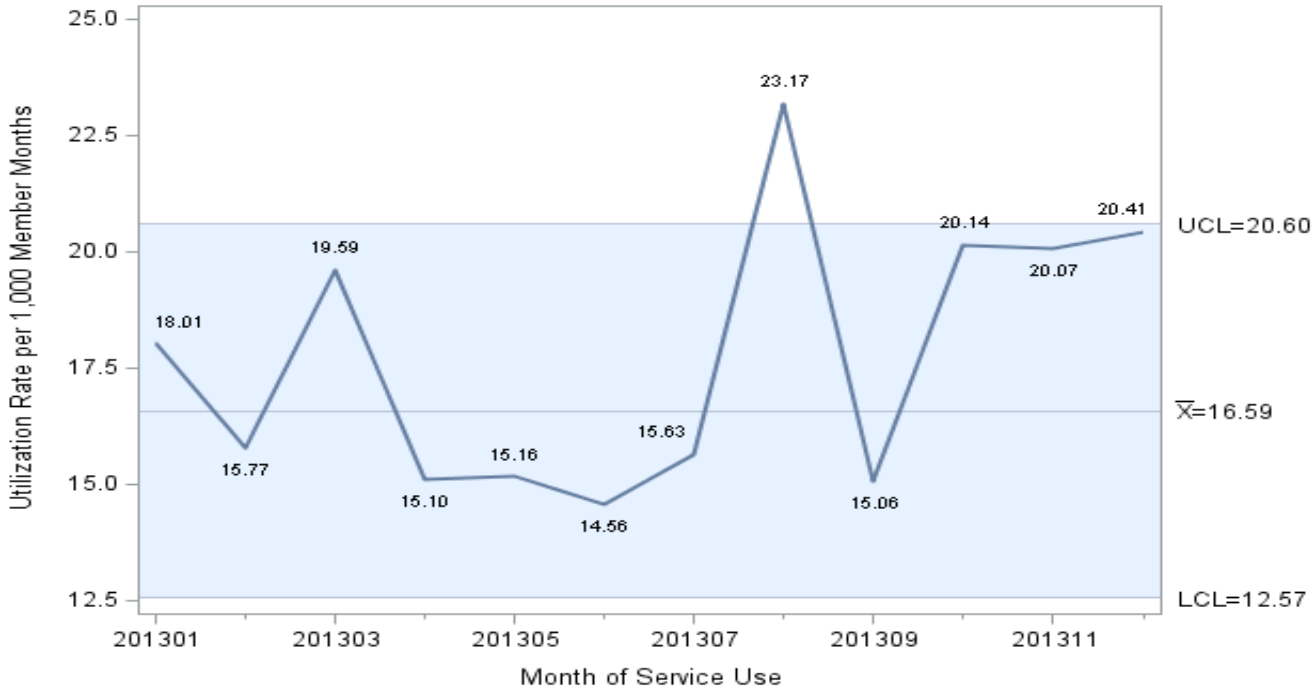


Figure SU-28: Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Other Aid Category, January 2013–December 2013 Unique User Count **= 12,755**

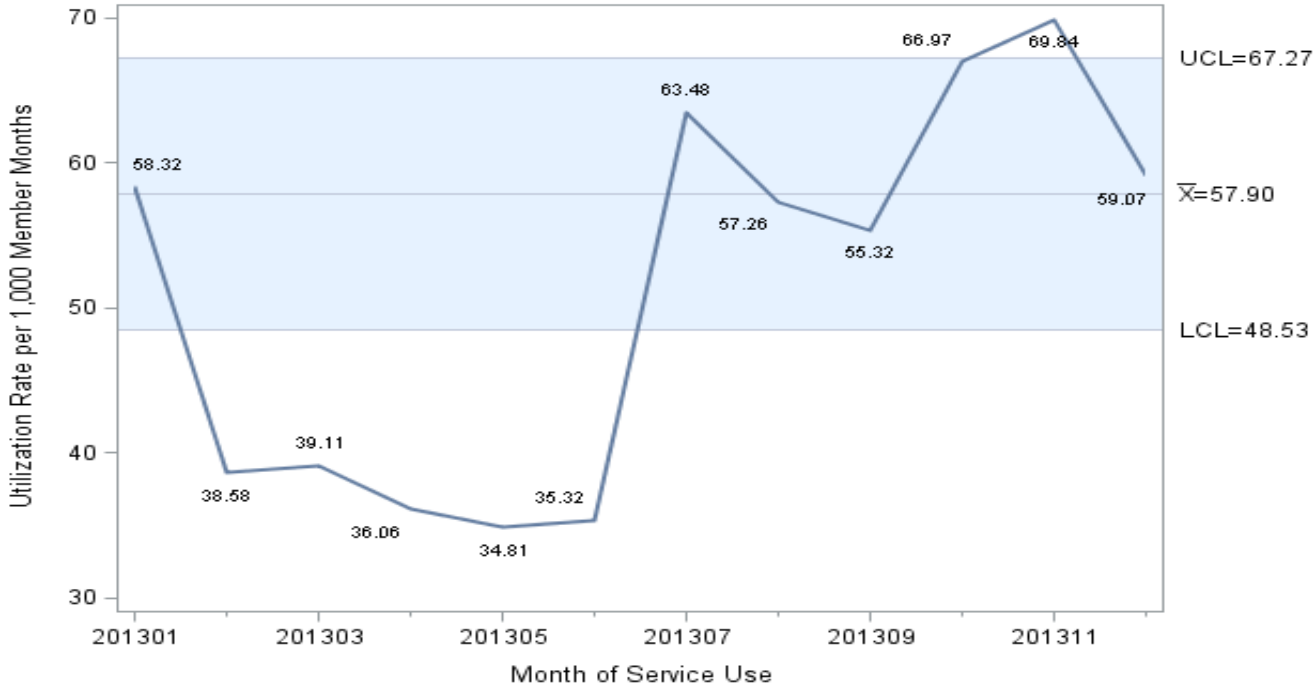
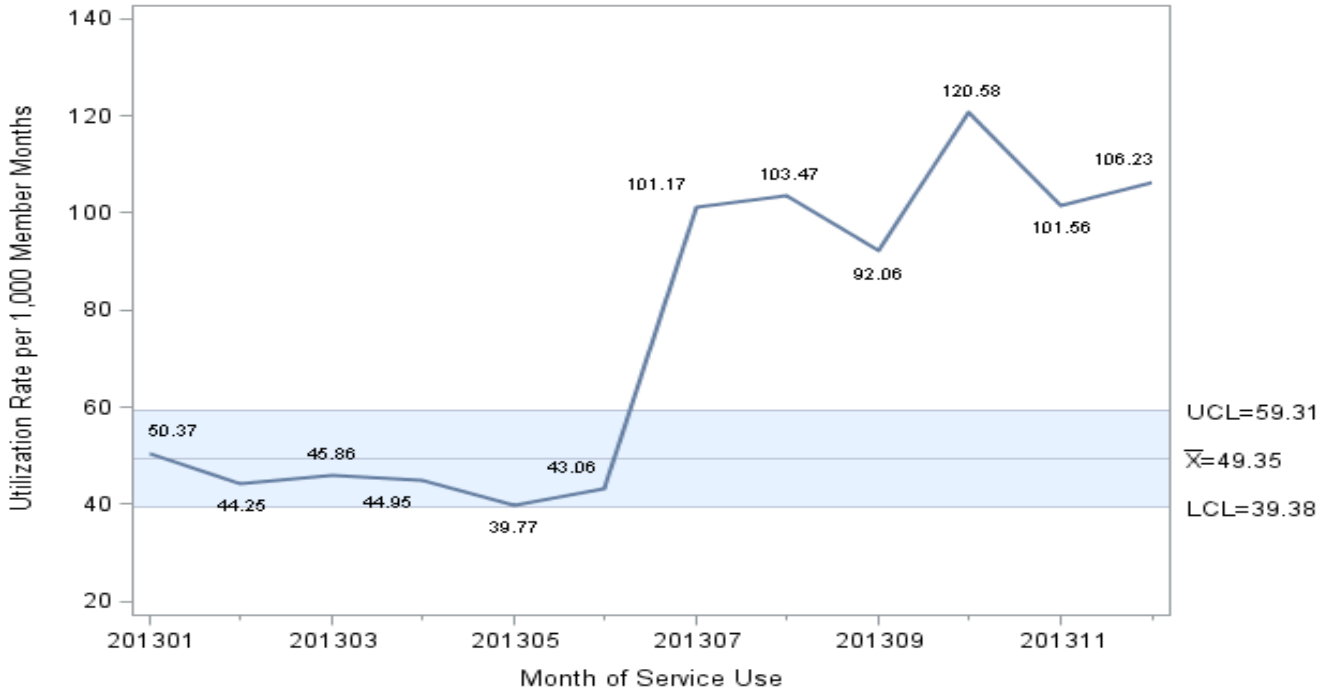


Figure SU-29: Hospital Inpatient Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 13,165**



Source: Figures SU-25 to SU-29 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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, January 2013–December 2013

Figure SU-30: Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Aged Aid Category, January 2013–December 2013 Unique User Count **= 826**

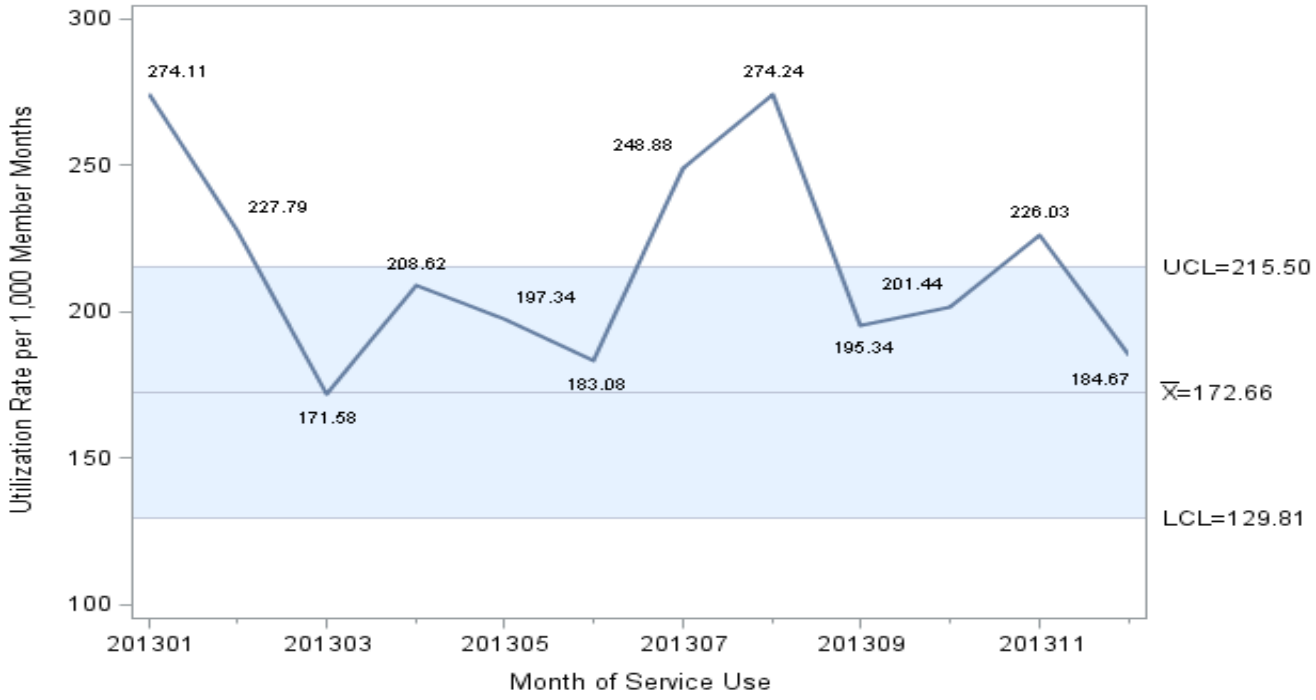


Figure SU-31: Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count = **6,591**

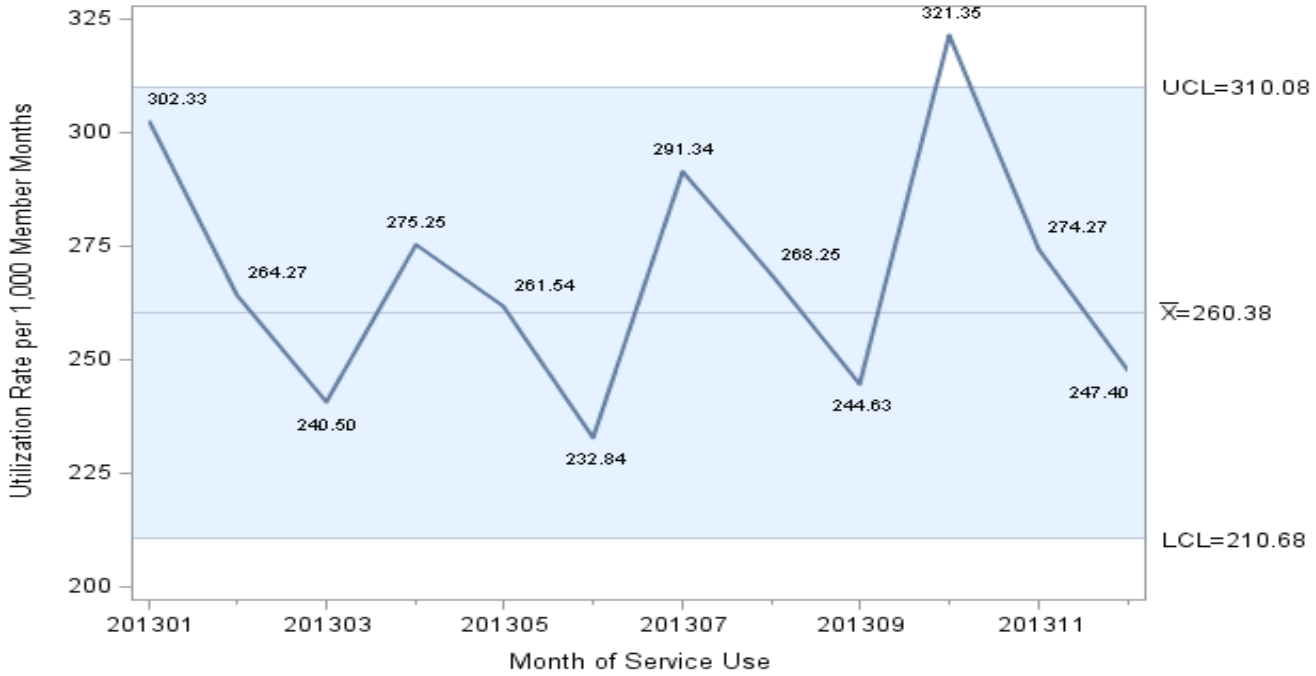


Figure SU-32: Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Families Aid Category, January 2013–December 2013 Unique User Count **= 7,630**

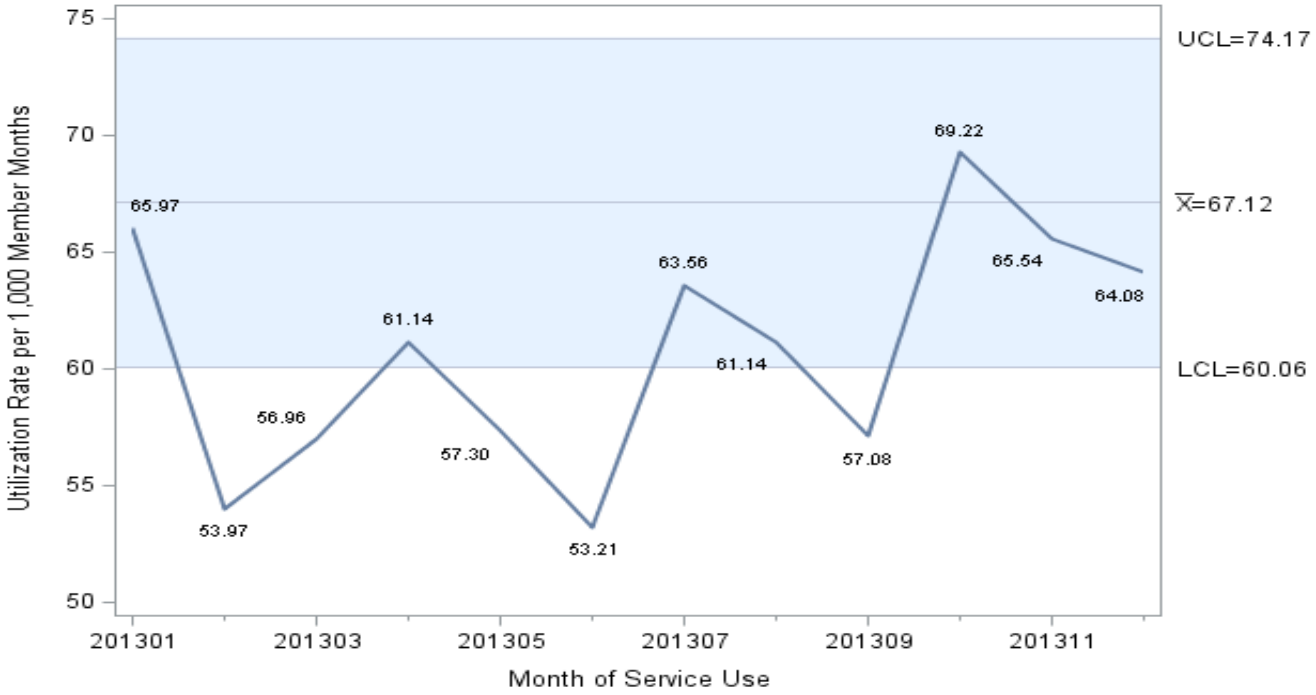


Figure SU-33: Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count **= 11,223**

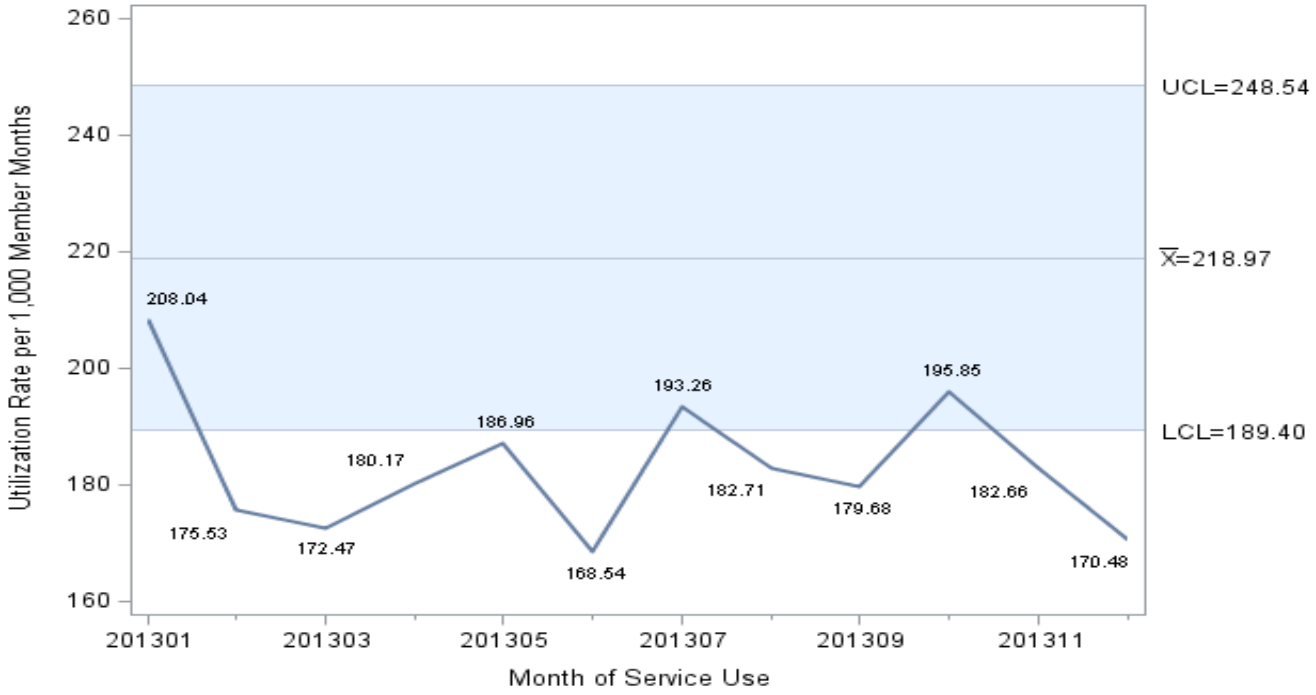
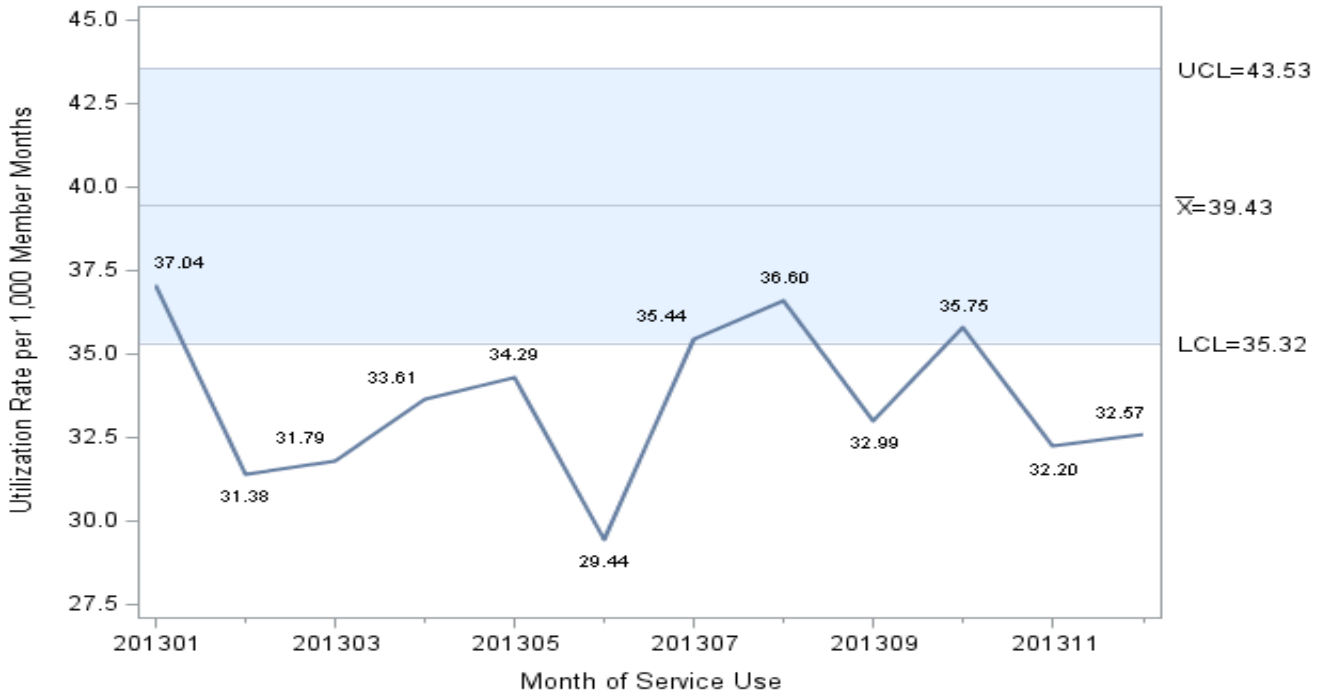


Figure SU-34: Hospital Inpatient Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 19,180**



Source: Figures SU-30 to SU-34 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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 with 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.

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 children ages 0–20 in the FFS Medi-Cal health care delivery system, monthly Hospital Outpatient service utilization rates ranged from 54.78 to 184.14 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013. Hospital Outpatient service 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 Undocumented aid category exhibited mostly above-average utilization, while children in the Blind/Disabled and Foster Care aid categories primarily displayed normal utilization patterns. Additionally, children in the Other aid category displayed utilization below the expected ranges observed in the baseline period of 2011–12.

Figures SU-35 to SU-39 represent the control chart analysis for children from the first quarter of 2013 to the fourth quarter of 2013.

Trend Analysis – Adults

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

Monthly Hospital Outpatient service utilization rates for adults ages 21 and older ranged from 44.36 to 294.97 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013. As noted in the previous quarterly access reports, Hospital Outpatient service utilization rates were noticeably higher for adults in the Blind/Disabled and Other aid categories compared to other beneficiaries. Adults in the Blind/Disabled and Undocumented aid categories mostly exhibited above-average use of Hospital Outpatient services, while adults in the Aged, Families, and Other aid categories primary displayed normal utilization patterns. Additionally, service use among adults in the Blind/Disabled aid category often reached levels above expected ranges. Of particular note, Hospital Outpatient service utilization rates for adults in the Families aid category declined below expected baseline ranges in the last two months of the study period.

