

CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM

ANNUAL STATISTICAL REPORT

CALENDAR YEAR 2003



The Great Seal

MEDICAL CARE STATISTICS SECTION

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This report is for informational purposes only and does not purport to be, or attempt to give a legal interpretation of rules, regulations, and laws pertaining to the Medi-Cal Program.

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Medi-Cal Program

Calendar Year 2003

This report presents statistical data on Medi-Cal program services, expenditures and eligibles for calendar year 2003.

Medi-Cal is California's Medicaid program, administered by the State of California, but funded jointly by the federal and state government. Medi-Cal provides health care coverage for low-income persons lacking health insurance. The federal government created the Medicaid program in 1965 as Title XIX of the Social Security Act. Medi-Cal is large, complex, and covers many different types of programs. Besides the Department of Health Services, other State Departments administering or coordinating the delivery of Medi-Cal services include: Department of Aging (Multipurpose Senior Services Program (MSSP) and Adult Day Health Care (ADHC)), Department of Developmental Services (Home and Community-Based Services (HCBS), Department of Mental Health (Short-Doyle, Inpatient Mental Health, and State Mental Hospitals), and Department of Social Services (In-Home Supportive Services and other health related activities). Within the Department of Health Services, some of the programs involved in administering or coordinating delivery of Medi-Cal services include the following:

- Medi-Cal Dental Services Branch/Payment Systems Division (Dental);
- Office of AIDS;
- Children's Medical Services (EPSDT);
- Medi-Cal Contracting Section (Drug rebates, formulary);
- Hospital Finance & Capitation Section/Medi-Cal Policy Division, (Disproportionate Share Payments);
- Division of Primary Care and Family Health (Family Planning, Access, Care and Treatment (FPACT) program);
- Medi-Cal Managed Care program.

In addition to these organizations, others are involved for persons who may have dual eligibility for Medi-Cal and some other State-funded programs, such as California Children's Services, Children's Health and Disability Services, or County Medical Services Program. Persons may also be both on Medi-Cal and Medicare, the Federal health program for people 65 or older, certain people with disabilities, and people with end-stage renal disease (ESRD), in which case Medi-Cal contributes a small portion of the cost for fee-for-service goods and services.

The Medi-Cal Managed Care Annual Statistical Report

The Annual Statistical Report does not cover Medi-Cal's Managed Care Program in great detail. That information is available on the Medical Care Statistics Section (MCSS) Website in the Managed Care Annual Statistical Report at <http://www.dhs.ca.gov/mcss>.

The Managed Care Annual Statistical Report provides information about the medical managed care programs rendering care to Medi-Cal eligibles. It also gives a description of the types of programs providing managed care services to Medi-Cal beneficiaries, the number of persons enrolled, and a description of some of the demographic and eligibility characteristics of this population.¹

The Managed Care Annual Statistical Report does not present cost or utilization information for the Medi-Cal managed care population. Cost data for this population, as well as those in Fee-For-Service (FFS), are available in this report. Managed care utilization information is currently limited, but will become available at a future date from the California Department of Health Services (CDHS). Detailed information about dental managed care can be obtained from the CDHS Payment Systems Division, Office of Medi-Cal Dental Services.

Please note the source for the enrollment and demographic charts and graphs in the Managed Care Annual Statistical Report is the Monthly Medi-Cal Eligibles File, produced each month by the Department of Health Services. Eligibility data from this file for a previous month of eligibility was used to allow retroactive eligibles to be posted. In most cases, the month of eligibility for July 2003 was used from the file created late December 2003.

Other information related to Medi-Cal managed care is available on the CDHS MCSS website. The report entitled "Report on the Use of Medi-Cal Managed Care Encounter Data for Research Purposes," issued January 2002 (found under "Publications" on the MCSS website), reviews the quality and completeness of managed care encounter data. Current and historical counts of managed care beneficiaries by different variables are available in the "Beneficiary Data Files" section of the MCSS website.

¹ The terms "eligible," "beneficiary," and "enrollee" are used interchangeably within Medi-Cal. Each refers to a person who meets all requirements for receiving a Medi-Cal medical service or good (e.g., drugs, DME items) and is enrolled in the Medi-Cal program. These terms are differentiated from the term "user," who is a beneficiary actually receiving a service, drug, or DME item, etc.

**CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM
ANNUAL STATISTICAL REPORT
Calendar Year 2003**

TABLE OF CONTENTS

	<u>Page</u>
Medi-Cal Program Overview	i
Description of the Medi-Cal Managed Care Annual Statistical Report	ii
Note on Data Presentation	1
Medi-Cal Program Statistical Summary	2
Section 1 Highlights of 2003 Program Changes.....	3
Section 2 Medi-Cal Eligibles and Users	5
Section 3 Medi-Cal Expenditures	20
Section 4 Medi-Cal Provider Participation	33
Section 5 Medi-Cal Capitated Health Systems.....	36
Section 6 Medicare Part A and Part B Buy-In Activity	51
Section 7 County Data	53
Section 8 Historical Medi-Cal Program Trends	96
Appendices	101
Appendix A Definitions of Terms.....	102
Appendix B Medi-Cal Aid Codes by Program	107
Appendix C Aid Codes Master Chart	110
Appendix D Statistical Publications.....	128
Appendix E Medical Care Statistics Section's Recommended Links	129

TABLE OF CONTENTS (Continued)

Page

STATISTICAL TABLES

Section 2 Medi-Cal Eligibles and Users

Table 1A	Average Monthly Eligibles by Program and Aid Category, Calendar Years 2002 and 2003	7
Table 1B	Average Monthly Eligibles by Fee-For-Service and Managed Care Type, Calendar Year 2003	9
Table 1C	Persons Certified Eligible by Age and Race/Ethnicity Calendar Year 2003	11
Table 2	Total Annual Payments by Program and Aid Category, Calendar Years 2002 and 2003	13
Table 3	Monthly Eligibles by Program, Calendar Year 2003.....	15
Table 4	Monthly Users by Program, Calendar Year 2003.....	17
Table 5	Average Monthly Users and Users per 1,000 Eligibles by Program and Aid Category, Calendar Years 2002 and 2003	19

Section 3 Medi-Cal Expenditures

Table 6	Average Monthly Payment per Eligible by Program and Aid Category, Calendar Years 2002 and 2003.....	22
Table 7	Average Monthly Payment per User by Program and Aid Category, Calendar Years 2002 and 2003.....	24
Table 8	Average Cost per Service for Selected Services, Calendar Years 2002 and 2003	26
Table 9	Average Monthly Payment by Type of Provider, Calendar Years 2002 and 2003	28
Table 10	Average Monthly Cost per Eligible by Type of Provider, Calendar Years 2002 and 2003	30

TABLE OF CONTENTS (Continued)

	<u>Page</u>
Table 11 Total Medi-Cal Program Expenditures by Date of Payment And Type of Expenditure, Fiscal Years 2001-2002 and 2002-2003	32
<u>Section 4 Medi-Cal Provider Participation</u>	
Table 12 Number of Providers Receiving Medi-Cal Program Payments by Selected Type of Provider and Amount Paid, Calendar Year 2003	35
<u>Section 5 Medi-Cal Capitated Health Systems</u>	
Table 13 Total Managed Care Capitation Payments Excluding COHS Plans, Calendar Year 2003	38
Table 14 Average Monthly Managed Care Beneficiaries Excluding COHS Plans, Calendar Year 2003	40
Table 15 Estimated Average Monthly County Organized Health Systems Eligibles and Total Annual Capitation Payments by Plan, Calendar Year 2003	42
<u>Section 6 Medicare Part A and Part B Buy-In Activity</u>	
Table 16 Medicare Part A and Part B Buy-In Activity: Average Monthly Number of Medi-Cal Eligibles and Average Monthly Premium Payment, Calendar Year 2003	52
<u>Section 7 County Data</u>	
Table 17 Persons Certified Eligible by County, Sex, and Age, July 2003	56
Table 18 Average Monthly Eligibles by County, Program, and Aid Category, Calendar Year 2003	68
Table 19 Average Monthly Users by County of Beneficiary, Program, and Aid Category, Calendar Year 2003	74
Table 20 Total Annual Payments by County of Beneficiary, Program, and Aid Category, Calendar Year 2003	80

TABLE OF CONTENTS (Continued)

	<u>Page</u>
<u>Table 21</u> Average Monthly Users by County of Beneficiary and Selected Types of Providers, Calendar Year 2003	86
<u>Table 22</u> Total Annual Payments by County of Beneficiary and Selected Types of Providers, Calendar Year 2003	88
<u>Table 23A</u> Number of Inpatient Hospitals, Long Term Care Facilities, and Physicians Receiving Medi-Cal Program Payments by County Of Provider, Calendar Year 2003.....	90
<u>Table 23B</u> Med-Cal Providers per 1,000 Fee-For-Service Eligibles Calendar Year 2001-2003.....	91
<u>Table 24</u> Number of Selected Providers Receiving Medi-Cal Program Payments by County of Provider, Calendar Year 2003	92
<u>Table 25</u> County Population (July 1, 2003), Medi-Cal Eligibles, and Medi-Cal Eligibles as a Percent of Population, Calendar Year 2003	93
<u>Table 26</u> Persons Certified Eligible by County and Race/Ethnicity, July 2003.....	94
<u>Table 27</u> Number of Providers by Program Type and Status, California, as of December 31, 2003.....	95
 <u>Section 8 Medi-Cal Program Trends</u>	
<u>Table 28</u> Estimated Average Monthly Eligibles by Program, Calendar Years 1994-2003	98
<u>Table 29</u> Estimated Total Annual Payments by Program, Calendar Years 1994-2003	100

(CORRECTED VERSION)
NOTE ON DATA PRESENTATION

Generally, the data in this report include the Medi-Cal Fee-For-Service Program, including Medi-Cal beneficiaries in State Hospitals and Medi-Cal beneficiaries covered under a capitation contract with Delta Dental Service.

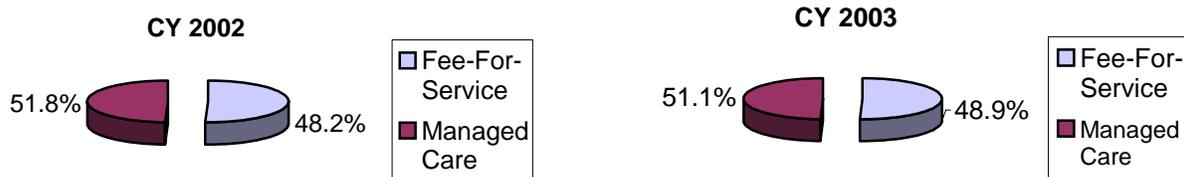
Data on Capitated Health Systems are excluded from a number of tables in this report. Capitated Health Systems receive a monthly capitation payment to provide services to enrollees, so cost figures for specific services are not available.

Capitated Health Systems data are included in Tables 1A, 1B, 1C, 2, 13, 14, 15, 17, 25, 26, 28, and 29.

The Fee-For-Service data for Primary Care Case Management Plan (PCCM) beneficiaries are included in this report. The only remaining PCCM in operation is AIDS Healthcare in Los Angeles county.

During Calendar Year 2003, those enrolled in comprehensive managed care plans, County Organized Health Systems (COHS) and Health Care Plans (HCP) comprised 51.1 percent of the total Medi-Cal population. As used here, "comprehensive plans" means those plans that are capitated to provide more than a limited range of services, including Two Plan Models and Geographic Managed Care (GMC). Plans that provide only dental or mental health, for example, are not comprehensive plans. PCCMs are not comprehensive plans.

Caution should be exercised when attempting to compare data trends over time. Since the advent of managed care, some Medi-Cal populations have been disproportionately enrolled into managed care networks. Therefore, fee-for-service expenditure trends will reflect this reality.



The combined fee-for-service and managed care populations are included in Tables 1A, 1B, 1C, 2, 17, 25, 26, 28, and 29, which reports on the eligible population. The majority of the remaining tables include only fee-for-service data. Tables 13, 14, and 15 include only those enrolled in comprehensive managed care plans.

(CORRECTED VERSION)
MEDI-CAL PROGRAM STATISTICAL SUMMARY

Calendar Year 2003

In 2003, an average of 6.4 million persons per month were eligible for Medi-Cal. This includes Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCP). This represents an increase of 5.4 percent from 2002.

A total of \$1.4 billion in prepaid capitations were received by COHS (an increase of 3.2 percent from 2002) to provide non-dental medical services for an average of 546,011 eligibles per month during 2003 (an increase of 6.6 percent from 2002).

The 2,744,503 persons enrolled in HCPs each month reflected a 2.8 percent increase from 2002. HCP capitation payments totaled \$3.3 billion, which is a 1.2 percent increase from 2002.

In the FFS system, there were 3.1 million persons who used Medi-Cal benefits each month in 2003. Provider payments for those users totaled \$15.8 billion, which was 7.5 percent or \$1.1 billion more than in 2002.

The average cost per FFS user was \$610.21 per month (down 1.5 percent from 2002) and the average cost per FFS eligible was \$418.07 per month (up 0.9 percent from 2002).

Public Assistance FFS eligibles averaged 1.4 million persons per month, an increase of 1.8 percent from 2002. This aid group accounted for 43.3 percent of the FFS eligible population, 54.5 percent of the users, and 52.6 percent of total provider payments (\$8.3 billion).

Medically Needy FFS eligibles averaged 1.2 million persons per month in 2003, an increase of 9.2 percent from 2002. Medically Needy accounted for 38.7 percent of FFS eligibles, 32.0 percent of users, and 37.4 percent of total provider payments (\$5.9 billion). Growth factors were continued in the Aged and Disabled Expansion program, and the 1931(b) program and implementation of continuance eligibility for children.

Medically Indigent FFS eligibles averaged 128,248 persons per month, a 68.0 percent increase from 2002. Medically Indigent accounted for 4.1 percent of FFS eligibles, 2.8 percent of users, and 1.4 percent of total provider payments (\$253.5 million). The significant increase in eligibles was due to implementation of the Child Health and Disability Prevention (CHDP) Gateway program for children in July 2003.

County and community hospital services accounted for 23.6 percent of 2003 FFS provider payments. County hospitals received \$682.0 million. Community hospitals received \$3.04 billion.

Medi-Cal purchased Medicare Part A and Part B Supplemental Medical Insurance for an average of 946,335 eligibles each month in 2003. Monthly premiums averaged \$57.2 million.

Total Medi-Cal program expenditures for Fiscal Year (FY) 2002-2003 (excluding administration costs) accounted for \$26.5 billion (up 8.3 percent from FY 2001-2002). The only two expenditure types that decreased were Early Periodic Screening Services, and Audits and Lawsuits.

Section 1

HIGHLIGHTS OF 2003 PROGRAM CHANGES

The following discusses the major changes in Medi-Cal and related programs during calendar year 2003.

CHDP Gateway - Preenrollment, July 2003

To help ensure that all children have access to medical care, the Child Health & Disability Prevention (CHDP) Gateway program was implemented July 1, 2003. Through this program, children who receive a CHDP health screen will be preenrolled in Medi-Cal or the Healthy Families program (HFP). Preenrollment will involve 2 months of full-scope coverage, during which time the family may apply for ongoing Medi-Cal HFP coverage. The state-funded CHDP will continue to provide screens to children eligible for limited-scope Medi-Cal.

National School Lunch Program Eligibles, July 2003

AB 59 (Chapter 894, Statutes of 2001) established "Express Lane Eligibility" Medi-Cal for children who are qualified to receive free meals through the National School Lunch Program (NSLP). Effective July 1, 2003, county welfare departments (CWD) will determine Medi-Cal eligibility for the children based on an application signed by the parent. The process began in 5 school districts. The total student enrollment in the initial sites was 34,831.

Senate Bill X1 26 Dental Reductions, July 2003

Senate Bill X1 26, (Chapter 9, Statutes of 2003, First Extraordinary Session) eliminates the language in Section 14132 of the Welfare and Institutions Code that prohibits the Department from requiring X-rays as a condition of reimbursement for fillings for children under the age of 18 and requires documentation of the necessity of dental restorations. Estimated annual savings are \$8,500,000. The new law specifies that laboratory processed crowns on posterior teeth are not covered benefits under Medi-Cal. The estimated annual savings are \$26,900,000. The new law also reduces the rates for subgingival curettage and root planning (except for beneficiaries who reside in nursing facilities) by 41%. Estimated annual savings are \$9,900,000.

Craig v. Bontá Lawsuit, July 2003

The Superior Court of San Francisco County ruling in the Craig, et al. v. Bontá, et al. lawsuit requires that the Department continue to provide no share-of-cost, full scope Medi-Cal benefits to persons who are terminated from SSI/SSP effective June 30, 2002, and after, until county welfare departments

(CWDs) determine their ongoing eligibility for Medi-Cal in accordance with a court approved implementation plan. County welfare departments implemented the plan July 1, 2003.

Midyear Status Reporting – SBX1 26, August 2003

SBX1 26 (Chapter 9, Statutes of 2003-04 First Extraordinary Session) includes the requirement that, beginning August 1, 2003 Medi-Cal beneficiaries submit a semiannual status report. The midyear status report requirement does not apply to children who have been granted continuous eligibility or to aged, blind and disabled beneficiaries.

Podiatrist Office Visit Increase, November 2003

The Department equalized reimbursement rates for office visits to podiatrists with reimbursement for office visits to physicians. Podiatrists had been paid 10% less for office visits than physicians.

SECTION 2
MEDI-CAL ELIGIBLES AND USERS

(CORRECTED VERSION)
MEDI-CAL ELIGIBLES, ALL PROGRAMS - TABLE 1A

Total Medi-Cal eligibles, (including Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCP) averaged 6.4 million persons per month in 2003, an increase of 5.4 percent from 2002.

Enrollment of Medi-Cal eligibles in COHS increased 6.6 percent and HCPs increased 4.0 percent in 2003. For additional information, see Section 5, Medi-Cal Capitated Health Systems, page 36.

FFS Medi-Cal eligibles averaged 3.1 million persons per month, an increase of 6.5 percent from 2002.

FFS Public Assistance (PA) eligibles averaged 1.4 million persons per month in 2003, an increase of 1.8 percent from 2002. PA eligibles accounted for 43.3 percent of all FFS eligibles.

Total FFS Medically Needy (MN) eligibles, including 1931(b) eligibles, averaged 1.2 million persons monthly and increased 9.2 percent from 2002. MN eligibles accounted for 38.7 percent of all FFS eligibles.

Total FFS Medically Indigent (MI) eligibles, which include Child Health and Disability Prevention (CHDP) Gateway program eligibles, averaged 128,248 persons monthly and increased 68.0 percent from 2002. MI eligibles accounted for 4.1 percent of all FFS eligibles.

The FFS MI/MN Alien Without SIS, formerly called the OBRA program, averaged 242,072 eligibles per month in 2003, an increase of 5.3 percent from 2002. MI/MN Aliens program eligibles accounted for 7.7 percent of all FFS eligibles.

The FFS Refugee/Entrant programs averaged 935 persons monthly, a decrease of 15.1 percent from 2002. Refugee/Entrant program eligibles accounted for less than 0.2 percent of all FFS eligibles.

The FFS 100 Percent Poverty, 133 Percent Poverty, and Income Disregard Poverty program averaged 175,735 persons monthly, or 5.6 percent of all FFS eligibles.

Data for the FFS Presumptive Eligibility for Pregnant Women program are not available.

The remaining FFS programs (60-Day Postpartum, Special Treatment, Qualified Medicare Beneficiary, Medi-Cal Tuberculosis, Minor Consent and BCCTP) averaged 22,469 persons per month, an increase of 88.5 percent from 2002. These programs accounted for 0.7 percent of all FFS eligibles.

The Medi-Cal Family PACT (Planning, Access, Care and Treatment) waiver was effective December 1, 1999. These eligibles, who are not otherwise eligible for Medi-Cal, averaged 1,490,465 per month during CY 2003.

TABLE 1A (CORRECTED VERSION)

MEDI-CAL PROGRAM
 AVERAGE MONTHLY ELIGIBLES BY PROGRAM AND AID CATEGORY
 CALENDAR YEARS 2002 AND 2003

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2002	CALENDAR YEAR 2003	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	6,107,190	6,438,701	331,511	5.4
County Organized Health Systems (COHS)	512,261	546,011	33,750	6.6
Health Care Plans (HCPs)	2,638,398	2,744,503	106,105	4.0
Fee-For-Service (FFS)/1/ /2/	2,956,531	3,148,187	191,656	6.5
Public Assistance	1,337,528	1,361,717	24,189	1.8
Aged	327,047	337,310	10,263	3.1
Blind	20,921	21,178	257	1.2
Disabled	647,209	676,793	29,584	4.6
Families	342,351	326,437	(15,914)	(4.6)
Medically Needy	1,114,512	1,217,012	102,500	9.2
Aged	155,485	172,528	17,043	11.0
Blind	989	1,012	23	2.3
Disabled	77,287	86,352	9,065	11.7
Families	880,751	957,120	76,369	8.7
Medically Indigent	76,359	128,248	51,889	68.0
Adults	4,482	4,366	(116)	(2.6)
Children	71,877	123,882	52,005	72.4
MI/MN Alien Without SIS	229,821	242,072	12,251	5.3
Refugee/Entrant	1,101	935	(166)	(15.1)
100 Percent Poverty	43,518	41,352	(2,166)	(5.0)
133 Percent Poverty	33,245	34,199	954	2.9
Income Disregard	100,571	100,184	(387)	(0.4)
60-Day Postpartum	2,013	1,840	(173)	(8.6)
Special Treatment	53	52	(1)	(1.9)
Qualified Medicare Beneficiary	5,177	4,944	(233)	(4.5)
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	958	1,082	124	12.9
Minor Consent	9,706	10,200	494	5.1
Breast and Cervical Cancer Treatment Program	1,969	4,351	2,382	121.0
Family PACT	1,395,766	1,490,465	94,699	6.8

INA Information Not Available.