Figures SU-40 to SU-44 represent the control chart analysis for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Hospital Outpatient Services Utilization Rates among Children, January 2013–December 2013

Figure SU-35: Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 6,803**

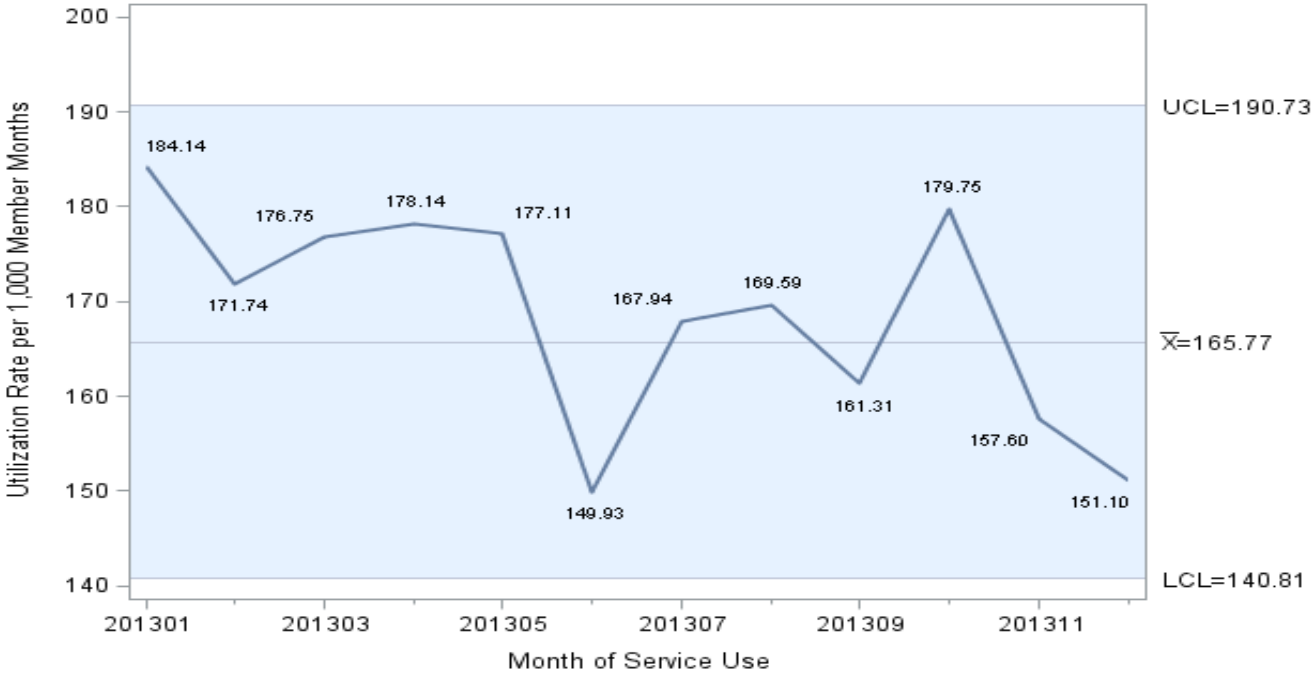


Figure SU-36: Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Families Aid Category, January 2013–December 2013 Unique User Count **= 39,491**

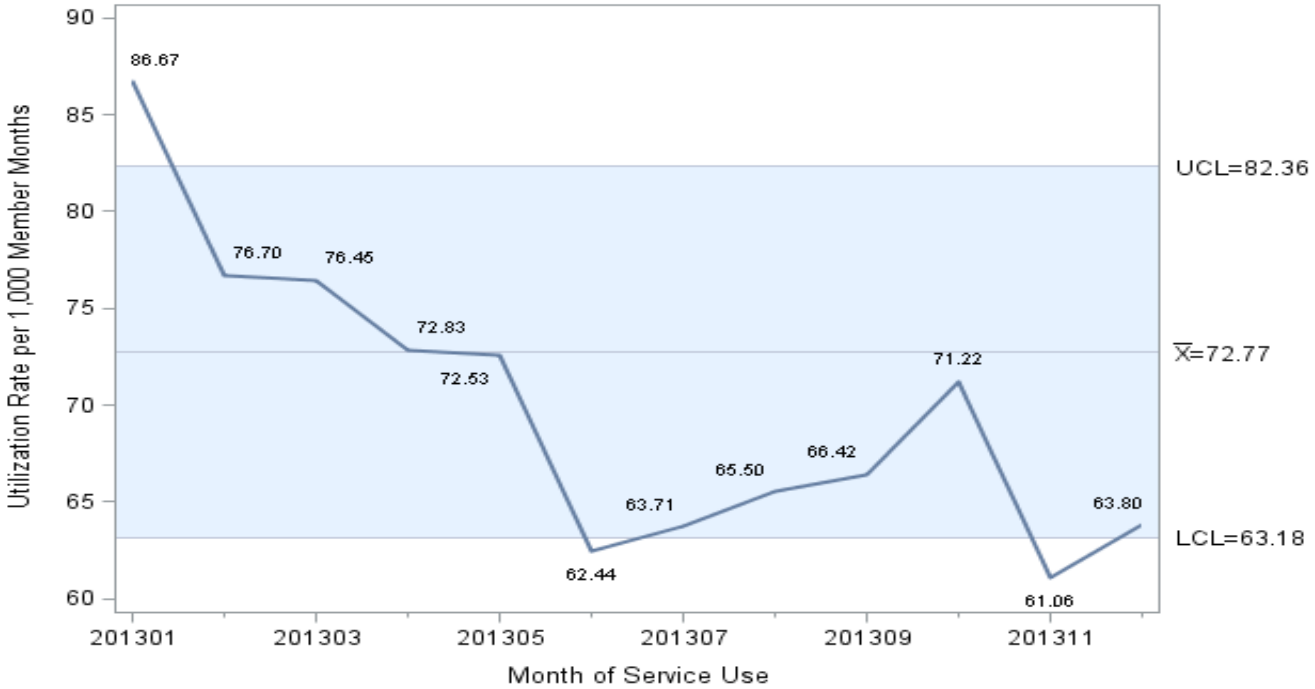


Figure SU-37: Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, January 2013–December 2013 Unique User Count **= 11,736**

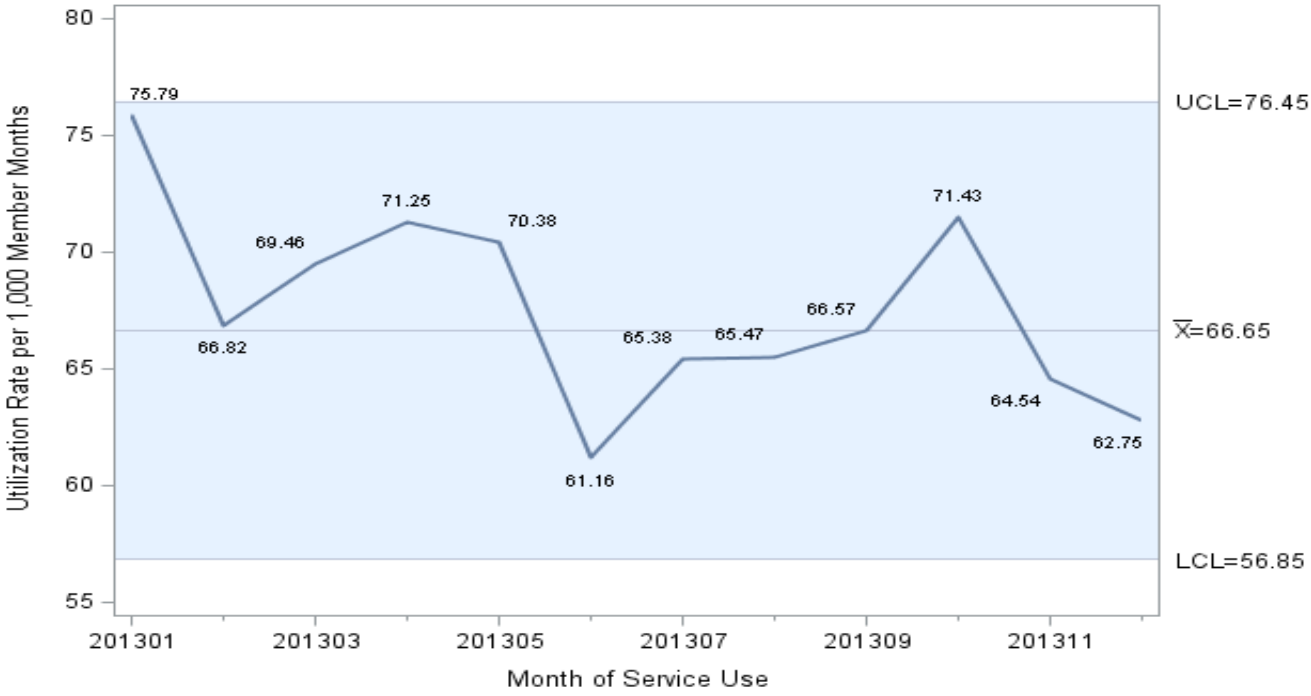


Figure SU-38: Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Other Aid Category, January 2013–December 2013 Unique User Count **= 37,279**

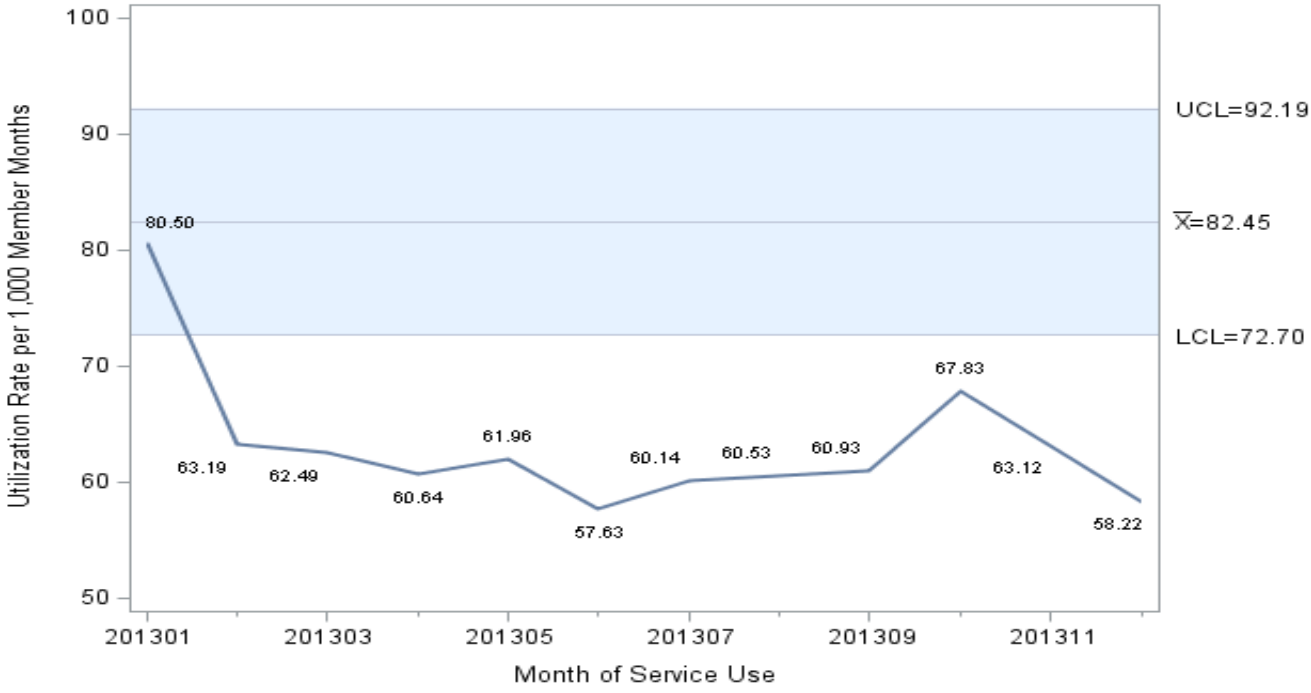
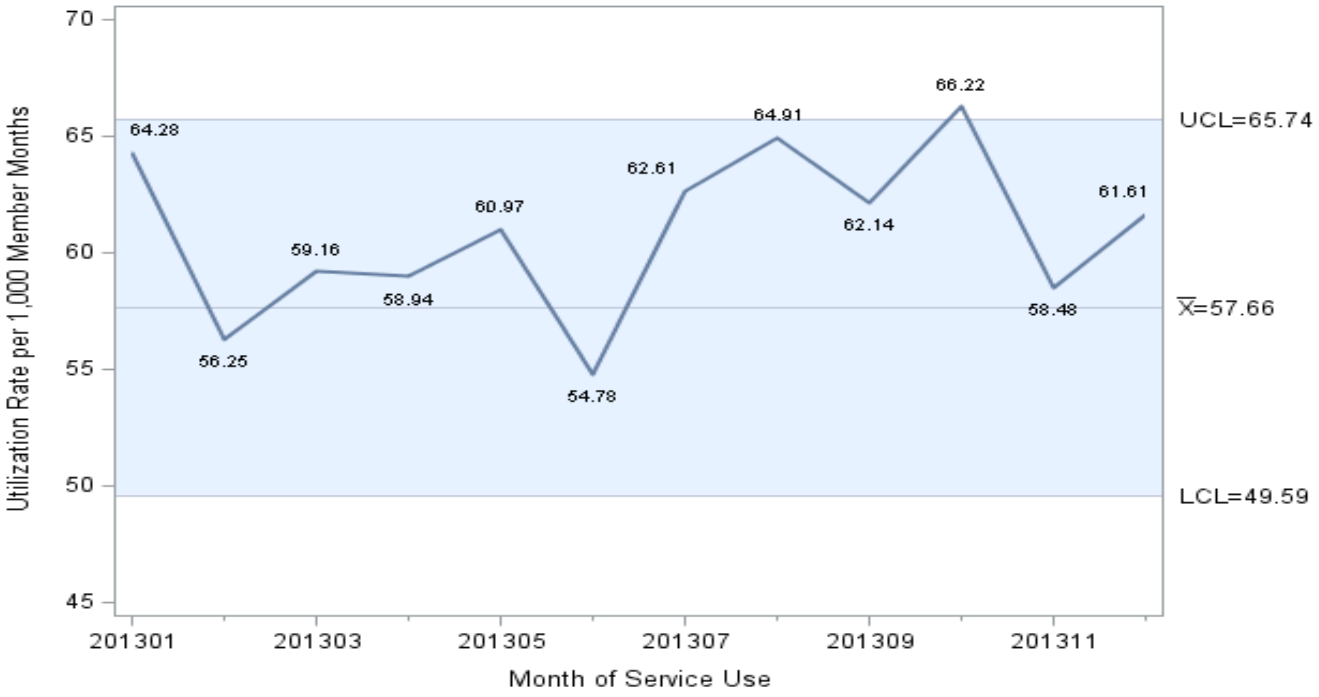


Figure SU-39: Hospital Outpatient Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **=18,767**



Source: Figures SU-35 to SU-39 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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, January 2013–December 2013

Figure SU-40: Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Aged Aid Category, January 2013–December 2013 Unique User Count **= 2,236**

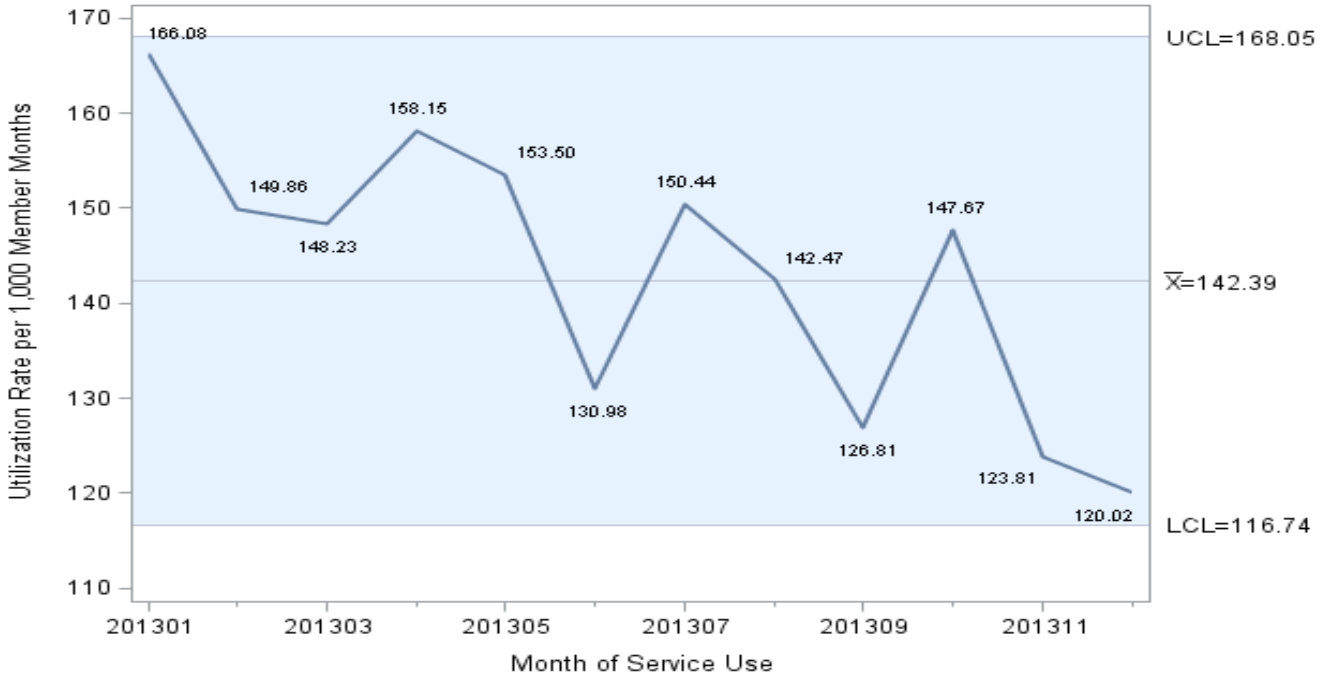


Figure SU-41: Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 24,388**

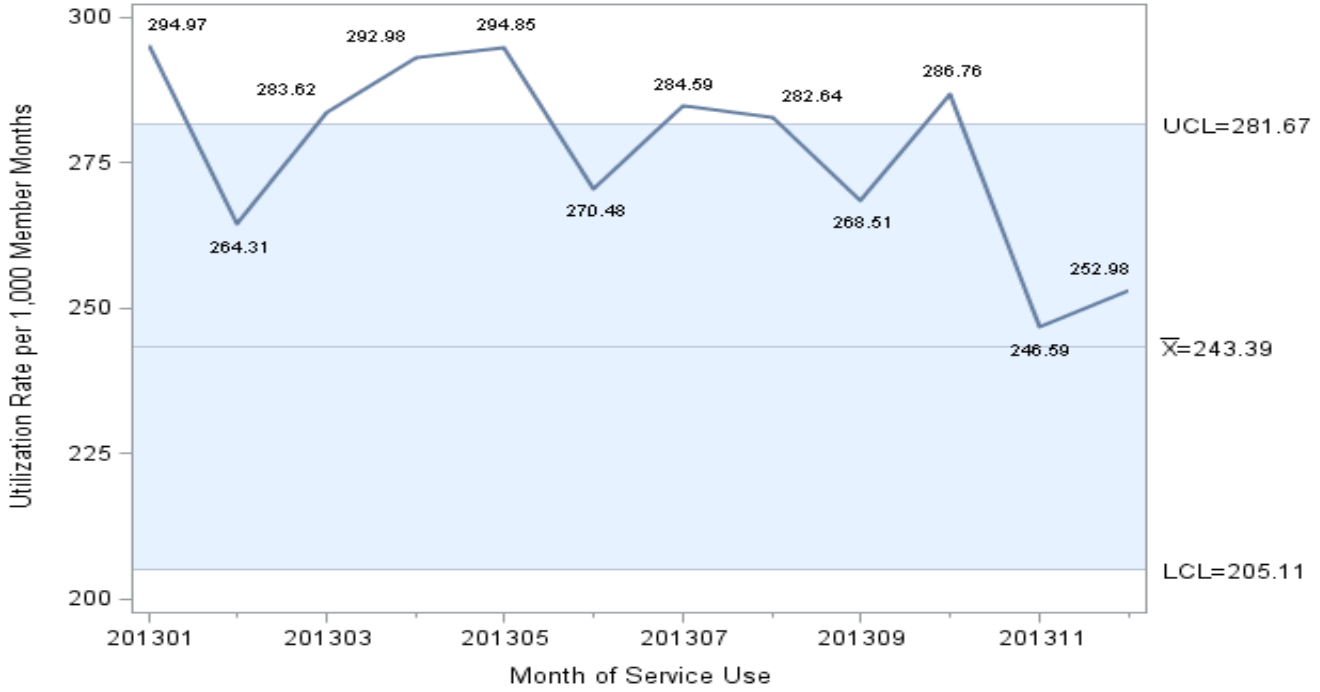


Figure SU-42: Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Families Aid Category, January 2013–December 2013 Unique User Count **= 35,835**

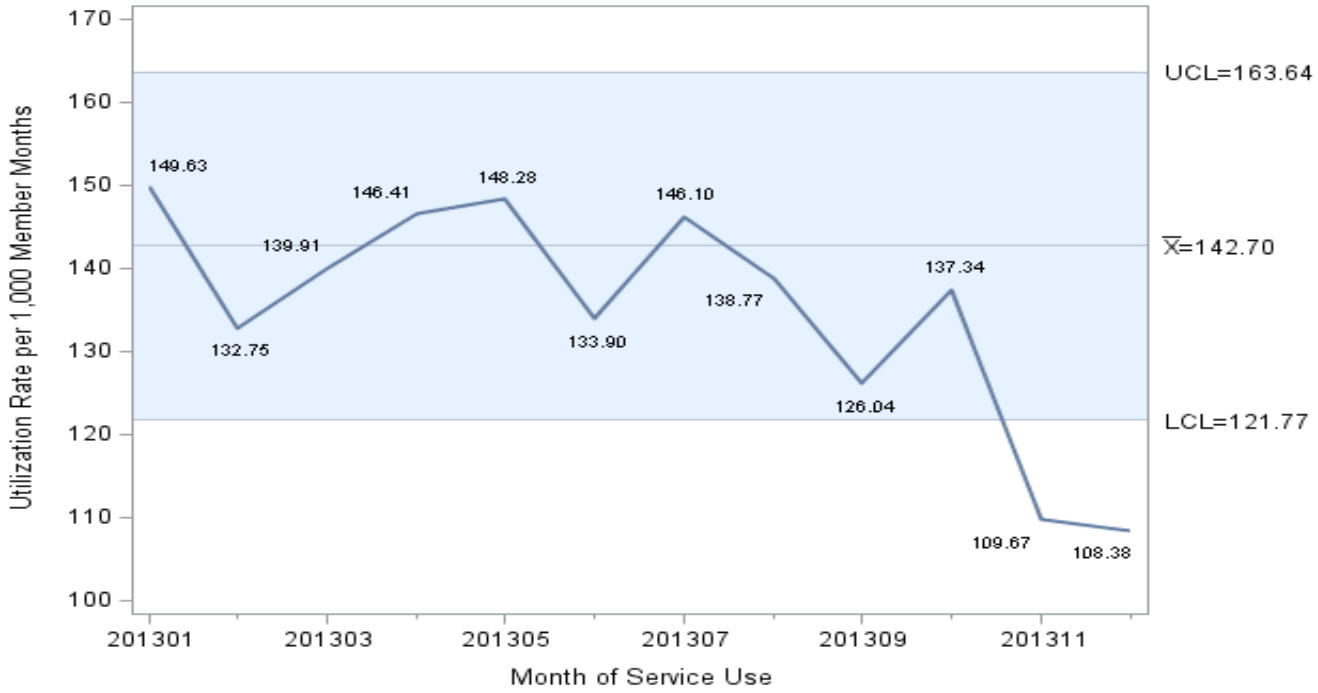


Figure SU-43: Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count **= 20,388**

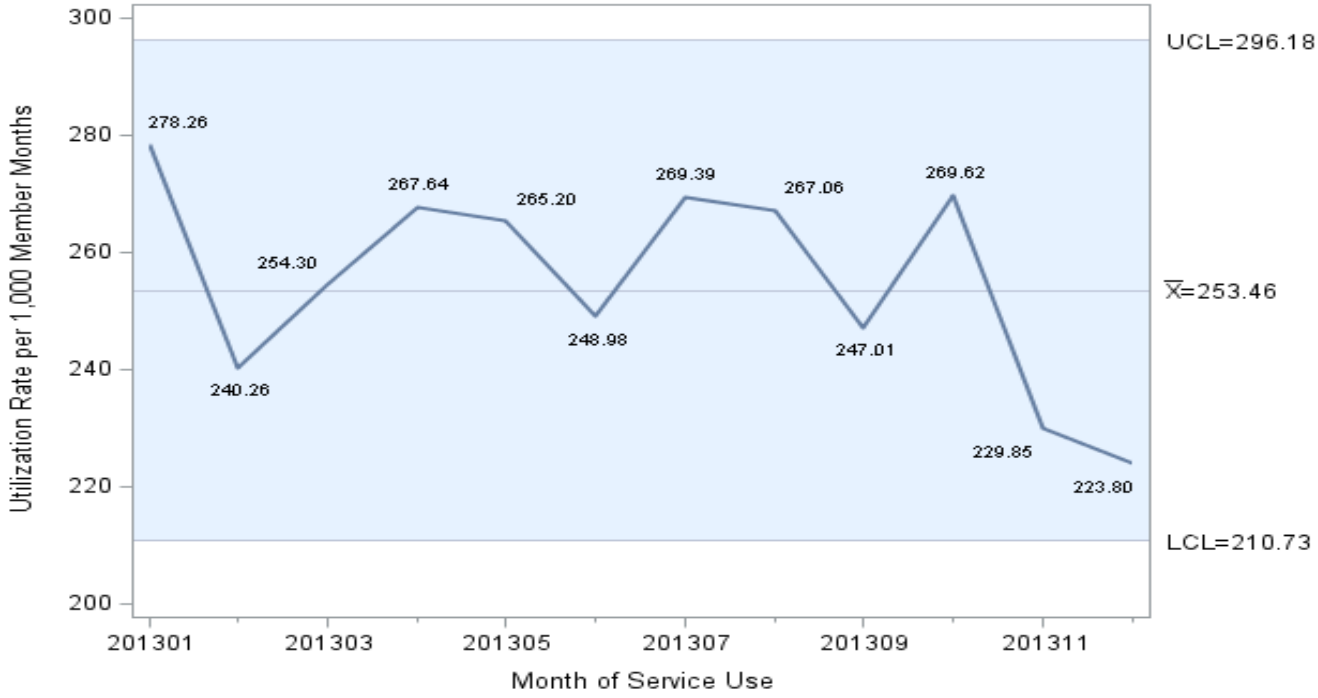
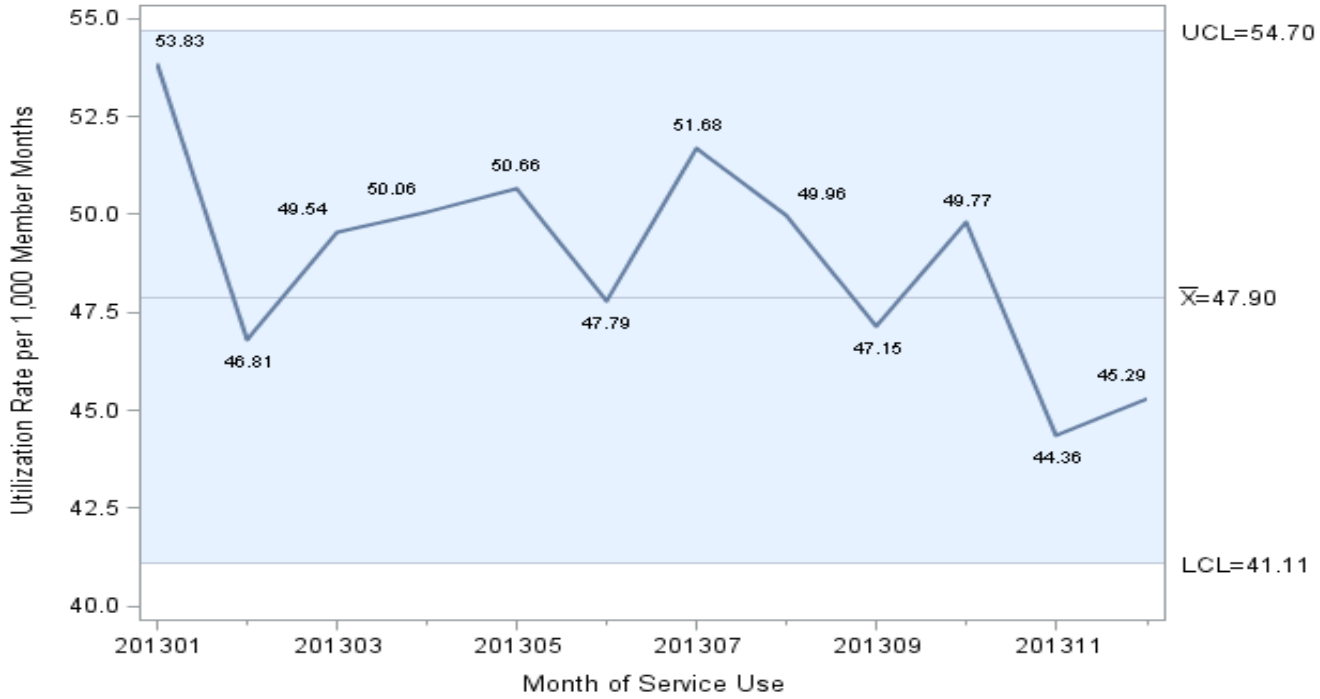


Figure SU-44: Hospital Outpatient Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 50,193**



Source: Figures SU-40 to SU-44 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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 a 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.

FFS Medi-Cal beneficiaries in the Undocumented aid category are not eligible for Nursing Facility Services and were consequently excluded from this analysis.

Trend Analysis – Children

Children in all aid categories were 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.

This analysis only focuses on Nursing Facility services utilization among FFS Medi-Cal adults ages 21 and older enrolled under the Aged, Blind/Disabled, and Other aid categories. Adults in the Families aid category were excluded due to their relatively small user counts (<500).

Among adults in these aid categories, monthly Nursing Facility service utilization rates ranged from 655.40 to 2,357.79 days per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

The Nursing Facility service utilization rates were again highest among adults in the Blind/Disabled and Other aid categories. Although displaying high use, adults in the Other aid category continued to exhibit below-average Nursing Facility service utilization that predominantly fell below the expected ranges observed in the baseline period of 2011–12. In contrast, adults in the Aged and Blind/Disabled aid categories displayed above-average utilization of Nursing Facility services that reached levels well above expected ranges throughout the study period.