/1/ Excludes County Organized Health Systems and Health Care Plans.

/2/ Fee-For-Service Managed Care eligibles are included in the FFS counts on this table.

Note: Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver.

The men and women who receive Family PACT services are not eligible for Medi-Cal.

Family PACT data is limited to Tables 1A, 1B, and 2 of this report.

Source: State of California, Department of Health Services, MCSS File HCP0312_Benes_by_Managed_Care_Plan_2003_12, created from the December 2003 Month of Eligibility File using a six-month lag. Source for COHS counts:

HCP0401_Benes_by_Managed_Care_Plan_2004_01.xls on the DHS/MCSS website.

State of California, Department of Health Services, MCSS File FFACT Eligibles Over Time, created from FMEF File.

(Tables 14, 15 and 18 of this report).

**AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE
AND MANAGED CARE TYPE – TABLE 1B**

Table 1B shows the average monthly eligibles by Fee-For-Service (FFS) and Managed Care type.

The table shows a separate count of eligibles for FFS, County Organized Health Systems (COHS), Two-Plan/GMC and Other Managed Care Plans by Program and Aid Category.

Total Medi-Cal eligibles (including FFS, COHS, Two-Plan/GMC and Other Managed Care Plans) averaged 6.4 million persons per month in calendar year 2003.

In FFS and Managed Care, the Public Assistance category was the largest. It comprised 43.3 percent of the FFS population; 43.4 percent of the COHS; 42.9 percent of the Two-Plan/GMC, and 71.0 percent of Other Managed Care.

TABLE 1B
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE and MANAGED CARE TYPE
CALENDAR YEAR 2003

PROGRAM AND AID CATEGORY	TOTAL	Fee-For-Service (FFS)		Managed Care Type					
		Average Monthly Count	Percent of Total	COHS		Two-Plan/GMC		Other Managed Care Plans*	
				Average Monthly Count	Percent of Total	Average Monthly Count	Percent of Total	Average Monthly Count	Percent of Total
TOTAL (Excluding Family PACT)	6,442,804	3,148,052	100.0%	549,507	100.0%	2,739,505	100.0%	5,739	100.0%
Public Assistance	2,780,254	1,361,608	43.3%	238,726	43.4%	1,175,844	42.9%	4,076	71.0%
Aged	392,165	337,309	10.7%	45,286	8.2%	7,165	0.3%	2,405	41.9%
Blind	25,331	21,176	0.7%	2,553	0.5%	1,522	0.1%	80	1.4%
Disabled	850,511	676,686	21.5%	78,077	14.2%	94,554	3.5%	1,194	20.8%
Families	1,512,247	326,437	10.4%	112,810	20.5%	1,072,603	39.2%	397	6.9%
Medically Needy	2,830,462	1,216,986	38.7%	261,758	47.6%	1,350,161	49.3%	1,557	27.1%
Aged	201,384	172,528	5.5%	25,188	4.6%	2,767	0.1%	901	15.7%
Blind	1,180	1,012	0.0%	126	0.0%	41	0.0%	1	0.0%
Disabled	102,120	86,327	2.7%	12,385	2.3%	3,264	0.1%	144	2.5%
Families	2,525,778	957,119	30.4%	224,059	40.8%	1,344,089	49.1%	511	8.9%
Medically Indigent	189,659	128,248	4.1%	12,332	2.2%	49,045	1.8%	34	0.6%
Adults	6,048	4,366	0.1%	857	0.2%	824	0.0%	1	0.0%
Children	183,611	123,882	3.9%	11,475	2.1%	48,221	1.8%	33	0.6%
MI/MN Alien Without SIS	242,900	242,072	7.7%	793	0.1%	35	0.0%	0	0.0%
Refugee/Entrant	2,338	935	0.0%	124	0.0%	1,279	0.0%	0	0.0%
100 Percent Poverty	113,161	41,352	1.3%	9,014	1.6%	62,772	2.3%	23	0.4%
133 Percent Poverty	119,109	34,199	1.1%	14,526	2.6%	70,348	2.6%	36	0.6%
Income Disregard	141,795	100,184	3.2%	11,611	2.1%	29,991	1.1%	9	0.2%
60-Day Postpartum	1,840	1,840	0.1%	0	0.0%	0	0.0%	0	0.0%
Special Treatment	52	52	0.0%	0	0.0%	0	0.0%	0	0.0%
Qualified Medicare Beneficiary	5,006	4,944	0.2%	56	0.0%	3	0.0%	3	0.1%
Presumptive Eligibility Pregnant Women	INA	INA	INA	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	1,083	1,082	0.0%	1	0.0%	0	0.0%	0	0.0%
Minor Consent	10,201	10,200	0.3%	0	0.0%	0	0.0%	1	0.0%
Breast and Cervical Cancer Treatment Program	4,944	4,351	0.1%	566	0.1%	27	0.0%	0	0.0%
Other	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Family PACT	1,490,465	1,490,465	NA	0	NA	0	NA	0	0.0%

*"Other Managed Care Plans" include prepaid health plans, primary care case management, and special projects.

Fee-For-Service-Managed Care Network (FFS-MCN) counts are excluded.

Note: INA = Information not available. NA = Not applicable.

Figures are rounded independently and may not add to totals.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver. The men and women who receive Family PACT services are not eligible for regular Medi-Cal services. Family PACT data is limited to Tables 1A, 1B, and 2 of this report.

Source: State of California, Department of Health Services, MCSS File HCP0312_Benes_by_Managed_Care_Plan_2003_12.xls, created from the December 2003 Month of Eligibility File using a six-month lag.

State of California, Department of Health Services, MCSS File FFACT Eligibles Over Time, created from the FMEF File.

MEDI-CAL ELIGIBLES BY AGE AND ETHNICITY - TABLE 1C

Table 1C shows the total Medi-Cal eligibles (including Fee-For-Service, County Organized Health Systems, and Health Care Plans) by age and race/ethnicity in July 2003.

Of the 6,459,012 persons certified eligible, 3,293,944 were Hispanic; 1,481,041 were White; 650,371 were Asian/Pacific Islander; 708,533 were Black; 28,410 were American Indian/Alaskan Native; and 296,713 fall into the Not Reported race/ethnicity category.

TABLE 1C

MEDI-CAL PROGRAM
 PERSONS CERTIFIED ELIGIBLE BY AGE AND RACE/ETHNICITY
 JULY 2003
 (COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY											
		AM INDIAN/ ALASKAN NATIVE		ASIAN PACIFIC ISLANDER		BLACK		HISPANIC		WHITE		NOT REPORTED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	6,459,012	28,410	0.4	650,371	10.1	708,533	11.0	3,293,944	51.0	1,481,041	22.9	296,713	4.6
Under 1	238,505	793	0.3	15,577	6.5	18,705	7.8	157,855	66.2	35,737	15.0	9,838	4.1
1-5	986,941	3,977	0.4	60,297	6.1	99,145	10.0	643,780	65.2	154,117	15.6	25,625	2.6
6-10	850,160	3,834	0.5	59,259	7.0	101,957	12.0	519,511	61.1	149,201	17.5	16,398	1.9
11-15	753,706	3,927	0.5	66,612	8.8	103,853	13.8	413,074	54.8	155,469	20.6	10,771	1.4
16-20	562,641	2,881	0.5	63,015	11.2	72,040	12.8	290,277	51.6	118,961	21.1	15,467	2.7
21-30	720,834	3,285	0.5	39,187	5.4	79,500	11.0	445,673	61.8	140,183	19.4	13,006	1.8
31-40	679,215	3,200	0.5	54,578	8.0	72,181	10.6	374,453	55.1	159,551	23.5	15,252	2.2
41-50	495,185	2,837	0.6	57,048	11.5	63,348	12.8	188,037	38.0	159,056	32.1	24,859	5.0
51-55	165,298	897	0.5	22,295	13.5	21,088	12.8	46,555	28.2	58,801	35.6	15,662	9.5
56-64	229,444	1,208	0.5	31,744	13.8	26,682	11.6	53,607	23.4	87,160	38.0	29,043	12.7
65 and ov	777,083	1,571	0.2	180,759	23.3	50,034	6.4	161,122	20.7	262,805	33.8	120,792	15.5
Unknown	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF),
 created from the December 2003 MEF file using a six-month lag.

TOTAL ANNUAL PAYMENTS - TABLE 2

This is a companion to Table 1A, showing payments by type of program. This table reflects the total annual Medi-Cal payments for County Organized Health Systems (COHS), Health Care Plans (HCPs), and Fee-For-Service (FFS) by Program and Aid Category for 2002 and 2003.

Total annual Medi-Cal payments (including FFS, COHS, and HCPs) were \$20.5 billion in 2003, an increase of 6.1 percent from 2002.

The COHS estimated capitation payments were \$1.4 billion in 2003, a 3.2 percent increase from 2002.

HCP capitation payments were \$3.32 billion in 2003, compared to \$3.28 billion in 2002, an increase of 1.2 percent.

Capitated Health System payments (COHS and HCPs) are not included in the FFS breakdown.

Total annual Medi-Cal FFS payments were \$15.8 billion in 2003, an increase of 7.5 percent from 2002.

Payments for persons in the Public Assistance (PA) group were \$8.3 billion, an increase of 8.4 percent from the \$7.7 billion in 2002. PA payments accounted for 52.6 percent of all FFS payments.

\$5.9 billion was paid for services provided to the Medically Needy (MN), up 6.0 percent from 2002. MN payments accounted for 37.4 percent of all FFS payments.

Total Medically Indigent (MI) payments were \$253.5 million, up 25.2 percent from the \$202.5 million in 2002. MI payments accounted for 1.6 percent of all FFS payments.

The MI/MN Alien Without SIS program payments were \$405.7 million, reflecting a 5.8 percent decrease from the \$430.6 million the previous year due to the shifting of eligibles to the 1931(b), and Medically Needy categories. The MI/MN Not Qualified Aliens program payments accounted for 2.6 percent of all FFS payments.

Payments for the Refugee/Entrant programs were \$4.7 million, down 17.0 percent from the \$5.6 million in 2002. Refugee/Entrant program payments accounted for less than 0.3 percent of all FFS payments.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program accounted for \$599.4 million, a 13.0 percent increase from the \$530.3 million in 2002. These programs accounted for 3.8 percent of all FFS payments.

Total payments for the remaining groups (excluding Not Reported) were \$242.0 million in 2003, down 21.9 percent from the \$294.9 million in 2002. These payments accounted for 1.5 percent of all FFS payments.

The Medi-Cal Family PACT (Planning, Access, Care and Treatment) waiver was effective December 1, 1999. Family PACT expenditures during calendar year 2003 totaled \$410.1 million, up 2.3 percent from calendar year 2002.

TABLE 2

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2002 AND 2003

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2002	CALENDAR YEAR 2003	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	\$19,298,072,204	\$20,481,604,653	\$1,183,532,449	6.1
County Organized Health Systems (COHS)	\$1,323,873,647	\$1,366,420,262	\$42,546,615	3.2
Health Care Plans (HCPs)	\$3,282,699,392	\$3,321,280,892	\$38,581,500	1.2
Fee-For-Service (FFS)/1/	\$14,691,499,165	\$15,793,903,499	\$1,102,404,334	7.5
Public Assistance	7,657,169,334	8,301,178,882	644,009,548	8.4
Aged	1,527,862,941	1,731,922,392	204,059,451	13.4
Blind	181,620,005	192,419,481	10,799,476	5.9
Disabled	5,070,983,837	5,502,233,687	431,249,850	8.5
Families	876,702,551	874,603,323	(2,099,228)	(0.2)
Medically Needy	5,570,343,808	5,905,013,028	334,669,220	6.0
Aged	2,189,647,337	2,238,601,029	48,953,692	2.2
Blind	19,498,595	21,462,516	1,963,921	10.1
Disabled	1,678,972,110	1,803,927,139	124,955,029	7.4
Families	1,682,225,766	1,841,022,344	158,796,578	9.4
Medically Indigent	202,472,163	253,516,548	51,044,385	25.2
Adults	58,662,873	61,541,816	2,878,943	4.9
Children	143,809,290	191,974,732	48,165,442	33.5
MI/MN Alien Without SIS	430,583,458	405,738,449	(24,845,009)	(5.8)
Refugee/Entrant	5,605,814	4,652,683	(953,131)	(17.0)
100 Percent Poverty	43,927,237	42,763,885	(1,163,352)	(2.6)
133 Percent Poverty	35,940,324	38,837,935	2,897,611	8.1
Income Disregard	450,457,157	517,776,839	67,319,682	14.9
60-Day Postpartum	8,316,173	8,289,132	(27,041)	(0.3)
Special Treatment	455,286	431,214	(24,072)	(5.3)
Qualified Medicare Beneficiary	9,426,499	10,719,357	1,292,858	13.7
Presumptive Eligibility for Pregnant Women	129,526,962	130,668,970	1,142,008	0.9
Medi-Cal Tuberculosis Program	586,212	698,541	112,329	19.2
Minor Consent	44,077,888	40,776,370	(3,301,518)	(7.5)
Breast and Cervical Cancer Treatment Program	20,918,131	50,435,645	29,517,514	141.1
Not Reported	81,594,990	82,293,575	698,585	0.9
Family PACT	\$400,969,696	\$410,106,506	\$9,136,810	2.3

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: Payments are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver. The men and women who receive Family PACT services are not eligible for Medi-Cal. Family PACT data is limited to Tables 1 and 2 of this report.

The 185 and 200 Percent Poverty programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report; Managed Care Financial Worksheets; and Rate Sheet for Managed Care Plans.

(Tables 13, 15 and 20)

MONTHLY MEDI-CAL FEE-FOR-SERVICE (FFS) ELIGIBLES - TABLE 3

An average of 3,148,187 persons were eligible each month for Medi-Cal fee-for-service benefits during 2003. The six-month average for July thru December of 2003 reflects a 3.2% increase over January thru June.

The Public Assistance (PA) program accounted for 43.3 percent of the total annual average eligibles. The PA eligibles averaged 18,511 more persons in the first half of the year than in the last half.

The Medically Needy (MN) program accounted for 38.7 percent of the total annual average eligibles. The average MN eligibles ran 14,560 persons higher in the last half of the year than in the first half.

The Medically Indigent (MI) program accounted for 4.1 percent of the total annual average eligibles. Eligible counts in the MI program peaked in October. The average MI eligible count was higher in the last half of the year than in the first half.

The MN/MI Alien Without SIS and Refugee/Entrant programs combined accounted for 7.7 percent of the eligible population.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program combined accounted for 6.6 percent of the eligible population.

The 60-Day Postpartum program accounted for less than 0.1 percent of the eligible population.

The Qualified Medicare Beneficiary program accounted for 0.2 percent of the eligible population.

Data for the Presumptive Eligibility for Pregnant Women program are not available.

The Medi-Cal Tuberculosis program, Minor Consent, Breast and Cervical Cancer Treatment Program (BCCTP), and All Other groups combined accounted for 0.5 percent of the eligible population.

Table 3

MEDI-CAL PROGRAM
MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEAR 2003
(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY
Annual Average 2003	3,148,187	1,361,717	1,217,012	128,248	242,072	935	41,352	34,199
Six-Month Average	3,098,730	1,352,462	1,209,732	93,478	245,562	901	40,887	33,331
January	3,068,421	1,343,556	1,193,067	90,558	241,041	1,018	40,844	32,526
February	3,070,487	1,337,838	1,203,802	91,894	242,706	909	40,387	32,606
March	3,106,436	1,340,603	1,227,747	93,860	246,147	927	41,119	33,627
April	3,112,976	1,337,688	1,234,935	94,448	247,619	919	41,343	33,919
May	3,130,408	1,384,679	1,202,637	94,960	248,682	839	41,490	34,062
June	3,103,652	1,370,408	1,196,204	95,147	247,174	796	40,137	33,247
Six-Month Average	3,197,644	1,370,973	1,224,292	163,018	238,583	968	41,817	35,066
July	3,146,704	1,372,254	1,210,080	122,734	245,290	909	40,129	33,547
August	3,193,072	1,375,848	1,217,845	159,605	244,178	969	40,226	33,649
September	3,202,573	1,372,961	1,220,189	173,315	238,712	1,019	40,879	33,933
October	3,219,329	1,373,131	1,230,394	175,373	236,326	992	42,966	35,946
November	3,225,777	1,373,751	1,233,436	175,025	238,867	993	43,243	36,160
December	3,198,410	1,357,890	1,233,805	172,054	228,125	927	43,460	37,160
MONTH	QMB	INCOME DISREGARD	60-DAY POST-PARTUM	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	BCCTP	ALL OTHER/1/
Annual Average 2003	4,944	100,184	1,840	INA	1,082	10,200	4,351	52
Six-Month Average	4,771	100,419	2,002	INA	1,093	10,193	3,849	50
January	4,906	104,303	2,071	INA	1,045	10,036	3,401	49
February	4,790	98,755	2,065	INA	1,075	10,042	3,566	52
March	4,726	100,499	2,001	INA	1,089	10,284	3,756	51
April	4,803	99,969	1,976	INA	1,102	10,267	3,938	50
May	4,833	100,713	1,942	INA	1,121	10,273	4,130	47
June	4,569	98,276	1,959	INA	1,124	10,257	4,303	51
Six-Month Average	5,117	99,950	1,678	INA	1,071	10,207	4,852	54
July	4,843	99,258	1,988	INA	1,139	9,996	4,485	52
August	4,709	98,297	1,943	INA	1,143	9,956	4,650	54
September	5,085	98,464	1,803	INA	1,096	10,268	4,795	54
October	5,212	100,900	1,646	INA	1,032	10,394	4,963	54
November	5,216	100,998	1,632	INA	1,033	10,411	4,957	55
December	5,635	101,781	1,056	INA	984	10,216	5,264	53

INA Information Not Available.

/1/ Other includes Dialysis and Total Parenteral Nutrition.

Note: MI/MN = Medically Indigent/Medically Needy

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

BCCTP = Breast and Cervical Cancer Treatment Program.

The 185 and 200 Percent Poverty programs have merged and are now called Income Disregard.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, MCS S File HCP0312_Benes_by_Managed_Care_Plan_2003_12.xls, created from the December 2003 Month of Eligibility File using a six-month lag.

MONTHLY MEDI-CAL FEE-FOR-SERVICE (FFS) USERS - TABLE 4

An average of 2,156,870 persons received Medi-Cal FFS program benefits each month in 2003.

A monthly utilization rate can be computed from Tables 3 and 4 (users divided by eligibles). The utilization rate for the Total Fee-For-Service Program is 68.5 percent of eligibles who receive services each month.

The Public Assistance (PA) group, which accounted for 54.5 percent of the total annual average Medi-Cal users, had a utilization rate of 86.3 percent.

The Medically Needy (MN) group, which accounted for 32.0 percent of the total annual average users, had a utilization rate of 56.7 percent.

The Medically Indigent (MI) group, which accounted for 2.8 percent of the total annual average users, had a utilization rate of 46.8 percent.

The MI/MN Alien Without SIS and Refugee/Entrant groups accounted for 1.4 percent of the total annual average users.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard combined accounted for 4.7 percent of the total annual average users.

The 60-Day Postpartum, Qualified Medicare Beneficiary, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent, Breast and Cervical Cancer Treatment Program (BCCTP), and All Other groups combined accounted for 4.0 percent of the total annual users.

Table 4

MEDI-CAL PROGRAM
MONTHLY USERS BY PROGRAM
CALENDAR YEAR 2003

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	IRCA ALIENS	MI/MN ALIEN WO/SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY
Annual Average 2003	2,156,870	1,175,295	690,191	60,052	1	42,667	1,188	20,775	17,031
Six-Month Average	2,001,677	1,178,774	693,784	46,454	1	42,144	1,209	22,228	17,082
January	1,920,609	1,141,398	657,331	43,415	1	42,452	1,281	18,910	15,821
February	1,981,822	1,168,533	684,461	45,719	1	41,966	1,191	23,027	16,924
March	1,998,549	1,173,220	696,301	46,497	1	40,657	1,183	23,209	17,481
April	1,988,509	1,165,473	694,532	46,652	2	40,933	1,251	22,796	16,870
May	2,196,634	1,274,189	776,774	52,986	1	45,424	1,311	25,976	19,973
June	1,923,936	1,149,833	653,305	43,452	1	41,432	1,039	19,451	15,423
Six-Month Average	2,012,721	1,171,815	686,598	73,651	1	43,190	1,166	19,322	16,980
July	2,095,812	1,225,575	727,763	54,679	1	46,069	1,172	22,362	18,191
August	1,939,532	1,144,608	657,715	59,471	0	42,391	1,039	19,234	15,074
September	1,910,796	1,124,570	642,236	68,493	0	41,114	994	18,407	14,982
October	2,178,958	1,247,600	752,233	90,678	1	47,309	1,474	20,677	18,986
November	1,775,336	1,041,318	595,377	71,060	0	37,639	1,072	14,736	14,134
December	2,175,890	1,247,220	744,261	97,523	1	44,617	1,244	20,513	20,511
MONTH	INCOME DISREGARD	60-DAY POST-PARTUM	QMB	PRESUMP ELIGIBILITY FOR PREG WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	BCCTP	ALL OTHER/1/	
Annual Average 2003	64,369	1,822	6,402	58,869	332	5,867	4,311	7,700	
Six-Month Average	61,637	1,861	7,427	58,500	305	5,878	3,802	4,963	
January	62,518	2,013	7,011	58,200	268	6,039	3,522	5,328	
February	60,511	1,968	8,887	58,185	265	5,984	3,501	4,561	
March	59,018	1,803	8,336	56,229	314	5,720	3,663	4,645	
April	60,111	1,736	7,277	62,101	295	5,648	3,677	4,111	
May	66,978	1,872	7,437	61,898	350	6,420	4,269	5,841	
June	60,686	1,775	5,611	54,387	338	5,456	4,178	5,292	
Six-Month Average	67,101	1,783	5,377	59,237	359	5,857	4,820	10,437	
July	68,180	2,036	6,363	60,575	339	6,209	4,482	8,435	
August	61,972	1,687	5,575	53,475	349	5,471	4,546	9,153	
September	62,314	1,599	4,828	50,748	396	5,327	4,610	11,000	
October	75,771	1,976	6,071	71,506	399	6,753	5,205	12,406	
November	62,474	2,013	3,967	59,532	322	5,469	4,562	10,197	
December	71,894	1,387	5,459	59,587	350	5,910	5,514	11,429	

/1/ Other includes Dialysis, Total Parenteral Nutrition, and Not Reported.

Note: IRCA = Immigration Reform and Control Act; MI/MN = Medically Indigent/Medically Needy.

The IRCA program expired December 31, 1994. IRCA is shown for 2003 because claims continue to be paid due to the lag from time of service to time of payment.

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

BCCTP = Breast and Cervical Cancer Treatment Program.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Report (Monthly - Control Totals) and Calendar Year Report.

FEE-FOR-SERVICE (FFS) MEDI-CAL UTILIZATION - TABLE 5

An average of 2,156,878 persons received Medi-Cal FFS program benefits each month in 2003. There were 180,499 more monthly users than in 2002.

The total number of users per 1,000 (FFS) eligibles increased 2.4 percent from 2002 to 2003. The total number of users for 2003 includes the Presumptive Eligibility for Pregnant Women program; however, eligible counts for this program are not available. If these users are excluded, the overall utilization rate calculates to be 666 per 1,000 (FFS) eligibles in 2003.

In 2003, the Public Assistance group, which accounted for 54.5 percent of total users, had a utilization rate of 68.5 percent. The Medically Needy group accounted for 32 percent of the total users.

Calendar Year 2002 and 2003 data do not include users of health care services provided by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 5
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS AND USERS PER 1,000 ELIGIBLES
BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2002 AND 2003

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2002	CALENDAR YEAR 2003	USERS PER 1,000 ELIGIBLES		PERCENT CHANGE IN RATE
			2002	2003	
TOTAL	1,976,379	2,156,878	669	685	2.4
Public Assistance	1,118,884	1,175,295	837	863	3.1
Aged	247,573	262,276	757	778	2.8
Blind	16,817	17,287	804	816	1.5
Disabled	528,764	572,215	818	845	3.3
Families	325,730	323,517	951	991	4.2
Medically Needy	605,232	690,191	543	567	4.4
Aged	116,703	131,323	751	761	1.3
Blind	822	906	832	895	7.6
Disabled	64,815	76,809	840	889	5.8
Families	422,892	481,153	480	503	4.8
Medically Indigent	38,178	60,052	500	468	(6.4)
Adults	4,509	4,559	1,006	1,044	3.8
Children	33,669	55,493	468	448	(4.3)
MI/MN Alien Without SIS	42,360	42,667	184	176	(4.3)
Refugee/Entrant	1,377	1,188	1,251	1,271	1.6
100 Percent Poverty	19,082	20,775	438	502	14.6
133 Percent Poverty	15,643	17,031	471	498	5.7
Income Disregard	57,742	64,377	574	643	12.0
Infant	11,990	13,393	546	562	2.9
Pregnant Woman	45,752	50,984	582	668	14.8
60-Day Postpartum	1,803	1,822	896	990	10.5
Special Treatment	34	32	642	615	NA
Qualified Medicare Beneficiary	6,277	6,402	1,212	1,295	6.8
Presumptive Eligibility for Pregnant Women	55,727	58,869	INA	INA	INA
Medi-Cal Tuberculosis Program	249	332	260	307	18.1
Minor Consent	6,232	5,867	642	575	(10.4)
Breast and Cervical Cancer Treatment Program	1,699	4,311	INA	991	INA
Not Reported	5,858	7,668	NA	NA	NA

INA Information Not Available.

NA Not Applicable.

Claims processing time lags can distort utilization rates, especially for smaller groups of eligibles or groups whose numbers change considerably.

Note: FFS = Fee-For-Service.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0312-Benes-by-Managed_Care_Plan_2003_12, created from the December 2003 Month of Eligibility File using a six-month lag. (Tables 18) and Medi-Cal Services and Expenditures Month of Payment Calendar Year Report (Table 19).

SECTION 3
MEDI-CAL EXPENDITURES

**FEE-FOR-SERVICE (FFS) PAYMENT PER ELIGIBLE
BY PROGRAM AND AID CATEGORY - TABLE 6**

The average monthly payment per eligible was \$418.07 in 2003. This represents an increase of \$3.89 per eligible or 0.9 percent over the prior year. Payments include the Presumptive Eligibility for Pregnant Women program; however, eligible counts for this program are not available. If these payments are excluded, the overall cost per eligible would be \$414.61.

Relative cost increases exceeding the overall 0.9 percent were experienced by the Public Assistance Aged (up 9.9 percent); Public Assistance Blind (up 4.6 percent); Public Assistance Disabled (up 3.7 percent); Public Assistance Families (up 4.6 percent); Medically Needy Blind (up 7.5 percent); Medically Needy Families (up 0.7 percent); Medically Indigent Adults (up 7.6 percent); 100 Percent Poverty (up 2.4 percent); 133 Percent Poverty (up 5.0 percent); Income Disregard Infant (up 15.4 percent); 60-Day Postpartum (up 9.0 percent); QMB (up 19.1 percent); and Medi-Cal Tuberculosis Program (up 5.5 percent).

Medically Needy Aged, Medically Needy Disabled, Medically Indigent Children, MI/MN Alien Without SIS, Refugee/Entrant, Special Treatment, and the Minor Consent programs decreased from Calendar 2002 due to shifting of the 1931(b), and Medically Needy categories.

Calendar Year 2003 data do not include payments for health care services handled by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 6

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER ELIGIBLE BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2002 AND 2003

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2002	CALENDAR YEAR 2003	CHANGE	
			Number	Percent
TOTAL	\$414.18	\$418.07	3.89	0.9
Public Assistance	477.24	508.01	30.77	6.4
Aged	389.31	427.88	38.57	9.9
Blind	723.54	757.15	33.61	4.6
Disabled	653.39	677.49	24.10	3.7
Families	213.40	223.27	9.87	4.6
Medically Needy	416.54	404.34	(12.20)	(2.9)
Aged	1,173.59	1,081.27	(92.32)	(7.9)
Blind	1,644.62	1,767.33	122.71	7.5
Disabled	1,812.71	1,740.87	(71.84)	(4.0)
Families	159.17	160.29	1.12	0.7
Medically Indigent	220.97	164.73	(56.24)	(25.5)
Adults	1,091.20	1,174.64	83.44	7.6
Children	166.73	129.14	(37.59)	(22.5)
MI/MN Alien Without SIS	156.13	139.68	(16.45)	(10.5)
Refugee/Entrant	424.30	414.68	(9.62)	(2.3)
100 Percent Poverty	84.12	86.18	2.06	2.4
133 Percent Poverty	90.09	94.64	4.55	5.0
Income Disregard	373.25	430.69	57.44	15.4
Infant	283.02	303.89	20.87	7.4
Pregnant Woman	398.45	470.24	71.79	18.0
60-Day Postpartum	344.27	375.41	31.14	9.0
Special Treatment	715.87	691.05	(24.82)	(3.5)
Qualified Medicare Beneficiary	151.74	180.68	28.94	19.1
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	50.99	53.80	2.81	5.5
Minor Consent	378.40	333.14	(45.26)	(12.0)
Breast and Cervical Cancer Treatment Program	885.31	965.98	INA	INA

INA Information Not Available.

Note: FFS = Fee-For-Service.

Figures are rounded independently.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures
Month of Payment Calendar Year Reports, Medi-Cal Certified CID Eligibles Calendar Year 2002 Report, and
MCSS File HCP0312_Benes_by_Managed_Care_Plan_2003_12, created from the December 2003 Month of Eligibility File
using a six-month lag.

FEE-FOR-SERVICE (FFS) PAYMENT PER USER
BY PROGRAM AND AID CATEGORY - TABLE 7

During 2003, the Medi-Cal program spent an average of \$610.21 per month per user of service. This was \$9.25 or 1.5 percent less than in 2002.

The lowest monthly cost group was the Qualified Medicare Beneficiary at \$139.53 per user. This group is eligible solely for Medicare premiums and co-insurance/deductibles. The next lowest group is the 100 Percent Poverty at \$171.54, followed by Medi-Cal Tuberculosis program at \$175.34 per user.

Cost per user in the Medically Needy Aged, Blind, and Disabled groups are high because a large number of persons in these groups are in a long-term care facility. The cost per Medically Needy user runs almost two times that of Public Assistance users.

Cost per user for most groups increased from the previous year.

The Public Assistance Aged, Blind, Disabled, and Families categories showed increases of 7.0, 3.1, 0.3, and 0.4 percent respectively. Medically Needy Aged, Blind, Disabled and Families were down 9.1, 0.1, 9.3, and 3.8 percent from the previous year. Medically Indigent Adults increased 3.8 percent. MI/MN Not Qualified Aliens, Refugee/Entrant, 100 Percent Poverty, and 133 Percent Poverty showed decreases of 6.4, 3.8, 10.6, and 0.7 percent. Income Disregard Infants and Pregnant Women, and Special Treatment, showed increases of 4.3, 2.9, and 0.6 percent. 60-Day Postpartum, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent, Breast and Cervical Cancer Treatment Program and Not Reported categories showed decreases of 1.4, 4.5, 10.6, 1.7, 5.0, and 23.0 percent respectively.

TABLE 7

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER USER BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2002 AND 2003

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2002	CALENDAR YEAR 2003	CHANGE	
			Number	Percent
TOTAL	\$619.46	\$610.21	(9.25)	(1.5)
Public Assistance	570.30	588.59	18.29	3.2
Aged	514.28	550.29	36.01	7.0
Blind	899.98	927.57	27.59	3.1
Disabled	799.19	801.31	2.12	0.3
Families	224.29	225.29	1.00	0.4
Medically Needy	766.97	712.97	(54.00)	(7.0)
Aged	1,563.55	1,420.54	(143.01)	(9.1)
Blind	1,976.74	1,974.11	(2.63)	(0.1)
Disabled	2,158.67	1,957.16	(201.51)	(9.3)
Families	331.49	318.86	(12.63)	(3.8)
Medically Indigent	441.95	351.80	(90.15)	(20.4)
Adults	1,084.18	1,124.91	40.73	3.8
Children	355.94	288.29	(67.65)	(19.0)
MI/MN Alien Without SIS	847.07	792.45	(54.62)	(6.4)
Refugee/Entrant	339.25	326.37	(12.88)	(3.8)
100 Percent Poverty	191.84	171.54	(20.30)	(10.6)
133 Percent Poverty	191.46	190.04	(1.42)	(0.7)
Income Disregard	650.10	670.24	20.14	3.1
Infant	518.21	540.60	22.39	4.3
Pregnant Woman	684.66	704.30	19.64	2.9
60-Day Postpartum	384.37	379.12	(5.25)	(1.4)
Special Treatment	1,115.90	1,122.95	7.05	0.6
Qualified Medicare Beneficiary	125.15	139.53	14.38	11.5
Presumptive Eligibility for Pregnant Women	193.69	184.97	(8.72)	(4.5)
Medi-Cal Tuberculosis Program	196.19	175.34	(20.85)	(10.6)
Minor Consent	589.40	579.18	(10.22)	(1.7)
Breast and Cervical Cancer Treatment Program	1,026.00	974.94	(51.06)	(5.0)
Not Reported	1,160.73	894.34	(266.39)	(23.0)

Note: FFS = Fee-For-Service.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS, Medi-Cal Services and Expenditures

Month of Payment Calendar Year Reports (Tables 19 and 20 of this report).

FEE-FOR-SERVICE (FFS) COST PER SERVICE - TABLE 8

The most frequently used physician service is the outpatient visit, (refer to the California Department of Health Services Medi-Cal Services and Expenditures Month-of-Payment (MOP) report for January-December 2003, available through the Medical Care Statistics Section). In 2003, the Medi-Cal average cost per physician outpatient visit was \$32.19. Outpatient visits include office, emergency room, home, and other outpatient situations.

Physicians' hospital inpatient visits averaged \$61.49 per visit. Visits for long-term care inpatients averaged \$35.22 per visit.

The second largest expenditure category of physician services is \$150.45 for critical care visits.

In 2003, the average cost per day of care was \$121.91 for nursing facilities and \$145.85 for intermediate care facilities-developmentally disabled.

The average cost per service for Immunization and Injection increased 23.8 percent in 2003.

The average cost per drug prescription was \$75.87 in 2003, an increase of 4.9 percent from the prior year.

The highest cost per service in the Medi-Cal program is hospital inpatient care. The average cost per hospital inpatient day in 2003 was \$1,287.65 for Public Assistance Families and Medically Needy Families aid categories.

TABLE 8

MEDI-CAL PROGRAM
 AVERAGE COST PER SERVICE FOR SELECTED SERVICES
 CALENDAR YEARS 2002 AND 2003

(FFS ONLY)

TYPE OF SERVICE	CALENDAR YEAR 2002	CALENDAR YEAR 2003	PERCENT CHANGE
Physicians Services/1/			
Outpatient Visits	\$ 29.99	\$ 32.19	7.3
Hospital Inpatient Visits	61.39	61.49	0.2
Critical Care Visits	147.59	150.45	1.9
Long-Term Care Visits	34.86	35.22	1.0
Ophthalmological Examinations	42.80	42.56	(0.6)
Inpatient Hospital Surgery	106.52	109.96	3.2
Outpatient Surgery	73.87	76.80	4.0
Psychiatry	34.11	35.42	3.8
Immunization and Injection	30.36	37.60	23.8
Drug Prescriptions	72.32	75.87	4.9
Hospital Inpatient Day/2/	1,229.43	1,287.65	4.7
Nursing Facility Day	117.18	121.91	4.0
Intermediate Care Facility-DD Day	144.51	145.85	0.9

/1/ Excludes Medicare/Medi-Cal crossover claims.

/2/ Reflects data for Public Assistance Families and Medically Needy Families only in order to exclude most Medicare/Medi-Cal crossover claims.

Note: FFS = Fee-For-Service.
 Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) PAYMENTS BY PROVIDER TYPE - TABLE 9

In 2003, provider payments averaged \$1.3 billion per month, up 7.5 percent from the prior year's average.

Pharmacy providers received the largest share of the Medi-Cal provider payments. Monthly expenditures for these services increased 15.9 percent from the prior year to \$362.7 million per month.

Community Hospitals were the second highest paid provider group. Their payments increased 8.8 percent from 2002 to \$253.2 million per month in 2003.

Nursing Facilities received \$236 million per month in 2003, up 3.5 percent from the prior year.

All of the provider types showed an increase in 2003, except Dentist, Podiatrist, County Hospital, Inpatient, State Hospital and Rehabilitation Facility.

TABLE 9

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT BY TYPE OF PROVIDER
CALENDAR YEARS 2002 AND 2003

(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 2002	CALENDAR YEAR 2003	CHANGE	
			Number	Percent
TOTAL	\$1,224,288,378	\$1,316,155,826	\$91,867,448	7.5
Physician	83,234,890	86,287,704	3,052,814	3.7
Pharmacy	313,032,685	362,736,311	49,703,626	15.9
Dentist	63,107,662	60,103,130	(3,004,532)	(4.8)
Optometrist	2,413,144	2,483,714	70,570	2.9
Chiropractor	106,062	110,377	4,315	4.1
Podiatrist	1,081,980	838,098	(243,882)	(22.5)
County Hospital	60,100,323	56,831,739	(3,268,584)	(5.4)
Inpatient	54,209,772	50,908,729	(3,301,043)	(6.1)
Outpatient	5,890,551	5,923,010	32,459	0.6
Community Hospital	232,705,937	253,191,044	20,485,107	8.8
Inpatient	203,279,071	222,526,781	19,247,710	9.5
Outpatient	29,426,867	30,664,262	1,237,395	4.2
State Hospital	46,581,812	45,495,881	(1,085,931)	(2.3)
Nursing Facility	228,526,296	236,430,810	7,904,514	3.5
Intermediate Care Facility-DD	27,271,727	27,899,705	627,978	2.3
Home Health Agency	12,430,954	13,163,276	732,322	5.9
Laboratory Facility	7,885,830	8,062,777	176,947	2.2
Medical Transportation	10,453,479	10,465,758	12,279	0.1
Rehabilitation Facility	1,043,417	924,616	(118,801)	(11.4)
Organized Outpatient Clinic	49,320,668	59,316,592	9,995,924	20.3
All Other Providers	84,991,512	91,814,294	6,822,782	8.0

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

"All Other Providers" includes the following categories from the Medi-Cal Services and Expenditures Month of Payment Calendar Year Report: Nurse Anesthetist, Nurse Midwife, Pediatric Nurse Practitioner, Family Nurse Practitioner, Hemodialysis, and All Other Providers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) COST PER ELIGIBLE BY PROVIDER TYPE - TABLE 10

The average monthly cost per eligible was \$418.07 in 2003, an increase of 0.9 percent from 2002.

Pharmacy was the largest expenditure category and had the highest cost per eligible per month at \$115.22, up 8.8 percent from 2002.

Community Hospitals was the second largest expenditure category at \$80.42 per month, an increase of 2.2 percent from 2002.

Nursing Facility was the third largest expenditure category and its monthly cost per eligible of \$75.10 reflected a decrease of 2.9 percent from 2002.

TABLE 10
MEDI-CAL PROGRAM
AVERAGE MONTHLY COST PER ELIGIBLE BY TYPE OF PROVIDER
CALENDAR YEARS 2002 AND 2003
(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 2002	CALENDAR YEAR 2003	PERCENT CHANGE
TOTAL	\$414.18	\$418.07	0.9
Physician	28.16	27.41	(2.7)
Pharmacy	105.90	115.22	8.8
Dentist	21.35	19.09	(10.6)
Optometrist	0.82	0.79	(3.4)
Chiropractor	0.04	0.04	(2.3)
Podiatrist	0.37	0.27	(27.3)
County Hospital	20.33	18.05	(11.2)
Inpatient	18.34	16.17	(11.8)
Outpatient	1.99	1.88	(5.6)
Community Hospital	78.72	80.42	2.2
Inpatient	68.77	70.68	2.8
Outpatient	9.96	9.74	(2.2)
State Hospital	15.76	14.45	(8.3)
Nursing Facility	77.31	75.10	(2.9)
Intermediate Care Facility-DD	9.23	8.86	(3.9)
Home Health Agency	4.21	4.18	(0.6)
Laboratory Facility	2.67	2.56	(4.0)
Medical Transportation	3.54	3.32	(6.0)
Rehabilitation Facility	0.35	0.29	(16.8)
Organized Outpatient Clinic	16.69	18.84	12.9
All Other Providers	28.75	29.16	1.4

Note: FFS = Fee-For-Service.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, MCSS, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports (Table 9) and MCSS File HCP0312_Benes_by_Managed_Care_Plan_2003_12, created from the December 2003 Month of Eligibility File using a six-month lag (Table 3).

TOTAL MEDI-CAL PROGRAM EXPENDITURES - TABLE 11

Table 11 is the only table showing all types of Medi-Cal program expenditures. The following figures reflect actual budget item expenditures and, as such, are reported here by fiscal (budget) year rather than by calendar year.

Total Medi-Cal expenditures were \$26.1 billion for Fiscal Year (FY) 2002-2003, an increase of 9.0 percent from FY 2001-2002.

The \$14.9 billion in direct fee-for-service provider payments was an increase of 8.1 percent. These expenditures accounted for 57.8 percent of the total expenditures in FY 2001-2002 and 57.3 percent in FY 2002-2003.

Delta Dental (DD) is an at-risk fiscal intermediary providing authorization and payment for virtually all types of Medi-Cal dental services rendered. DD covers all Medi-Cal eligibles except those enrolled in HCPs providing dental care. In FY 2002-2003, the approximate number of Medi-Cal eligibles covered by DD was 6,037,007 million persons per month. Capitation payments totaled \$693.4 million, an increase of 2.2 percent from FY 2001-2002.

Managed Care capitations increased 1.0 percent to \$4.64 billion in FY 2002-2003.

Expenditures for Early Periodic Screening Services increased 5.6 percent to \$29.3 million in FY 2002-2003. The program provides screening and diagnostic services for all Medi-Cal eligibles under age 21.