Figures SU-45 to SU-47 represent the control chart analysis for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Nursing Facility Services Utilization Rates among Adults, January 2013–December 2013

Figure SU-45: Nursing Facility Utilization Rates among Adults Ages 21+ in the Aged Aid Category, January 2013–December 2013* Unique User Count **= 521**

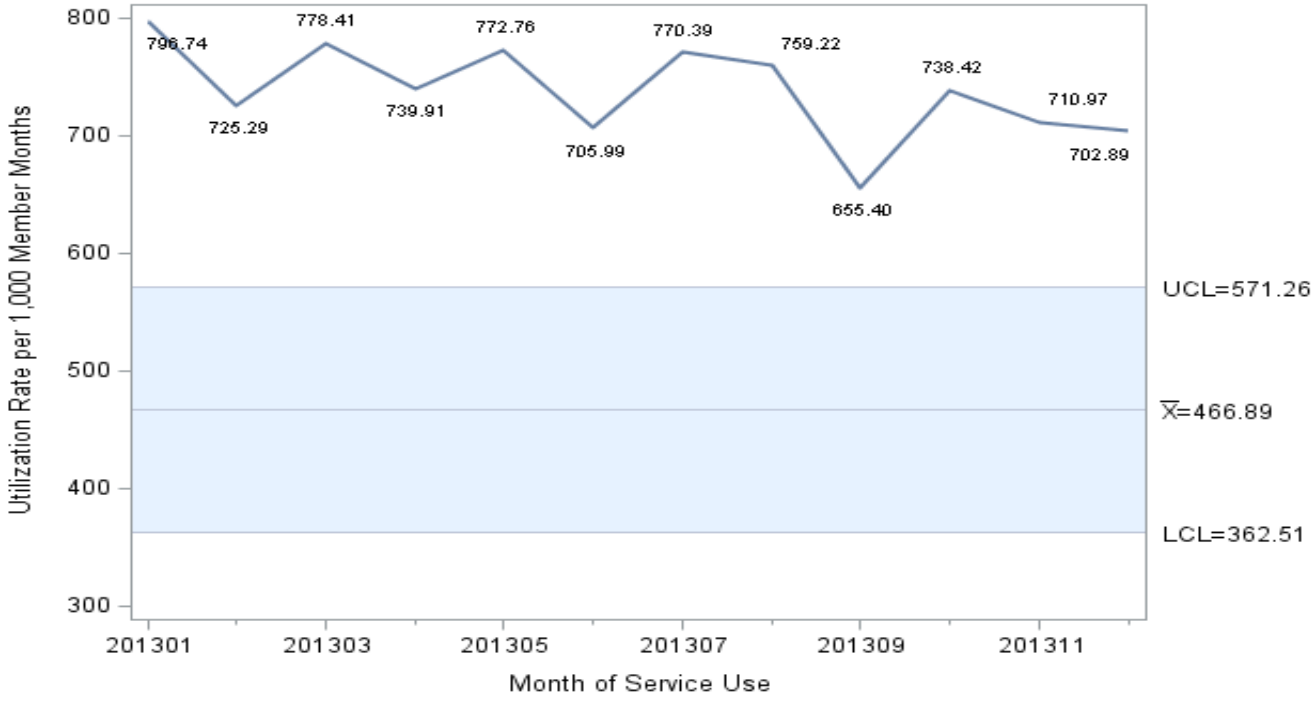


Figure SU-46: Nursing Facility Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 7,253**

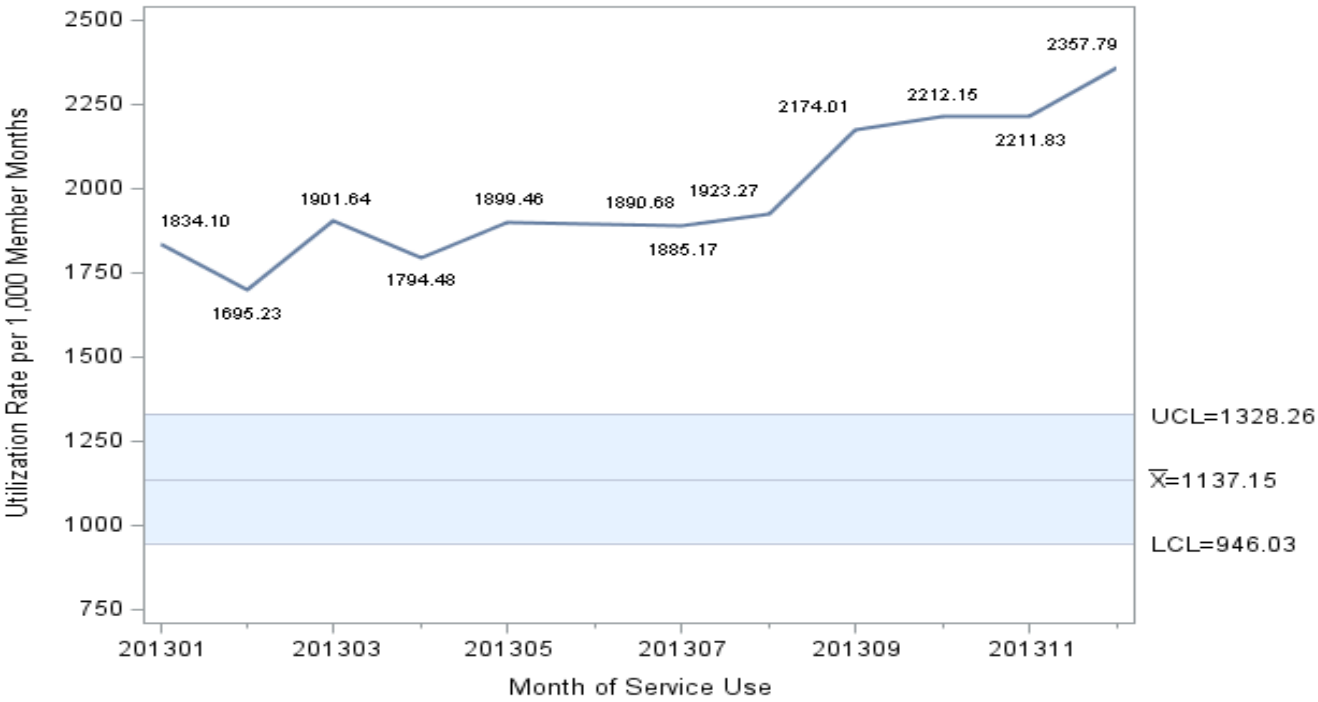
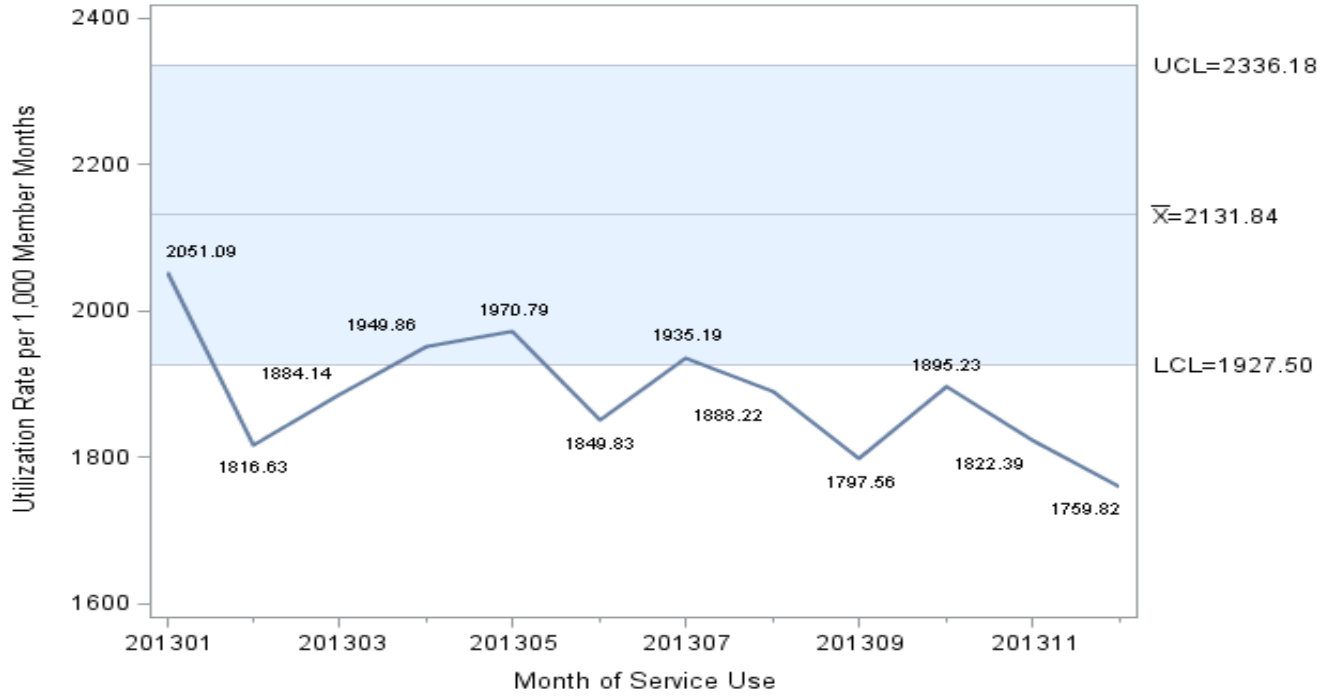


Figure SU-47: Nursing Facility Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count **= 5,143**



Source: Figures SU-45 to SU-47 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four months after corresponding time period to allow for processing of claims and updates to enrollment.
*****Figure SU-45: January 2013 = 796.74

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 represents a significant proportion of the benefits received by the elderly and beneficiaries with a disability, mental illness, or chronic condition.

Pharmacy providers not only dispense prescription drugs, but 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 for 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. Prior 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, as well as for family planning services, hospice services, emergencies, and American Indians served by an Indian health care provider.

Trend Analysis – Children

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

Monthly Pharmacy service utilization rates for children ages 0–20 in the FFS Medi-Cal health care delivery system ranged from 65.64 to 1,372.78 prescriptions per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Similar to results from the previous quarterly access reports, the utilization of Pharmacy services was noticeably higher among children in the Blind/Disabled aid category, with rates about two times higher than those of children in the Foster Care aid category, and five to six times higher than those of children in the Families and Other aid categories. Children in the Families and Other aid categories primarily displayed below-average Pharmacy service utilization that reached levels below the expected ranges observed in the baseline period of 2011–12. In contrast, children in the Blind/Disabled, Foster Care, and Undocumented aid categories exhibited 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.

Figures SU-48 to SU-52 represent the control chart analysis for children from the first quarter of 2013 to the fourth quarter 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 service utilization rates ranged from 179.47 to 3,047.42 prescriptions per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Similar to the trends identified in previous quarterly access reports, Pharmacy service utilization was again noticeably higher among adults in the Blind/Disabled aid category. Adults in the Aged and Other aid categories exhibited high utilization rates for pharmacy services, while adults in the Undocumented aid category utilized these services at much lower rates. Additionally, adults in the Aged, Blind/Disabled, Families, and Other aid categories mostly displayed below-average Pharmacy service utilization, while adults in the Undocumented aid category mostly displayed normal use patterns. Pharmacy service utilization rates for adults in the Aged, Families, and Other aid categories reached below expected ranges.

Figures SU-53 to SU-57 represent the control chart analysis for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Pharmacy Services Utilization Rates among Children, January 2013–December 2013

Figure SU-48: Pharmacy Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 17,437**

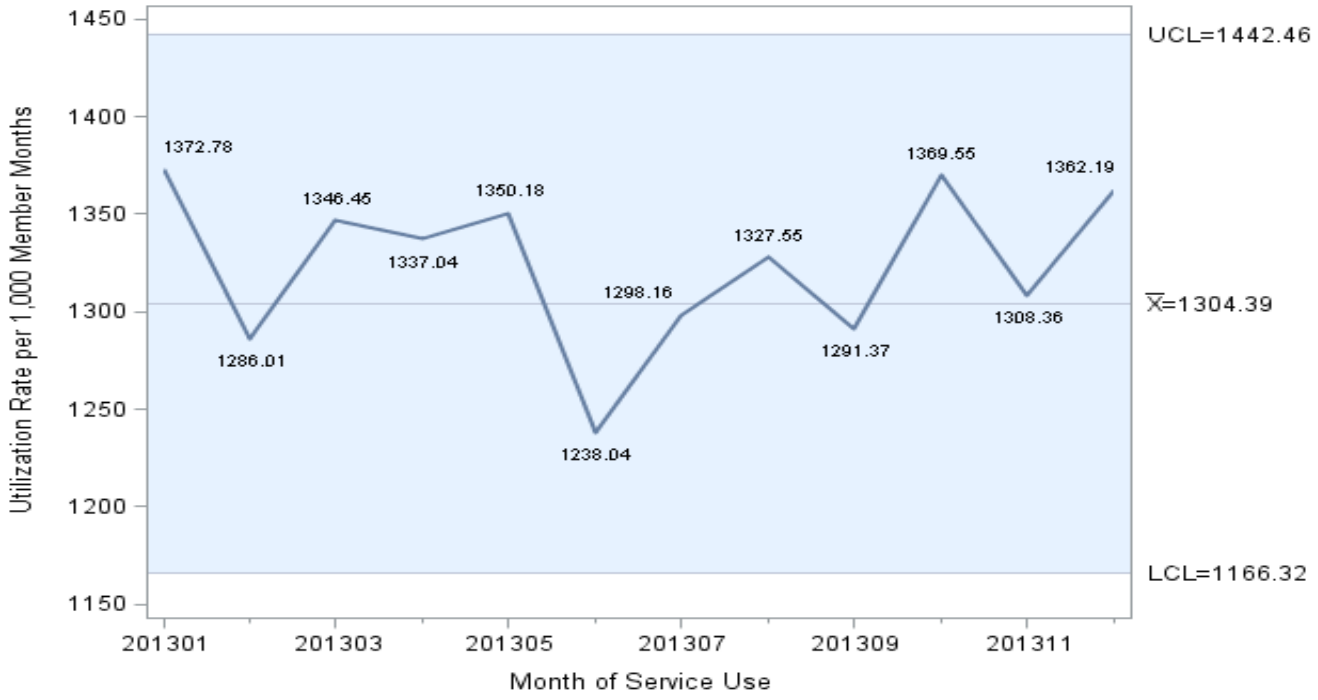


Figure SU-49: Pharmacy Utilization Rates among Children Ages 0–20 in the Families Aid Category, January 2013–December 2013 Unique User Count **= 66,910**

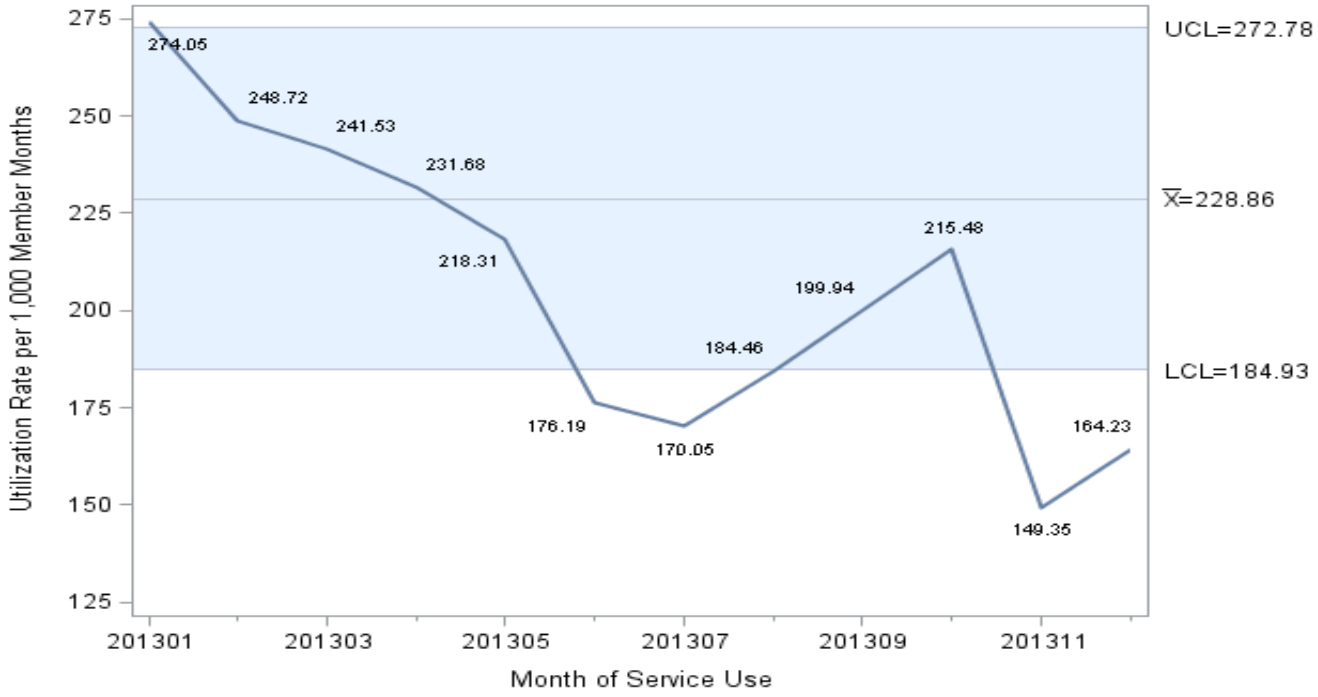


Figure SU-50: Pharmacy Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, January 2013–December 2013 Unique User Count **= 33,791**

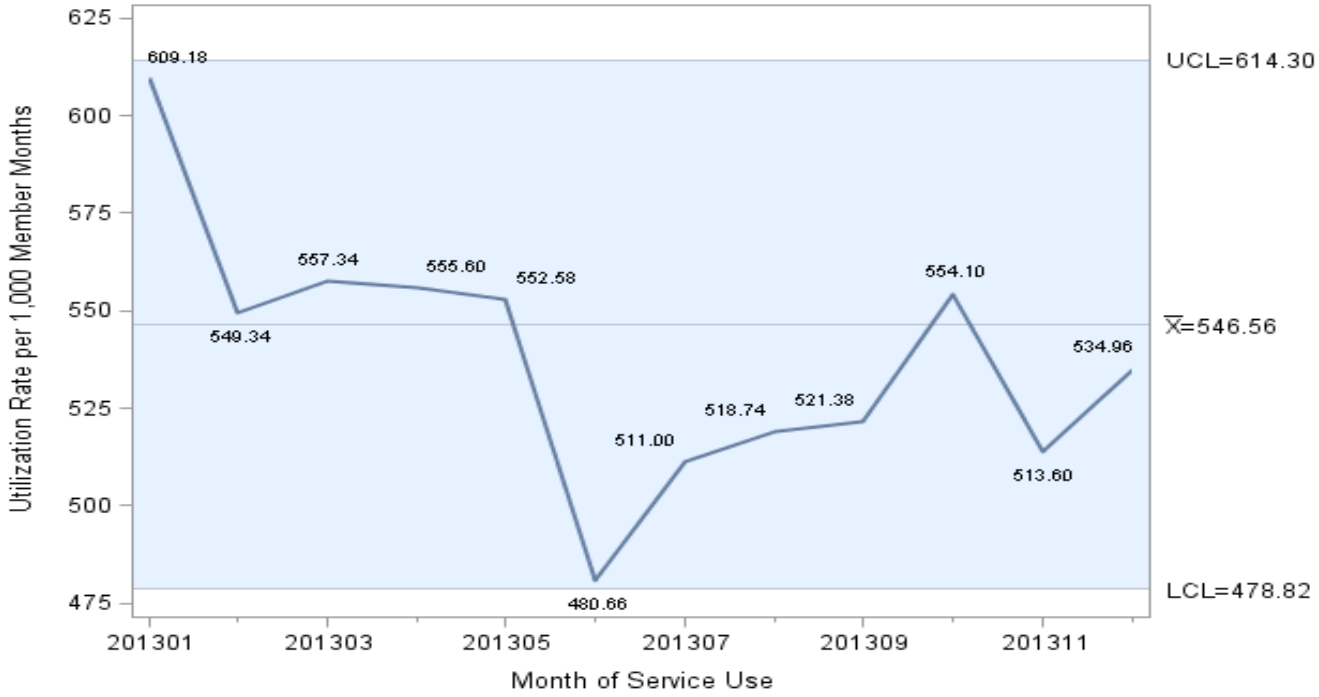


Figure SU-51: Pharmacy Utilization Rates among Children Ages 0–20 in the Other Aid Category, January 2013–December 2013* Unique User Count **= 66,005**

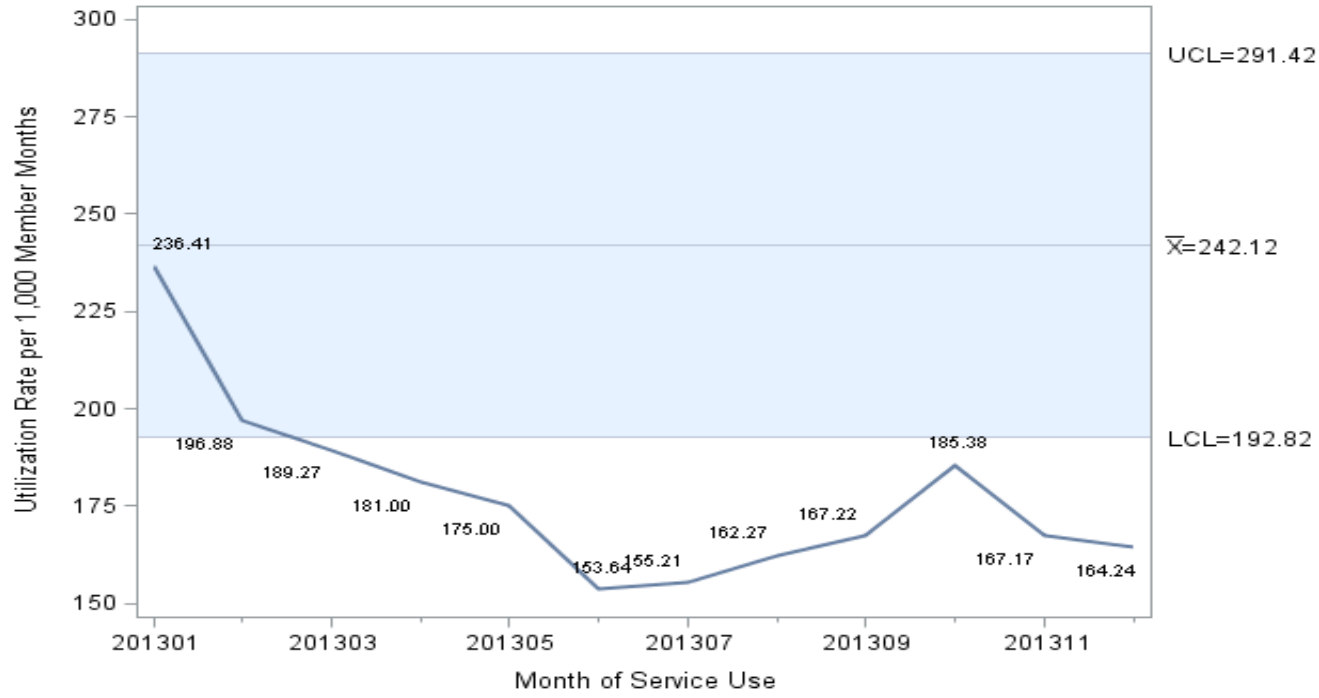
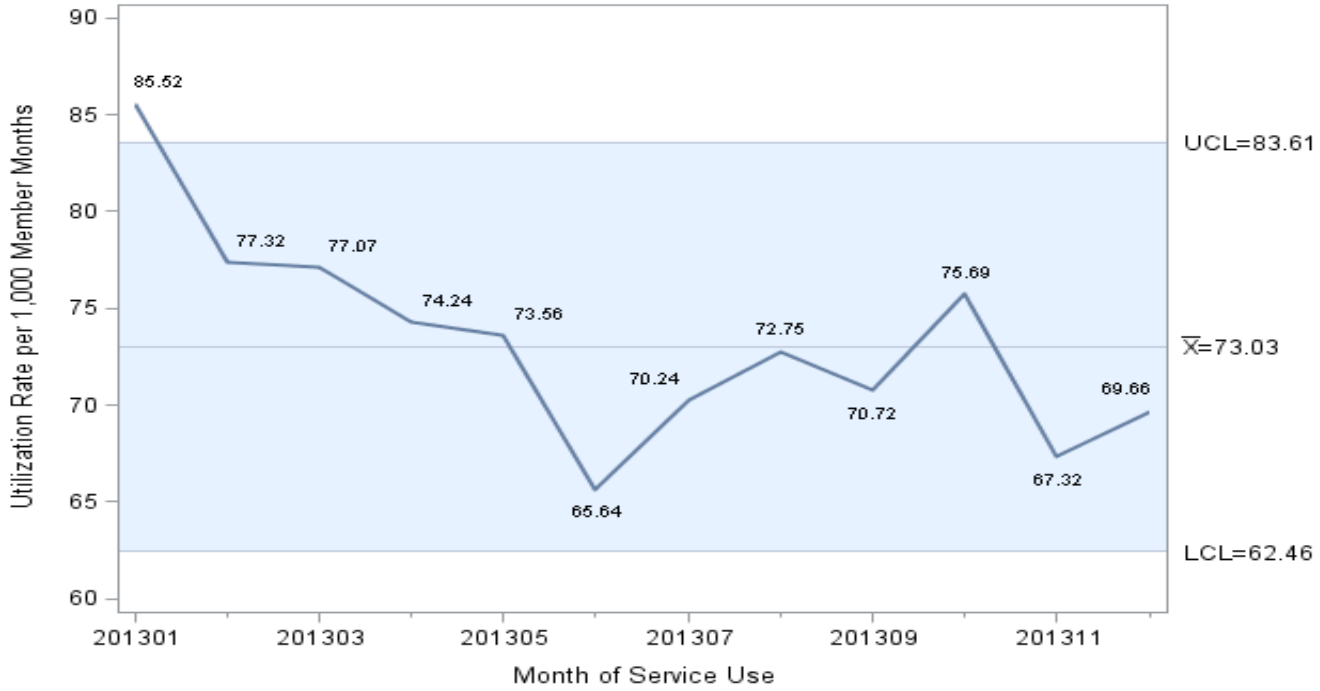


Figure SU-52: Pharmacy Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 11,230**



Source: Figures SU-48 to SU-52 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four months after corresponding time period to allow for processing of claims and updates to enrollment.