The Short-Doyle/Medi-Cal program provides community mental health services to Medi-Cal program eligibles. The \$1.4 billion expenditure in FY 2002-2003 reflects an increase of 47.6 percent from the prior fiscal year.

Medicare Buy-In is the purchase of Medicare Part A and Part B medical insurance coverage by the Medi-Cal program for those eligibles who are entitled to the coverage. Expenditures for Medicare Part A and Part B Buy-In ran \$1.2 billion in FY 2002-2003.

Administration costs include various State departmental expenditures, payments for claims processing operations, and county administrative expenses. In FY 2002-2003, these expenditures decreased 6.5 percent from the prior fiscal year. Administration costs accounted for 5.9 percent of total expenditures in FY 2002-2003 and 6.8 percent of total expenditures in 2001-2002.

TABLE 11

TOTAL MEDI-CAL PROGRAM EXPENDITURES BY DATE OF PAYMENT
AND TYPE OF EXPENDITURE
FISCAL YEARS 2001 -2002 AND 2002-2003

TYPE OF EXPENDITURE	FISCAL YEAR		PERCENT CHANGE
	2001-2002	2002-2003	
TOTAL (Excluding Administration)	\$23,921,553,094	\$26,078,026,493	9.0
Provider Payments, Fee-For-Service	13,828,745,138	14,942,003,400	8.1
Dental	678,258,269	693,359,667	2.2
Managed Care	4,596,305,487	4,639,979,786	1.0
Early Periodic Screening Services	27,772,362	29,326,606	5.6
Miscellaneous Non-Fee-For-Service	1,376,209,414	1,856,870,262	34.9
Short-Doyle/Medi-Cal	944,393,939	1,311,798,569	38.9
Medicare Buy-In	1,057,641,192	1,183,203,714	11.9
Audits and Lawsuits	177,519,957	(172,054,331)	(196.9)
Disproportionate Share Hospital (SB 855)	1,404,878,067	1,779,428,579	26.7
Recoveries	(170,170,731)	(185,889,759)	9.2
Administration	1,676,106,836	1,567,295,500	(6.5)

Note: Excludes Interim Payments not yet recovered.

Figures in parentheses () indicate negative numbers.

Expenditures are based on when claim was paid, rather than month of service.

Source: State of California, Department of Health Services, Funding Summary

SECTION 4
MEDI-CAL PROVIDER PARTICIPATION

**FEE-FOR-SERVICE (FFS)
MEDI-CAL PROVIDER PARTICIPATION – TABLE 12**

Table 12 shows the total number of selected types of providers and their distribution by amount paid. The figures include out-of-state providers. Physicians include group practices, which are counted as one provider. This understates the physician count, but it is not known how many physicians are practicing in a group.

A county distribution of selected types of providers is given in Table 23A and Table 24.

The majority of providers are in the \$1-\$599, \$600-\$9,999, and \$10,000-\$49,999 payment intervals. However, for Pharmacies, there were more providers in the \$100,000-\$999,999 payment interval.

The large number of acute inpatient hospitals shown on Table 12 reflects the fact that out-of-state hospital billings are included in the data. This is also the reason for the large number who were paid less than \$10,000 each. Table 23A shows that there were 435 acute inpatient hospitals excluding out-of-state or County not reported hospitals.

TABLE 12

MEDI-CAL PROGRAM
NUMBER OF PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS
BY SELECTED TYPE OF PROVIDER AND AMOUNT PAID
CALENDAR YEAR 2003

SELECTED TYPE OF PROVIDER	TOTAL PROVIDERS	NUMBER OF PROVIDERS BY AMOUNT PAID					
		\$1- \$599	\$600- \$9,999	\$10,000- \$49,999	\$50,000- \$99,999	\$100,000- \$999,999	\$1,000,000 and Over
TOTAL	48,545	7,820	13,046	10,128	4,032	10,131	3,388
INPATIENT PROVIDERS							
ACUTE INPATIENT HOSPITALS	853	59	249	108	27	117	293
LONG TERM CARE FACILITIES	2,314	6	40	72	61	1,182	953
STATE DEVELOPMENTAL CENTERS	7	0	0	0	0	0	7
STATE HOSPITALS-MENTALLY DISORDERED	2	0	0	0	0	0	2
OUTPATIENT PROVIDERS							
ADULT DAY HEALTH CARE CENTERS	317	2	6	8	6	192	103
BIRTHING CENTERS	6	0	0	3	1	2	0
CERTIFIED HOSPICE SERVICE	149	2	15	20	21	68	23
CHRONIC DIALYSIS CLINIC	351	2	14	25	31	227	52
HOME HEALTH AGENCIES	442	30	93	85	56	106	72
INDIAN HEALTH CLINICS	42	0	0	2	4	31	5
LOCAL EDUCATION AGENCIES	466	7	75	132	71	171	10
ORGANIZED OUTPATIENT CLINICS	368	25	57	81	26	133	46
OUTPATIENT HEROIN DETOXIFICATION	48	5	39	4	0	0	0
OUTPATIENT HOSPITAL DEPARTMENTS	1,088	478	199	53	33	197	128
REHAB CLINICS	98	4	15	23	28	28	0
RURAL HEALTH CLINICS	672	14	35	46	50	379	148
SURGICAL CLINICS	186	33	55	66	19	13	0
OTHER PROVIDERS							
ACUPUNCTURISTS	743	115	391	191	33	13	0
ASSISTIVE DEVICE & SICK ROOM SUPPLY DEALERS	860	54	139	173	103	345	46
AUDIOLOGISTS	210	12	50	71	39	37	1
BLOOD BANKS	4	1	2	0	0	1	0
CHIROPRACTORS	475	223	219	33	0	0	0
CLINICAL LABS	349	60	75	55	22	97	40
DENTISTS	7,572	923	1,971	1,975	1,021	1,622	60
DISPENSING OPTICIANS/OPTICAL LAB	259	32	125	82	14	5	1
HEARING AID DISPENSERS	204	9	61	71	36	27	0
INDEPENDENT DIAGNOSTIC TESTING FACILITY	23	11	10	2	0	0	0
INDIVIDUAL NURSE PROVIDERS	31	2	16	12	1	0	0
MEDICAL TRANSPORTATION - GROUND AND AIR	574	49	114	121	66	196	28
NURSE ANESTHETISTS	84	15	45	21	2	1	0
NURSE MIDWIVES	87	7	15	42	9	13	1
NURSE PRACTITIONERS - FAMILY AND PEDIATRIC (SOLO & GROUP)	47	6	9	16	4	12	0
OCCUPATIONAL THERAPISTS	19	7	9	2	1	0	0
OPTOMETRISTS (SOLO & GROUP)	1,709	248	769	550	100	42	0
ORTHOTISTS	25	3	10	6	1	5	0
PHARMACIES/PHARMACISTS	5,488	133	233	553	469	2,876	1,224
PHYSICAL THERAPISTS	112	45	40	24	1	2	0
PHYSICIANS (SOLO & GROUP)	21,103	4,926	7,365	5,127	1,601	1,943	141
PODIATRISTS	909	247	418	199	35	10	0
PORTABLE X-RAY	18	5	5	3	3	2	0
PROSTHETISTS	135	8	28	46	24	27	2
SPEECH THERAPISTS	96	12	35	25	13	9	2

Note: Includes out-of-state providers. Physician group practices, Optometric group practices, and Nurse Practitioner group practices are counted as one provider

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental Paid Claims
State of California, Department of Health Services, Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES, D011604)

SECTION 5
MEDI-CAL CAPITATED HEALTH SYSTEMS

HEALTH CARE PLAN CAPITATION PAYMENTS - TABLE 13

A Health Care Plan is an organized system which provides comprehensive health care services to an enrolled population.

Under Section 14200 et seq., of the Welfare and Institutions (W&I) Code, the Medi-Cal Program beneficiaries may be required to enroll in one of two or more Managed Care plans as an alternative to the Medi-Cal Fee-For-Service (FFS) system. Under this authority, the Department of Health Services contracts with Health Care Plans (HCPs) and pilot projects to provide comprehensive, managed care in specified areas of the State on a prepaid, at-risk basis. Under Federal Law, California's HCPs are the equivalent of Health Maintenance Organizations (HMOs).

HCPs are reimbursed at a per-person, per-month FFS equivalent Medi-Cal cost.

Payments shown in this report are obtained from the Monthly Contract Expenditure and Encumbrance Status Report, CY 2003. This includes all dollars, initial capitation, "net changes" from previous months, adjustments, and retroactive payments, but excludes advance payments. Special Projects include plans providing care to the elderly and AIDS beneficiaries.

During 2003, \$3.3 billion in capitation payments were made to Health Care Plans by the Medi-Cal program. This was \$13.4 million (or 0.4 percent) more than was paid in the prior year (see Table 13 of the Annual Statistical Report for Calendar Year 2002).

TABLE 13

MEDI-CAL PROGRAM
TOTAL MANAGED CARE CAPITATION PAYMENTS EXCLUDING COHS PLANS
CALENDAR YEAR 2003

MANAGED CARE PAYMENTS BY TYPE						
MONTH/YEAR	TOTAL	2-Plan	GMC*	FFS-MCN**	PHP*	SPECIAL* PROJCT/PCCM
Jan-03	\$251,594,005	\$242,692,274	\$16,981,133*	\$54,894	0*	\$8,846,837
Feb-03	287,041,430	244,490,160	33,506,474	54,618	0*	8,990,178
Mar-03	284,899,875	243,761,569	31,727,813	56,405	168,565	9,185,523
Apr-03	288,715,891	245,050,229	33,942,496	57,944	167,910	9,497,312
May-03	287,270,756	244,484,218	33,981,358	59,929	174,572	8,570,679
Jun-03	241,707,719	202,384,055	29,454,281	57,886	173,779	9,637,718
Jul-03	290,207,903	246,484,183	33,917,750	0**	0*	9,805,970
Aug-03	291,242,751	247,294,713	34,087,850	0**	0*	9,860,188
Sep-03	289,958,838	245,724,316	34,086,253	0**	0*	10,148,269
Oct-03	222,068,240	190,793,526	31,274,714	0**	0*	8,188,457*
Nov-03	278,522,581	244,899,880	26,264,705	0**	0*	7,357,996
Dec-03	282,881,313	241,855,849	34,023,587	0**	0*	7,001,877
CY TOTAL	\$3,296,111,302	\$2,839,914,972	\$356,267,281	\$341,676	\$684,826	\$98,902,547

Note: This includes all dollars, initial capitation, "net changes" from previous months adjustments, and retroactive payments, but excludes advance payments.

* Due to contract negotiations, capitation payments were delayed for these months.

** FFS/MCN plans discontinued July 2003.

Source: State of California, Department of Health Services, Medi-Cal Managed Care Division, Monthly Contract Expenditure and Encumbrance Status Report, CY 2003.

HEALTH CARE PLAN ENROLLMENT - TABLE 14

A Health Care Plan is an organized system which provides comprehensive health care services to an enrolled population.

An average of 2,776,423 Medi-Cal eligibles were enrolled in Health Care Plans (HCPs) each month of 2003. The enrollment increased 4.0 percent from the 2,669,661 persons enrolled in the prior year (see Table 14 of the Annual Statistical Report for Calendar Year 2002).

Los Angeles County had the greatest number of managed care enrollees in 2003, 1,339,898 (48.3 percent of the total).

During 2003, Medi-Cal had contracts with HCPs in 17 counties.

TABLE 14

MEDI-CAL PROGRAM
AVERAGE MONTHLY MANAGED CARE BENEFICIARIES EXCLUDING COHS PLANS
CALENDAR YEAR 2003

COUNTY	AVERAGE MONTHLY BENEFICIARIES				
	TOTAL	2-Plan/GMC	FFS-MCN*	PHP	SPECIAL PROJECTS/PCCM
Alameda	101,993	101,622	0	34	337
Contra Costa	49,059	49,052	0	2	5
Fresno	157,815	157,815	0	0	0
Kern	105,431	105,430	0	0	1
Los Angeles	1,339,898	1,337,735	0	0	2,163
Marin	349	6	0	343	0
Placer	7,174	13	7,161	0	0
Riverside	140,922	140,390	0	1	531
Sacramento	162,778	162,584	0	1	194
San Bernardino	181,577	181,358	0	0	220
San Diego	174,852	174,851	0	0	1
San Francisco	44,202	43,201	0	2	998
San Joaquin	76,544	76,544	0	0	0
Santa Clara	91,959	91,958	0	1	0
Sonoma	25,662	11	24,759	892	0
Stanislaus	38,612	38,612	0	0	0
Tulare	77,596	77,596	0	0	0
Total	2,776,423	2,738,777	31,920	1,277	4,450

Note: "Special Projects" include plans providing care to the elderly and AIDS beneficiaries.

Counties that are not Managed Care plans are not included in this table.

*The Fee-For-Service-Managed Care Network (FFS-MCN) model was discontinued July 2003.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Managed Care Division, Monthly Enrollment Report FFS-MCN.

State of California, Department of Health Services, MCSS File HCP0312 Benes by Managed Care Plan 2003-12.xls, created from the December 2003 Month of Eligibility File using a six-month lag.

COUNTY ORGANIZED HEALTH SYSTEMS - TABLE 15

County Organized Health Systems (COHS) are prepaid by the Medi-Cal program on a capitated, at-risk basis. COHSs are responsible for providing authorization and payment for most non-dental, Medi-Cal services rendered to Medi-Cal eligibles residing in their respective counties.

The COHS estimated eligibles and estimated payments shown in this report are obtained from the Rate Sheet for Managed Care Plans and the Medi-Cal Eligibility Data System Summary File.

In 2003 there were COHS in eight counties (Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Solano and Yolo).

An average of 546,011 Medi-Cal eligibles were enrolled in COHS each month of 2003. The enrollment increased 6.6 percent from the average of 512,261 persons eligible each month in 2002.

During 2003, \$1.47 billion in capitation payments were made to COHS by the Medi-Cal program. This was \$42,546,615 million or 3.2 percent more than the \$1.32 billion paid in 2002 (see Table 15 of the Annual Statistical Report for calendar year 2002).

The Santa Barbara Health Initiative (SBHI) was effective September 1, 1983. A total of \$131.1 million in capitation payments were made for an average of 51,168 monthly eligibles during 2003.

The Health Plan of San Mateo (HPSM) was effective December 1, 1987. A total of \$100.5 million in capitation payments were made for an average of 46,342 monthly eligibles during 2003.

The Partnership HealthPlan of California (PHC), in Solano County was effective May 1, 1994. Napa County was effective March 1, 1998, and Yolo County was effective in March 2001. A total of \$213.9 million in capitation payments were made for an average of 78,705 monthly eligibles.

The CalOPTIMA in Orange County, was effective October 1, 1995. A total of \$729.3 million in capitation payments were made for an average of 286,438 monthly eligibles.

The Central Coast Alliance for Health in Santa Cruz County was effective January 1, 1996, and the Central Coast Alliance for Health in Monterey County was effective October 1, 1999. A total of \$191.5 million in capitation payments were made for an average of 83.4 monthly eligibles.

TABLE 15

MEDI-CAL PROGRAM
 ESTIMATED AVERAGE MONTHLY COUNTY ORGANIZED HEALTH SYSTEMS (COHS)
 ELIGIBLES AND TOTAL ANNUAL COHS CAPITATION PAYMENTS BY PLAN
 CALENDAR YEAR 2003

PLAN COUNTY	ESTIMATED AVERAGE MONTHLY ELIGIBLES	ESTIMATED TOTAL ANNUAL CAPITATION PAYMENTS
TOTAL	546,011	\$1,366,420,262
CalOPTIMA Orange	286,438	729,319,047
Santa Barbara Health Initiative Santa Barbara	51,168	131,136,429
Health Plan of San Mateo San Mateo	46,342	100,537,549
Partnership Healthplan of CA Napa Solano Yolo	78,705	213,893,874
Central Coast Alliance for Health Monterey Santa Cruz	83,358	191,533,363

Source: State of California, Department of Health Services, Medi-Cal Managed Care Division. The source for the "average number of eligibles" is the file on the DHS/MCSS website entitled "HCP0401_Benes_by_Managed_Care_Plan_2004_01.xls." This file was created using six-month lag files, so most retroactive eligibles will have been posted to each month during calendar year 2003, but for prior months.

The source for the "Total Annual COHS Capitation Payments by Plan" is the Monthly Contract Expenditure and Encumbrance Status Report. This report posts all payments to each COHS plan for that month e.g., initial eligibles, retroactive eligibles, AIDS eligibles, and adjustments; thus the payments are for roughly the same number of monthly eligibles shown in this chart, but not exactly.

CalOPTIMA

CalOPTIMA is a Medi-Cal County Organized Health System, in Orange County under contract to the State, and is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through CalOPTIMA with the following exceptions: services authorized by the California Children's Services program (CCS) for the diagnosis and treatment of the CCS eligible condition of a specific member; dental services, as defined in Table 22, CCR, Section 51059; Short-Doyle/Medi-Cal (SD/MD) and Medi-Cal fee-for-service mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the (SD/MD) program as defined in Title 22, CCR, Section 51341(a) and (c) and outpatient heroin detoxification as defined in Title 22, CCR, Section 51328; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part I of Division 8.5 of the Welfare and Institutions code; or Home and Community Based Care waived services as defined in Title 22, CCR, Section 51176; Local Education Authority (LEA) services as described in Title 22, CCR, Section 51360 when provided pursuant to an Individual Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; services rendered in a state or federal hospital; laboratory services provided under the state Serum Alpha-fetoprotein Testing Program administered by the Genetic Disease Branch of the Department of Health Services; fabrication of Optical Lenses; and Targeted Case Management Services as specified in Title 22, CCR, Section 51351.

CalOPTIMA

<u>Aid Group</u>	<u>Aid Code</u>
Adult	81, 86, 87
Aged	10, 14, 16, 17, 18, 1H
Child	4A, 4K, 5K, 7J, 3, 4, 45, 82, 83
Disabled	6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68
Family	3A, 3C, 3P, 3R, 1, 2, 8, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3E, 3G, 3H, 3L, 3M, 3N, 3U, 4C, 4F, 4G, 5X, 7X
Long Term Care	13, 23, 63, 53
Percent of Poverty	47, 72, 7A, 8P, 8R
Breast and Cervical Cancer Treatment Program (BCCTP)	0M, 0N, 0P, 0R, 0T, 0U

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SANTA BARBARA HEALTH INITIATIVE (SBHI)

The Santa Barbara Health Initiative (SBHI) is a Medi-Cal County Organized Health System administered by Santa Barbara Regional Health Authority under contract to the State. This program provides health care services on a case management basis.

All services authorized for Medi-Cal reimbursement are provided through the Santa Barbara Health Initiative with the following exceptions: Services in any Federal or State governmental hospital; services rendered under California Children's Services (CCS) case management and not reimbursable under the State's Title XIX program; Child Health and Disability Prevention (CHDP) services to eligibles under 21 years of age provided in accordance with the provisions of Title 17, California Code of Regulations (CCR), Section 6800, et seq.; dental services, as defined in Title 22, CCR, Section 51059; Specialty Mental Health and Short-Doyle/Medi-Cal mental health services; Adult Day Health Care; laboratory analysis and reporting under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the State Department of Health Services; the facility or per diem charge component of services rendered to covered beneficiaries 21 to 64 years of age institutionalized in a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited facility designated by the United States Department of Health and Human Services (DHHS) as an Institution for the Mentally Disordered (IMD), except for covered beneficiaries who were receiving such services before turning 21 years of age and who may continue to require such services, in which case coverage may be extended until the beneficiary's 22nd birthday; and the facility or per diem charge component of services rendered to covered beneficiaries 64 years of age and under, institutionalized in a non-JCAHO accredited facility designated by DHHS as an IMD.

- Specialty Mental Health Services including psychiatric inpatient services and outpatient mental health services provided by psychologists or psychiatrists, or by Specialty Mental Health providers under the EPSDT program. However, as specified in Article V, Section F 2(g), or the Contract, the Authority is responsible for all mental health drugs.
- Short-Doyle Drug Medi-Cal Substance Abuse Services as defined in Title 22, CCR, Section 51341.1. However, outpatient heroin detoxification is a Covered Service under this Contract.

Currently, all recipients with an identification number beginning with county code 42 (Santa Barbara County) with the exception of Aid Codes 07, 7C, 44, 48, 49, 51, 52, 55, 56, 57, 58, 69, 70, 74, 75, and 79 who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Santa Barbara Health Initiative.

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

For the period January 1, 2003 through December 31, 2003, the payments shall be made in accordance with the following aid codes:

Family	0A, 01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 4F, 4M, 5X, 7X.
Disabled	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 2E, 6E, 6J, 6A, 6C, 6H, 6N, 6P, 6V, 6W, 6X, 6Y.
Aged	10, 14, 16, 17, 18, 1H, 1E.
Child	03, 04, 45, 82, 83, 4C, 4A, 4K, 5K, 7J.
Adult	81, 86, 87.
Long Term Care	13, 23, 53, 63.
Percent of Poverty	7A, 47, 72, 8P, 8R.
Breast and Cervical Cancer Treatment Program (BCCTP)	0M, 0N, 0P, 0U, 0T, 0R.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)

The Partnership HealthPlan of California (PHC) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis for most Medi-Cal recipients residing in Solano, Napa, and Yolo Counties.

Nearly all services authorized for Medi-Cal reimbursement will be provided through the Partnership HealthPlan of California with the following exceptions: Dental services, as defined in Title 22, California Code of Regulations (CCR), Section 51059, 51307 and 51340.1; Short-Doyle/Medi-Cal mental health services as defined in Title 22, CCR, Section 51341; Short-Doyle Drug Medi-Cal Substance Abuse Services as defined by Title 22, CCR, Section 51341.1; Laboratory analysis and reporting under the State serum alpha-feto protein testing program administered by the Genetic Disease Branch of the State Department of Health Services; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; home and community-based care waived services as described in Title 22, CCR, Section 51346; Local Education Authority (LEA) services described in Title 22, CCR, Section 51360 when provided pursuant to an Independent Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; services rendered in a State or Federal hospital; fabrication of optical lenses for Solano, Napa, and Yolo County Medi-Cal beneficiaries only; specialty mental health services in Napa and Yolo counties (contractor is responsible for all mental health drugs for Solano County only). The plan changed its name on January 1, 1998. It expanded into Napa County on March 1, 1998, and into Yolo County on March 1, 2001. The Commission name was changed to include Yolo county in July and August of 2000. What this all means is that mental health (Specialty Mental Health Services including psychiatric inpatient and outpatient services provided by psychologists, psychiatrists, or by Specialty Mental Health providers under the EPSDT program) is carved out of the contract for Napa and Yolo beneficiaries only. Mental health services (Specialty Mental Health) is carved in for Solano County beneficiaries.

Currently, all recipients with a Medi-Cal identification number beginning with county codes 48 (Solano County), 28 (Napa County), and 57 (Yolo County) with the following Aid Codes receive medical services through the Partnership HealthPlan of California:

Aged	10, 14, 16, 17, 18, 1H.
Disabled	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, 6Y.
Family	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3A, 3C, 3G, 3H, 3E, 3L, 3M, 3N, 3P, 3R, 3U, 4C, 4F, 4G, 4M, 5X, 7X.

Child 03, 04, 45, 82, 83, 4A, 4K, 5K, 7J.

Adult 81, 86, 87.

Long Term Care 13, 23, 53, 63.

IRCA/OBRA 55, 58, 5F, 5G, 5N.

Percent of Poverty 47, 72, 7A, 8P, 8R.

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

HEALTH PLAN OF SAN MATEO (HPSM)

The Health Plan of San Mateo (HPSM) is a Medi-Cal County Organized Health System, under contract with the State, which is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through the Health Plan of San Mateo with the following exceptions: Services rendered in any Federal or State governmental hospital (“State hospital” does not mean county hospital); Child Health and Disabilities Prevention (CHDP) services which are those health care services for eligibles under 21 years of age, and provided in accordance with Title 17, California Code of Regulations (CCR), Section 6800, et seq.; dental services, as defined in Title 22, CCR, Section 51307; Short-Doyle/Medi-Cal mental health services; all specialty mental health services, long term care services rendered by skilled nursing and intermediate care facilities; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; and home or community-based services as defined in Title 22, CCR, Section 51176.

OBRA/IRCA recipients ceased to be served by HPSM effective February 1, 2002.

Currently, all recipients with an identification number beginning with county code 41 (San Mateo County) with the exceptions of aid codes 07, 7C, 44, 48, 49, 50, 69, 70, 74, 75, 79 and 80, who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Health Plan of San Mateo.

Aged	10, 14, 16, 17, 18, 1H, 1E.
Disabled	20, 24, 26, 27, 28, 60, 64, 65, 66, 67, 68, 6A, 6C 6N, 6P, 6R, 6V, 6W, 36, 6H, 6X, 6Y, 6J, 2E, 6E.
Family	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, OA, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 5X, 7X, 4C, 4F, 4G, 4M.
Child	03, 04, 45, 82, 83, 4K, 5K, 4A, 7J.
Adult	81, 86, 87.
Long Term Care	13, 23, 53, 63.
Percent of Poverty	47, 72, 7A, 8P, 8R.
Breast and Cer- vical Treatment Program (BCCTP)	0M, 0N, 0P, 0R, 0T, 0U (effective January 1, 2002)

Estimated capitation payments do not include payments made to County Organized Health Systems for AIDs and excess risk liability claims.

CENTRAL COAST ALLIANCE FOR HEALTH (CCAFH)

The Central Coast Alliance for Health (CCAFH), formerly called Santa Cruz County Health Options, is a Medi-Cal County Organized Health System administered by the Santa Cruz –Monterey Managed Medical Care Commission, under direct contract with the State. The program provides health care on a managed care basis. Monterey County joined Santa Cruz in October 1999, when CCAFH adopted its current name.

All services within the scope of the Medi-Cal program are provided through CCAFH with the following exceptions: services authorized by the California Children’s Services (CCS) program for diagnosis and treatment of the CCS eligible condition of the specific member; dental services; mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the Short-Doyle/Medi-Cal program, and outpatient heroin detoxification; services rendered under the Adult Day Health Programs; services rendered under the Multipurpose Senior Services Program; home and community-based care waived services; Local Education Authority (LEA) services when provided pursuant to an Individual Education Plan or Individual Family Services Plan; LEA assessment services for eligible students; services rendered in a State or Federal hospital; laboratory services provided under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the Department of Health Services; optical lenses and services provided by the Prison Industries Authority State contract; and Targeted Case Management services.

CCAFH serves all Medi-Cal recipients and Medicare/Medi-Cal eligible recipients who have Medi-Cal Identification numbers with county codes 27 (Monterey County) and 44 (Santa Cruz County) and eligibility under one of the following aid codes:

<u>Category</u>	<u>Aid Codes</u>
Adult	81, 86, 87.
Aged	10, 14, 16, 17, 18, 1H.
Child	03, 04, 45, 82, 83, 4A, 4K, 5K, 7J.
Disabled	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, 6Y.
Family	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 4C, 4F, 4G, 4M, 5X, 7X.
Long Term Care	13, 23, 53, 63.
Percent of Poverty	47, 72, 7A, 8P, 8R.

Capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY – TABLE 16

Medicare, a medical insurance program, and Medi-Cal, a medical assistance program, together work to pay the medical bills of certain needy and low-income persons. The Medi-Cal Buy-In program purchases Medicare Part A and Part B Supplementary Medical Insurance (SMI) for program eligibles who are entitled to the coverage.

Table 16 is included to show the number of Medi-Cal eligibles who were also eligible for Medicare Part A and Part B SMI coverage and for whom Medi-Cal paid the enrollment premium (bought in for).

Part A SMI benefits include hospital inpatient services. Medi-Cal paid the monthly Medicare Part A enrollment premium for an average of 135,585 persons. The monthly premiums averaged \$45.3 million.

Part B SMI benefits include physicians' medical and surgical services, outpatient hospital services, outpatient physical therapy and speech pathology services, durable medical equipment, services from independent laboratories, ambulance services, home health care, and a number of other health services and supplies. In addition to paying the monthly enrollment premium for eligible persons, Medi-Cal pays the annual deductible and the portion of covered medical costs that Medicare does not pay.

In 2003, Medi-Cal paid the Medicare Part B enrollment premium for an average of 946,335 persons each month. The monthly premiums for this group averaged \$57.2 million.

Table 16
 Medi-Cal Program
 Medicare Part A and Part B Buy-In Activity:
 Average Monthly Number of Medi-Cal Eligibles and
 Average Monthly Premium Payment
Calendar Year 2003

ELIGIBILITY CATEGORY	PART A		PART B	
	ELIGIBLES	PREMIUM	ELIGIBLES	PREMIUM
TOTAL	135,585	\$45,268,691	946,335	\$57,195,356

Source: State of California, Department of Health Services, Data for Management Administrative Reporting Subsystem (MARS).

SECTION 7
COUNTY DATA

SECTION 7

COUNTY DATA

[Table 17](#) shows the number of Medi-Cal eligibles, including Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs), by age group and sex, for July 2003.

Males comprise 43.0 percent of the Medi-Cal eligibles. 52.5 percent of all eligibles are under age 21, 35.5 percent are of ages 21 to 64, and 12.0 percent are 65 and older.

Fifty-seven percent of all Medi-Cal eligibles are females. 45.9 percent are under age 21, 40.5 percent are of ages 21 to 64, and 13.6 percent are 65 and older.

[Table 18](#) shows the average monthly number of persons eligible for Medi-Cal in each county by program and aid category, excluding COHS, HCPs, and the Presumptive Eligibility for Pregnant Women Program.

Los Angeles County accounted for 32.9 percent of the FFS eligibles in the Public Assistance aid category. The Public Assistance aid category represents 43.3 percent of all FFS eligibles.

[Table 19](#) reports average monthly number of users by program and aid category, excluding COHS and HCPs. Division of Table 19 by Table 18 will give the proportion of eligibles using Medi-Cal services, or the utilization rate.

Los Angeles County accounted for 34.6 percent of the users. Los Angeles county's utilization rate of 65.0 percent was 3.5 percentage points lower than the statewide average of 68.5 percent.

[Table 20](#) is a companion to the two preceding tables. Cost per user can be obtained by dividing Table 20 by Table 19, while division by Table 18 gives cost per eligible.

Los Angeles County accounted for 35.8 percent of the statewide total expenditures. The County's annual cost per user was \$7,577. Los Angeles County's annual cost per eligible was \$4,921.

[Table 21](#) shows average monthly number of users by type of provider. Utilization rates for the various services can be obtained by dividing the number of users in Table 21 by the county total eligibles of Table 18.

For example, the statewide utilization rate for physician services was 18.3 percent, or approximately 18 out of every 100 eligibles used this service each month. The Los Angeles County utilization rate for physician services was 18.8 percent.

[Table 22](#) is a companion to Table 21. Cost per user by type of provider can be derived from the two tables.

For example, Los Angeles County's annual cost per user of physician services was \$1,889, which was 5.2 percent higher than the statewide average of \$1,795.

Physician services accounted for 6.6 percent of total expenditures statewide and 7.2 percent of expenditures in Los Angeles County.

[Table 23A](#) shows the number of inpatient hospitals, long term care facilities, and physicians receiving payments from the Fee-For-Service Medi-Cal program. The hospitals are the general acute care facilities and exclude state hospitals. Primary care physicians are reported separately by type of primary care specialty. Any other

specialty (e.g., psychiatry, pathology, etc.) is included in the “All Other” column. Most of the decline in provider participation is due to the transition to Managed Care.

The number of physicians is understated. Due to the billing procedures used in the Medi-Cal program, the number of physicians practicing in groups is not known. A group is counted as only one physician throughout this table.

Thirty-six percent of the physicians billing the program were primary care physicians. The physicians and physician groups that make up the primary care physician category are general/family practice (8.2 percent), internal medicine (14.6 percent), OB-GYN (7.4 percent), and pediatric specialty (5.7 percent).

[Table 23B](#) shows providers per 1,000 Fee-For-Service (FFS) eligibles. In this table we can see that most providers have maintained a stable relationship to FFS eligibles over the 2001-2003 period. General Practice, Dentists, and Pharmacies are the only provider categories to consistently decline.

[Table 24](#) shows the county distribution of selected providers receiving Medi-Cal program payments. These are provider types whose total numbers are high enough to provide a functional county distribution for this table.

[Table 25](#) shows the population and Medi-Cal eligibles (including FFS, COHS, and HCPs) for each county.

Los Angeles County accounted for 28.0 percent of the population and 38.4 percent of the eligibles, followed by Orange County accounting for 8.4 percent of the population and 5.4 percent of the eligibles, and San Diego County accounting for 8.3 percent of the population and 5.3 percent of the eligibles.

[Table 26](#) shows the number of persons certified eligible for Medi-Cal (including FFS, COHS, and HCPs) by county and race/ethnicity in July 2003.

In terms of percentages, 47.1 percent of the Medi-Cal eligibles were reported as Hispanic, 23.7 percent as White, 12.9 percent as Asian/Pacific Islander, 11.5 percent as Black, 0.4 percent American Indian/Alaskan Native, and 4.4 percent as Not Reported race/ethnicity category.

[Table 27](#) shows the number of providers by provider type and status. As of December 31, 2003, there were 75,357 providers with Active Status, 276,363 providers with Inactive Status, 472 providers with Pending Status, 3,879 providers with Deceased Status, 4,021 providers with Suspended Status, 68,407 providers with Indirect Status, and 288 providers with Contract Status.

Please Note: The paid claims data on Tables 19-25 (Users and Payments) are limited for counties with Medi-Cal Managed Care populations due to the fact that not all covered services are reimbursed on a per claim basis.

TABLE 17

MEDI-CAL PROGRAM
 PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
 TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
 TOTAL BOTH SEXES
 JULY 2003

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	6,459,012	3,391,953	238,505	217,374	204,858	195,679	186,521	182,509	172,693	170,869	170,461	170,214
Alameda	201,391	95,382	6,882	6,199	5,432	5,089	4,877	4,896	4,440	4,493	4,481	4,554
Alpine	227	130	7	6	9	7	13	14	3	9	7	4
Amador	3,095	1,508	109	77	74	75	75	70	82	61	78	65
Butte	46,382	22,944	1,228	1,252	1,186	1,142	1,158	1,123	1,070	1,102	1,129	1,140
Calaveras	5,142	2,535	127	143	113	115	118	95	125	115	133	106
Colusa	4,363	2,300	217	164	150	133	126	117	107	101	116	104
Contra Costa	98,712	48,984	4,007	3,403	2,949	2,654	2,615	2,580	2,439	2,343	2,326	2,317
Del Norte	7,524	3,698	186	212	179	188	173	219	184	170	193	165
El Dorado	13,602	6,496	497	462	354	355	329	298	295	310	300	288
Fresno	250,966	142,831	9,648	8,348	8,170	7,865	7,578	7,493	7,320	7,029	7,172	7,285
Glenn	6,293	3,384	233	195	195	203	171	182	161	176	140	155
Humboldt	24,865	11,537	812	664	624	543	599	588	543	542	521	545
Imperial	44,435	22,089	1,405	1,223	1,137	1,138	1,125	1,039	1,093	1,004	1,023	1,053
Inyo	2,684	1,282	104	75	79	64	65	60	69	66	66	60
Kern	177,987	100,827	7,287	6,548	6,072	5,858	5,594	5,441	5,205	5,172	5,043	5,207
Kings	28,819	16,469	1,228	1,082	1,021	935	929	931	834	829	785	737
Lake	14,419	6,414	347	328	327	322	334	264	307	322	326	311
Lassen	4,676	2,326	143	140	120	117	113	114	123	106	96	123
Los Angeles	2,502,395	1,313,246	77,452	78,520	79,246	78,874	74,229	72,645	69,463	69,093	68,992	68,263
Madera	34,556	19,368	1,436	1,321	1,289	1,152	1,076	1,089	1,101	935	946	922
Marin	15,266	6,253	600	506	401	381	341	322	291	284	250	286
Mariposa	2,385	1,192	76	55	60	63	74	58	47	65	55	62
Mendocino	19,984	9,988	671	578	563	546	543	482	475	458	490	492
Merced	70,960	40,686	2,442	2,575	2,418	2,277	2,131	2,071	2,040	2,026	1,979	2,055
Modoc	2,092	1,041	49	51	41	43	60	44	46	45	57	44
Mono	989	562	66	56	35	16	25	35	25	26	22	23
Monterey	70,825	39,342	3,814	3,236	2,737	2,322	2,162	2,075	1,871	1,855	1,848	1,797
Napa	12,008	5,922	602	500	406	339	331	298	281	260	257	259
Nevada	7,790	3,555	325	222	191	170	178	169	170	174	143	160
Orange	350,949	187,902	18,140	14,592	12,744	12,049	10,726	10,563	9,784	9,428	9,327	9,065

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

JULY 2003

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	19,747	9,364	753	664	564	498	519	473	445	465	473	467
Plumas	2,517	1,096	63	57	53	52	48	55	50	51	55	63
Riverside	264,171	151,788	13,025	10,570	9,597	8,785	8,694	8,472	7,718	7,420	7,544	7,466
Sacramento	259,540	138,655	8,100	7,681	7,400	7,097	6,947	6,999	6,754	6,925	7,085	7,189
San Benito	6,880	3,786	335	326	264	238	236	215	163	168	158	208
San Bernardino	347,016	201,701	14,810	12,992	11,869	11,325	11,115	10,992	10,417	10,368	10,374	10,484
San Diego	341,865	179,141	14,645	11,744	10,502	9,917	9,656	9,345	8,944	9,013	8,947	9,184
San Francisco	119,364	38,919	2,871	2,529	2,242	2,038	1,861	1,833	1,766	1,764	1,801	1,782
San Joaquin	130,974	71,302	4,952	4,630	4,196	3,818	3,756	3,712	3,460	3,425	3,572	3,439
San Luis Obispo	27,241	13,164	1,146	827	754	705	679	706	607	649	626	610
San Mateo	59,583	27,282	2,642	2,362	1,963	1,691	1,581	1,511	1,334	1,188	1,178	1,221
Santa Barbara	61,459	32,930	3,127	2,422	2,246	2,013	1,820	1,861	1,637	1,588	1,541	1,522
Santa Clara	203,344	93,243	7,742	7,121	5,938	5,275	4,962	4,815	4,414	4,223	4,097	4,264
Santa Cruz	31,576	16,139	1,572	1,209	1,071	899	809	798	724	714	673	660
Shasta	34,730	16,157	990	895	847	740	819	798	759	788	763	804
Sierra	449	212	10	14	11	8	9	8	9	8	13	8
Siskiyou	9,562	4,402	248	221	227	222	220	211	200	217	195	195
Solano	50,958	26,269	2,014	1,725	1,574	1,462	1,427	1,339	1,310	1,266	1,260	1,268
Sonoma	45,959	22,277	2,220	1,835	1,473	1,295	1,252	1,113	1,020	1,025	953	966
Stanislaus	109,803	58,523	4,078	3,787	3,400	3,116	3,171	3,106	2,862	2,920	2,914	2,848
Sutter	16,944	8,741	694	595	517	496	469	456	413	425	405	417
Tehama	13,350	6,618	397	411	354	325	366	327	301	344	341	326
Trinity	2,429	1,067	57	48	48	33	47	55	43	60	57	49
Tulare	126,211	71,949	5,012	4,695	4,599	4,165	4,034	3,868	3,664	3,540	3,510	3,551
Tuolumne	7,009	3,175	216	162	159	155	173	151	169	188	127	155
Ventura	97,007	50,886	5,079	3,780	3,341	3,075	2,808	2,703	2,429	2,406	2,324	2,272
Yolo	26,428	13,718	966	858	795	740	723	699	662	677	721	683
Yuba	17,115	9,256	601	481	532	461	452	513	425	445	453	466

TABLE 17 (Continued)
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
TOTAL BOTH SEXES
JULY 2003
(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	165,923	165,720	159,939	152,934	141,100	134,013	128,399	124,419	114,470	99,208	96,145
Alameda	4,525	4,660	4,406	4,419	4,256	4,199	3,998	3,862	3,611	3,207	2,896
Alpine	4	5	2	3	7	9	3	6	5	5	2
Amador	62	72	68	79	74	68	83	88	46	46	56
Butte	1,075	1,133	1,196	1,131	1,175	1,048	1,025	1,017	905	872	837
Calaveras	144	114	126	138	139	142	123	135	99	97	88
Colusa	113	95	91	82	96	92	94	84	84	65	69
Contra Costa	2,321	2,280	2,241	2,250	2,065	2,036	1,899	1,805	1,720	1,434	1,300
Del Norte	175	178	198	178	172	163	156	164	154	151	140
El Dorado	296	275	316	323	279	260	281	264	253	222	239
Fresno	7,216	7,312	7,119	6,810	6,248	5,937	5,839	5,505	4,979	4,029	3,929
Glenn	166	156	170	153	160	156	140	134	125	102	111
Humboldt	503	533	572	554	548	539	520	495	496	398	398
Imperial	1,070	1,091	1,100	1,091	1,050	1,031	1,062	1,012	885	783	674
Inyo	62	59	59	62	56	51	51	44	50	44	36
Kern	4,966	5,053	4,816	4,492	4,209	3,990	3,799	3,618	3,127	2,720	2,610
Kings	811	790	779	737	673	647	588	595	553	473	512
Lake	294	357	346	355	364	311	282	288	246	196	187
Lassen	115	119	122	117	115	103	96	84	84	92	84
Los Angeles	66,299	66,194	62,988	59,568	53,561	51,095	48,969	47,488	43,793	38,611	37,903
Madera	920	878	878	845	790	695	688	658	610	566	573
Marin	242	256	255	249	249	220	212	218	245	229	216
Mariposa	60	65	65	64	51	58	60	41	47	31	35
Mendocino	415	460	508	492	455	444	403	413	401	363	336
Merced	2,057	2,038	1,952	1,920	1,758	1,664	1,683	1,567	1,534	1,289	1,210
Modoc	51	61	57	61	53	48	64	51	45	34	36
Mono	22	24	30	23	30	17	19	24	9	24	11
Monterey	1,791	1,686	1,602	1,575	1,364	1,371	1,296	1,316	1,325	1,124	1,175
Napa	258	258	231	225	195	215	219	219	216	170	183
Nevada	160	158	160	171	164	158	148	162	123	121	128
Orange	8,729	8,476	7,850	7,310	6,439	6,216	5,769	5,698	5,464	4,820	4,713