*Figure SU-51: June 2013 = 153.64, July 2013 = 155.21

Trends of Monthly Pharmacy Services Utilization Rates among Adults, January 2013–December 2013

Figure SU-53: Pharmacy Utilization Rates among Adults Ages 21+ in the Aged Aid Category, January 2013–December 2013* Unique User Count **= 14,003**

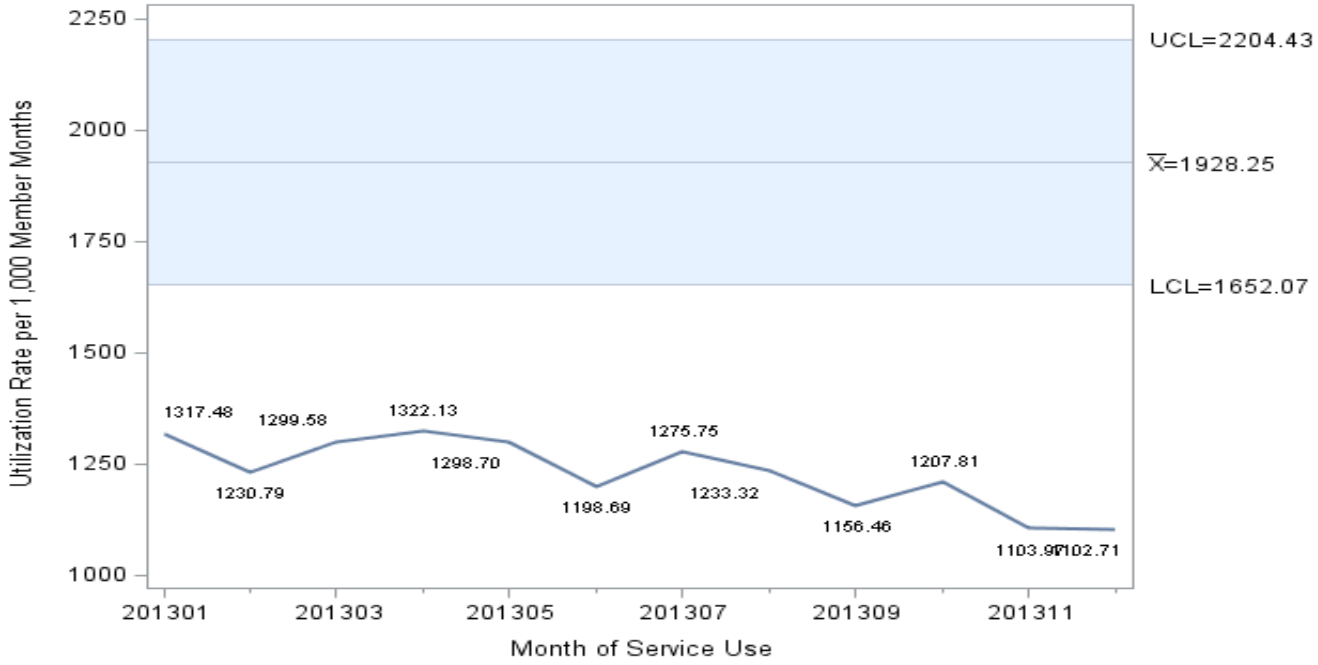


Figure SU-54: Pharmacy Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 65,482**

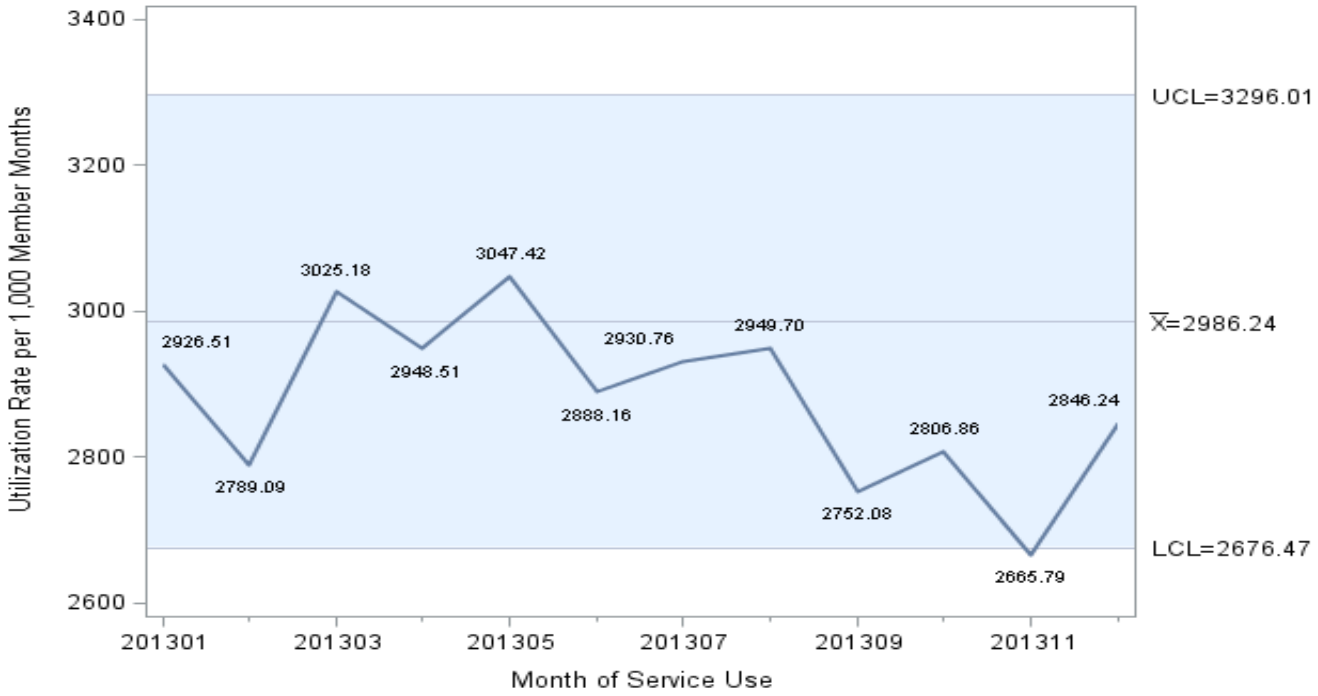


Figure SU-55: Pharmacy Utilization Rates among Adults Ages 21+ in the Families Aid Category, January 2013–December 2013 Unique User Count **= 63,346**

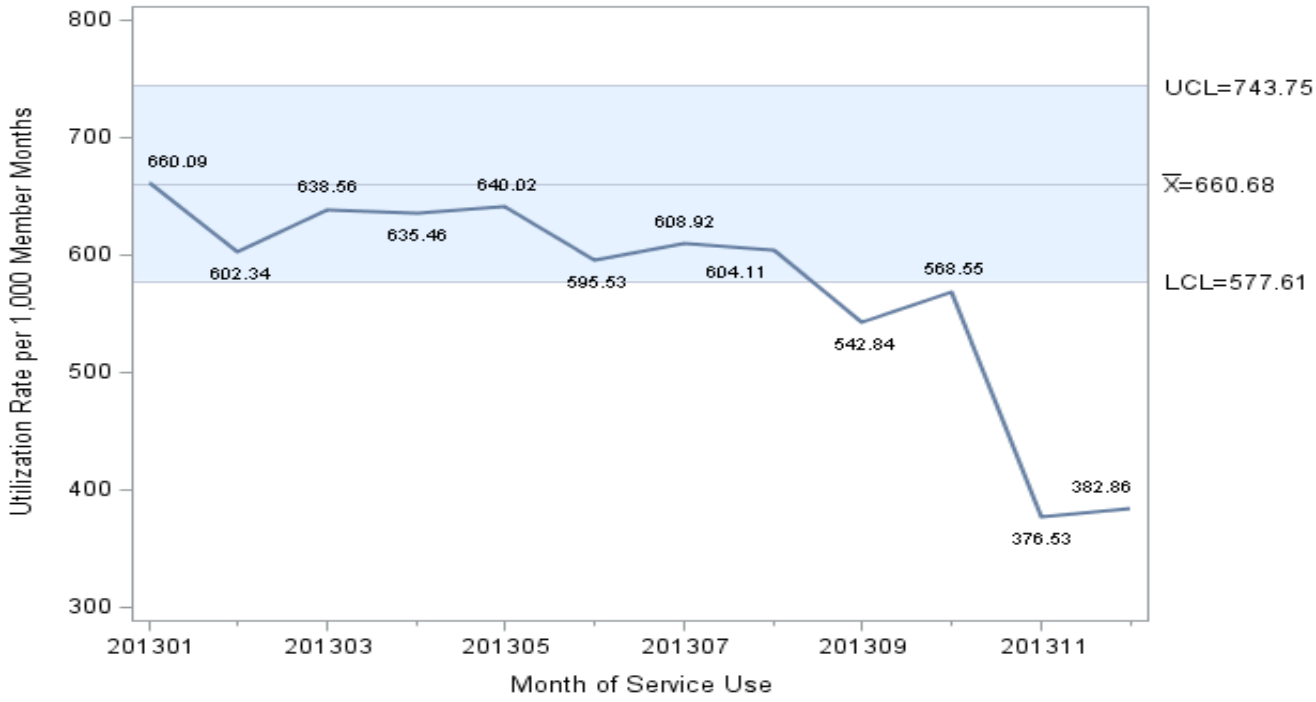


Figure SU-56: Pharmacy Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count **= 33,577**

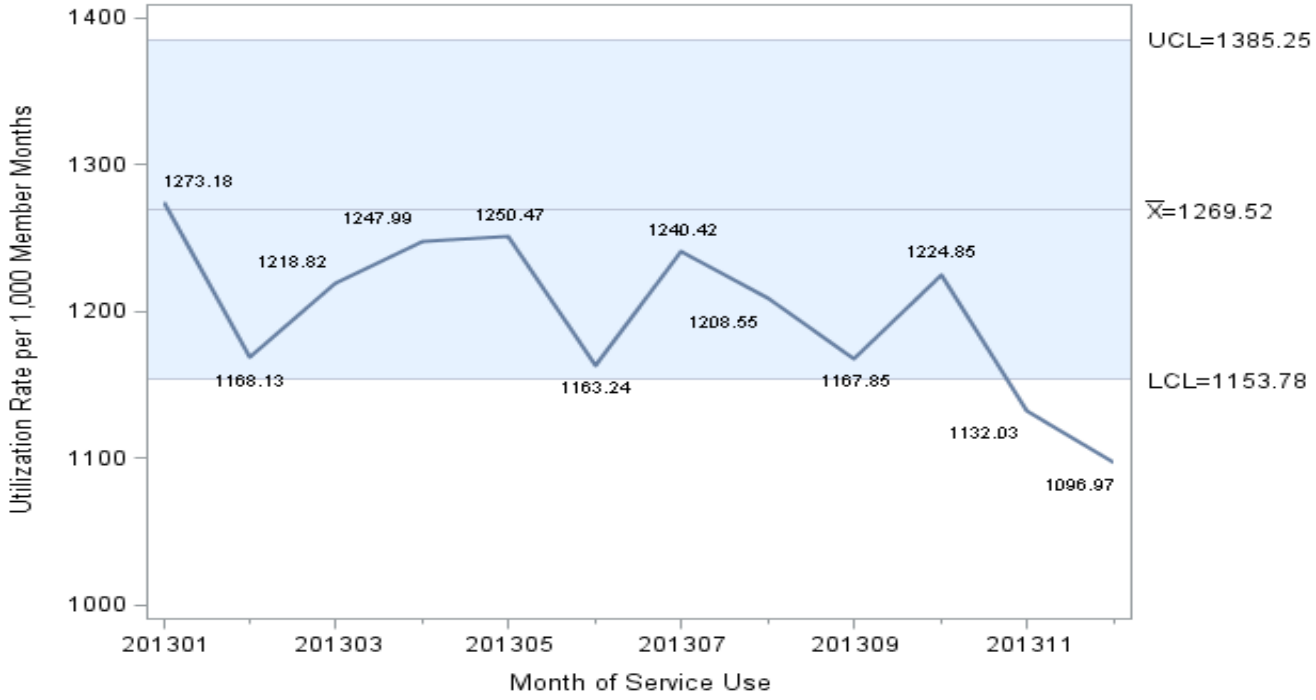
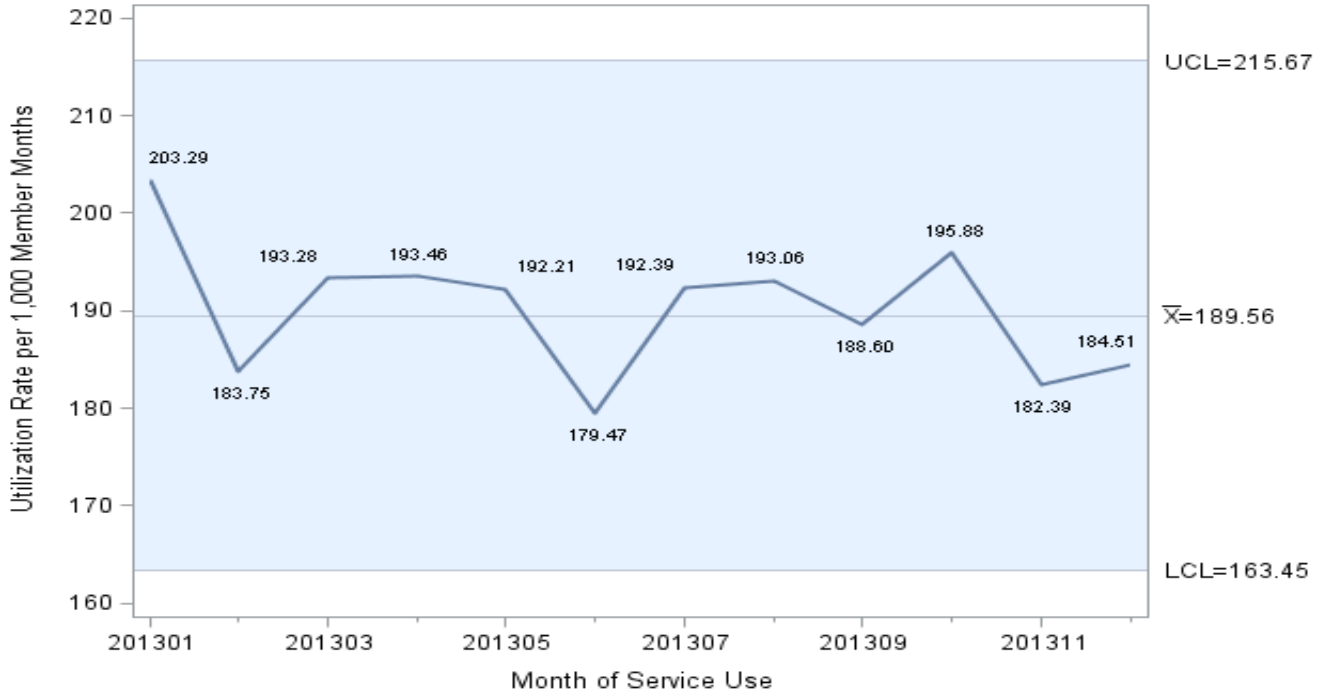


Figure SU-57: Pharmacy Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 92,286**



Source: Figures SU-52 to SU-56 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four months after corresponding time period to allow for processing of claims and updates to enrollment.

*Figure SU-53: November 2013 = 1,103.97; December 2013 = 1,102.71

Other Services

Background

Service providers covered under the Other service 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

- Utilization rates for Other services was noticeably higher among children in the Blind/Disabled aid category.

Among children ages 0–20 in the FFS Medi-Cal health care delivery system, monthly utilization rates for Other services ranged from 13.64 to 1,529.87 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Similar to results from the prior reporting period, utilization of Other services was again noticeably higher among children in the Blind/Disabled aid category. Children in the Other and Undocumented aid categories mostly exhibited below-average utilization of Other services. Additionally, children in the Blind/Disabled, Families, and Foster Care aid categories exhibited mostly normal utilization that primarily remained within the expected ranges observed in the baseline period of 2011–12. Of particular note, children in the Blind/Disabled, Families, Foster Care, and Other aid categories exhibited a noticeable decline in utilization during the second quarter of 2013 before increasing in the third quarter of the study period.

Figures SU-58 to SU-62 represent the control chart analysis for children from the first quarter of 2013 to the fourth quarter of 2013.

Trend Analysis – Adults

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

Monthly utilization rates for Other services among adults ages 21 and older ranged from 37.13 to 355.23 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Consistent with the trends identified in previous quarterly access reports, Other service utilization rates were noticeably higher for adults in the Aged, Blind/Disabled, and Other aid categories, and lowest among adults in the Undocumented aid category. Adults in all analyzed aid categories exhibited mostly below-average use of Other services throughout the study period. Additionally, adults in the Aged aid category again displayed utilization rates mostly below expected ranges. Of particular note, adults in all analyzed aid categories exhibited a noticeable increase in utilization during October 2013.

Figures SU-63 to SU-67 represent the control chart analysis for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Other Services Utilization Rates among Children, January 2013–December 2013

Figure SU-58: Other Services Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 13,394**

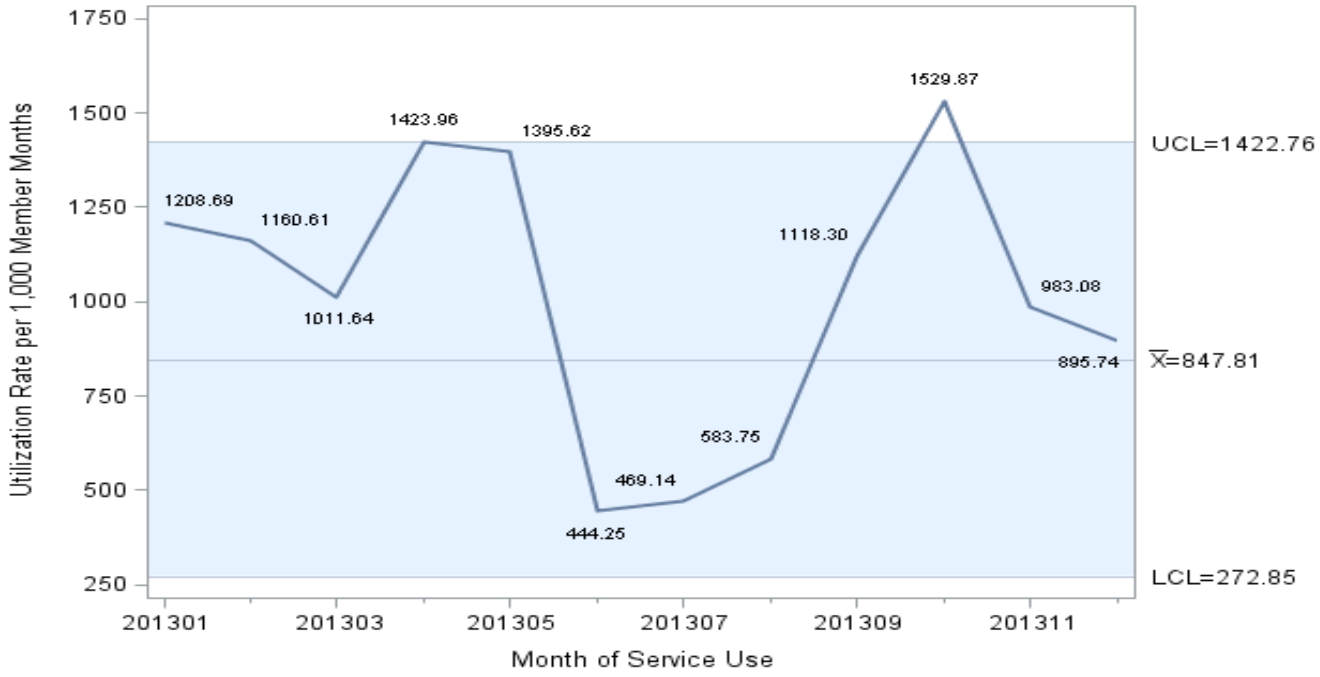


Figure SU-59: Other Services Utilization Rates among Children Ages 0–20 in the Families Aid Category, January 2013–December 2013 Unique User Count **= 41,698**

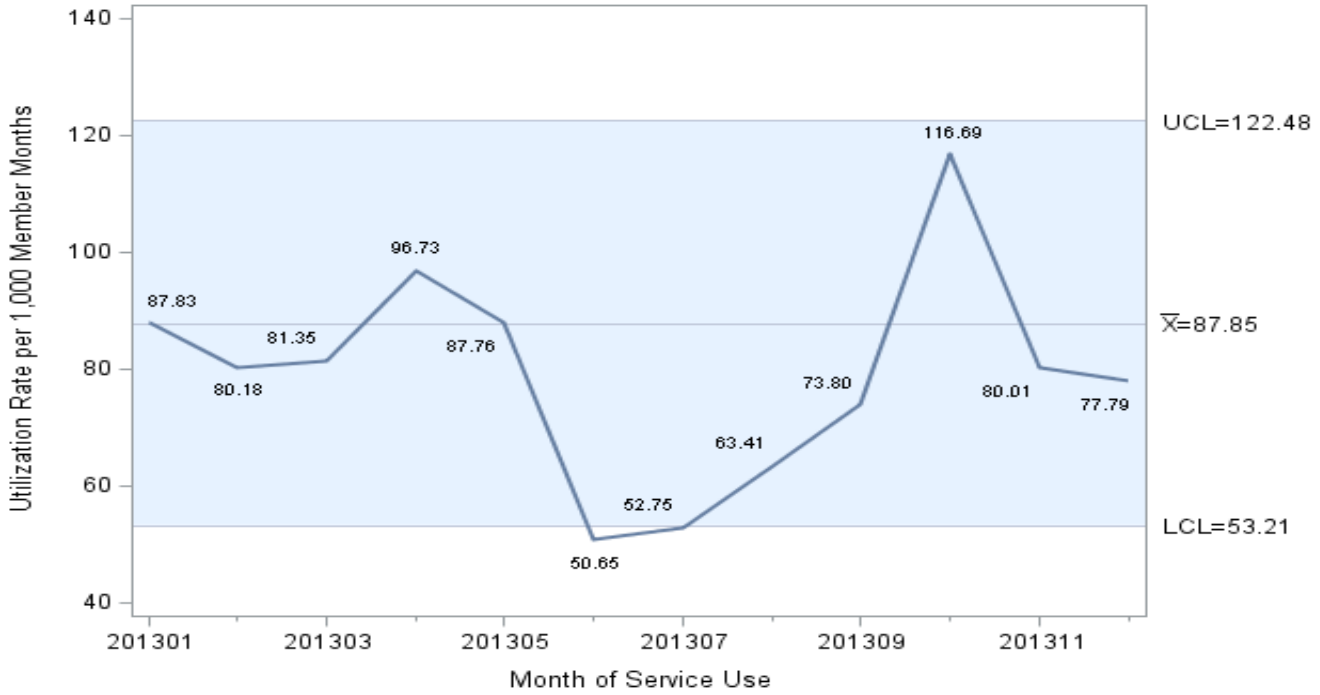


Figure SU-60: Other Services Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, January 2013–December 2013 Unique User Count **= 19,015**

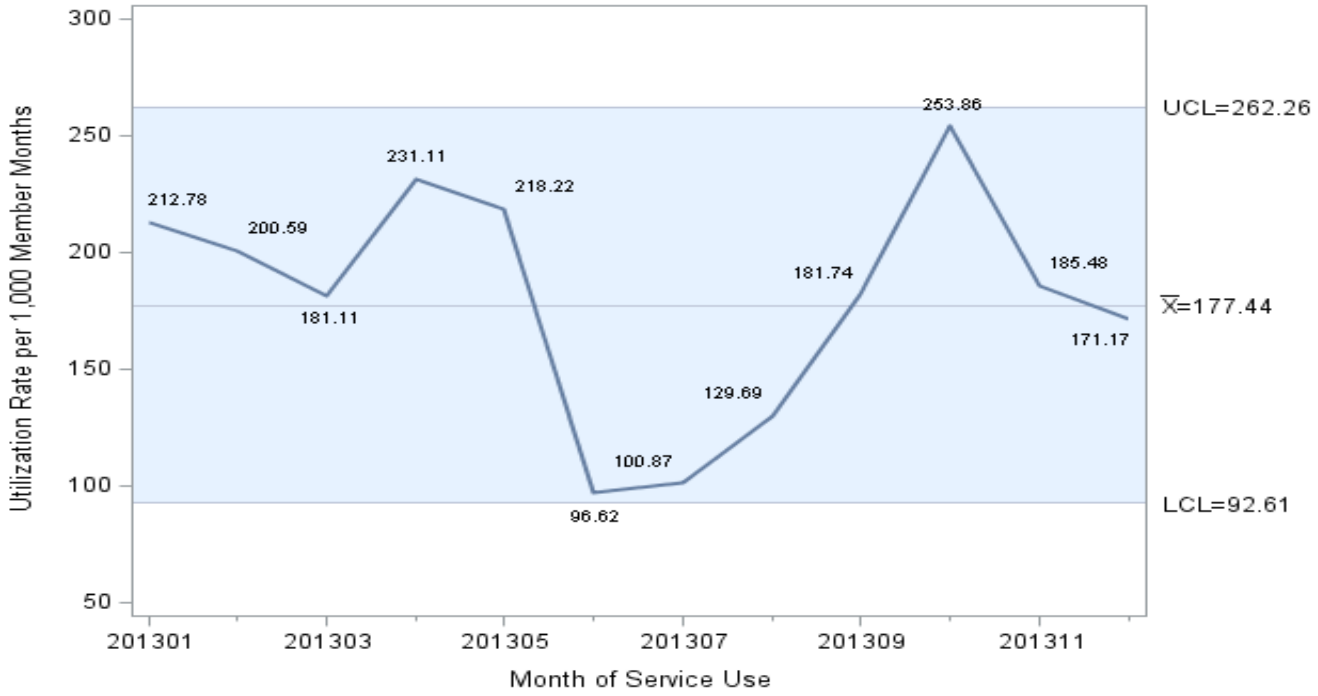


Figure SU-61: Other Services Utilization Rates among Children Ages 0–20 in the Other Aid Category, January 2013–December 2013 Unique User Count **= 44,137**

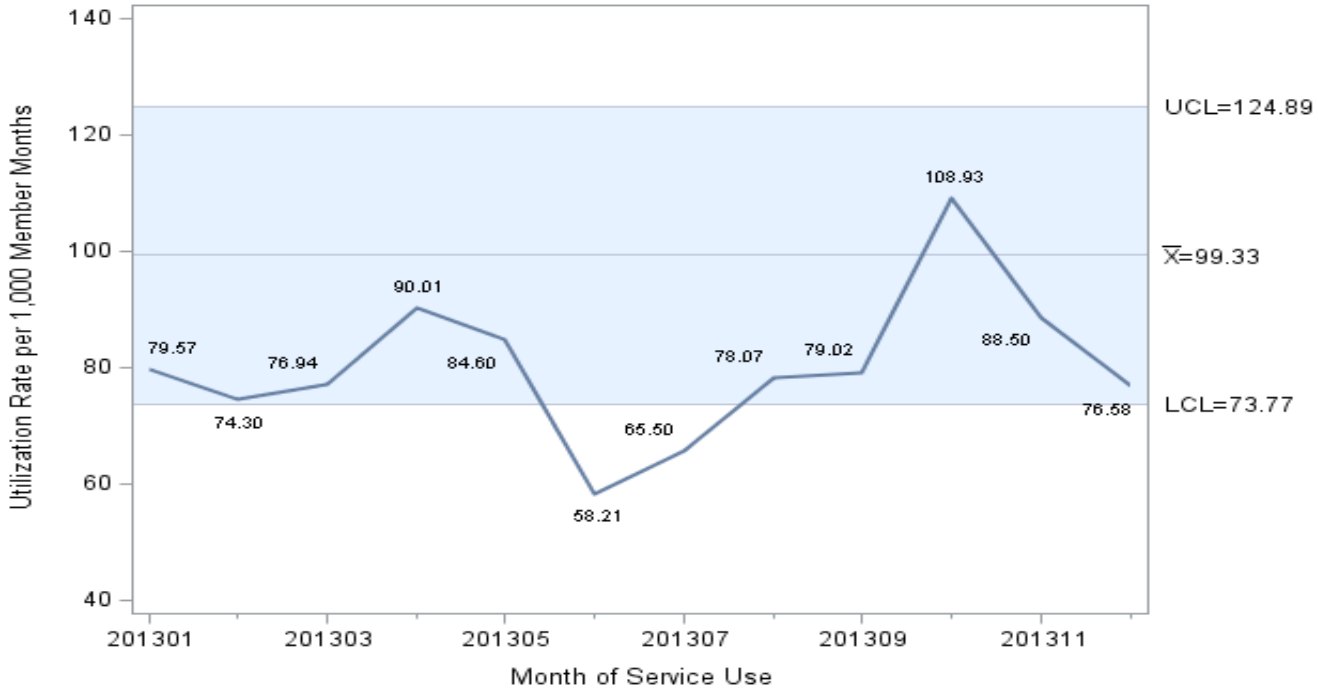
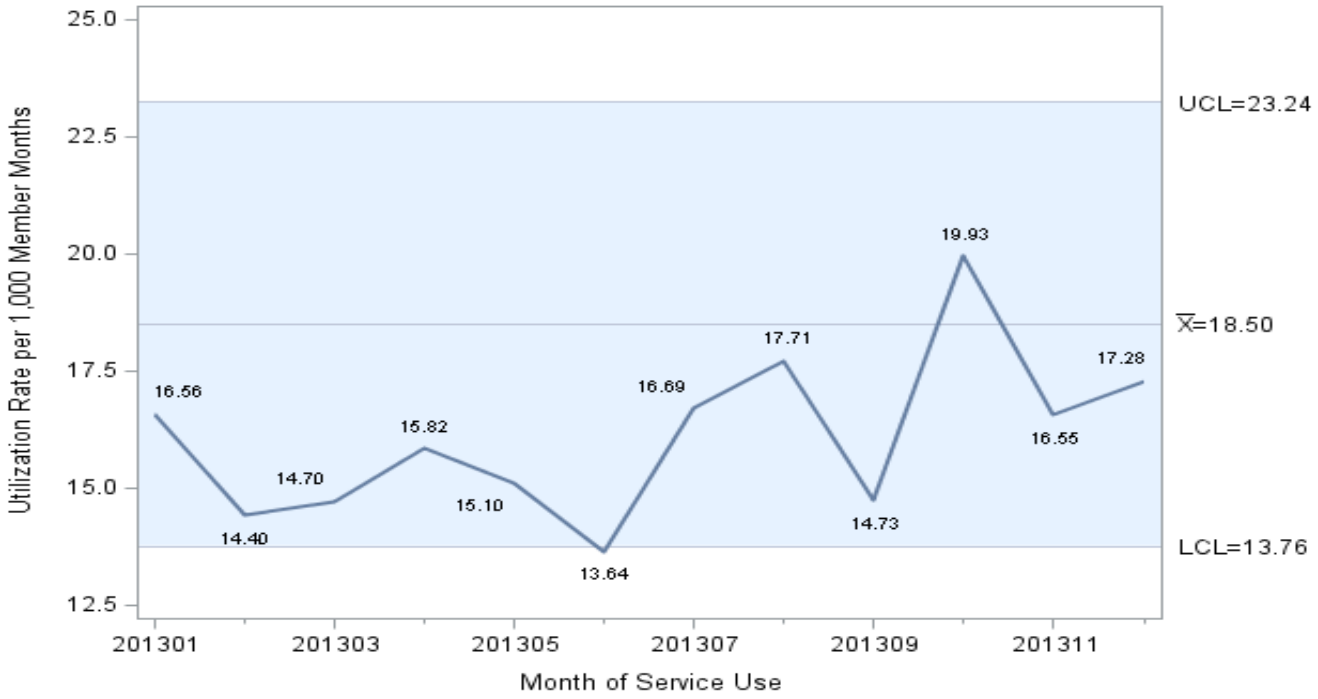