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

JULY 2003

(COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	403	426	441	406	364	353	380	342	339	262	327
Plumas	52	52	61	58	59	36	66	49	46	36	34
Riverside	7,126	7,033	6,980	6,714	6,315	5,728	5,348	5,190	4,651	3,865	3,547
Sacramento	7,226	7,240	7,096	6,788	6,659	6,212	5,939	5,779	5,248	4,330	3,961
San Benito	157	148	146	142	126	121	111	141	120	132	131
San Bernardino	10,077	10,071	9,799	9,476	8,859	8,123	7,661	7,068	6,006	5,016	4,799
San Diego	8,822	8,920	8,681	8,339	7,832	7,289	6,729	6,330	5,621	4,495	4,186
San Francisco	1,711	1,817	1,699	1,669	1,796	1,704	1,665	1,732	1,675	1,547	1,417
San Joaquin	3,360	3,473	3,382	3,312	3,117	2,999	3,001	2,800	2,599	2,275	2,024
San Luis Obispo	588	615	608	620	583	542	522	492	454	412	419
San Mateo	1,148	1,128	1,141	1,055	954	921	868	910	849	792	845
Santa Barbara	1,468	1,495	1,414	1,326	1,175	1,191	1,103	1,089	1,007	919	966
Santa Clara	4,234	4,024	3,882	3,739	3,451	3,450	3,374	3,568	3,627	3,524	3,519
Santa Cruz	700	676	673	649	678	668	662	660	646	490	508
Shasta	797	788	817	853	785	746	687	694	634	562	591
Sierra	6	12	14	16	16	10	10	9	7	6	8
Siskiyou	210	206	220	274	225	218	209	198	195	157	134
Solano	1,253	1,291	1,221	1,197	1,070	1,052	985	1,008	894	832	821
Sonoma	930	926	861	893	827	743	819	854	811	714	747
Stanislaus	2,771	2,800	2,790	2,648	2,561	2,454	2,310	2,286	2,053	1,849	1,799
Sutter	424	434	426	393	376	362	321	330	304	262	222
Tehama	347	335	312	314	294	288	308	279	247	209	193
Trinity	57	62	53	66	71	50	56	55	49	19	32
Tulare	3,558	3,383	3,442	3,199	3,014	2,808	2,721	2,641	2,459	2,025	2,061
Tuolumne	149	152	158	152	174	142	136	142	137	95	83
Ventura	2,285	2,241	2,222	2,099	1,884	1,790	1,854	1,739	1,725	1,382	1,448
Yolo	682	667	639	595	605	581	555	564	500	408	398
Yuba	460	469	458	465	435	449	430	415	333	275	238

Table 17 (Continued)

MEDI-CAL PROGRAM
 PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
 TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
 TOTAL BOTH SEXES
 JULY 2003
 (COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	3,067,059	286,890	361,804	359,582	329,573	289,634	229,152	173,774	137,037	122,530	777,083
Alameda	106,009	8,275	10,065	10,041	9,497	9,403	8,300	7,055	5,386	4,563	33,424
Alpine	97	4	17	11	6	10	11	10	6	5	17
Amador	1,587	135	121	172	150	166	161	97	102	71	412
Butte	23,438	2,318	2,635	2,492	2,479	2,626	2,195	1,708	1,427	1,152	4,406
Calaveras	2,607	221	275	260	262	287	248	203	142	123	586
Colusa	2,063	221	256	250	209	203	153	102	107	94	468
Contra Costa	49,728	4,355	5,697	5,198	4,848	4,580	3,712	3,062	2,410	2,117	13,749
Del Norte	3,826	383	384	383	407	453	409	287	239	223	658
El Dorado	7,106	699	812	718	744	780	668	494	348	292	1,551
Fresno	108,135	12,205	14,527	13,269	12,712	10,917	8,374	6,197	4,911	4,077	20,946
Glenn	2,909	270	350	376	365	276	227	191	132	134	588
Humboldt	13,328	1,154	1,581	1,434	1,385	1,590	1,462	1,168	848	649	2,057
Imperial	22,346	1,880	2,041	1,936	2,229	2,074	1,727	1,286	1,018	962	7,193
Inyo	1,402	134	141	144	141	124	109	102	70	72	365
Kern	77,160	9,079	11,065	10,108	9,257	8,005	5,868	4,267	3,359	2,968	13,184
Kings	12,350	1,494	1,813	1,564	1,513	1,179	844	611	496	461	2,375
Lake	8,005	540	665	776	789	864	830	690	596	505	1,750
Lassen	2,350	262	262	254	218	229	193	163	165	112	492
Los Angeles	1,189,149	111,260	145,494	152,144	135,761	111,534	84,497	60,433	47,416	43,255	297,355
Madera	15,188	1,864	2,386	2,049	1,775	1,482	1,051	756	608	454	2,763
Marin	9,013	716	1,021	993	876	828	762	698	508	403	2,208
Mariposa	1,193	102	99	127	127	144	117	93	65	47	272
Mendocino	9,996	900	1,190	1,121	1,102	1,080	913	777	633	464	1,816
Merced	30,274	3,740	4,336	4,015	3,483	3,039	2,283	1,640	1,199	1,070	5,469
Modoc	1,051	82	109	132	104	114	84	88	58	52	228
Mono	427	47	66	55	49	46	40	22	19	17	66
Monterey	31,483	4,022	4,929	4,252	3,291	2,679	2,055	1,565	1,219	1,007	6,464
Napa	6,086	570	740	731	621	553	425	305	284	220	1,637
Nevada	4,235	387	425	385	377	444	406	347	258	190	1,016
Orange	163,047	12,960	18,130	19,067	16,832	14,059	11,127	8,549	6,780	6,449	49,094

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

JULY 2003

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	10,383	951	1,131	971	945	1,045	820	696	552	495	2,777
Plumas	1,421	103	131	116	117	142	132	130	105	84	361
Riverside	112,383	12,004	13,831	12,629	11,904	10,425	8,235	6,202	5,256	4,950	26,947
Sacramento	120,885	11,157	13,542	13,521	13,344	13,203	10,885	8,409	6,351	5,694	24,779
San Benito	3,094	420	457	387	325	247	164	148	93	87	766
San Bernardino	145,315	15,376	18,532	17,183	16,390	14,819	11,313	8,341	6,799	6,221	30,341
San Diego	162,724	12,642	15,659	16,208	15,567	15,138	12,858	10,143	8,076	7,507	48,926
San Francisco	80,445	2,960	4,373	4,901	5,455	6,187	6,281	5,719	4,482	4,064	36,023
San Joaquin	59,672	6,404	7,359	6,851	6,338	5,669	4,672	3,840	3,195	2,635	12,709
San Luis Obispo	14,077	1,333	1,720	1,674	1,450	1,550	1,196	1,034	734	540	2,846
San Mateo	32,301	2,581	3,372	3,148	2,682	2,260	1,793	1,384	1,255	1,165	12,661
Santa Barbara	28,529	3,121	3,853	3,698	3,196	2,768	2,117	1,696	1,270	1,034	5,776
Santa Clara	110,101	9,045	11,369	10,964	9,520	8,531	7,139	5,818	4,455	4,254	39,006
Santa Cruz	15,437	1,490	1,895	1,793	1,696	1,536	1,289	1,103	793	535	3,307
Shasta	18,573	1,743	1,940	1,946	1,910	2,048	1,801	1,428	1,171	981	3,605
Sierra	237	17	19	20	26	23	17	12	6	17	80
Siskiyou	5,160	424	474	468	529	564	554	436	348	290	1,073
Solano	24,689	2,552	3,199	2,820	2,608	2,441	1,835	1,304	951	820	6,159
Sonoma	23,682	2,219	2,604	2,551	2,252	2,320	2,092	1,786	1,388	1,031	5,439
Stanislaus	51,280	5,293	6,452	6,026	5,716	5,116	4,016	3,103	2,694	2,314	10,550
Sutter	8,203	768	943	968	866	723	624	495	388	379	2,049
Tehama	6,732	660	702	743	732	753	568	456	389	337	1,392
Trinity	1,362	87	112	107	118	171	147	147	94	84	295
Tulare	54,262	6,341	7,848	7,188	6,533	5,334	4,058	2,899	2,289	1,932	9,840
Tuolumne	3,834	337	375	351	392	432	345	294	238	189	881
Ventura	46,121	4,667	5,974	5,583	5,024	4,255	3,203	2,446	1,794	1,662	11,513
Yolo	12,710	1,118	1,397	1,472	1,468	1,295	1,063	785	621	592	2,899
Yuba	7,859	798	909	838	861	871	684	554	441	429	1,474

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MCSS File Ages0207_Benes_by_Age_2002_07, created from the December 2002

TABLE 17 (Continued)

MEDI-CAL PROGRAM
 PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
 TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
 FEMALES
 JULY 2003
 (COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	3,706,007	1,701,124	117,046	106,869	100,182	95,677	91,066	89,008	84,367	83,576	83,730	83,040
Alameda	117,259	48,101	3,432	3,046	2,604	2,470	2,387	2,274	2,157	2,226	2,198	2,254
Alpine	127	65	5	3	3	5	7	6	1	6	3	3
Amador	1,859	788	51	43	44	38	40	35	42	35	37	26
Butte	25,880	11,324	614	601	565	550	519	540	529	534	563	552
Calaveras	2,864	1,190	52	69	48	57	47	31	62	57	54	51
Colusa	2,472	1,181	103	74	78	76	69	55	50	46	57	59
Contra Costa	57,931	24,637	1,933	1,665	1,447	1,294	1,285	1,236	1,176	1,173	1,169	1,131
Del Norte	4,151	1,844	101	95	87	96	92	115	91	72	85	85
El Dorado	7,845	3,271	240	239	169	180	152	157	126	126	157	146
Fresno	140,708	71,890	4,675	4,114	3,963	3,885	3,779	3,648	3,592	3,471	3,501	3,589
Glenn	3,577	1,735	133	93	100	95	88	76	88	90	74	70
Humboldt	13,820	5,713	400	322	299	250	291	263	265	257	243	268
Imperial	24,776	11,022	702	590	540	531	542	509	544	497	472	496
Inyo	1,517	628	57	28	34	27	36	27	36	31	28	30
Kern	99,639	50,801	3,570	3,195	2,936	2,888	2,753	2,649	2,641	2,519	2,490	2,563
Kings	16,246	8,368	610	548	502	476	442	434	431	396	391	360
Lake	8,160	3,264	174	156	171	163	173	124	158	154	162	138
Lassen	2,653	1,170	62	77	52	58	54	54	58	50	50	57
Los Angeles	1,443,893	656,364	37,997	38,809	38,750	38,496	36,334	35,485	33,867	34,007	33,708	33,357
Madera	19,093	9,745	711	623	638	547	532	530	533	442	467	452
Marin	8,855	3,136	303	252	185	202	179	142	156	130	119	134
Mariposa	1,353	593	36	27	29	25	38	27	29	36	30	27
Mendocino	11,089	4,887	323	285	270	248	266	237	235	211	257	233
Merced	39,557	20,364	1,248	1,298	1,190	1,120	1,006	971	990	970	988	987
Modoc	1,140	491	29	22	18	21	27	23	23	17	37	19
Mono	575	289	35	32	20	6	12	18	12	10	9	10
Monterey	40,521	20,002	1,826	1,635	1,351	1,109	1,025	1,016	948	892	895	881
Napa	6,844	2,952	298	233	191	171	171	151	123	123	126	120
Nevada	4,517	1,761	170	108	84	84	85	69	73	70	66	74
Orange	202,668	94,764	8,983	7,228	6,331	5,837	5,207	5,230	4,757	4,647	4,618	4,378

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2003

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	11,675	4,737	370	332	273	249	265	231	205	219	240	236
Plumas	1,457	537	27	32	27	26	26	26	22	17	30	35
Riverside	152,283	76,343	6,514	5,206	4,701	4,272	4,209	4,073	3,704	3,594	3,766	3,660
Sacramento	147,121	69,355	3,944	3,770	3,649	3,522	3,391	3,443	3,280	3,359	3,494	3,467
San Benito	4,108	1,935	165	171	130	115	111	100	78	87	80	110
San Bernardino	199,662	101,224	7,172	6,284	5,710	5,603	5,369	5,470	5,108	5,060	5,148	5,107
San Diego	198,222	89,870	7,197	5,714	5,168	4,784	4,770	4,602	4,305	4,408	4,284	4,522
San Francisco	65,992	19,475	1,353	1,210	1,120	1,001	897	861	872	855	899	863
San Joaquin	73,808	35,722	2,460	2,239	2,041	1,867	1,800	1,785	1,676	1,659	1,753	1,585
San Luis Obispo	15,680	6,635	538	412	363	375	329	351	328	335	289	284
San Mateo	35,394	13,695	1,285	1,084	952	810	784	743	668	583	591	597
Santa Barbara	35,155	16,529	1,556	1,241	1,117	974	860	898	799	755	752	719
Santa Clara	117,770	46,960	3,719	3,432	2,908	2,608	2,431	2,400	2,198	2,033	2,037	2,156
Santa Cruz	18,115	8,146	771	609	549	445	406	386	342	346	352	331
Shasta	19,722	8,023	483	439	398	345	416	375	372	367	366	409
Sierra	248	95	2	6	7	3	4	2	6	4	9	2
Siskiyou	5,332	2,193	138	108	121	111	107	99	92	103	97	97
Solano	30,128	13,206	991	874	747	696	720	646	655	596	602	606
Sonoma	26,752	11,225	1,076	880	746	610	595	564	503	499	472	493
Stanislaus	62,662	29,419	2,011	1,882	1,663	1,542	1,548	1,524	1,383	1,441	1,470	1,383
Sutter	9,579	4,366	343	289	250	242	237	214	205	217	211	193
Tehama	7,631	3,411	189	184	182	178	190	142	156	180	170	165
Trinity	1,342	533	31	24	24	18	29	24	20	29	26	24
Tulare	69,982	36,269	2,495	2,341	2,253	2,086	1,937	1,944	1,754	1,711	1,754	1,733
Tuolumne	4,129	1,575	97	88	77	68	77	74	90	105	69	65
Ventura	55,957	25,788	2,489	1,855	1,648	1,533	1,372	1,308	1,203	1,189	1,122	1,084
Yolo	14,948	6,827	466	421	389	364	332	339	339	301	359	330
Yuba	9,564	4,691	291	232	270	225	216	252	211	229	234	234

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2003

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	80,965	81,649	78,540	74,902	69,152	66,063	64,402	63,737	63,144	60,847	63,162
Alameda	2,231	2,351	2,205	2,149	2,087	2,113	2,070	2,041	1,982	1,927	1,897
Alpine	1	2	2	1	2	6		3	2	2	2
Amador	30	33	35	45	32	35	44	49	23	33	38
Butte	542	559	562	545	566	501	501	516	449	515	501
Calaveras	65	50	67	63	67	72	57	63	56	52	50
Colusa	55	52	44	40	41	43	49	46	52	46	46
Contra Costa	1,131	1,101	1,104	1,107	1,040	1,033	932	904	991	899	886
Del Norte	87	92	109	84	78	86	74	78	68	87	82
El Dorado	142	142	149	162	148	132	140	124	142	137	161
Fresno	3,459	3,629	3,488	3,363	3,106	2,980	2,884	2,843	2,777	2,528	2,616
Glenn	82	73	88	74	82	85	82	71	62	65	64
Humboldt	259	270	261	271	269	245	259	259	269	251	242
Imperial	507	535	550	564	531	502	548	514	462	448	438
Inyo	31	29	27	30	30	20	25	25	29	29	19
Kern	2,436	2,483	2,332	2,148	2,125	1,987	1,976	1,857	1,744	1,710	1,799
Kings	390	388	383	358	318	308	321	313	326	328	345
Lake	146	171	172	195	193	173	138	143	138	106	116
Lassen	64	68	59	55	53	46	45	41	47	64	56
Los Angeles	32,440	32,842	31,047	29,246	26,176	25,073	24,499	24,204	23,784	22,567	23,676
Madera	435	443	417	419	377	378	344	343	356	367	391
Marin	113	129	129	109	128	99	98	115	134	144	136
Mariposa	25	37	33	35	22	27	24	20	21	24	21
Mendocino	186	217	251	235	210	213	194	190	217	218	191
Merced	1,024	985	938	937	844	810	836	797	832	767	826
Modoc	20	22	27	37	19	16	28	24	22	17	23
Mono	10	11	15	15	14	10	5	13	5	19	8
Monterey	879	823	782	764	664	681	676	729	810	777	839
Napa	137	129	111	116	86	101	109	116	126	100	114
Nevada	79	70	75	87	76	79	75	94	74	81	88
Orange	4,265	4,126	3,857	3,615	3,198	3,129	2,876	3,035	3,126	3,086	3,235

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2003

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	198	193	208	217	179	162	193	177	185	183	222
Plumas	19	20	36	25	29	19	36	19	23	23	20
Riverside	3,520	3,453	3,380	3,238	3,125	2,804	2,667	2,641	2,635	2,603	2,578
Sacramento	3,551	3,545	3,495	3,396	3,187	2,983	2,948	2,919	2,790	2,639	2,583
San Benito	79	64	74	65	65	51	62	72	72	88	96
San Bernardino	4,927	4,880	4,867	4,621	4,312	4,018	3,854	3,593	3,377	3,317	3,427
San Diego	4,173	4,389	4,174	4,092	3,865	3,669	3,442	3,267	3,157	2,883	3,005
San Francisco	851	896	839	794	891	871	860	859	887	909	887
San Joaquin	1,672	1,776	1,666	1,625	1,537	1,466	1,493	1,446	1,466	1,399	1,311
San Luis Obispo	284	285	305	301	294	257	244	231	271	272	287
San Mateo	577	537	543	493	473	472	422	502	465	509	605
Santa Barbara	688	731	681	634	554	582	541	550	598	612	687
Santa Clara	2,098	2,017	1,939	1,821	1,660	1,653	1,687	1,826	1,981	2,111	2,245
Santa Cruz	333	326	320	306	344	312	324	309	374	308	353
Shasta	354	362	411	433	387	371	339	337	321	349	389
Sierra	4	4	7	9	6	2	5	3	4	3	3
Siskiyou	82	90	99	130	99	123	103	107	103	97	87
Solano	608	625	588	550	523	536	513	540	499	543	548
Sonoma	431	437	430	423	410	370	428	442	445	454	517
Stanislaus	1,322	1,348	1,340	1,289	1,243	1,247	1,139	1,169	1,136	1,144	1,195
Sutter	209	213	197	166	179	169	167	163	168	172	162
Tehama	163	174	168	153	153	155	164	153	154	116	122
Trinity	34	32	26	27	37	24	24	30	18	12	20
Tulare	1,751	1,652	1,712	1,573	1,485	1,348	1,336	1,349	1,360	1,309	1,386
Tuolumne	69	78	67	73	96	71	62	65	69	58	57
Ventura	1,156	1,114	1,076	1,052	925	855	939	914	980	920	1,054
Yolo	315	330	342	299	289	266	280	271	288	252	255
Yuba	226	216	231	228	223	224	221	213	192	168	155

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2003

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	2,004,883	217,468	264,424	247,416	215,010	178,828	133,557	97,324	77,271	70,590	502,995
Alameda	69,158	6,290	7,611	7,095	6,237	5,813	4,788	3,870	2,954	2,604	21,896
Alpine	62	4	10	7	4	5	8	6	4	4	10
Amador	1,071	97	87	119	103	113	94	58	56	45	299
Butte	14,556	1,616	1,756	1,570	1,536	1,553	1,220	948	791	644	2,922
Calaveras	1,674	163	182	173	169	195	142	113	81	64	392
Colusa	1,291	167	177	158	133	110	93	50	57	55	291
Contra Costa	33,294	3,347	4,126	3,518	3,221	2,837	2,155	1,719	1,433	1,346	9,592
Del Norte	2,307	250	248	243	244	245	238	143	134	134	428
El Dorado	4,574	500	567	464	457	481	371	249	189	174	1,122
Fresno	68,818	9,028	10,190	8,739	7,984	6,587	4,765	3,396	2,722	2,307	13,100
Glenn	1,842	196	249	249	222	170	131	114	79	72	360
Humboldt	8,107	821	1,062	894	870	908	766	590	455	345	1,396
Imperial	13,754	1,389	1,411	1,319	1,482	1,308	1,058	702	529	498	4,058
Inyo	889	100	104	97	83	74	62	45	36	43	245
Kern	48,838	6,484	7,450	6,524	5,807	4,794	3,380	2,404	1,951	1,699	8,345
Kings	7,878	1,068	1,216	1,028	933	731	487	348	294	274	1,499
Lake	4,896	386	448	492	505	499	459	378	317	269	1,143
Lassen	1,483	189	180	156	146	142	102	86	96	65	321
Los Angeles	787,529	83,678	108,326	105,706	90,093	70,662	50,799	34,636	26,850	25,057	191,722
Madera	9,348	1,330	1,566	1,245	1,087	835	588	437	321	248	1,691
Marin	5,719	497	719	649	563	476	431	373	298	217	1,496
Mariposa	760	72	71	82	87	88	58	51	35	31	185
Mendocino	6,202	656	826	713	664	638	510	406	354	248	1,187
Merced	19,193	2,693	2,908	2,612	2,167	1,843	1,316	928	679	623	3,424
Modoc	649	56	68	83	70	61	49	57	30	24	151
Mono	286	41	46	41	33	34	21	15	6	11	38
Monterey	20,519	3,068	3,482	2,815	2,107	1,644	1,181	871	691	573	4,087
Napa	3,892	445	524	497	368	330	245	160	161	127	1,035
Nevada	2,756	284	298	248	260	270	235	189	138	108	726
Orange	107,904	10,563	13,905	13,582	11,045	8,630	6,449	4,799	3,758	3,714	31,459

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2003

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	6,938	716	790	652	641	661	461	380	319	305	2,013
Plumas	920	74	90	76	82	93	85	65	60	48	247
Riverside	75,940	9,524	10,449	9,175	8,038	6,613	4,863	3,634	3,093	2,888	17,663
Sacramento	77,766	8,524	9,820	9,300	8,458	7,943	6,078	4,624	3,665	3,324	16,030
San Benito	2,173	351	359	276	224	150	106	85	49	53	520
San Bernardino	98,438	12,075	13,823	12,316	11,132	9,450	6,896	4,897	4,008	3,635	20,206
San Diego	108,352	10,122	12,026	11,733	10,474	9,364	7,511	5,787	4,681	4,418	32,236
San Francisco	46,517	2,219	3,157	3,136	3,106	3,119	2,910	2,501	2,019	2,033	22,317
San Joaquin	38,086	4,683	5,128	4,604	4,029	3,423	2,716	2,124	1,856	1,487	8,036
San Luis Obispo	9,045	963	1,188	1,103	899	932	678	562	426	316	1,978
San Mateo	21,699	2,028	2,529	2,219	1,781	1,384	1,047	727	709	707	8,568
Santa Barbara	18,626	2,422	2,813	2,487	2,040	1,693	1,180	908	712	579	3,792
Santa Clara	70,810	6,858	8,123	7,449	6,060	5,206	4,131	3,255	2,405	2,474	24,849
Santa Cruz	9,969	1,178	1,398	1,247	1,054	888	727	573	408	277	2,219
Shasta	11,699	1,234	1,249	1,247	1,214	1,190	992	795	697	567	2,514
Sierra	153	12	16	11	17	15	10	5	4	9	54
Siskiyou	3,139	304	304	283	332	356	290	237	183	154	696
Solano	16,922	1,962	2,326	1,978	1,764	1,567	1,100	788	554	532	4,351
Sonoma	15,527	1,756	1,930	1,766	1,466	1,391	1,119	968	766	582	3,783
Stanislaus	33,243	3,925	4,505	4,055	3,600	3,149	2,378	1,807	1,572	1,406	6,846
Sutter	5,213	568	635	619	544	439	330	275	233	224	1,346
Tehama	4,220	467	442	482	452	440	330	254	221	183	949
Trinity	809	65	76	72	81	112	70	69	48	38	178
Tulare	33,713	4,685	5,321	4,533	3,935	3,033	2,243	1,603	1,264	1,084	6,012
Tuolumne	2,554	240	268	227	267	268	222	176	141	108	637
Ventura	30,169	3,617	4,222	3,755	3,152	2,573	1,854	1,357	1,058	1,005	7,576
Yolo	8,121	855	1,018	978	964	768	626	416	368	302	1,826
Yuba	4,873	563	606	519	524	532	403	311	253	229	933

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MCSS File Ages0207_Benes_by_Age_2003_07, Created from the December 2003 Month of Eligibility File using a six-month lag.