Figure SU-62: Other Services Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 4,741**



Source: Figures SU-58 to SU-62 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Other Services Utilization Rates among Adults, January 2013–December 2013

Figure SU-63: Other Services Utilization Rates among Adults Ages 21+ in the Aged Aid Category, January 2013–December 2013 Unique User Count **= 3,625**

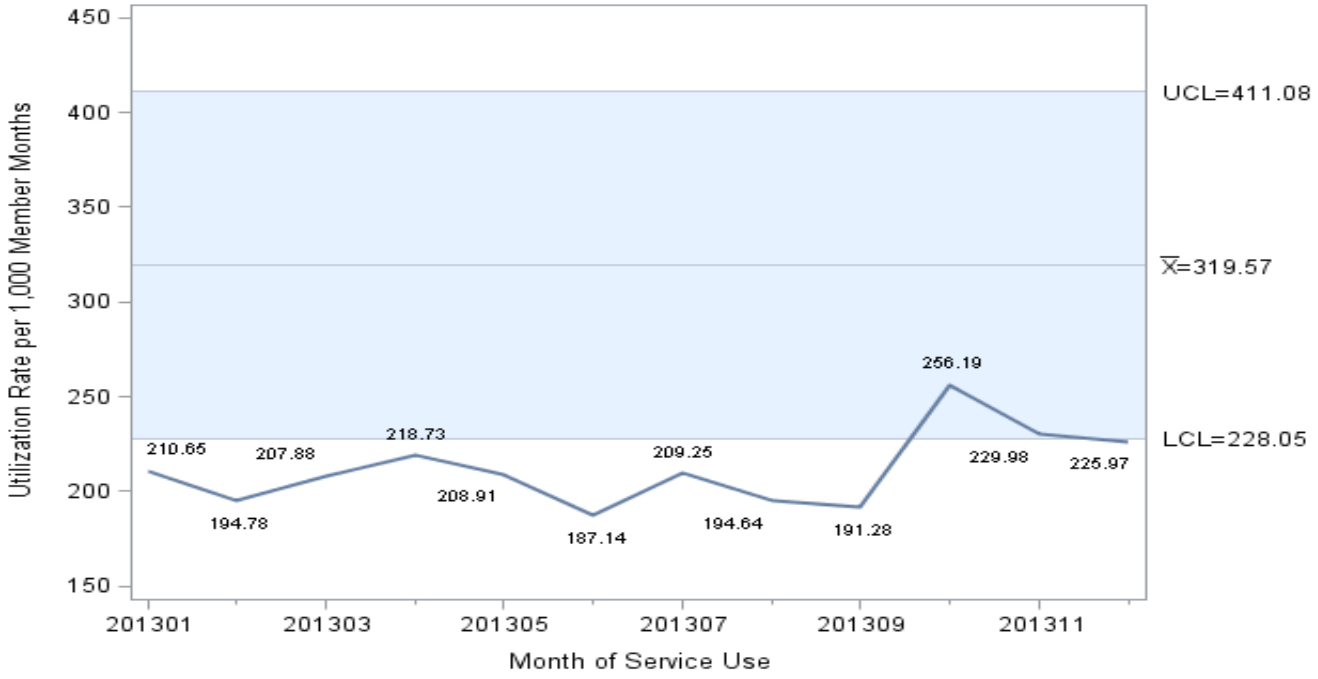


Figure SU-64: Other Services Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 25,824**

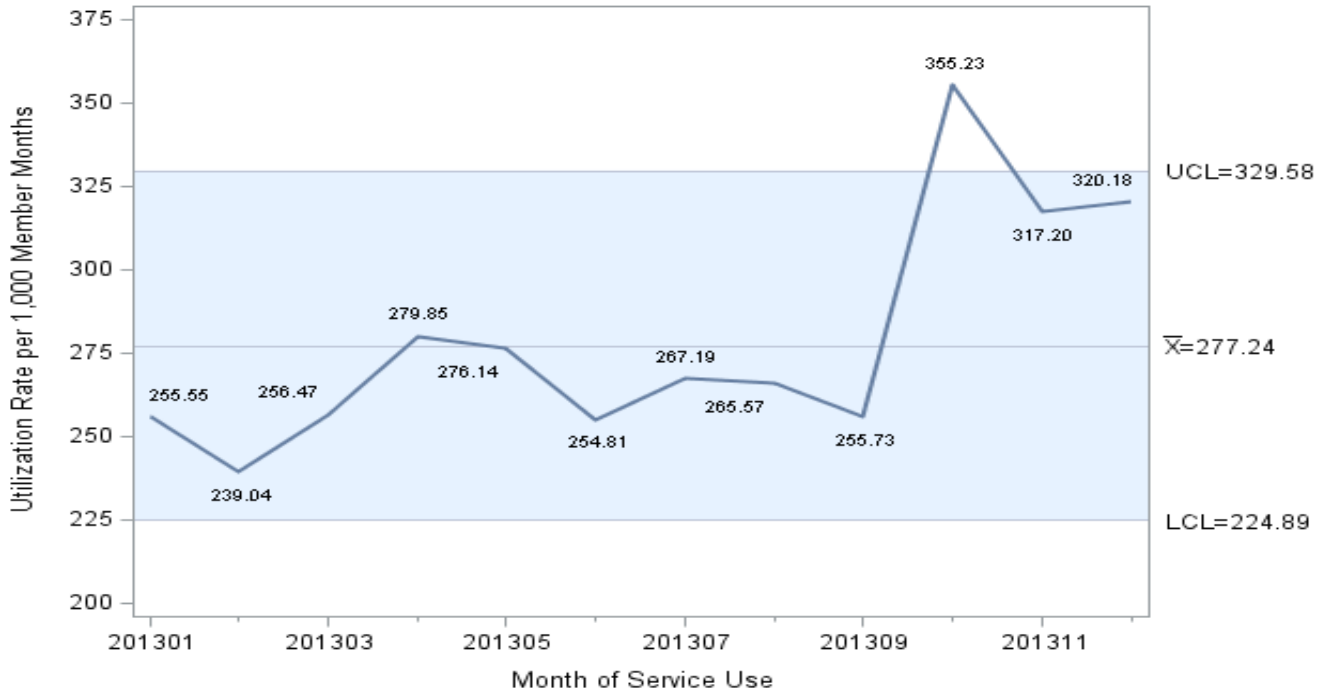


Figure SU-65: Other Services Utilization Rates among Adults Ages 21+ in the Families Aid Category, January 2013–December 2013 Unique User Count **= 39,029**

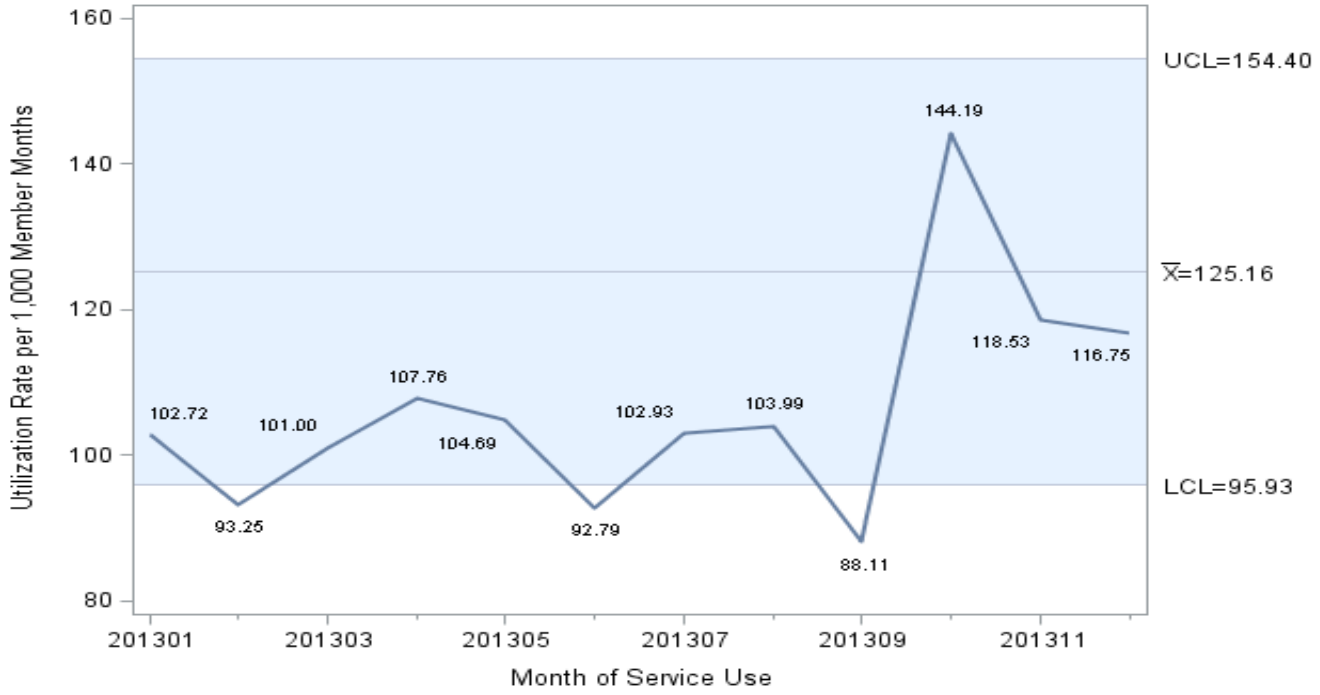


Figure SU-66: Other Services Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count **= 29,837**

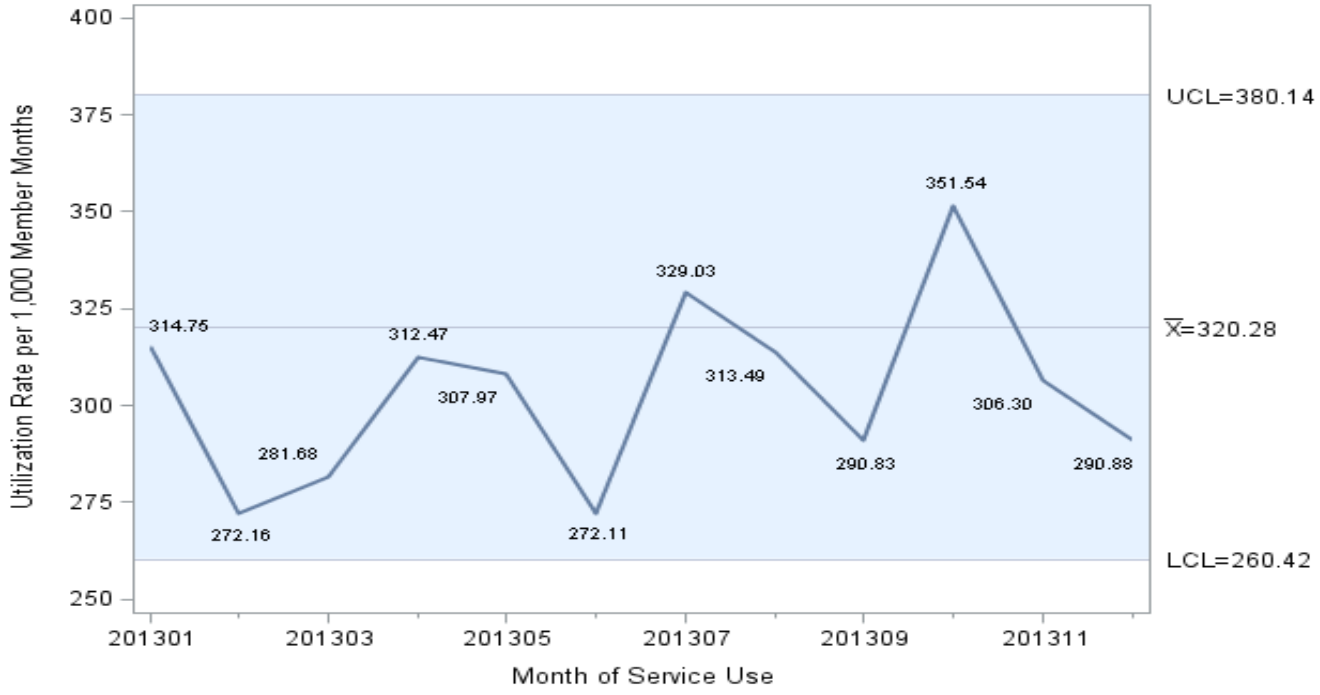
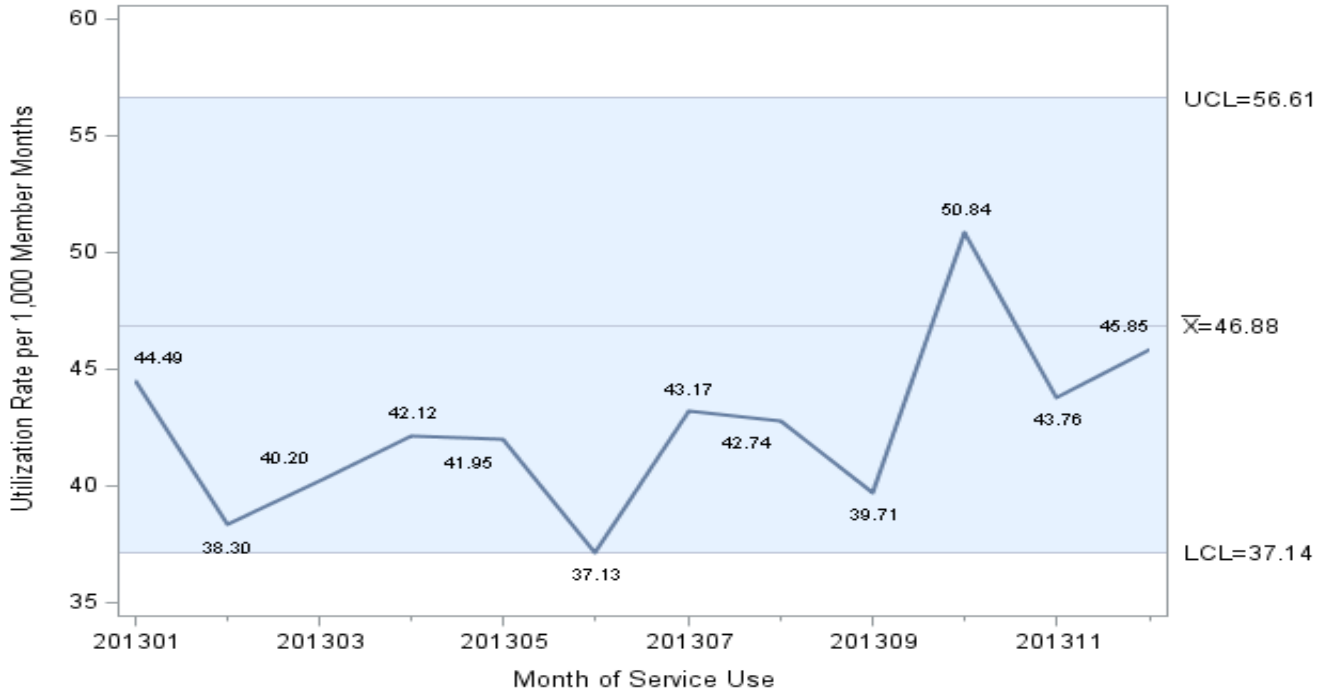


Figure SU-67: Other Services Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 43,238**



Source: Figures SU-63 to SU-67 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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.[7,8]

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.

[7] Centers for Medicare and Medicaid Services, Clinical Laboratory Improvement Amendments (http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/HowObtainCLIACertificate.pdf).
[8] Additional information on radiology services can be viewed at 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 children ages 0–20 in the FFS Medi-Cal health care delivery system, monthly Radiology service utilization rates ranged from 30.45 to 113.88 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Radiology service 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. Children in the Undocumented aid category primarily exhibited above average utilization within the expected ranges. Additionally, children in the Blind/Disabled, Families, and Foster Care aid categories displayed service use rates that primarily fell within baseline ranges, while rates for those in the Other aid category mostly fell below the expected ranges observed in the baseline period of 2011–12.

Figures SU-68 to SU-72 represent the analysis of Radiology service utilization for children from the first quarter of 2013 to the fourth quarter of 2013.

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 54.85 to 333.17 visits per 1,000 member months from the first quarter of 2013 to the fourth quarter of 2013.

Service 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 mostly above expected baseline ranges. Radiology utilization rates for adults in the Families, Other, and Undocumented aid categories mostly fell within expected baseline ranges throughout the study period.

Figures SU-73 to SU-77 represent the analysis of Radiology service utilization for adults from the first quarter of 2013 to the fourth quarter of 2013.

Trends of Monthly Radiology Services Utilization Rates among Children, January 2013–December 2013

Figure SU-68: Radiology Utilization Rates among Children Ages 0–20 in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 3,252**

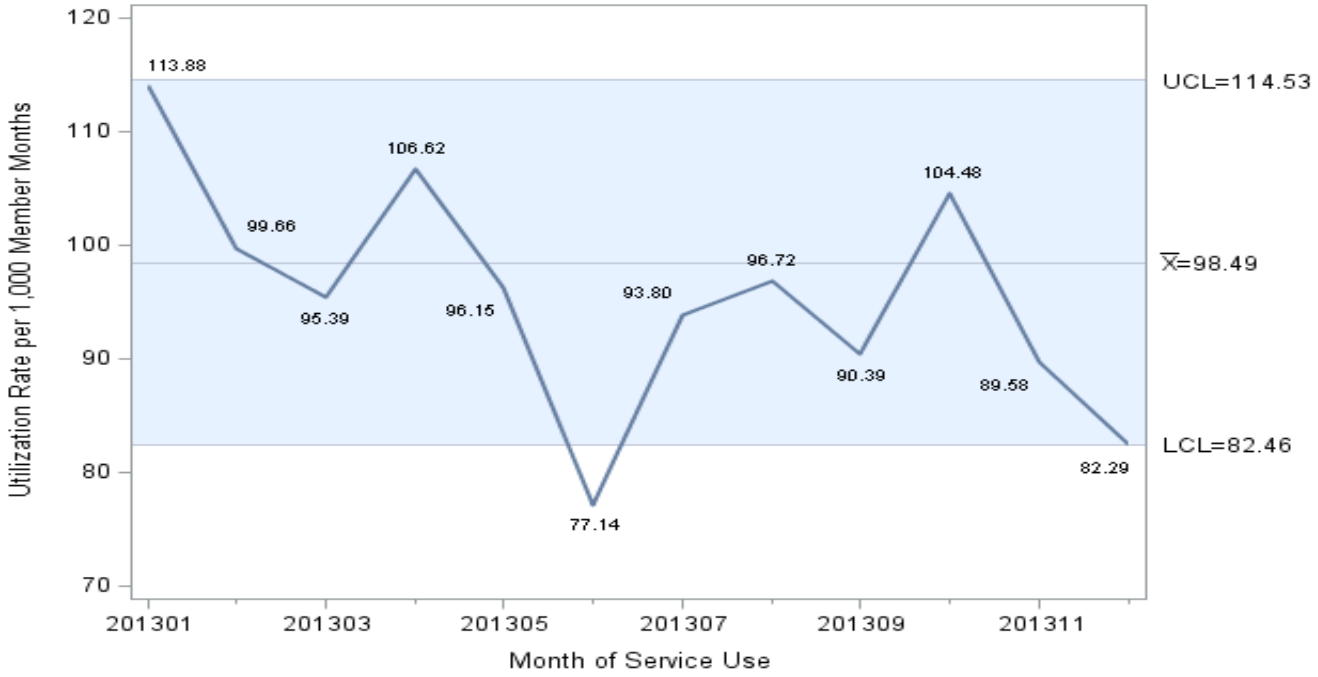


Figure SU-69: Radiology Utilization Rates among Children Ages 0–20 in the Families Aid Category, January 2013–December 2013 Unique User Count **= 18,238**

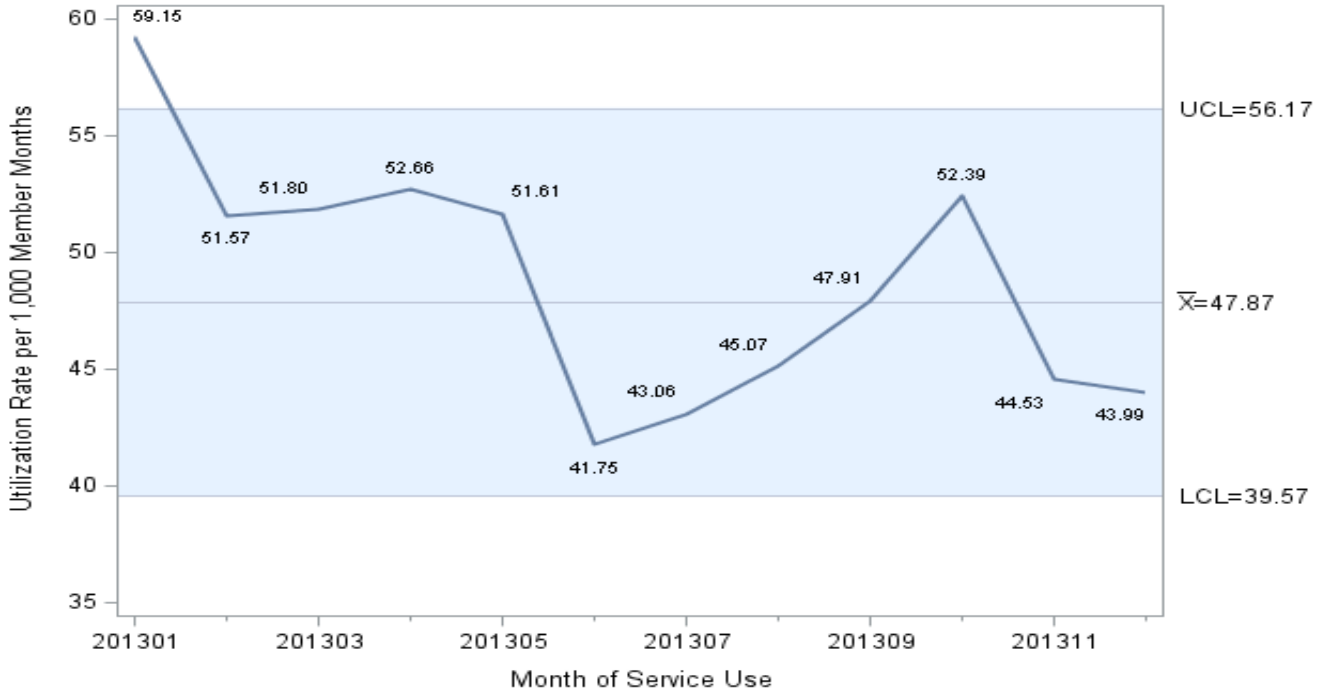


Figure SU-70: Radiology Utilization Rates among Children Ages 0–20 in the Foster Care Aid Category, January 2013–December 2013 Unique User Count **= 5,785**

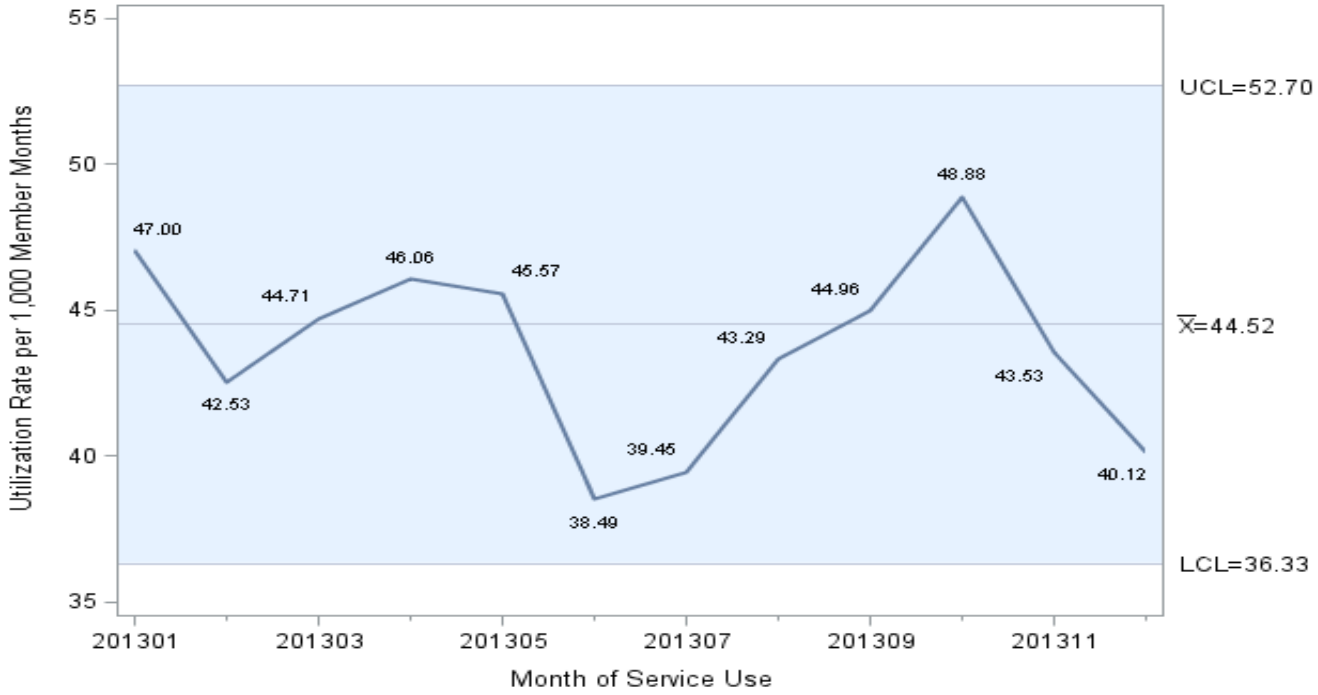


Figure SU-71: Radiology Utilization Rates among Children Ages 0–20 in the Other Aid Category, January 2013–December 2013 Unique User Count **= 17,590**

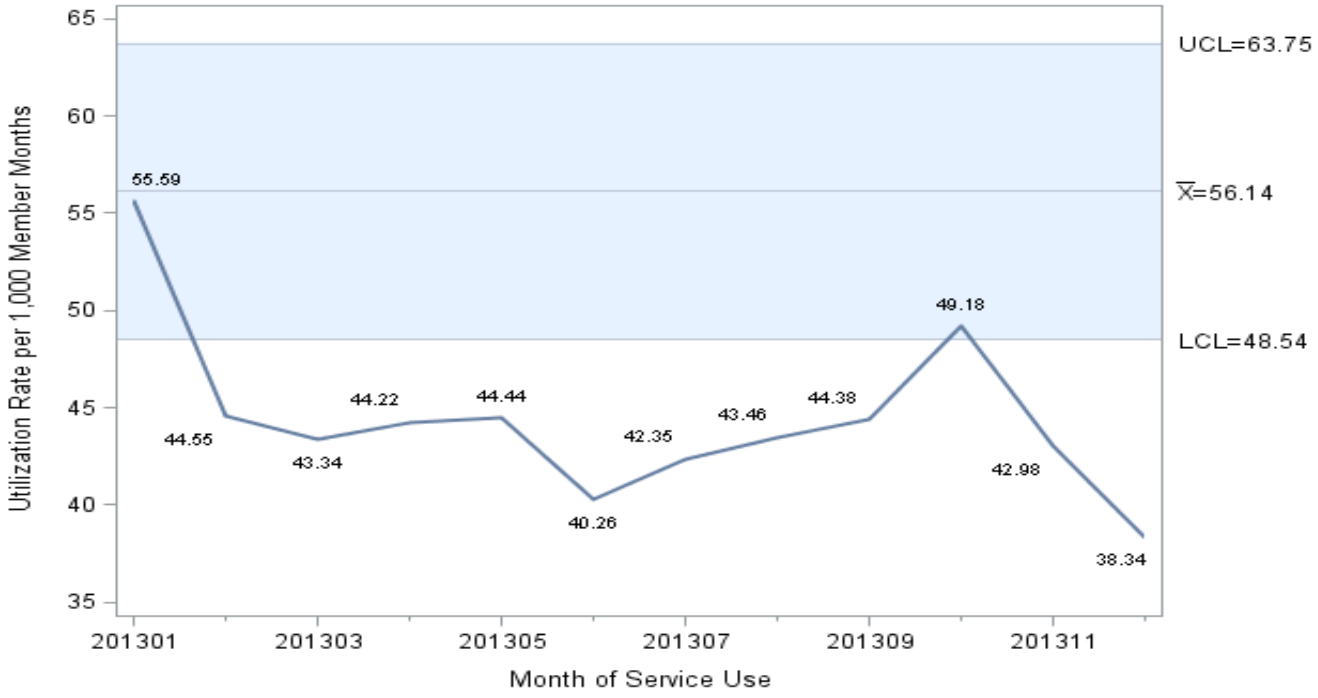
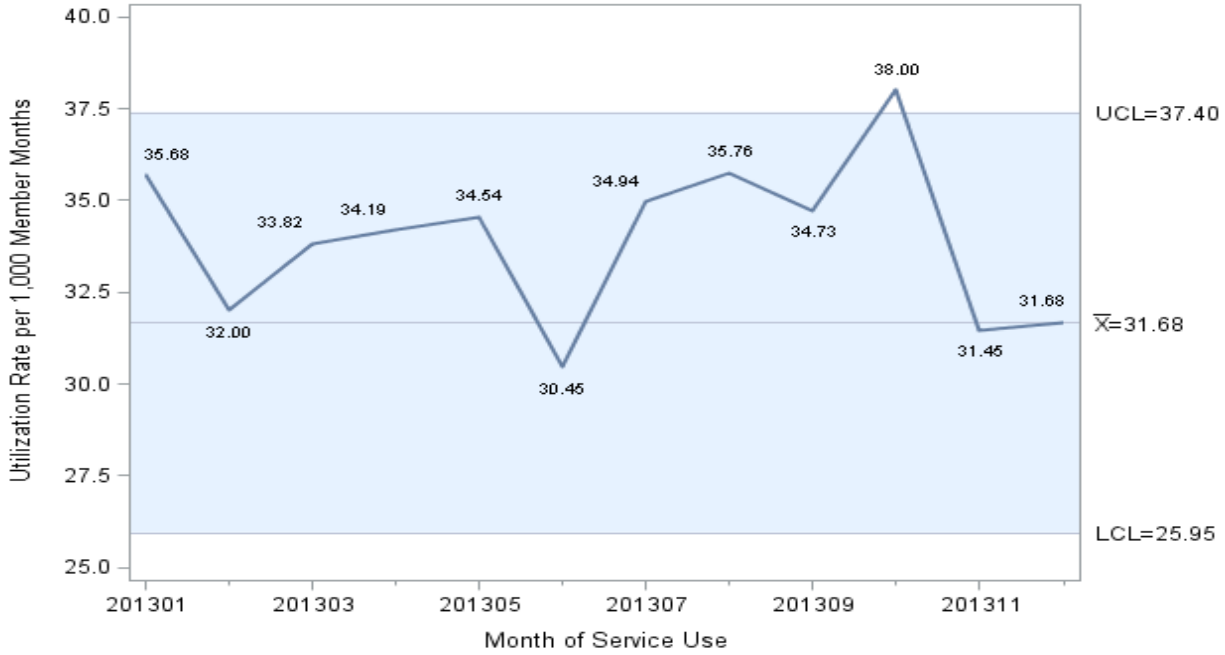


Figure SU-72: Radiology Utilization Rates among Children Ages 0–20 in the Undocumented Aid Category, January 2013–December 2013 Unique User Count **= 6,398**



Source: Figures SU-68 to SU-72 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four months after corresponding time period to allow for processing of claims and updates to enrollment.

Trends of Monthly Radiology Services Utilization Rates among Adults, January 2013–December 2013

Figure SU-73: Radiology Utilization Rates among Adults Ages 21+ in the Aged Aid Category, January 2013–December 2013 Unique User Count **= 2,545**

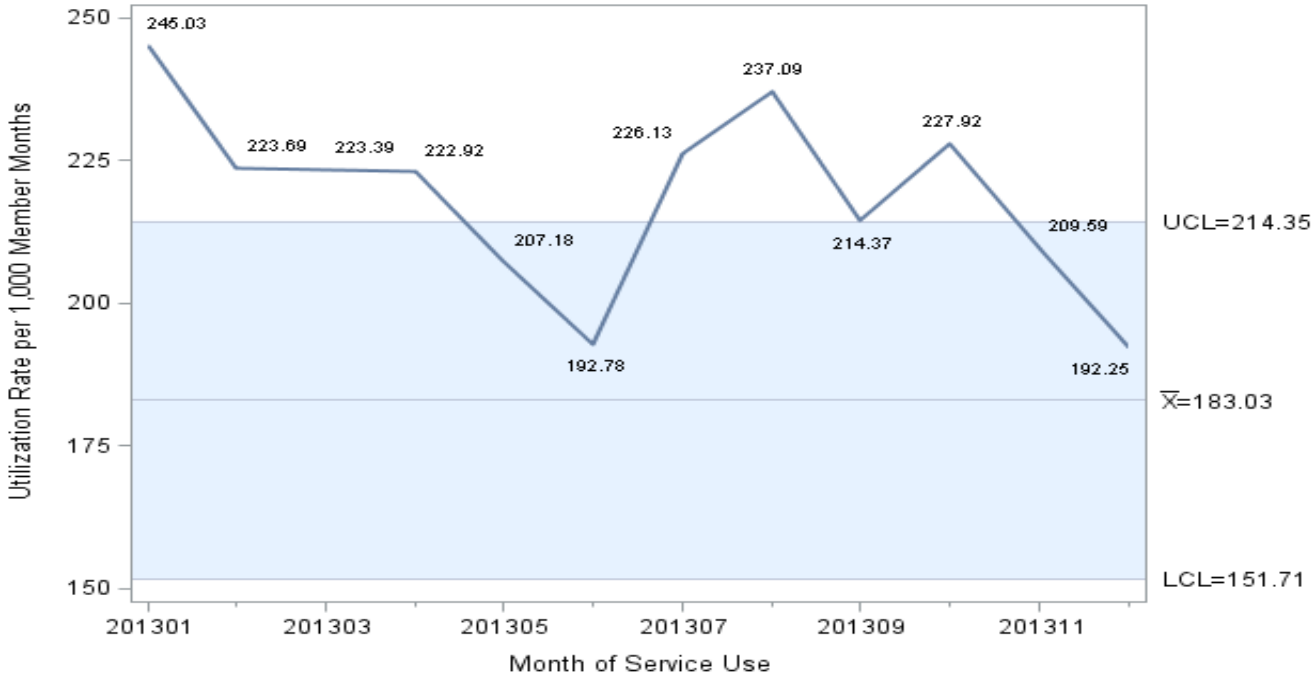


Figure SU-74: Radiology Utilization Rates among Adults Ages 21+ in the Blind/Disabled Aid Category, January 2013–December 2013 Unique User Count **= 19,863**

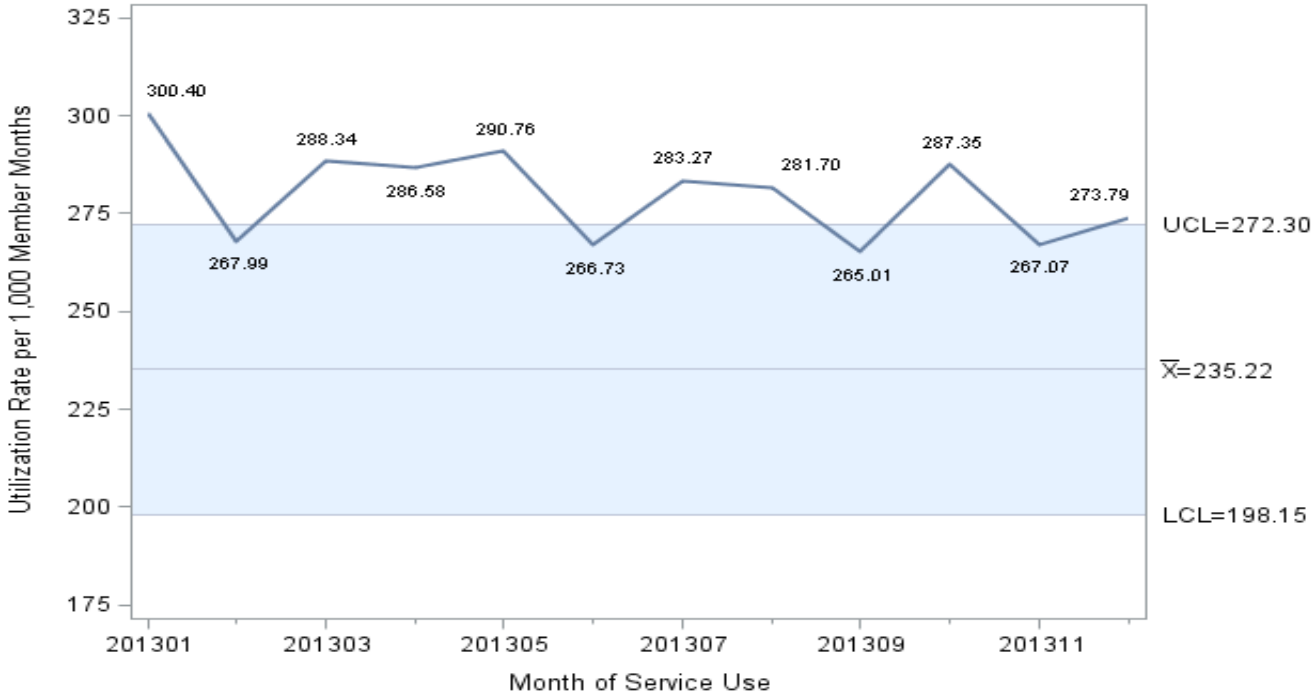


Figure SU-75: Radiology Utilization Rates among Adults Ages 21+ in the Families Aid Category, January 2013–December 2013 Unique User Count **= 29,950**

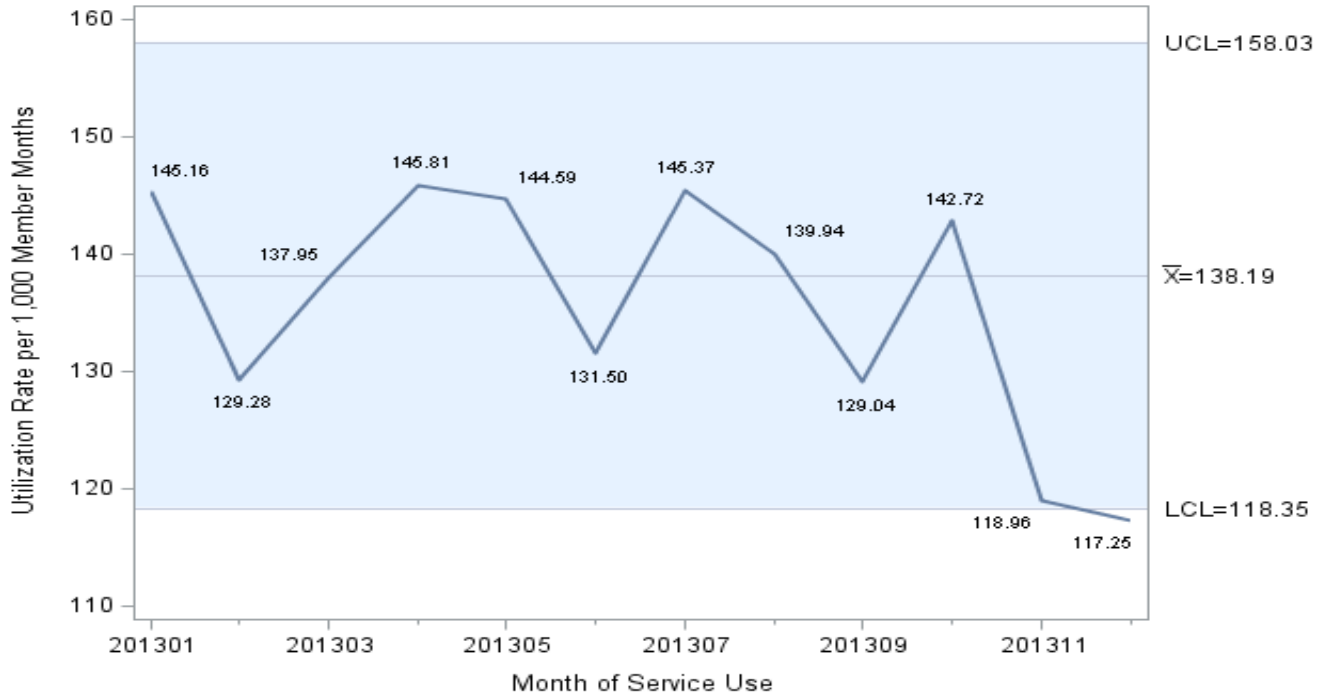


Figure SU-76: Radiology Utilization Rates among Adults Ages 21+ in the Other Aid Category, January 2013–December 2013 Unique User Count **= 23,785**

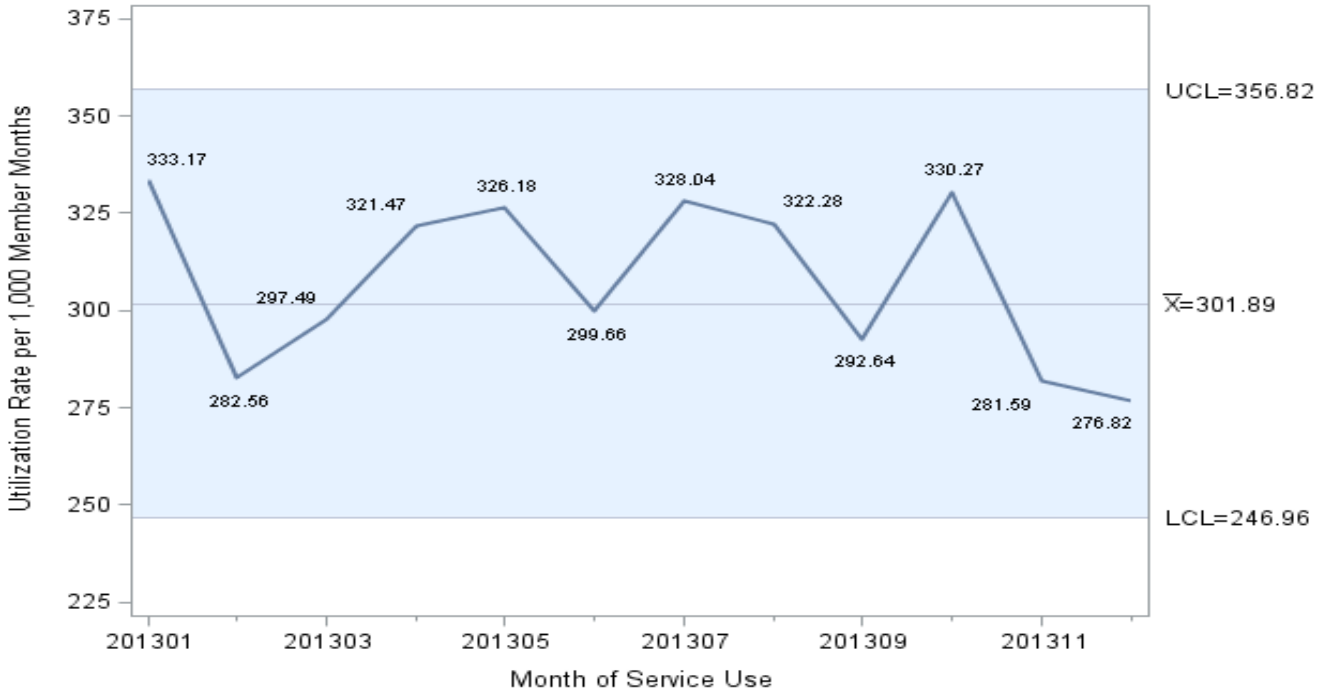
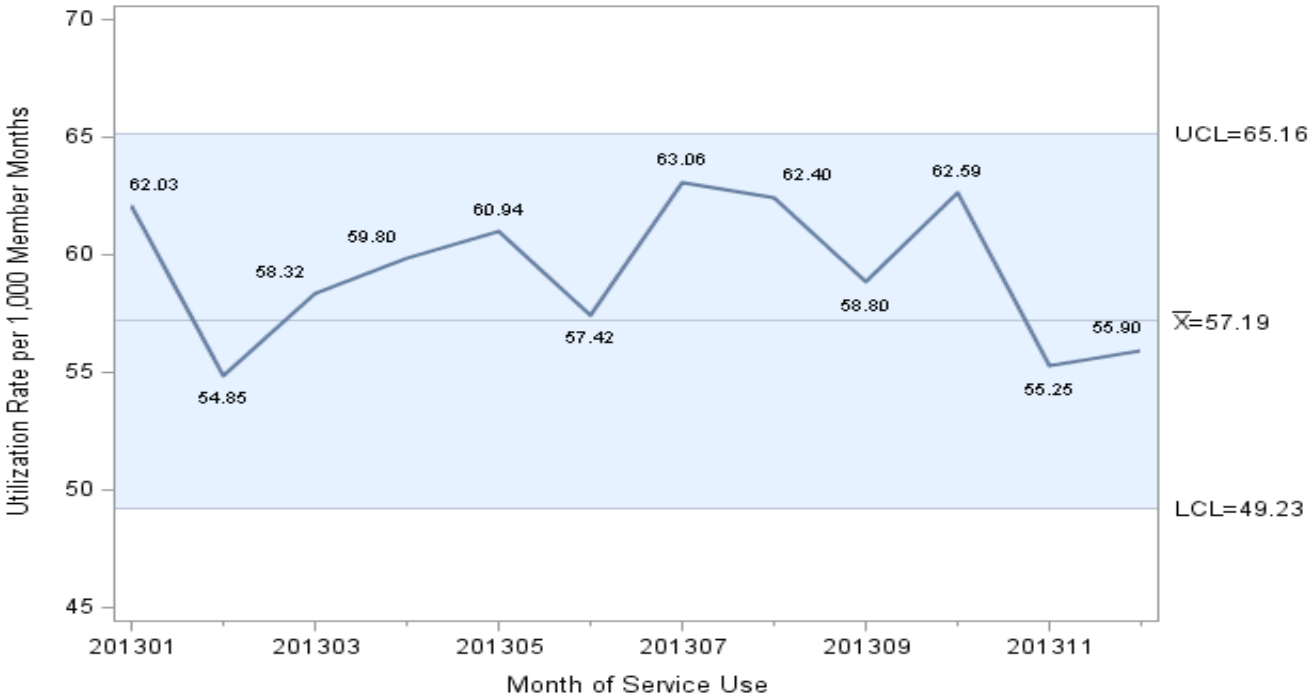


Figure SU-77: Radiology Utilization Rates among Adults Ages 21+ in the Undocumented Aid Category, January 2013–December 2013 Unique User Count = **45,626**



Source: Figures SU-73 to SU-77 created by DHCS Research and Analytic Studies Division using data from the MIS/DSS claims and eligibility tables with dates of service/eligibility from January 2013–December 2013. Data extracted from the MIS/DSS four 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 utilization trends among children and adults, by aid and service categories. The tables are color-coded to identify those cases where 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, a 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[9,10]

	Physician/ Clinic Services	Emergency Medical Transportation Services	Home Health Services	Hospital Inpatient Services	Hospital Outpatient Services	Pharmacy Services	Other Services	Radiology Services
Blind/ Disabled Aid Category	Mostly Above Average and Within Expected Range.	Mostly Within Expected Range.	Above Expected Range.	Mostly Within Expected Range.	Within Expected Range.	Within Expected Range.	Mostly Within Expected Range.	Mostly Within Expected Range.
Families Aid Category	Mostly Within Expected Range.	Mostly Within Expected Range.	N/A	Mostly Above Average with 6 Consecutive Months Above Expected Range (Jul 2013–Dec 2013).[11]	Mostly Within Expected Range.	Several Months Below Expected Range. Downward Trend (Jan 2013–Jun 2013).	Mostly Within Expected Range.	Mostly Within Expected Range.
Foster Care Aid Category	Mostly Within Expected Range.	Mostly Above Average and Mostly Within Expected Range.	N/A	Mostly Within Expected Range.	Within Expected Range.	Within Expected Range.	Within Expected Range.	Within Expected Range.
Other Aid Category	Below Average with 6 Consecutive Months Below Expected Range (Feb 2013–Jul 2013).	Mostly Below Expected Range.	Mostly Below Average and Within expected Range.	Mostly Below Expected Range Prior to July 2013 Admin Change.[11]	Mostly Below Expected Range.	Mostly Below Expected Range. Downward Trend (Feb 2013–Jun 2013).	Mostly Below Average and Mostly Within Expected Range.	Mostly Below Expected Range.
Undoc- umented Aid Category	Above Average and Mostly Within Expected Range.	Within Expected Range.	N/A	6 Consecutive Months Above Expected Range (Jul 2013–Dec 2013).[11]	Mostly Above Average and Mostly Within Expected Range.	Mostly Within Expected Range. Downward Trend (Jan 2013–Jun 2013).	Mostly Below Average and Mostly Within Expected Range.	Mostly Above Average and Mostly Within Expected Range.

[9] Children were excluded from analyses of Non-Emergency Medical Transportation and Nursing Facility services utilization due to low user counts (n<500).
[10] Subpopulation user counts can be found in corresponding figures located in the Service Utilization measure.
[11] Within expected range prior to July 2013 admin change which generated claims for infants previously billed on mother's claim. Months shown as above expected range reflect a change in reporting and not a change in utilization.

Table SU-3: Summary of Service Utilization Trends among FFS Medi-Cal Adults Ages 21+, by Aid Category and Service Category[12]

	Physician/ Clinic Services	Non-Emergency Transportation Services	Emergency Medical Transportation Services	Home Health Services Services	Hospital Inpatient Services	Hospital Outpatient Services	Nursing Facility Services	Pharmacy Services	Other Services	Radiology Services
Aged Aid Category	Mostly Within Expected Range. Slight Downward Trend (July 2013–December 2013).	N/A	N/A	N/A	Above Average with Five Months Above Expected Range.	Within Expected Range.	Above Expected Range.	Below Expected Range.	Mostly Below Expected Range.	Mostly Above Expected Range.
Blind/ Disabled Aid Category	Above Average with Three Consecutive Months Above Expected Range (Mar 2013–May 2013).	Mostly Above Expected Range.	Mostly Above Average and Mostly Within Expected Range.	Above Average and Above Expected Range.	Mostly Within Expected Range.	Above Average with Several Non-Consecutive Months Above Expected Range	Above Expected Range.	Mostly Below Average and Mostly Within Expected Range.	Mostly Below Average and Mostly Within Expected Range.	Mostly Above Expected Range.
Families Aid Category	Mostly Within Expected Range. Downward Trend (July 2013–December 2013).	N/A	Mostly Below Average and within Expected Range.	N/A	Mostly Below Average with Several Months Below Expected Range.	Mostly Within Expected Range.	N/A	Below Average with 4 Consecutive Months Below Expected Range (Sep 2013–Dec 2013).	Mostly Below Average and Mostly Within Expected Range.	Mostly Within Expected Range.
Other Aid Category	Within Expected Range.	Above Average with Five Consecutive Months Above Expected Range (Apr 2013–Aug 2013).	Mostly Below Average and Mostly Within Expected Range.	N/A	Mostly Below Expected Range.	Within Expected Range.	Below Average and Mostly Below Expected Range.	Below Average and Mostly Within Expected Range.	Mostly Below Average and Within Expected Range.	Within Expected Range.
Undoc-umented Aid Category	Within Expected Range.	N/A	Within Expected Range.	N/A	Mostly Below Expected Range.	Mostly Above Average and Within Expected Range.	N/A	Within Expected Range.	Mostly Below Average and Mostly Within Expected Range.	Mostly Above Average and Within Expected Range.

[12] Subpopulation user counts can be found in corresponding figures located in the Service Utilization measure.

Conclusions — Service Utilization among Children Participating in FFS Medi-Cal

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

- Children in the Other aid category continued to exhibit utilization of several service categories (e.g., Emergency Medical Transportation, Hospital Inpatient, Hospital Outpatient, Pharmacy, Physician/Clinic, and Radiology) that 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, Pharmacy, and Physician/Clinic services noticeably declined below expected ranges starting in February 2013.

- The newly established baseline impacted the utilization trends exhibited by children in the Undocumented aid category. For instance, this subpopulation's utilization of Other and Physician/Clinic services, which reached outside the baseline limits in previous reports, fell within the expected ranges of the new baseline.

- 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 data unsuitable for analysis.

Conclusions — Service Utilization among Adults Participating in FFS Medi-Cal

- As noted in previous quarterly access reports, adults in the Blind/Disabled aid category continued to place a high demand on Emergency Transportation, Hospital Outpatient, Non-Emergency Transportation, Nursing Facility, Physician/Clinic, and Radiology services.

- Adults in the Families aid category continued to display below-average utilization of Emergency Transportation and Hospital Inpatient services, as well as a downward trend in Physician/Clinic visits throughout most of the study period.

- The newly established baseline slightly impacted utilization trends exhibited by adults in various aid categories. In particular, adults in the Undocumented aid category exhibited utilization rates in several service categories (e.g., Emergency Transportation, Hospital Outpatient, Other, and Physician/Clinic) that reached outside the baseline limits in prior reports but fell within the expected ranges of the new baseline.

- Adults in all analyzed aid categories exhibited utilization of Other services that mostly fell below either the average rates or the expected ranges established during the baseline period.