TABLE 18

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003

(FFS ONLY)

COUNTY	PUBLIC ASSISTANCE						MEDICALLY NEEDY				
	TOTAL	Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	3,148,187	1,361,717	337,310	21,178	676,793	326,437	1,217,012	172,528	1,012	86,352	957,120
Alameda	98,688	55,093	15,800	927	30,079	8,288	32,158	9,295	33	4,394	18,436
Alpine	238	104	6	0	33	65	120	2	0	10	109
Amador	3,122	1,236	126	7	499	604	1,606	225	1	115	1,266
Butte	46,777	22,488	1,507	254	9,345	11,383	20,765	1,782	11	1,157	17,815
Calaveras	5,173	2,448	236	28	962	1,222	2,356	225	1	107	2,023
Colusa	4,317	1,135	204	18	429	484	2,681	161	0	58	2,463
Contra Costa	49,382	24,883	6,049	452	14,601	3,782	18,771	4,199	12	2,027	12,533
Del Norte	7,624	4,392	267	30	1,830	2,266	2,814	208	1	151	2,455
El Dorado	13,585	5,542	598	60	2,522	2,362	6,919	680	5	365	5,869
Fresno	93,206	44,390	10,264	773	25,114	8,239	38,890	4,463	23	2,106	32,298
Glenn	6,234	2,449	286	28	839	1,296	3,207	172	1	77	2,956
Humboldt	24,844	12,331	812	121	6,447	4,951	10,508	705	6	610	9,186
Imperial	44,750	21,424	4,479	153	5,505	11,287	20,692	1,343	5	508	18,836
Inyo	2,663	787	120	9	375	283	1,649	194	1	89	1,365
Kern	73,733	34,402	5,903	570	19,906	8,023	30,363	3,467	17	2,076	24,804
Kings	28,665	11,813	1,177	95	3,491	7,049	14,715	627	4	277	13,807
Lake	14,574	8,365	891	83	3,692	3,700	5,566	472	5	352	4,737
Lassen	4,780	2,501	185	28	979	1,309	1,979	164	2	105	1,708
Los Angeles	1,148,008	448,332	149,539	7,751	223,019	68,023	377,968	68,545	549	29,139	279,735
Madera	34,503	13,359	1,356	106	3,511	8,387	18,498	670	5	306	17,518
Marin	14,818	5,729	885	82	2,966	1,796	7,499	889	7	508	6,095
Mariposa	2,323	1,005	122	12	373	498	1,180	107	1	64	1,009
Mendocino	20,038	8,375	795	66	3,697	3,816	9,944	586	4	381	8,974
Merced	68,789	31,265	2,650	232	7,954	20,429	32,201	1,456	14	631	30,100
Modoc	2,146	932	83	5	326	517	1,066	98	2	48	918
Mono	996	252	26	3	85	138	576	27	0	22	527
Monterey	15,752	186	5	0	37	144	10,801	13	0	8	10,780
Napa	2,122	82	4	0	36	41	1,422	12	0	38	1,372
Nevada	7,856	3,249	333	58	1,565	1,293	3,790	513	4	277	2,996
Orange	62,867	1,557	187	14	354	1,002	42,695	133	0	155	42,407

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY	PUBLIC ASSISTANCE						MEDICALLY NEEDY				
	TOTAL	Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	19,612	9,217	1,009	114	4,072	4,022	8,071	1,144	5	622	6,300
Plumas	2,638	1,260	143	15	676	425	1,146	142	2	53	951
Riverside	121,852	58,084	12,640	995	32,464	11,984	43,763	7,169	39	4,223	32,332
Sacramento	96,600	58,916	10,133	994	36,075	11,714	27,051	5,861	18	4,245	16,927
San Benito	6,918	2,579	366	23	581	1,608	3,507	280	1	78	3,147
San Bernardino	164,563	87,624	14,650	1,370	44,544	27,059	56,990	7,479	36	4,216	45,258
San Diego	166,307	89,252	25,608	1,686	51,075	10,883	49,787	11,158	42	6,651	31,936
San Francisco	75,012	49,221	20,579	853	24,311	3,478	19,778	7,095	34	3,994	8,656
San Joaquin	54,739	29,024	5,591	529	18,592	4,312	19,365	3,433	12	1,611	14,309
San Luis Obispo	27,240	10,759	1,125	103	5,074	4,457	13,733	1,120	3	835	11,774
San Mateo	13,245	279	32	3	70	175	8,168	33	0	68	8,067
Santa Barbara	10,164	214	11	1	61	141	7,513	87	0	82	7,344
Santa Clara	109,926	47,353	19,513	788	21,314	5,738	47,623	10,902	35	3,894	32,792
Santa Cruz	4,963	96	6	1	39	51	3,039	9	0	49	2,981
Shasta	35,020	18,085	1,472	145	8,705	7,762	14,441	1,183	8	862	12,389
Sierra	441	204	27	2	74	101	209	37	0	14	158
Siskiyou	9,687	4,932	467	48	2,267	2,150	4,139	322	0	183	3,634
Solano	4,843	271	14	1	162	93	3,407	10	0	30	3,368
Sonoma	44,602	16,570	1,872	216	8,312	6,169	20,748	2,288	12	1,965	16,483
Stanislaus	70,679	28,106	4,617	406	14,392	8,691	35,512	2,871	13	1,557	31,071
Sutter	16,858	6,509	1,033	75	2,585	2,815	8,524	579	2	240	7,704
Tehama	13,465	6,336	589	62	2,623	3,062	6,162	450	3	260	5,450
Trinity	2,428	1,248	124	15	603	505	1,028	107	0	68	853
Tulare	49,646	20,450	4,558	364	11,469	4,059	23,422	2,521	15	1,913	18,974
Tuolumne	7,022	3,430	293	22	1,582	1,533	3,019	419	1	193	2,406
Ventura	96,542	31,237	5,289	313	11,039	14,596	55,259	4,022	14	2,032	49,192
Yolo	3,282	390	10	0	85	295	2,120	11	0	9	2,099
Yuba	17,321	9,969	646	65	3,377	5,881	6,088	367	3	247	5,471

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	128,248	4,366	123,882	242,072	935	41,352	34,199	100,184	23,825	76,360
Alameda	3,720	355	3,365	1,710	44	729	976	2,786	722	2,064
Alpine	7	0	7	1	0	4	0	1	0	1
Amador	90	2	88	6	0	62	34	72	31	41
Butte	1,386	17	1,369	152	30	572	497	775	278	497
Calaveras	145	6	139	15	0	63	44	83	36	47
Colusa	103	3	100	49	0	67	106	166	78	89
Contra Costa	2,121	109	2,012	768	18	471	539	1,548	439	1,109
Del Norte	223	3	220	26	0	45	44	60	24	36
El Dorado	360	10	350	95	0	161	165	279	134	145
Fresno	3,488	199	3,289	1,802	14	783	829	2,583	669	1,914
Glenn	170	3	167	62	0	83	110	145	51	94
Humboldt	806	20	787	40	1	390	277	385	179	206
Imperial	1,000	20	980	187	0	347	308	536	216	320
Inyo	68	1	66	19	0	32	38	60	34	26
Kern	3,628	100	3,528	1,533	3	701	640	2,048	532	1,517
Kings	660	19	641	243	0	252	398	517	293	224
Lake	300	5	295	41	1	78	76	111	48	63
Lassen	146	3	144	12	0	31	29	64	22	42
Los Angeles	44,832	1,060	43,772	209,190	320	16,120	9,278	32,977	6,135	26,841
Madera	783	14	769	527	2	373	424	480	234	246
Marin	442	3	439	382	14	91	202	419	191	228
Mariposa	54	1	53	2	0	20	21	35	18	17
Mendocino	611	9	602	157	0	264	275	361	176	185
Merced	1,462	52	1,410	546	0	1,123	953	1,126	410	716
Modoc	69	2	67	12	0	16	20	26	7	18
Mono	39	2	37	24	1	5	27	70	33	38
Monterey	943	0	942	1,700	0	217	197	1,429	13	1,416
Napa	140	0	140	3	0	47	34	318	1	317
Nevada	236	6	230	24	0	129	124	266	117	149
Orange	4,534	5	4,529	3,462	0	1,765	1,114	7,046	36	7,010

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	766	32	734	76	3	349	399	660	303	357
Plumas	94	3	91	5	0	38	28	58	23	35
Riverside	7,360	319	7,040	1,755	3	2,062	2,017	6,211	1,791	4,420
Sacramento	5,169	305	4,864	1,212	245	535	632	2,479	599	1,881
San Benito	254	9	245	120	0	57	132	237	95	142
San Bernardino	7,115	324	6,791	1,974	15	2,242	2,096	5,729	1,768	3,962
San Diego	12,457	382	12,075	1,708	51	2,693	2,062	6,884	1,895	4,989
San Francisco	2,071	70	2,001	1,060	38	303	274	1,696	395	1,301
San Joaquin	2,561	57	2,504	1,000	5	544	498	1,483	395	1,088
San Luis Obispo	880	56	825	128	0	328	461	848	401	447
San Mateo	1,145	1	1,144	1,677	0	188	204	1,262	18	1,244
Santa Barbara	290	1	290	530	0	104	134	962	4	959
Santa Clara	3,766	273	3,493	4,116	76	1,008	1,105	3,721	951	2,770
Santa Cruz	346	0	345	241	0	36	45	649	1	648
Shasta	1,126	22	1,104	30	11	425	301	521	190	331
Sierra	9	1	8	0	0	7	2	9	4	5
Siskiyou	241	8	233	16	0	115	88	125	52	73
Solano	351	4	347	3	0	108	88	510	3	508
Sonoma	1,545	103	1,442	534	1	1,220	1,554	1,910	924	986
Stanislaus	2,024	76	1,948	949	23	1,090	1,109	1,686	594	1,092
Sutter	427	8	420	131	4	419	345	449	221	228
Tehama	331	7	324	69	0	187	162	186	82	104
Trinity	52	1	51	0	0	36	21	32	14	18
Tulare	2,163	194	1,969	827	0	523	460	1,463	383	1,080
Tuolumne	176	3	173	2	0	150	85	141	70	71
Ventura	2,069	65	2,004	1,044	6	1,337	1,902	2,943	1,392	1,550
Yolo	344	0	344	1	0	23	55	314	4	310
Yuba	554	13	541	78	3	186	162	246	99	147

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP
STATEWIDE	1,840	52	4,944	INA	1,082	10,200	4,351
Alameda	10	7	145	0	261	934	117
Alpine	0	0	1	0	0	0	0
Amador	0	0	7	0	0	5	5
Butte	1	0	30	0	2	64	17
Calaveras	0	0	8	0	0	3	10
Colusa	0	0	4	0	0	4	2
Contra Costa	31	4	64	0	1	105	60
Del Norte	0	0	11	0	0	3	6
El Dorado	2	0	10	0	4	46	3
Fresno	71	0	15	0	20	227	91
Glenn	0	0	1	0	0	4	4
Humboldt	12	1	10	0	2	49	32
Imperial	0	1	33	0	3	208	12
Inyo	0	0	2	0	0	4	3
Kern	5	1	64	0	1	260	83
Kings	2	0	2	0	0	48	16
Lake	1	0	9	0	0	20	7
Lassen	0	0	11	0	0	6	2
Los Angeles	1,383	1	2,659	0	43	2,705	2,201
Madera	0	0	22	0	0	24	10
Marin	3	0	6	0	0	17	14
Mariposa	0	0	3	0	0	2	1
Mendocino	2	0	9	0	0	31	9
Merced	8	0	20	0	4	54	27
Modoc	0	0	3	0	0	0	2
Mono	1	0	0	0	0	0	2
Monterey	14	1	46	0	8	211	0
Napa	2	1	7	0	1	66	0
Nevada	1	0	11	0	3	8	14
Orange	11	0	210	0	11	456	6

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP
Placer	3	0	14	0	0	29	24
Plumas	1	0	0	0	0	2	7
Riverside	37	3	93	0	1	294	171
Sacramento	1	0	82	0	10	203	65
San Benito	2	0	7	0	0	18	5
San Bernardino	13	6	190	0	1	363	205
San Diego	120	4	401	0	12	407	469
San Francisco	10	0	150	0	54	225	131
San Joaquin	3	1	40	0	34	112	70
San Luis Obispo	4	2	22	0	1	55	21
San Mateo	13	9	135	0	37	129	0
Santa Barbara	20	0	22	0	1	374	0
Santa Clara	12	2	156	0	468	414	107
Santa Cruz	7	1	10	0	11	482	1
Shasta	1	0	15	0	3	32	29
Sierra	0	0	0	0	0	1	0
Siskiyou	0	0	11	0	0	9	11
Solano	2	2	20	0	24	59	0
Sonoma	12	0	17	0	0	460	31
Stanislaus	2	0	27	0	4	120	27
Sutter	3	1	20	0	0	19	6
Tehama	0	0	7	0	1	16	8
Trinity	0	0	1	0	0	2	8
Tulare	4	2	15	0	1	257	59
Tuolumne	0	0	2	0	0	11	7
Ventura	10	1	40	0	53	512	130
Yolo	0	2	6	0	5	22	0
Yuba	0	0	19	0	0	11	5

Note: FFS = Fee-For-Service. INA = Information Not Available. BCCTP = Breast and Cervical Cancer Treatment Program.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Renal Dialysis and TPN have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0312_Benes_by_Managed_Care_Plan_2003_12.xls, created from the December 2003 Month of Eligibility File using a six-month lag.

TABLE 19

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	2,156,878	1,175,295	262,276	17,287	572,215	323,517	690,191	131,323	906	76,809	481,153
Alameda	71,702	44,756	11,544	690	22,869	9,654	19,502	6,339	26	3,388	9,749
Alpine	102	53	4	0	21	28	44	0	0	7	37
Amador	1,871	839	105	6	397	331	897	190	1	95	611
Butte	26,826	14,514	1,251	200	7,341	5,722	10,701	1,500	9	1,001	8,192
Calaveras	3,083	1,621	202	26	771	624	1,287	193	0	93	1,000
Colusa	2,276	780	155	15	348	262	1,241	141	0	57	1,042
Contra Costa	34,750	20,228	4,415	330	10,833	4,650	10,972	2,970	13	1,550	6,439
Del Norte	4,280	2,737	207	27	1,404	1,099	1,358	163	2	115	1,078
El Dorado	7,282	3,544	438	43	1,831	1,232	3,219	562	4	299	2,354
Fresno	82,311	45,675	7,633	619	21,323	16,100	28,431	3,515	22	1,884	23,010
Glenn	3,352	1,556	227	24	660	646	1,503	152	1	73	1,277
Humboldt	14,994	8,373	706	96	4,957	2,614	5,467	592	5	485	4,385
Imperial	25,375	13,865	3,535	121	4,336	5,873	10,118	1,113	5	431	8,569
Inyo	1,522	561	103	6	295	158	853	163	2	76	613
Kern	56,738	31,030	4,345	452	16,141	10,092	20,566	2,839	19	1,831	15,878
Kings	15,991	7,537	932	77	2,711	3,817	7,049	542	4	257	6,247
Lake	9,151	5,761	742	71	2,968	1,980	3,042	401	4	311	2,326
Lassen	2,852	1,641	152	18	759	711	1,066	139	3	86	839
Los Angeles	745,634	417,136	115,964	6,436	192,764	101,973	212,448	47,945	467	24,618	139,418
Madera	17,794	8,186	1,018	83	2,742	4,343	7,939	576	6	278	7,079
Marin	7,762	3,690	623	56	2,195	817	3,100	649	7	410	2,033
Mariposa	1,369	678	102	10	305	261	623	93	0	57	474
Mendocino	11,810	5,895	651	54	2,972	2,219	5,016	479	3	340	4,193
Merced	33,299	17,356	2,004	179	6,101	9,073	13,494	1,195	13	563	11,724
Modoc	1,248	623	71	3	269	280	554	87	2	44	422
Mono	499	146	14	2	65	65	250	22	0	20	207
Monterey	16,338	4,922	423	46	2,060	2,393	7,544	321	2	258	6,964
Napa	1,881	701	76	10	468	147	724	127	1	94	503
Nevada	4,596	2,149	261	45	1,170	674	2,078	456	5	227	1,390
Orange	73,321	25,092	3,849	284	12,741	8,218	24,222	1,924	14	2,447	19,837

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	10,731	5,747	733	84	3,013	1,917	3,909	930	6	498	2,475
Plumas	1,688	892	122	9	531	229	678	129	1	46	502
Riverside	84,412	44,963	8,771	753	25,201	10,238	25,795	5,493	34	3,661	16,608
Sacramento	66,926	47,104	7,598	749	28,237	10,520	14,596	4,341	12	3,341	6,902
San Benito	3,502	1,420	276	16	408	721	1,584	218	1	63	1,301
San Bernardino	113,611	66,272	10,263	1,035	33,841	21,134	33,428	5,775	33	3,542	24,078
San Diego	134,301	78,526	19,472	1,341	41,677	16,036	37,035	8,738	31	5,820	22,446
San Francisco	59,528	40,388	16,202	706	19,558	3,922	14,801	5,393	27	3,550	5,831
San Joaquin	41,796	25,369	4,022	397	14,922	6,027	12,575	2,716	10	1,377	8,471
San Luis Obispo	14,738	7,131	885	75	3,893	2,279	6,141	920	3	717	4,500
San Mateo	10,633	3,139	856	48	1,394	841	4,656	1,203	9	548	2,897
Santa Barbara	9,602	3,665	426	49	1,770	1,421	4,182	212	2	265	3,704
Santa Clara	70,677	38,575	14,322	592	16,319	7,343	24,333	7,090	35	3,029	14,181
Santa Cruz	6,910	2,800	235	28	1,684	853	2,700	207	2	297	2,194
Shasta	21,900	12,538	1,228	116	6,953	4,241	8,136	1,053	7	745	6,331
Sierra	264	135	21	3	63	49	111	33	0	12	66
Siskiyou	5,663	3,288	367	36	1,756	1,129	2,074	272	0	138	1,664
Solano	6,351	2,764	284	24	1,299	1,157	2,464	181	1	186	2,096
Sonoma	23,487	10,684	1,331	158	6,272	2,923	9,264	1,739	7	1,789	5,730
Stanislaus	44,620	22,032	3,589	305	11,757	6,381	18,562	2,323	10	1,345	14,884
Sutter	9,573	4,494	811	59	2,064	1,559	4,172	473	2	226	3,471
Tehama	7,905	4,386	501	47	2,121	1,716	3,026	384	2	227	2,414
Trinity	1,464	840	92	11	467	271	548	86	0	55	408
Tulare	51,012	26,065	3,476	309	10,105	12,175	19,701	2,155	14	1,702	15,830
Tuolumne	4,567	2,441	244	18	1,267	911	1,817	379	1	166	1,272
Ventura	49,053	19,562	3,724	230	8,292	7,316	23,959	3,077	14	1,738	19,130
Yolo	4,339	2,291	159	15	883	1,235	1,494	115	2	121	1,257
Yuba	9,951	6,140	516	48	2,655	2,921	3,141	305	3	213	2,620
Not Reported	7,668	0	0	0	0	0	0	0	0	0	0