- 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 has declined to levels (<500) that render their use of these service categories inconsequential to the current analysis. The beneficiary subpopulations that continue to use these service categories exhibited utilization patterns at above-average rates that often fell above 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 Visits

Table SU-4: Physician/Clinic Services Utilization Rates from January 2013 to December 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=12,267**	Jan-13	579.34	403.23	490.43	577.63
		Feb-13	526.74	403.23	490.43	577.63
		Mar-13	542.29	403.23	490.43	577.63
		Apr-13	575.49	403.23	490.43	577.63
		May-13	558.17	403.23	490.43	577.63
		Jun-13	469.08	403.23	490.43	577.63
		Jul-13	521.45	403.23	490.43	577.63
		Aug-13	542.50	403.23	490.43	577.63
		Sep-13	500.03	403.23	490.43	577.63
		Oct-13	554.38	403.23	490.43	577.63
		Nov-13	466.59	403.23	490.43	577.63
		Dec-13	468.17	403.23	490.43	577.63
Age 0–20	**Families Unique Users=101,130**	Jan-13	329.85	208.95	255.56	302.16
		Feb-13	290.61	208.95	255.56	302.16
		Mar-13	288.78	208.95	255.56	302.16
		Apr-13	291.88	208.95	255.56	302.16
		May-13	283.13	208.95	255.56	302.16
		Jun-13	232.20	208.95	255.56	302.16
		Jul-13	249.13	208.95	255.56	302.16
		Aug-13	264.78	208.95	255.56	302.16
		Sep-13	259.34	208.95	255.56	302.16
		Oct-13	272.46	208.95	255.56	302.16
		Nov-13	224.37	208.95	255.56	302.16
		Dec-13	226.94	208.95	255.56	302.16
Age 0–20	**Foster Care Unique Users=30,943**	Jan-13	286.26	190.21	237.25	284.29
		Feb-13	254.02	190.21	237.25	284.29
		Mar-13	253.72	190.21	237.25	284.29
		Apr-13	258.79	190.21	237.25	284.29
		May-13	250.17	190.21	237.25	284.29
		Jun-13	209.61	190.21	237.25	284.29
		Jul-13	234.15	190.21	237.25	284.29
		Aug-13	245.32	190.21	237.25	284.29
		Sep-13	237.59	190.21	237.25	284.29
		Oct-13	248.53	190.21	237.25	284.29
		Nov-13	215.60	190.21	237.25	284.29

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Foster Care	Dec-13	213.77	190.21	237.25	284.29
Age 0–20	**Other**	Jan-13	428.83	348.24	423.83	499.42
	Unique Users=140,302	Feb-13	336.39	348.24	423.83	499.42
		Mar-13	334.47	348.24	423.83	499.42
		Apr-13	329.73	348.24	423.83	499.42
		May-13	332.12	348.24	423.83	499.42
		Jun-13	306.37	348.24	423.83	499.42
		Jul-13	339.04	348.24	423.83	499.42
		Aug-13	363.62	348.24	423.83	499.42
		Sep-13	348.45	348.24	423.83	499.42
		Oct-13	380.08	348.24	423.83	499.42
		Nov-13	350.57	348.24	423.83	499.42
		Dec-13	323.96	348.24	423.83	499.42
Age 0–20	**Undocumented**	Jan-13	178.33	128.14	150.87	173.61
	Unique Users=22,113	Feb-13	155.32	128.14	150.87	173.61
		Mar-13	168.93	128.14	150.87	173.61
		Apr-13	168.46	128.14	150.87	173.61
		May-13	172.03	128.14	150.87	173.61
		Jun-13	157.38	128.14	150.87	173.61
		Jul-13	176.92	128.14	150.87	173.61
		Aug-13	178.13	128.14	150.87	173.61
		Sep-13	166.21	128.14	150.87	173.61
		Oct-13	177.73	128.14	150.87	173.61
		Nov-13	157.13	128.14	150.87	173.61
		Dec-13	161.08	128.14	150.87	173.61
Age 21+	**Aged**	Jan-13	922.55	621.14	753.00	884.86
	Unique Users=6,266	Feb-13	797.52	621.14	753.00	884.86
		Mar-13	821.61	621.14	753.00	884.86
		Apr-13	868.63	621.14	753.00	884.86
		May-13	826.82	621.14	753.00	884.86
		Jun-13	729.63	621.14	753.00	884.86
		Jul-13	857.54	621.14	753.00	884.86
		Aug-13	817.86	621.14	753.00	884.86
		Sep-13	764.20	621.14	753.00	884.86
		Oct-13	770.74	621.14	753.00	884.86
		Nov-13	679.92	621.14	753.00	884.86
		Dec-13	635.44	621.14	753.00	884.86
Age 21+	**Blind/Disabled**	Jan-13	1,112.73	723.21	884.25	1,045.29
	Unique Users=44,301	Feb-13	999.51	723.21	884.25	1,045.29

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Blind/Disabled	Mar-13	1,053.62	723.21	884.25	1,045.29
		Apr-13	1,077.55	723.21	884.25	1,045.29
		May-13	1,077.33	723.21	884.25	1,045.29
		Jun-13	975.18	723.21	884.25	1,045.29
		Jul-13	1,050.70	723.21	884.25	1,045.29
		Aug-13	1,028.17	723.21	884.25	1,045.29
		Sep-13	981.24	723.21	884.25	1,045.29
		Oct-13	1,026.49	723.21	884.25	1,045.29
		Nov-13	918.67	723.21	884.25	1,045.29
		Dec-13	926.98	723.21	884.25	1,045.29
Age 21+	**Families Unique Users=69,160**	Jan-13	476.82	354.85	430.23	505.60
		Feb-13	423.45	354.85	430.23	505.60
		Mar-13	446.26	354.85	430.23	505.60
		Apr-13	472.63	354.85	430.23	505.60
		May-13	461.64	354.85	430.23	505.60
		Jun-13	410.12	354.85	430.23	505.60
		Jul-13	453.97	354.85	430.23	505.60
		Aug-13	437.78	354.85	430.23	505.60
		Sep-13	410.50	354.85	430.23	505.60
		Oct-13	416.60	354.85	430.23	505.60
		Nov-13	332.45	354.85	430.23	505.60
		Dec-13	323.44	354.85	430.23	505.60
Age 21+	**Other Unique Users=44,163**	Jan-13	1,164.55	866.60	1,057.05	1,247.50
		Feb-13	1,002.08	866.60	1,057.05	1,247.50
		Mar-13	1,041.52	866.60	1,057.05	1,247.50
		Apr-13	1,104.55	866.60	1,057.05	1,247.50
		May-13	1,115.87	866.60	1,057.05	1,247.50
		Jun-13	1,007.97	866.60	1,057.05	1,247.50
		Jul-13	1,137.55	866.60	1,057.05	1,247.50
		Aug-13	1,105.32	866.60	1,057.05	1,247.50
		Sep-13	1,036.13	866.60	1,057.05	1,247.50
		Oct-13	1,128.95	866.60	1,057.05	1,247.50
		Nov-13	970.11	866.60	1,057.05	1,247.50
		Dec-13	934.47	866.60	1,057.05	1,247.50
Age 21+	**Undocumented Unique Users=75,469**	Jan-13	202.77	152.35	185.71	219.07
		Feb-13	178.57	152.35	185.71	219.07
		Mar-13	185.31	152.35	185.71	219.07
		Apr-13	192.16	152.35	185.71	219.07
		May-13	194.77	152.35	185.71	219.07
		Jun-13	177.72	152.35	185.71	219.07

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Undocumented	Jul-13	200.24	152.35	185.71	219.07
		Aug-13	196.36	152.35	185.71	219.07
		Sep-13	180.98	152.35	185.71	219.07
		Oct-13	190.84	152.35	185.71	219.07
		Nov-13	166.38	152.35	185.71	219.07
		Dec-13	170.61	152.35	185.71	219.07

Source: Created by Research and Analytic Studies Division

Non-Emergency Medical Transportation Services

Table SU-5: Non-Emergency Medical Transportation Services Utilization Rates from January 2013 to December 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=2,379**	Jan-13	52.10	33.76	43.75	53.73
		Feb-13	49.72	33.76	43.75	53.73
		Mar-13	54.98	33.76	43.75	53.73
		Apr-13	59.26	33.76	43.75	53.73
		May-13	61.38	33.76	43.75	53.73
		Jun-13	59.11	33.76	43.75	53.73
		Jul-13	62.85	33.76	43.75	53.73
		Aug-13	60.70	33.76	43.75	53.73
		Sep-13	61.79	33.76	43.75	53.73
		Oct-13	68.64	33.76	43.75	53.73
		Nov-13	65.02	33.76	43.75	53.73
		Dec-13	67.64	33.76	43.75	53.73
Age 21+	**Other Unique Users=910**	Jan-13	29.72	18.52	23.41	28.30
		Feb-13	27.51	18.52	23.41	28.30
		Mar-13	27.95	18.52	23.41	28.30
		Apr-13	29.07	18.52	23.41	28.30
		May-13	30.99	18.52	23.41	28.30
		Jun-13	28.46	18.52	23.41	28.30
		Jul-13	30.96	18.52	23.41	28.30
		Aug-13	29.81	18.52	23.41	28.30
		Sep-13	25.84	18.52	23.41	28.30
		Oct-13	28.43	18.52	23.41	28.30
		Nov-13	25.90	18.52	23.41	28.30
		Dec-13	24.03	18.52	23.41	28.30

Source: Created by DHCS Research and Analytic Studies Division

Emergency Medical Transportation Services

Table SU-6: Emergency Medical Transportation Services Utilization Rates from January 2013 to December 2013, by Age Group and Aid Category, Baseline Control Limits, and Baseline

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=587**	Jan-13	9.16	7.24	8.94	10.64
		Feb-13	9.15	7.24	8.94	10.64
		Mar-13	9.14	7.24	8.94	10.64
		Apr-13	8.93	7.24	8.94	10.64
		May-13	8.44	7.24	8.94	10.64
		Jun-13	7.00	7.24	8.94	10.64
		Jul-13	8.19	7.24	8.94	10.64
		Aug-13	9.34	7.24	8.94	10.64
		Sep-13	8.43	7.24	8.94	10.64
		Oct-13	9.25	7.24	8.94	10.64
		Nov-13	8.33	7.24	8.94	10.64
		Dec-13	9.25	7.24	8.94	10.64
Age 0–20	**Families Unique Users=2,127**	Jan-13	3.51	2.55	3.02	3.50
		Feb-13	3.01	2.55	3.02	3.50
		Mar-13	3.16	2.55	3.02	3.50
		Apr-13	3.06	2.55	3.02	3.50
		May-13	3.22	2.55	3.02	3.50
		Jun-13	2.64	2.55	3.02	3.50
		Jul-13	2.89	2.55	3.02	3.50
		Aug-13	2.80	2.55	3.02	3.50
		Sep-13	2.98	2.55	3.02	3.50
		Oct-13	3.09	2.55	3.02	3.50
		Nov-13	2.96	2.55	3.02	3.50
		Dec-13	2.98	2.55	3.02	3.50
Age 0–20	**Foster Care Unique Users-1,063**	Jan-13	5.03	3.72	4.67	5.63
		Feb-13	4.13	3.72	4.67	5.63
		Mar-13	5.09	3.72	4.67	5.63
		Apr-13	5.01	3.72	4.67	5.63
		May-13	6.01	3.72	4.67	5.63
		Jun-13	4.22	3.72	4.67	5.63
		Jul-13	4.83	3.72	4.67	5.63
		Aug-13	5.02	3.72	4.67	5.63
		Sep-13	5.13	3.72	4.67	5.63
		Oct-13	5.67	3.72	4.67	5.63
		Nov-13	4.79	3.72	4.67	5.63
		Dec-13	4.56	3.72	4.67	5.63
Age 0–20	**Other**	Jan-13	3.16	2.35	2.91	3.48

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Other	Feb-13	2.27	2.35	2.91	3.48
	Unique Users=1,537	Mar-13	2.18	2.35	2.91	3.48
		Apr-13	2.10	2.35	2.91	3.48
		May-13	2.13	2.35	2.91	3.48
		Jun-13	1.95	2.35	2.91	3.48
		Jul-13	2.38	2.35	2.91	3.48
		Aug-13	2.20	2.35	2.91	3.48
		Sep-13	2.00	2.35	2.91	3.48
		Oct-13	2.22	2.35	2.91	3.48
		Nov-13	2.34	2.35	2.91	3.48
		Dec-13	1.86	2.35	2.91	3.48
Age 0–20	**Undocumented**	Jan-13	1.99	1.15	1.70	2.25
	Unique Users=646	Feb-13	1.53	1.15	1.70	2.25
		Mar-13	1.74	1.15	1.70	2.25
		Apr-13	1.64	1.15	1.70	2.25
		May-13	2.13	1.15	1.70	2.25
		Jun-13	1.78	1.15	1.70	2.25
		Jul-13	1.97	1.15	1.70	2.25
		Aug-13	1.76	1.15	1.70	2.25
		Sep-13	1.51	1.15	1.70	2.25
		Oct-13	2.07	1.15	1.70	2.25
		Nov-13	1.83	1.15	1.70	2.25
		Dec-13	1.55	1.15	1.70	2.25
Age 21+	**Blind/Disabled**	Jan-13	44.41	34.83	39.85	44.87
	Unique Users=6,027	Feb-13	38.77	34.83	39.85	44.87
		Mar-13	43.19	34.83	39.85	44.87
		Apr-13	41.90	34.83	39.85	44.87
		May-13	45.35	34.83	39.85	44.87
		Jun-13	42.77	34.83	39.85	44.87
		Jul-13	46.00	34.83	39.85	44.87
		Aug-13	44.84	34.83	39.85	44.87
		Sep-13	44.36	34.83	39.85	44.87
		Oct-13	43.42	34.83	39.85	44.87
		Nov-13	43.79	34.83	39.85	44.87
		Dec-13	44.51	34.83	39.85	44.87
Age 21+	**Families**	Jan-13	7.29	6.40	7.39	8.37
	Unique Users=2,931	Feb-13	6.49	6.40	7.39	8.37
		Mar-13	6.83	6.40	7.39	8.37
		Apr-13	6.80	6.40	7.39	8.37
		May-13	7.49	6.40	7.39	8.37

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Families	Jun-13	7.34	6.40	7.39	8.37
		Jul-13	8.16	6.40	7.39	8.37
		Aug-13	7.27	6.40	7.39	8.37
		Sep-13	7.27	6.40	7.39	8.37
		Oct-13	7.01	6.40	7.39	8.37
		Nov-13	7.33	6.40	7.39	8.37
		Dec-13	7.01	6.40	7.39	8.37
Age 21+	**Other**	Jan-13	14.61	12.13	13.95	15.78
	Unique Users=1,552	Feb-13	12.79	12.13	13.95	15.78
		Mar-13	13.29	12.13	13.95	15.78
		Apr-13	13.33	12.13	13.95	15.78
		May-13	14.82	12.13	13.95	15.78
		Jun-13	13.45	12.13	13.95	15.78
		Jul-13	14.20	12.13	13.95	15.78
		Aug-13	13.37	12.13	13.95	15.78
		Sep-13	11.79	12.13	13.95	15.78
		Oct-13	12.70	12.13	13.95	15.78
		Nov-13	12.56	12.13	13.95	15.78
		Dec-13	12.44	12.13	13.95	15.78
Age 21+	**Undocumented**	Jan-13	2.14	1.68	1.99	2.31
	Unique Users=2,881	Feb-13	1.89	1.68	1.99	2.31
		Mar-13	1.92	1.68	1.99	2.31
		Apr-13	2.02	1.68	1.99	2.31
		May-13	2.05	1.68	1.99	2.31
		Jun-13	1.83	1.68	1.99	2.31
		Jul-13	2.11	1.68	1.99	2.31
		Aug-13	2.11	1.68	1.99	2.31
		Sep-13	1.95	1.68	1.99	2.31
		Oct-13	1.96	1.68	1.99	2.31
		Nov-13	1.88	1.68	1.99	2.31
		Dec-13	1.85	1.68	1.99	2.31

Source: Created by DHCS Research and Analytic Studies Division

Home Health Services

Table SU-7: Home Health Services Utilization Rates from January 2013 to December 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=1,513**	Jan-13	142.85	69.52	92.06	114.61
		Feb-13	135.40	69.52	92.06	114.61
		Mar-13	150.72	69.52	92.06	114.61
		Apr-13	157.02	69.52	92.06	114.61
		May-13	156.25	69.52	92.06	114.61
		Jun-13	156.13	69.52	92.06	114.61
		Jul-13	158.03	69.52	92.06	114.61
		Aug-13	152.76	69.52	92.06	114.61
		Sep-13	169.05	69.52	92.06	114.61
		Oct-13	161.12	69.52	92.06	114.61
		Nov-13	162.43	69.52	92.06	114.61
		Dec-13	182.36	69.52	92.06	114.61
Age 0–20	**Other Unique Users=557**	Jan-13	1.21	0.76	1.17	1.57
		Feb-13	1.09	0.76	1.17	1.57
		Mar-13	1.11	0.76	1.17	1.57
		Apr-13	0.78	0.76	1.17	1.57
		May-13	0.88	0.76	1.17	1.57
		Jun-13	0.82	0.76	1.17	1.57
		Jul-13	1.01	0.76	1.17	1.57
		Aug-13	0.93	0.76	1.17	1.57
		Sep-13	0.93	0.76	1.17	1.57
		Oct-13	0.98	0.76	1.17	1.57
		Nov-13	1.18	0.76	1.17	1.57
		Dec-13	1.07	0.76	1.17	1.57
Age 21+	**Blind/Disabled Unique Users=861**	Jan-13	13.46	10.00	11.38	12.75
		Feb-13	12.09	10.00	11.38	12.75
		Mar-13	12.40	10.00	11.38	12.75
		Apr-13	14.17	10.00	11.38	12.75
		May-13	13.26	10.00	11.38	12.75
		Jun-13	11.83	10.00	11.38	12.75
		Jul-13	12.70	10.00	11.38	12.75
		Aug-13	11.69	10.00	11.38	12.75
		Sep-13	11.63	10.00	11.38	12.75
		Oct-13	13.77	10.00	11.38	12.75
		Nov-13	12.91	10.00	11.38	12.75
		Dec-13	12.65	10.00	11.38	12.75

Source: Created by DHCS Research and Analytic Studies Division

Hospital Inpatient Services

Table SU-8: Hospital Inpatient Services Utilization Rates from January 2013 to December 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=974**	Jan-13	136.44	91.69	116.24	140.79
		Feb-13	117.69	91.69	116.24	140.79
		Mar-13	120.68	91.69	116.24	140.79
		Apr-13	141.65	91.69	116.24	140.79
		May-13	117.57	91.69	116.24	140.79
		Jun-13	96.46	91.69	116.24	140.79
		Jul-13	151.29	91.69	116.24	140.79
		Aug-13	128.54	91.69	116.24	140.79
		Sep-13	111.20	91.69	116.24	140.79
		Oct-13	110.08	91.69	116.24	140.79
		Nov-13	91.36	91.69	116.24	140.79
		Dec-13	99.20	91.69	116.24	140.79
Age 0–20	**Families Unique Users=7,793**	Jan-13	50.08	35.69	43.18	50.68
		Feb-13	43.14	35.69	43.18	50.68
		Mar-13	40.69	35.69	43.18	50.68
		Apr-13	46.41	35.69	43.18	50.68
		May-13	43.00	35.69	43.18	50.68
		Jun-13	38.48	35.69	43.18	50.68
		Jul-13	61.57	35.69	43.18	50.68
		Aug-13	53.06	35.69	43.18	50.68
		Sep-13	53.31	35.69	43.18	50.68
		Oct-13	58.00	35.69	43.18	50.68
		Nov-13	70.46	35.69	43.18	50.68
		Dec-13	68.12	35.69	43.18	50.68
Age 0–20	**Foster Care Unique Users=758**	Jan-13	18.01	12.57	16.59	20.60
		Feb-13	15.77	12.57	16.59	20.60
		Mar-13	19.59	12.57	16.59	20.60
		Apr-13	15.10	12.57	16.59	20.60
		May-13	15.16	12.57	16.59	20.60
		Jun-13	14.56	12.57	16.59	20.60
		Jul-13	15.63	12.57	16.59	20.60
		Aug-13	23.17	12.57	16.59	20.60
		Sep-13	15.06	12.57	16.59	20.60
		Oct-13	20.14	12.57	16.59	20.60
		Nov-13	20.07	12.57	16.59	20.60
		Dec-13	20.41	12.57	16.59	20.60
Age 0–20	**Other**	Jan-13	58.32	48.53	57.90	67.27

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Other	Feb-13	38.58	48.53	57.90	67.27
	Unique Users=12,755	Mar-13	39.11	48.53	57.90	67.27
		Apr-13	36.06	48.53	57.90	67.27
		May-13	34.81	48.53	57.90	67.27
		Jun-13	35.32	48.53	57.90	67.27
		Jul-13	63.48	48.53	57.90	67.27
		Aug-13	57.26	48.53	57.90	67.27
		Sep-13	55.32	48.53	57.90	67.27
		Oct-13	66.97	48.53	57.90	67.27
		Nov-13	69.84	48.53	57.90	67.27
		Dec-13	59.07	48.53	57.90	67.27
Age 0–20	**Undocumented**	Jan-13	50.37	39.38	49.35	59.31
	Unique Users=13,165	Feb-13	44.25	39.38	49.35	59.31
		Mar-13	45.86	39.38	49.35	59.31
		Apr-13	44.95	39.38	49.35	59.31
		May-13	39.77	39.38	49.35	59.31
		Jun-13	43.06	39.38	49.35	59.31
		Jul-13	101.17	39.38	49.35	59.31
		Aug-13	103.47	39.38	49.35	59.31
		Sep-13	92.06	39.38	49.35	59.31
		Oct-13	120.58	39.38	49.35	59.31
		Nov-13	101.56	39.38	49.35	59.31
		Dec-13	106.23	39.38	49.35	59.31
Age 21+	**Aged**	Jan-13	274.11	129.81	172.66	215.50
	Unique Users=826	Feb-13	227.79	129.81	172.66	215.50
		Mar-13	171.58	129.81	172.66	215.50
		Apr-13	208.62	129.81	172.66	215.50
		May-13	197.34	129.81	172.66	215.50
		Jun-13	183.08	129.81	172.66	215.50
		Jul-13	248.88	129.81	172.66	215.50
		Aug-13	274.24	129.81	172.66	215.50
		Sep-13	195.34	129.81	172.66	215.50
		Oct-13	201.44	129.81	172.66	215.50
		Nov-13	226.03	129.81	172.66	215.50
		Dec-13	184.67	129.81	172.66	215.50
Age 21+	**Blind/Disabled**	Jan-13	302.33	210.68	260.38	310.08
	Unique Users=6,591	Feb-13	264.27	210.68	260.38	310.08
		Mar-13	240.50	210.68	260.38	310.08
		Apr-13	275.25	210.68	260.38	310.08
		May-13	261.54	210.68	260.38	310.08

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Blind/Disabled	Jun-13	232.84	210.68	260.38	310.08
		Jul-13	291.34	210.68	260.38	310.08
		Aug-13	268.25	210.68	260.38	310.08
		Sep-13	244.63	210.68	260.38	310.08
		Oct-13	321.35	210.68	260.38	310.08
		Nov-13	274.27	210.68	260.38	310.08
		Dec-13	247.40	210.68	260.38	310.08
Age 21+	**Families Unique Users=7,630**	Jan-13	65.97	60.06	67.12	74.17
		Feb-13	53.97	60.06	67.12	74.17
		Mar-13	56.96	60.06	67.12	74.17
		Apr-13	61.14	60.06	67.12	74.17
		May-13	57.30	60.06	67.12	74.17
		Jun-13	53.21	60.06	67.12	74.17
		Jul-13	63.56	60.06	67.12	74.17
		Aug-13	61.14	60.06	67.12	74.17
		Sep-13	57.08	60.06	67.12	74.17
		Oct-13	69.22	60.06	67.12	74.17
		Nov-13	65.54	60.06	67.12	74.17
		Dec-13	64.08	60.06	67.12	74.17
Age 21+	**Other Unique Users=11,223**	Jan-13	208.04	189.40	218.97	248.54
		Feb-13	175.53	189.40	218.97	248.54
		Mar-13	172.47	189.40	218.97	248.54
		Apr-13	180.17	189.40	218.97	248.54
		May-13	186.96	189.40	218.97	248.54
		Jun-13	168.54	189.40	218.97	248.54
		Jul-13	193.26	189.40	218.97	248.54
		Aug-13	182.71	189.40	218.97	248.54
		Sep-13	179.68	189.40	218.97	248.54
		Oct-13	195.85	189.40	218.97	248.54
		Nov-13	182.66	189.40	218.97	248.54
		Dec-13	170.48	189.40	218.97	248.54
Age 21+	**Undocumented Unique Users=19,180**	Jan-13	37.04	35.32	39.43	43.53
		Feb-13	31.38	35.32	39.43	43.53
		Mar-13	31.79	35.32	39.43	43.53
		Apr-13	33.61	35.32	39.43	43.53
		May-13	34.29	35.32	39.43	43.53
		Jun-13	29.44	35.32	39.43	43.53
		Jul-13	35.44	35.32	39.43	43.53
		Aug-13	36.60	35.32	39.43	43.53
		Sep-13	32.99	35.32	39.43	43.53

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Undocumented	Oct-13	35.75	35.32	39.43	43.53
		Nov-13	32.20	35.32	39.43	43.53
		Dec-13	32.57	35.32	39.43	43.53

Source: Created by DHCS Research and Analytic Studies Division

Hospital Outpatient Services

Table SU-9: Hospital Outpatient Services Utilization Rates from January 2013 to December 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=6,803**	Jan-13	184.14	140.81	165.77	190.73
		Feb-13	171.74	140.81	165.77	190.73
		Mar-13	176.75	140.81	165.77	190.73
		Apr-13	178.14	140.81	165.77	190.73
		May-13	177.11	140.81	165.77	190.73
		Jun-13	149.93	140.81	165.77	190.73
		Jul-13	167.94	140.81	165.77	190.73
		Aug-13	169.59	140.81	165.77	190.73
		Sep-13	161.31	140.81	165.77	190.73
		Oct-13	179.75	140.81	165.77	190.73
		Nov-13	157.60	140.81	165.77	190.73
		Dec-13	151.10	140.81	165.77	190.73
Age 0–20	**Families Unique Users=39,391**	Jan-13	86.67	63.18	72.77	82.36
		Feb-13	76.70	63.18	72.77	82.36
		Mar-13	76.45	63.18	72.77	82.36
		Apr-13	72.83	63.18	72.77	82.36
		May-13	72.53	63.18	72.77	82.36
		Jun-13	62.44	63.18	72.77	82.36
		Jul-13	63.71	63.18	72.77	82.36
		Aug-13	65.50	63.18	72.77	82.36
		Sep-13	66.42	63.18	72.77	82.36
		Oct-13	71.22	63.18	72.77	82.36
		Nov-13	61.06	63.18	72.77	82.36
		Dec-13	63.80	63.18	72.77	82.36
Age 0–20	**Foster Care Unique Users=11,736**	Jan-13	75.79	56.85	66.65	76.45
		Feb-13	66.82	56.85	66.65	76.45
		Mar-13	69.46	56.85	66.65	76.45
		Apr-13	71.25	56.85	66.65	76.45
		May-13	70.38	56.85	66.65	76.45
		Jun-13	61.16	56.85	66.65	76.45
		Jul-13	65.38	56.85	66.65	76.45
		Aug-13	65.47	56.85	66.65	76.45
		Sep-13	66.57	56.85	66.65	76.45
		Oct-13	71.43	56.85	66.65	76.45
		Nov-13	64.54	56.85	66.65	76.45
		Dec-13	62.75	56.85	66.65	76.45
Age 0–20	**Other**	Jan-13	80.50	72.70	82.45	92.19

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Other	Feb-13	63.19	72.70	82.45	92.19
	Unique Users=37,279	Mar-13	62.49	72.70	82.45	92.19
		Apr-13	60.64	72.70	82.45	92.19
		May-13	61.96	72.70	82.45	92.19
		Jun-13	57.63	72.70	82.45	92.19
		Jul-13	60.14	72.70	82.45	92.19
		Aug-13	60.53	72.70	82.45	92.19
		Sep-13	60.93	72.70	82.45	92.19
		Oct-13	67.83	72.70	82.45	92.19
		Nov-13	63.12	72.70	82.45	92.19
		Dec-13	58.22	72.70	82.45	92.19
Age 0–20	**Undocumented**	Jan-13	64.28	49.59	57.66	65.74
	Unique Users=18,767	Feb-13	56.25	49.59	57.66	65.74
		Mar-13	59.16	49.59	57.66	65.74
		Apr-13	58.94	49.59	57.66	65.74
		May-13	60.97	49.59	57.66	65.74
		Jun-13	54.78	49.59	57.66	65.74
		Jul-13	62.61	49.59	57.66	65.74
		Aug-13	64.91	49.59	57.66	65.74
		Sep-13	62.14	49.59	57.66	65.74
		Oct-13	66.22	49.59	57.66	65.74
		Nov-13	58.48	49.59	57.66	65.74
		Dec-13	61.61	49.59	57.66	65.74
Age 21+	**Aged**	Jan-13	166.08	116.74	142.39	168.05
	Unique Users=2,236	Feb-13	149.86	116.74	142.39	168.05
		Mar-13	148.23	116.74	142.39	168.05
		Apr-13	158.15	116.74	142.39	168.05
		May-13	153.50	116.74	142.39	168.05
		Jun-13	130.98	116.74	142.39	168.05
		Jul-13	150.44	116.74	142.39	168.05
		Aug-13	142.47	116.74	142.39	168.05
		Sep-13	126.81	116.74	142.39	168.05
		Oct-13	147.67	116.74	142.39	168.05
		Nov-13	123.81	116.74	142.39	168.05
		Dec-13	120.02	116.74	142.39	168.05
Age 21+	**Blind/Disabled**	Jan-13	294.97	205.11	243.39	281.67
	Unique Users=24,388	Feb-13	264.31	205.11	243.39	281.67
		Mar-13	283.62	205.11	243.39	281.67
		Apr-13	292.98	205.11	243.39	281.67
		May-13	294.85	205.11	243.39	281.67

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Blind/Disabled	Jun-13	270.48	205.11	243.39	281.67
		Jul-13	284.59	205.11	243.39	281.67
		Aug-13	282.64	205.11	243.39	281.67
		Sep-13	268.51	205.11	243.39	281.67
		Oct-13	286.76	205.11	243.39	281.67
		Nov-13	246.59	205.11	243.39	281.67
		Dec-13	252.98	205.11	243.39	281.67
Age 21+	**Families Unique Users=35,835**	Jan-13	149.63	121.77	142.70	163.64
		Feb-13	132.75	121.77	142.70	163.64
		Mar-13	139.91	121.77	142.70	163.64
		Apr-13	146.41	121.77	142.70	163.64
		May-13	148.28	121.77	142.70	163.64
		Jun-13	133.90	121.77	142.70	163.64
		Jul-13	146.10	121.77	142.70	163.64
		Aug-13	138.77	121.77	142.70	163.64
		Sep-13	126.04	121.77	142.70	163.64
		Oct-13	137.34	121.77	142.70	163.64
		Nov-13	109.67	121.77	142.70	163.64
		Dec-13	108.38	121.77	142.70	163.64
Age 21+	**Other Unique Users=20,388**	Jan-13	278.26	210.73	253.46	296.18
		Feb-13	240.26	210.73	253.46	296.18
		Mar-13	254.30	210.73	253.46	296.18
		Apr-13	267.64	210.73	253.46	296.18
		May-13	265.20	210.73	253.46	296.18
		Jun-13	248.98	210.73	253.46	296.18
		Jul-13	269.39	210.73	253.46	296.18
		Aug-13	267.06	210.73	253.46	296.18
		Sep-13	247.01	210.73	253.46	296.18
		Oct-13	269.62	210.73	253.46	296.18
		Nov-13	229.85	210.73	253.46	296.18
		Dec-13	223.80	210.73	253.46	296.18
Age 21+	**Undocumented Unique Users=50,193**	Jan-13	53.83	41.11	47.90	54.70
		Feb-13	46.81	41.11	47.90	54.70
		Mar-13	49.54	41.11	47.90	54.70
		Apr-13	50.06	41.11	47.90	54.70
		May-13	50.66	41.11	47.90	54.70
		Jun-13	47.79	41.11	47.90	54.70
		Jul-13	51.68	41.11	47.90	54.70
		Aug-13	49.96	41.11	47.90	54.70
		Sep-13	47.15	41.11	47.90	54.70

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Undocumented	Oct-13	49.77	41.11	47.90	54.70
		Nov-13	44.36	41.11	47.90	54.70
		Dec-13	45.29	41.11	47.90	54.70

Source: Created by DHCS Research and Analytic Studies Division

Nursing Facility Services

Table SU-10: Nursing Facility Services Utilization Rates from January 2013 to December 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=521**	Jan-13	796.74	362.51	466.89	571.26
		Feb-13	725.29	362.51	466.89	571.26
		Mar-13	778.41	362.51	466.89	571.26
		Apr-13	739.91	362.51	466.89	571.26
		May-13	772.76	362.51	466.89	571.26
		Jun-13	705.99	362.51	466.89	571.26
		Jul-13	770.39	362.51	466.89	571.26
		Aug-13	759.22	362.51	466.89	571.26
		Sep-13	655.40	362.51	466.89	571.26
		Oct-13	738.42	362.51	466.89	571.26
		Nov-13	710.97	362.51	466.89	571.26
		Dec-13	702.89	362.51	466.89	571.26
Age 21+	**Blind/Disabled Unique Users=7,253**	Jan-13	1,834.10	946.03	1,137.15	1,328.26
		Feb-13	1,695.23	946.03	1,137.15	1,328.26
		Mar-13	1,901.64	946.03	1,137.15	1,328.26
		Apr-13	1,794.48	946.03	1,137.15	1,328.26
		May-13	1,899.46	946.03	1,137.15	1,328.26
		Jun-13	1,890.68	946.03	1,137.15	1,328.26
		Jul-13	1,885.17	946.03	1,137.15	1,328.26
		Aug-13	1,923.27	946.03	1,137.15	1,328.26
		Sep-13	2,174.01	946.03	1,137.15	1,328.26
		Oct-13	2,212.15	946.03	1,137.15	1,328.26
		Nov-13	2,211.83	946.03	1,137.15	1,328.26
		Dec-13	2,357.79	946.03	1,137.15	1,328.26
Age 21+	**Other Unique Users=5,143**	Jan-13	2,051.09	1,927.50	2,131.84	2,336.18
		Feb-13	1,816.63	1,927.50	2,131.84	2,336.18
		Mar-13	1,884.14	1,927.50	2,131.84	2,336.18
		Apr-13	1,949.86	1,927.50	2,131.84	2,336.18
		May-13	1,970.79	1,927.50	2,131.84	2,336.18
		Jun-13	1,849.83	1,927.50	2,131.84	2,336.18
		Jul-13	1,935.19	1,927.50	2,131.84	2,336.18
		Aug-13	1,888.22	1,927.50	2,131.84	2,336.18
		Sep-13	1,797.56	1,927.50	2,131.84	2,336.18
		Oct-13	1,895.23	1,927.50	2,131.84	2,336.18
		Nov-13	1,822.39	1,927.50	2,131.84	2,336.18
		Dec-13	1,759.82	1,927.50	2,131.84	2,336.18

Source: Created by DHCS Research and Analytic Studies Division

Pharmacy Services

Table SU-11: Pharmacy Services Utilization Rates from January 2013 to December 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=17,437**	Jan-13	1,372.78	1,166.32	1,304.39	1,442.46
		Feb-13	1,286.01	1,166.32	1,304.39	1,442.46
		Mar-13	1,346.45	1,166.32	1,304.39	1,442.46
		Apr-13	1,337.04	1,166.32	1,304.39	1,442.46
		May-13	1,350.18	1,166.32	1,304.39	1,442.46
		Jun-13	1,238.04	1,166.32	1,304.39	1,442.46
		Jul-13	1,298.16	1,166.32	1,304.39	1,442.46
		Aug-13	1,327.55	1,166.32	1,304.39	1,442.46
		Sep-13	1,291.37	1,166.32	1,304.39	1,442.46
		Oct-13	1,369.55	1,166.32	1,304.39	1,442.46
		Nov-13	1,308.36	1,166.32	1,304.39	1,442.46
		Dec-13	1,362.19	1,166.32	1,304.39	1,442.46
Age 0–20	**Families Unique Users=66,910**	Jan-13	274.05	184.93	228.86	272.78
		Feb-13	248.72	184.93	228.86	272.78
		Mar-13	241.53	184.93	228.86	272.78
		Apr-13	231.68	184.93	228.86	272.78
		May-13	218.31	184.93	228.86	272.78
		Jun-13	176.19	184.93	228.86	272.78
		Jul-13	170.05	184.93	228.86	272.78
		Aug-13	184.46	184.93	228.86	272.78
		Sep-13	199.94	184.93	228.86	272.78
		Oct-13	215.48	184.93	228.86	272.78
		Nov-13	149.35	184.93	228.86	272.78
		Dec-13	164.23	184.93	228.86	272.78
Age 0–20	**Foster Care Unique Users=33,791**	Jan-13	609.18	478.82	546.56	614.30
		Feb-13	549.34	478.82	546.56	614.30
		Mar-13	557.34	478.82	546.56	614.30
		Apr-13	555.60	478.82	546.56	614.30
		May-13	552.58	478.82	546.56	614.30
		Jun-13	480.66	478.82	546.56	614.30
		Jul-13	511.00	478.82	546.56	614.30
		Aug-13	518.74	478.82	546.56	614.30
		Sep-13	521.38	478.82	546.56	614.30
		Oct-13	554.10	478.82	546.56	614.30
		Nov-13	513.60	478.82	546.56	614.30
		Dec-13	534.96	478.82	546.56	614.30

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	**Other Unique Users=66,005**	Jan-13	236.41	192.82	242.12	291.42
		Feb-13	196.88	192.82	242.12	291.42
		Mar-13	189.27	192.82	242.12	291.42
		Apr-13	181.00	192.82	242.12	291.42
		May-13	175.00	192.82	242.12	291.42
		Jun-13	153.64	192.82	242.12	291.42
		Jul-13	155.21	192.82	242.12	291.42
		Aug-13	162.27	192.82	242.12	291.42
		Sep-13	167.22	192.82	242.12	291.42
		Oct-13	185.38	192.82	242.12	291.42
		Nov-13	167.17	192.82	242.12	291.42
		Dec-13	164.24	192.82	242.12	291.42
Age 0–20	**Undocumented Unique Users=11,230**	Jan-13	85.52	62.46	73.03	83.61
		Feb-13	77.32	62.46	73.03	83.61
		Mar-13	77.07	62.46	73.03	83.61
		Apr-13	74.24	62.46	73.03	83.61
		May-13	73.56	62.46	73.03	83.61
		Jun-13	65.64	62.46	73.03	83.61
		Jul-13	70.24	62.46	73.03	83.61
		Aug-13	72.75	62.46	73.03	83.61
		Sep-13	70.72	62.46	73.03	83.61
		Oct-13	75.69	62.46	73.03	83.61
		Nov-13	67.32	62.46	73.03	83.61
		Dec-13	69.66	62.46	73.03	83.61
Age 21+	**Aged Unique Users=2,236**	Jan-13	1,317.48	1,652.07	1,928.25	2,204.43
		Feb-13	1,230.79	1,652.07	1,928.25	2,204.43
		Mar-13	1,299.58	1,652.07	1,928.25	2,204.43
		Apr-13	1,322.13	1,652.07	1,928.25	2,204.43
		May-13	1,298.70	1,652.07	1,928.25	2,204.43
		Jun-13	1,198.69	1,652.07	1,928.25	2,204.43
		Jul-13	1,275.75	1,652.07	1,928.25	2,204.43
		Aug-13	1,233.32	1,652.07	1,928.25	2,204.43
		Sep-13	1,156.46	1,652.07	1,928.25	2,204.43
		Oct-13	1,207.81	1,652.07	1,928.25	2,204.43
		Nov-13	1,103.97	1,652.07	1,928.25	2,204.43
		Dec-13	1,102.71	1,652.07	1,928.25	2,204.43
Age 21+	**Blind/Disabled Unique Users=65,482**	Jan-13	2,926.51	2,676.47	2,986.24	3,296.01
		Feb-13	2,789.09	2,676.47	2,986.24	3,296.01
		Mar-13	3,025.18	2,676.47	2,986.24	3,296.01

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Blind/Disabled	Apr-13	2,948.51	2,676.47	2,986.24	3,296.01
		May-13	3,047.42	2,676.47	2,986.24	3,296.01
		Jun-13	2,888.16	2,676.47	2,986.24	3,296.01
		Jul-13	2,930.76	2,676.47	2,986.24	3,296.01
		Aug-13	2,949.70	2,676.47	2,986.24	3,296.01
		Sep-13	2,752.08	2,676.47	2,986.24	3,296.01
		Oct-13	2,806.86	2,676.47	2,986.24	3,296.01
		Nov-13	2,665.79	2,676.47	2,986.24	3,296.01
		Dec-13	2,846.24	2,676.47	2,986.24	3,296.01
Age 21+	**Families Unique Users=63,346**	Jan-13	660.09	577.61	660.68	743.75
		Feb-13	602.34	577.61	660.68	743.75
		Mar-13	638.56	577.61	660.68	743.75
		Apr-13	635.46	577.61	660.68	743.75
		May-13	640.02	577.61	660.68	743.75
		Jun-13	595.53	577.61	660.68	743.75
		Jul-13	608.92	577.61	660.68	743.75
		Aug-13	604.11	577.61	660.68	743.75
		Sep-13	542.84	577.61	660.68	743.75
		Oct-13	568.55	577.61	660.68	743.75
		Nov-13	376.53	577.61	660.68	743.75
		Dec-13	382.86	577.61	660.68	743.75
Age 21+	**Other Unique Users=33,577**	Jan-13	1,273.18	1,153.78	1,269.52	1,385.25
		Feb-13	1,168.13	1,153.78	1,269.52	1,385.25
		Mar-13	1,218.82	1,153.78	1,269.52	1,385.25
		Apr-13	1,247.99	1,153.78	1,269.52	1,385.25
		May-13	1,250.47	1,153.78	1,269.52	1,385.25
		Jun-13	1,163.24	1,153.78	1,269.52	1,385.25
		Jul-13	1,240.42	1,153.78	1,269.52	1,385.25
		Aug-13	1,208.55	1,153.78	1,269.52	1,385.25
		Sep-13	1,167.85	1,153.78	1,269.52	1,385.25
		Oct-13	1,224.85	1,153.78	1,269.52	1,385.25
		Nov-13	1,132.03	1,153.78	1,269.52	1,385.25
		Dec-13	1,096.97	1,153.78	1,269.52	1,385.25
Age 21+	**Undocumented Unique Users=92,286**	Jan-13	203.29	163.45	189.56	215.67
		Feb-13	183.75	163.45	189.56	215.67
		Mar-13	193.28	163.45	189.56	215.67
		Apr-13	193.46	163.45	189.56	215.67
		May-13	192.21	163.45	189.56	215.67
		Jun-13	179.47	163.45	189.56	215.67

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Undocumented	Jul-13	192.39	163.45	189.56	215.67
		Aug-13	193.06	163.45	189.56	215.67
		Sep-13	188.60	163.45	189.56	215.67
		Oct-13	195.88	163.45	189.56	215.67
		Nov-13	182.39	163.45	189.56	215.67
		Dec-13	184.51	163.45	189.56	215.67

Source: Created by DHCS Research and Analytic Studies Division

Other Services

Table 12: Other Services Utilization Rates from January 2013 to December 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=13,394**	Jan-13	1,208.69	272.85	847.81	1,422.76
		Feb-13	1,160.61	272.85	847.81	1,422.76
		Mar-13	1,011.64	272.85	847.81	1,422.76
		Apr-13	1,423.96	272.85	847.81	1,422.76
		May-13	1,395.62	272.85	847.81	1,422.76
		Jun-13	444.25	272.85	847.81	1,422.76
		Jul-13	469.14	272.85	847.81	1,422.76
		Aug-13	583.75	272.85	847.81	1,422.76
		Sep-13	1,118.30	272.85	847.81	1,422.76
		Oct-13	1,529.87	272.85	847.81	1,422.76
		Nov-13	983.08	272.85	847.81	1,422.76
		Dec-13	895.74	272.85	847.81	1,422.76
Age 0–20	**Families Unique Users = 41,698**	Jan-13	87.83	53.21	87.85	122.48
		Feb-13	80.18	53.21	87.85	122.48
		Mar-13	81.35	53.21	87.85	122.48
		Apr-13	96.73	53.21	87.85	122.48
		May-13	87.76	53.21	87.85	122.48
		Jun-13	50.65	53.21	87.85	122.48
		Jul-13	52.75	53.21	87.85	122.48
		Aug-13	63.41	53.21	87.85	122.48
		Sep-13	73.80	53.21	87.85	122.48
		Oct-13	116.69	53.21	87.85	122.48
		Nov-13	80.01	53.21	87.85	122.48
		Dec-13	77.79	53.21	87.85	122.48
Age 0–20	**Foster Care Unique Users=19,015**	Jan-13	212.78	92.61	177.44	262.26
		Feb-13	200.59	92.61	177.44	262.26
		Mar-13	181.11	92.61	177.44	262.26
		Apr-13	231.11	92.61	177.44	262.26
		May-13	218.22	92.61	177.44	262.26
		Jun-13	96.62	92.61	177.44	262.26
		Jul-13	100.87	92.61	177.44	262.26
		Aug-13	129.69	92.61	177.44	262.26
		Sep-13	181.74	92.61	177.44	262.26
		Oct-13	253.86	92.61	177.44	262.26
		Nov-13	185.48	92.61	177.44	262.26
		Dec-13	171.17	92.61	177.44	262.26

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	**Other Unique Users=44,137**	Jan-13	79.57	73.77	99.33	124.89
		Feb-13	74.30	73.77	99.33	124.89
		Mar-13	76.94	73.77	99.33	124.89
		Apr-13	90.01	73.77	99.33	124.89
		May-13	84.60	73.77	99.33	124.89
		Jun-13	58.21	73.77	99.33	124.89
		Jul-13	65.50	73.77	99.33	124.89
		Aug-13	78.07	73.77	99.33	124.89
		Sep-13	79.02	73.77	99.33	124.89
		Oct-13	108.93	73.77	99.33	124.89
		Nov-13	88.50	73.77	99.33	124.89
		Dec-13	76.58	73.77	99.33	124.89
Age 0–20	**Undocumented Unique Users=4,741**	Jan-13	16.56	13.76	18.50	23.24
		Feb-13	14.40	13.76	18.50	23.24
		Mar-13	14.70	13.76	18.50	23.24
		Apr-13	15.82	13.76	18.50	23.24
		May-13	15.10	13.76	18.50	23.24
		Jun-13	13.64	13.76	18.50	23.24
		Jul-13	16.69	13.76	18.50	23.24
		Aug-13	17.71	13.76	18.50	23.24
		Sep-13	14.73	13.76	18.50	23.24
		Oct-13	19.93	13.76	18.50	23.24
		Nov-13	16.55	13.76	18.50	23.24
		Dec-13	17.28	13.76	18.50	23.24
Age 21+	**Aged Unique Users=3,625**	Jan-13	210.65	228.05	319.57	411.08
		Feb-13	194.78	228.05	319.57	411.08
		Mar-13	207.88	228.05	319.57	411.08
		Apr-13	218.73	228.05	319.57	411.08
		May-13	208.91	228.05	319.57	411.08
		Jun-13	187.14	228.05	319.57	411.08
		Jul-13	209.25	228.05	319.57	411.08
		Aug-13	194.64	228.05	319.57	411.08
		Sep-13	191.28	228.05	319.57	411.08
		Oct-13	256.19	228.05	319.57	411.08
		Nov-13	229.98	228.05	319.57	411.08
		Dec-13	225.97	228.05	319.57	411.08
Age 21+	**Blind/Disabled Unique Users=25,824**	Jan-13	255.55	224.89	277.24	329.58
		Feb-13	239.04	224.89	277.24	329.58
		Mar-13	256.47	224.89	277.24	329.58

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Blind/Disabled	Apr-13	279.85	224.89	277.24	329.58
		May-13	276.14	224.89	277.24	329.58
		Jun-13	254.81	224.89	277.24	329.58
		Jul-13	267.19	224.89	277.24	329.58
		Aug-13	265.57	224.89	277.24	329.58
		Sep-13	255.73	224.89	277.24	329.58
		Oct-13	355.23	224.89	277.24	329.58
		Nov-13	317.20	224.89	277.24	329.58
		Dec-13	320.18	224.89	277.24	329.58
Age 21+	**Families Unique Users=39,029**	Jan-13	102.72	95.93	125.16	154.40
		Feb-13	93.25	95.93	125.16	154.40
		Mar-13	101.00	95.93	125.16	154.40
		Apr-13	107.76	95.93	125.16	154.40
		May-13	104.69	95.93	125.16	154.40
		Jun-13	92.79	95.93	125.16	154.40
		Jul-13	102.93	95.93	125.16	154.40
		Aug-13	103.99	95.93	125.16	154.40
		Sep-13	88.11	95.93	125.16	154.40
		Oct-13	144.19	95.93	125.16	154.40
		Nov-13	118.53	95.93	125.16	154.40
		Dec-13	116.75	95.93	125.16	154.40
Age 21+	**Other Unique Users=29,837**	Jan-13	314.75	260.42	320.28	380.14
		Feb-13	272.16	260.42	320.28	380.14
		Mar-13	281.68	260.42	320.28	380.14
		Apr-13	312.47	260.42	320.28	380.14
		May-13	307.97	260.42	320.28	380.14
		Jun-13	272.11	260.42	320.28	380.14
		Jul-13	329.03	260.42	320.28	380.14
		Aug-13	313.49	260.42	320.28	380.14
		Sep-13	290.83	260.42	320.28	380.14
		Oct-13	351.54	260.42	320.28	380.14
		Nov-13	306.30	260.42	320.28	380.14
		Dec-13	290.88	260.42	320.28	380.14
Age 21+	**Undocumented Unique Users=43,238**	Jan-13	44.49	37.14	46.88	56.61
		Feb-13	38.30	37.14	46.88	56.61
		Mar-13	40.20	37.14	46.88	56.61
		Apr-13	42.12	37.14	46.88	56.61
		May-13	41.95	37.14	46.88	56.61
		Jun-13	37.13	37.14	46.88	56.61

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Undocumented	Jul-13	43.17	37.14	46.88	56.61
		Aug-13	42.74	37.14	46.88	56.61
		Sep-13	39.71	37.14	46.88	56.61
		Oct-13	50.84	37.14	46.88	56.61
		Nov-13	43.76	37.14	46.88	56.61
		Dec-13	45.85	37.14	46.88	56.61

Source: Created by DHCS Research and Analytic Studies Division

Radiology Services

Table SU-13: Radiology Services Utilization Rates from January 2013 to December 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=3,252**	Jan-13	113.88	82.46	98.49	114.53
		Feb-13	99.66	82.46	98.49	114.53
		Mar-13	95.39	82.46	98.49	114.53
		Apr-13	106.62	82.46	98.49	114.53
		May-13	96.15	82.46	98.49	114.53
		Jun-13	77.14	82.46	98.49	114.53
		Jul-13	93.80	82.46	98.49	114.53
		Aug-13	96.72	82.46	98.49	114.53
		Sep-13	90.39	82.46	98.49	114.53
		Oct-13	104.48	82.46	98.49	114.53
		Nov-13	89.58	82.46	98.49	114.53
		Dec-13	82.29	82.46	98.49	114.53
Age 0–20	**Families Unique Users=18,238**	Jan-13	59.15	39.57	47.87	56.17
		Feb-13	51.57	39.57	47.87	56.17
		Mar-13	51.80	39.57	47.87	56.17
		Apr-13	52.66	39.57	47.87	56.17
		May-13	51.61	39.57	47.87	56.17
		Jun-13	41.75	39.57	47.87	56.17
		Jul-13	43.06	39.57	47.87	56.17
		Aug-13	45.07	39.57	47.87	56.17
		Sep-13	47.91	39.57	47.87	56.17
		Oct-13	52.39	39.57	47.87	56.17
		Nov-13	44.53	39.57	47.87	56.17
		Dec-13	43.99	39.57	47.87	56.17
Age 0–20	**Foster Care Unique Users=5,785**	Jan-13	47.00	36.33	44.52	52.70
		Feb-13	42.53	36.33	44.52	52.70
		Mar-13	44.71	36.33	44.52	52.70
		Apr-13	46.06	36.33	44.52	52.70
		May-13	45.57	36.33	44.52	52.70
		Jun-13	38.49	36.33	44.52	52.70
		Jul-13	39.45	36.33	44.52	52.70
		Aug-13	43.29	36.33	44.52	52.70
		Sep-13	44.96	36.33	44.52	52.70
		Oct-13	48.88	36.33	44.52	52.70
		Nov-13	43.53	36.33	44.52	52.70
		Dec-13	40.12	36.33	44.52	52.70

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
Age 0–20	**Other Unique Users=17,590**	Jan-13	55.59	48.54	56.14	63.75
		Feb-13	44.55	48.54	56.14	63.75
		Mar-13	43.34	48.54	56.14	63.75
		Apr-13	44.22	48.54	56.14	63.75
		May-13	44.44	48.54	56.14	63.75
		Jun-13	40.26	48.54	56.14	63.75
		Jul-13	42.35	48.54	56.14	63.75
		Aug-13	43.46	48.54	56.14	63.75
		Sep-13	44.38	48.54	56.14	63.75
		Oct-13	49.18	48.54	56.14	63.75
		Nov-13	42.98	48.54	56.14	63.75
		Dec-13	38.34	48.54	56.14	63.75
Age 0–20	**Undocumented Unique Users=6,398**	Jan-13	35.68	25.95	31.68	37.40
		Feb-13	32.00	25.95	31.68	37.40
		Mar-13	33.82	25.95	31.68	37.40
		Apr-13	34.19	25.95	31.68	37.40
		May-13	34.54	25.95	31.68	37.40
		Jun-13	30.45	25.95	31.68	37.40
		Jul-13	34.94	25.95	31.68	37.40
		Aug-13	35.76	25.95	31.68	37.40
		Sep-13	34.73	25.95	31.68	37.40
		Oct-13	38.00	25.95	31.68	37.40
		Nov-13	31.45	25.95	31.68	37.40
		Dec-13	31.68	25.95	31.68	37.40
Age 21+	**Aged Unique Users=2,545**	Jan-13	245.03	151.71	183.03	214.35
		Feb-13	223.69	151.71	183.03	214.35
		Mar-13	223.39	151.71	183.03	214.35
		Apr-13	222.92	151.71	183.03	214.35
		May-13	207.18	151.71	183.03	214.35
		Jun-13	192.78	151.71	183.03	214.35
		Jul-13	226.13	151.71	183.03	214.35
		Aug-13	237.09	151.71	183.03	214.35
		Sep-13	214.37	151.71	183.03	214.35
		Oct-13	227.92	151.71	183.03	214.35
		Nov-13	209.59	151.71	183.03	214.35
		Dec-13	192.25	151.71	183.03	214.35
Age 21+	**Blind/Disabled Unique Users=19,863**	Jan-13	300.40	198.15	235.22	272.30
		Feb-13	267.99	198.15	235.22	272.30
		Mar-13	288.34	198.15	235.22	272.30

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Blind/Disabled	Apr-13	286.58	198.15	235.22	272.30
		May-13	290.76	198.15	235.22	272.30
		Jun-13	266.73	198.15	235.22	272.30
		Jul-13	283.27	198.15	235.22	272.30
		Aug-13	281.70	198.15	235.22	272.30
		Sep-13	265.01	198.15	235.22	272.30
		Oct-13	287.35	198.15	235.22	272.30
		Nov-13	267.07	198.15	235.22	272.30
		Dec-13	273.79	198.15	235.22	272.30
Age 21+	**Families Unique Users=29,950**	Jan-13	145.16	118.35	138.19	158.03
		Feb-13	129.28	118.35	138.19	158.03
		Mar-13	137.95	118.35	138.19	158.03
		Apr-13	145.81	118.35	138.19	158.03
		May-13	144.59	118.35	138.19	158.03
		Jun-13	131.50	118.35	138.19	158.03
		Jul-13	145.37	118.35	138.19	158.03
		Aug-13	139.94	118.35	138.19	158.03
		Sep-13	129.04	118.35	138.19	158.03
		Oct-13	142.72	118.35	138.19	158.03
		Nov-13	118.96	118.35	138.19	158.03
		Dec-13	117.25	118.35	138.19	158.03
Age 21+	**Other Unique Users= 23,785**	Jan-13	333.17	246.96	301.89	356.82
		Feb-13	282.56	246.96	301.89	356.82
		Mar-13	297.49	246.96	301.89	356.82
		Apr-13	321.47	246.96	301.89	356.82
		May-13	326.18	246.96	301.89	356.82
		Jun-13	299.66	246.96	301.89	356.82
		Jul-13	328.04	246.96	301.89	356.82
		Aug-13	322.28	246.96	301.89	356.82
		Sep-13	292.64	246.96	301.89	356.82
		Oct-13	330.27	246.96	301.89	356.82
		Nov-13	281.59	246.96	301.89	356.82
		Dec-13	276.82	246.96	301.89	356.82
Age 21+	**Undocumented Unique Users=45,626**	Jan-13	62.03	49.23	57.19	65.16
		Feb-13	54.85	49.23	57.19	65.16
		Mar-13	58.32	49.23	57.19	65.16
		Apr-13	59.80	49.23	57.19	65.16
		May-13	60.94	49.23	57.19	65.16
		Jun-13	57.42	49.23	57.19	65.16

Age Group	Aid Category	Month	Service Utilization Rate	Baseline Lower Control Limit	Baseline Mean	Baseline Upper Control Limit
	Undocumented	Jul-13	63.06	49.23	57.19	65.16
		Aug-13	62.40	49.23	57.19	65.16
		Sep-13	58.80	49.23	57.19	65.16
		Oct-13	62.59	49.23	57.19	65.16
		Nov-13	55.25	49.23	57.19	65.16
		Dec-13	55.90	49.23	57.19	65.16

Source: Created by DHCS Research and Analytic Studies Division