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	60,052	4,559	55,493	42,667	1,188	20,775	17,031	64,377	13,393	50,984
Alameda	1,742	323	1,418	777	47	352	547	1,994	508	1,486
Alpine	2	0	2	0	0	1	0	1	0	0
Amador	42	3	40	3	0	21	13	36	13	24
Butte	636	18	618	44	12	198	182	379	147	232
Calaveras	69	6	64	5	0	23	18	45	17	29
Colusa	41	2	39	22	0	16	42	107	48	58
Contra Costa	917	102	815	332	14	165	242	1,286	353	933
Del Norte	95	3	92	12	0	16	15	36	12	24
El Dorado	165	11	154	41	0	50	47	160	46	114
Fresno	2,008	214	1,794	702	16	566	547	1,999	467	1,532
Glenn	80	3	77	20	0	35	40	88	29	59
Humboldt	433	18	415	15	0	136	91	239	82	158
Imperial	396	22	374	58	1	117	132	328	115	213
Inyo	32	2	29	8	0	11	14	36	14	22
Kern	1,403	107	1,296	508	4	431	384	1,278	310	968
Kings	342	27	315	87	0	86	195	390	189	202
Lake	153	6	147	22	1	32	24	89	26	63
Lassen	63	2	61	4	0	9	11	29	10	19
Los Angeles	22,369	901	21,468	28,652	502	8,991	5,026	16,763	3,138	13,625
Madera	443	14	429	214	1	140	209	373	154	220
Marin	185	7	179	191	9	19	69	296	102	194
Mariposa	25	1	24	1	0	10	7	22	7	16
Mendocino	299	11	289	60	0	95	107	247	93	155
Merced	651	46	605	209	0	355	355	658	225	433
Modoc	34	3	31	2	0	5	8	13	3	9
Mono	18	1	17	13	1	1	9	45	14	31
Monterey	553	15	538	782	1	148	230	1,268	244	1,024
Napa	54	2	52	6	1	18	8	186	1	186
Nevada	112	7	106	9	0	45	39	137	37	100
Orange	2,287	206	2,081	1,760	24	1,090	672	5,607	146	5,461

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
	Placer	333	36					297	35	3
Plumas	49	4	46	1	0	15	9	30	9	21
Riverside	3,053	343	2,711	831	2	1,003	796	4,156	753	3,402
Sacramento	1,882	270	1,611	473	248	222	138	1,589	214	1,374
San Benito	123	10	113	52	0	18	53	139	55	84
San Bernardino	3,296	338	2,958	896	13	997	803	3,642	729	2,913
San Diego	5,092	445	4,647	1,055	70	1,463	1,368	5,289	1,181	4,108
San Francisco	798	100	698	418	51	313	398	1,394	354	1,040
San Joaquin	1,043	54	989	403	7	259	233	1,001	230	771
San Luis Obispo	397	55	342	62	0	111	159	538	168	370
San Mateo	383	24	359	479	3	97	183	899	114	786
Santa Barbara	190	21	170	286	0	80	92	827	37	790
Santa Clara	1,476	205	1,272	1,280	107	556	637	2,317	549	1,768
Santa Cruz	265	12	254	121	0	45	55	590	51	539
Shasta	524	26	498	12	4	155	107	317	95	222
Sierra	4	1	3	0	0	3	1	7	1	5
Siskiyou	117	9	108	6	0	35	33	77	27	50
Solano	170	10	160	24	0	74	45	386	15	371
Sonoma	752	109	643	252	1	270	476	1,149	404	744
Stanislaus	1,109	81	1,028	458	29	421	495	1,273	344	929
Sutter	204	8	196	57	2	135	142	294	125	168
Tehama	164	8	156	24	0	62	59	114	41	73
Trinity	22	1	22	0	0	13	7	20	6	14
Tulare	1,505	208	1,296	381	0	541	490	1,230	397	833
Tuolumne	89	4	85	1	0	66	29	99	33	65
Ventura	943	75	868	465	6	422	735	2,062	717	1,345
Yolo	157	6	151	5	5	42	26	215	2	213
Yuba	264	14	250	36	1	80	66	179	64	115
Not Reported	0	0	0	0	0	0	0	0	0	0

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP	NOT REPORTED
STATEWIDE	1,822	32	6,402	58,869	332	5,867	4,311	7,668
Alameda	3	4	15	1,497	67	284	115	0
Alpine	0	0	0	0	0	0	0	0
Amador	1	0	1	9	0	4	4	0
Butte	1	0	6	93	0	48	14	0
Calaveras	0	0	1	0	0	3	9	0
Colusa	1	0	1	18	0	4	2	0
Contra Costa	20	2	3	426	0	92	52	0
Del Norte	1	0	1	0	0	3	6	0
El Dorado	5	0	1	18	3	23	4	0
Fresno	18	0	2	1,999	7	239	103	0
Glenn	1	0	1	20	0	5	4	0
Humboldt	10	1	2	166	1	31	30	0
Imperial	0	1	5	309	1	32	14	0
Inyo	0	0	1	2	0	2	2	0
Kern	6	1	11	858	1	169	89	0
Kings	10	0	0	238	0	41	15	0
Lake	1	0	2	6	0	11	7	0
Lassen	1	0	3	17	0	6	2	0
Los Angeles	1,553	1	251	28,591	12	1,235	2,104	0
Madera	3	1	5	239	0	27	14	0
Marin	6	1	0	166	0	16	15	0
Mariposa	0	0	0	1	0	2	1	0
Mendocino	7	0	2	40	1	33	9	0
Merced	4	0	4	133	2	55	24	0
Modoc	0	0	1	5	0	0	2	0
Mono	2	0	0	14	0	0	2	0
Monterey	14	1	29	634	1	205	6	0
Napa	3	0	7	157	0	14	0	0
Nevada	1	0	2	5	0	10	9	0
Orange	7	0	5,672	6,378	1	480	30	0

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP	NOT REPORTED
Placer	2	0	1	30	0	28	25	0
Plumas	0	0	0	7	0	2	5	0
Riverside	21	3	10	3,289	0	302	187	0
Sacramento	0	1	5	455	1	157	58	0
San Benito	1	0	2	90	0	17	4	0
San Bernardino	10	6	13	3,651	0	376	209	0
San Diego	54	2	12	3,536	2	355	443	0
San Francisco	5	0	6	652	23	155	127	0
San Joaquin	4	0	7	735	6	87	68	0
San Luis Obispo	3	0	1	119	0	58	17	0
San Mateo	0	3	206	403	6	134	42	0
Santa Barbara	11	0	24	141	0	93	11	0
Santa Clara	3	1	8	937	170	182	96	0
Santa Cruz	3	0	11	211	3	104	4	0
Shasta	2	0	3	39	2	34	26	0
Sierra	0	0	0	1	0	2	0	0
Siskiyou	0	0	3	10	0	9	10	0
Solano	3	0	22	335	3	61	1	0
Sonoma	9	1	2	535	0	64	28	0
Stanislaus	0	0	4	78	1	136	24	0
Sutter	4	0	4	42	0	17	7	0
Tehama	1	0	1	45	1	13	8	0
Trinity	0	0	0	3	0	2	8	0
Tulare	2	2	3	871	1	151	69	0
Tuolumne	0	0	1	9	0	9	6	0
Ventura	8	0	4	520	15	217	135	0
Yolo	0	0	15	66	2	20	2	0
Yuba	2	0	4	21	0	11	6	0
Not Reported	0	0	0	0	0	0	0	7,668

Note: FFS = Fee-For-Service. BCCTP = Breast and Cervical Cancer Treatment Program.

Averages are rounded independently and may not add to totals.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

This table reflects only FFS provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 20

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	\$15,793,903,499	\$8,301,178,882	\$1,731,922,392	\$192,419,481	\$5,502,233,687	\$874,603,323	\$5,905,013,028	\$2,238,601,029	\$21,462,516	\$1,803,927,139	\$1,841,022,344
Alameda	\$596,387,945	\$327,098,205	\$64,896,619	\$7,507,334	\$227,830,111	\$26,864,140	\$225,270,215	\$114,438,385	\$570,292	\$68,039,308	\$42,222,230
Alpine	\$626,804	\$298,962	\$16,732	\$0	\$165,425	\$116,805	\$317,216	\$3,011	\$0	\$148,533	\$165,672
Amador	\$13,803,722	\$5,684,940	\$652,785	\$49,078	\$3,596,863	\$1,386,215	\$7,488,265	\$3,961,266	\$2,317	\$1,041,620	\$2,483,063
Butte	\$188,582,526	\$106,855,727	\$8,394,733	\$2,357,137	\$76,268,661	\$19,835,195	\$74,638,575	\$25,994,309	\$249,624	\$13,439,600	\$34,955,042
Calaveras	\$18,732,496	\$9,529,806	\$1,178,604	\$209,307	\$6,135,743	\$2,006,152	\$8,499,890	\$3,873,891	\$1,416	\$959,295	\$3,665,289
Colusa	\$12,269,320	\$4,648,572	\$841,851	\$180,570	\$2,943,373	\$682,779	\$6,566,620	\$1,961,004	\$1,125	\$750,550	\$3,853,941
Contra Costa	\$300,390,475	\$149,566,771	\$27,272,758	\$3,373,576	\$102,039,916	\$16,880,520	\$124,785,266	\$59,888,919	\$209,797	\$31,611,627	\$33,074,923
Del Norte	\$26,059,148	\$17,925,476	\$965,232	\$269,470	\$12,632,542	\$4,058,232	\$7,276,453	\$2,173,648	\$34,808	\$783,780	\$4,284,218
El Dorado	\$47,932,215	\$21,501,966	\$2,286,342	\$463,311	\$14,674,476	\$4,077,836	\$23,622,482	\$11,617,255	\$105,050	\$3,556,613	\$8,343,564
Fresno	\$479,108,234	\$260,975,568	\$42,086,041	\$5,726,266	\$175,226,540	\$37,936,721	\$181,036,866	\$67,727,061	\$636,028	\$40,660,808	\$72,012,968
Glenn	\$21,641,784	\$10,860,947	\$1,326,588	\$222,994	\$6,961,225	\$2,350,140	\$9,154,712	\$2,272,618	\$1,349	\$1,427,742	\$5,453,003
Humboldt	\$100,349,865	\$60,404,276	\$5,033,737	\$880,200	\$45,982,010	\$8,508,329	\$34,721,978	\$10,095,658	\$118,158	\$6,061,979	\$18,446,183
Imperial	\$137,468,828	\$80,196,295	\$21,719,526	\$1,149,857	\$39,344,168	\$17,982,744	\$50,567,293	\$12,138,537	\$80,962	\$5,027,753	\$33,320,042
Inyo	\$11,560,216	\$3,698,957	\$603,643	\$87,889	\$2,505,870	\$501,555	\$7,131,544	\$2,941,839	\$24,184	\$1,131,088	\$3,034,433
Kern	\$347,568,341	\$188,959,375	\$25,954,267	\$4,897,598	\$133,256,314	\$24,851,196	\$134,440,716	\$56,003,318	\$352,674	\$27,083,380	\$51,001,344
Kings	\$95,259,433	\$48,308,737	\$5,603,206	\$932,517	\$26,957,842	\$14,815,172	\$40,112,556	\$9,364,189	\$77,358	\$4,677,903	\$25,993,106
Lake	\$70,976,166	\$47,035,102	\$4,701,828	\$591,754	\$32,999,218	\$8,742,303	\$21,549,822	\$6,074,916	\$75,640	\$3,949,880	\$11,449,385
Lassen	\$18,140,400	\$10,619,036	\$825,522	\$103,346	\$7,010,387	\$2,679,782	\$6,794,427	\$2,856,050	\$82,173	\$913,755	\$2,942,449
Los Angeles	\$5,649,561,294	\$3,148,718,015	\$883,720,494	\$74,901,516	\$1,930,939,749	\$259,156,256	\$1,893,726,031	\$757,795,595	\$10,022,454	\$603,236,432	\$522,671,550
Madera	\$94,357,592	\$45,999,015	\$5,419,400	\$965,524	\$27,135,641	\$12,478,449	\$39,703,494	\$9,994,834	\$74,524	\$4,785,774	\$24,848,362
Marin	\$67,922,667	\$32,489,928	\$3,969,730	\$777,990	\$25,081,890	\$2,660,318	\$30,126,865	\$14,336,876	\$205,921	\$6,982,862	\$8,601,206
Mariposa	\$9,019,226	\$4,173,108	\$637,073	\$99,627	\$2,593,835	\$842,573	\$4,617,528	\$2,331,294	\$22	\$565,776	\$1,720,436
Mendocino	\$80,397,721	\$44,712,807	\$3,939,862	\$686,975	\$31,215,650	\$8,870,320	\$30,865,284	\$7,441,447	\$76,184	\$4,691,887	\$18,655,766
Merced	\$160,588,570	\$85,049,124	\$11,470,299	\$1,952,947	\$48,125,219	\$23,500,659	\$64,556,124	\$17,414,743	\$454,675	\$7,496,786	\$39,189,920
Modoc	\$9,524,777	\$3,669,108	\$454,121	\$9,207	\$2,268,578	\$937,201	\$5,480,783	\$3,386,046	\$71,416	\$448,919	\$1,574,403
Mono	\$3,801,707	\$861,455	\$47,148	\$4,802	\$526,060	\$283,445	\$1,891,497	\$157,967	\$0	\$394,924	\$1,338,607
Monterey	\$67,561,895	\$18,720,832	\$1,027,680	\$365,318	\$12,119,738	\$5,208,096	\$25,731,695	\$857,211	\$3,338	\$1,768,724	\$23,102,421
Napa	\$11,266,729	\$3,619,007	\$289,776	\$33,109	\$3,025,296	\$270,825	\$5,191,479	\$2,162,038	\$29,942	\$1,129,244	\$1,870,255
Nevada	\$36,090,343	\$14,787,935	\$1,531,615	\$563,422	\$10,627,076	\$2,065,822	\$19,466,269	\$10,458,636	\$137,864	\$3,442,876	\$5,426,894
Orange	\$451,004,151	\$152,753,772	\$14,427,242	\$3,304,313	\$115,228,015	\$19,794,203	\$189,870,166	\$8,534,903	\$264,626	\$94,403,527	\$86,667,110

TABLE 20
MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	\$82,630,756	\$36,857,324	\$4,344,173	\$787,546	\$26,740,934	\$4,984,671	\$40,148,399	\$21,726,262	\$214,594	\$9,336,969	\$8,870,574
Plumas	\$16,048,988	\$6,735,257	\$666,975	\$83,384	\$5,112,343	\$872,554	\$8,731,173	\$5,359,263	\$5,260	\$529,065	\$2,837,585
Riverside	\$641,133,919	\$329,745,578	\$47,350,319	\$8,528,979	\$245,799,083	\$28,067,197	\$238,836,590	\$94,667,753	\$538,107	\$68,023,968	\$75,606,762
Sacramento	\$486,100,395	\$294,159,475	\$41,645,946	\$6,634,128	\$219,017,617	\$26,861,784	\$160,878,773	\$77,238,491	\$121,241	\$54,144,370	\$29,374,671
San Benito	\$21,746,459	\$7,171,227	\$1,484,252	\$141,440	\$3,380,911	\$2,164,624	\$11,987,168	\$5,613,708	\$12,620	\$1,273,998	\$5,086,842
San Bernardino	\$844,864,101	\$482,867,643	\$58,935,552	\$13,970,153	\$349,250,733	\$60,711,205	\$284,497,769	\$102,499,292	\$728,298	\$72,175,287	\$109,094,892
San Diego	\$1,066,061,212	\$603,520,272	\$118,733,264	\$14,925,793	\$431,111,243	\$38,749,972	\$369,929,572	\$159,232,620	\$740,327	\$123,206,583	\$86,750,042
San Francisco	\$553,033,979	\$336,739,242	\$101,520,555	\$7,302,973	\$213,545,636	\$14,370,078	\$187,830,592	\$92,572,110	\$830,597	\$70,706,749	\$23,721,136
San Joaquin	\$287,311,338	\$158,584,022	\$21,214,648	\$4,882,942	\$118,562,851	\$13,923,581	\$109,866,043	\$53,592,002	\$159,050	\$26,637,988	\$29,477,004
San Luis Obispo	\$93,452,500	\$43,968,939	\$4,648,890	\$953,050	\$32,036,730	\$6,330,268	\$43,063,442	\$18,012,638	\$86,751	\$11,934,056	\$13,029,997
San Mateo	\$118,980,220	\$29,671,224	\$11,195,401	\$695,144	\$15,631,940	\$2,148,738	\$66,948,618	\$38,384,824	\$308,498	\$14,686,390	\$13,568,906
Santa Barbara	\$40,703,075	\$10,460,382	\$1,530,349	\$168,542	\$5,795,174	\$2,966,317	\$17,568,607	\$1,464,177	\$8,199	\$1,851,550	\$14,244,681
Santa Clara	\$636,600,722	\$272,261,435	\$83,349,114	\$6,404,636	\$159,564,181	\$22,943,503	\$307,628,889	\$115,048,476	\$2,098,814	\$125,460,946	\$65,020,652
Santa Cruz	\$43,890,827	\$16,105,644	\$1,219,987	\$298,697	\$12,185,483	\$2,401,477	\$15,869,259	\$881,048	\$70,764	\$2,433,698	\$12,483,749
Shasta	\$159,901,812	\$93,496,417	\$7,826,887	\$1,382,200	\$69,448,846	\$14,838,485	\$59,570,607	\$21,847,236	\$194,028	\$12,495,402	\$25,033,940
Sierra	\$2,696,396	\$930,464	\$187,340	\$40,541	\$586,283	\$116,299	\$1,672,613	\$1,202,431	\$0	\$232,591	\$237,591
Siskiyou	\$34,237,149	\$21,224,442	\$2,086,907	\$226,915	\$15,101,282	\$3,809,338	\$11,837,328	\$4,672,357	\$675	\$1,527,169	\$5,637,127
Solano	\$21,844,550	\$8,516,029	\$710,155	\$77,186	\$6,084,218	\$1,644,469	\$7,587,676	\$626,480	\$4,427	\$1,192,133	\$5,764,637
Sonoma	\$305,430,009	\$104,761,418	\$7,933,539	\$1,712,670	\$85,930,943	\$9,184,266	\$180,337,703	\$34,936,932	\$276,603	\$121,705,902	\$23,418,267
Stanislaus	\$262,401,374	\$138,346,240	\$20,262,794	\$2,395,405	\$98,322,872	\$17,365,171	\$106,704,110	\$43,125,601	\$269,173	\$17,217,605	\$46,091,731
Sutter	\$65,804,885	\$29,762,364	\$4,773,414	\$597,670	\$19,822,374	\$4,568,907	\$28,193,938	\$8,208,068	\$8,541	\$4,027,406	\$15,949,923
Tehama	\$48,152,216	\$27,635,617	\$2,643,505	\$359,174	\$18,788,684	\$5,844,254	\$18,172,606	\$6,239,698	\$62,526	\$2,054,130	\$9,816,252
Trinity	\$10,834,090	\$5,947,561	\$584,319	\$40,558	\$4,420,613	\$902,072	\$4,469,123	\$1,923,995	\$0	\$511,179	\$2,033,950
Tulare	\$352,783,598	\$154,676,765	\$18,309,868	\$4,005,451	\$106,718,256	\$25,643,189	\$171,529,208	\$37,532,846	\$379,417	\$86,748,913	\$46,868,032
Tuolumne	\$33,038,456	\$14,808,140	\$1,416,388	\$207,241	\$9,936,250	\$3,248,261	\$16,304,650	\$9,249,103	\$55,030	\$2,019,569	\$4,980,949
Ventura	\$281,210,116	\$116,927,257	\$22,352,299	\$2,283,741	\$73,296,734	\$18,994,483	\$137,963,201	\$48,629,890	\$282,091	\$28,184,216	\$60,867,004
Yolo	\$13,906,969	\$7,464,284	\$801,710	\$101,450	\$4,784,972	\$1,776,152	\$4,126,024	\$513,763	\$10,362	\$651,321	\$2,950,578
Yuba	\$58,855,224	\$38,111,399	\$2,899,386	\$544,916	\$25,839,071	\$8,828,026	\$17,557,235	\$5,342,501	\$32,605	\$2,345,043	\$9,837,086
Not Reported	\$82,293,575	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	\$253,516,548	\$61,541,816	\$191,974,732	\$405,738,449	\$4,652,683	\$42,763,885	\$38,837,935	\$517,776,839	\$86,882,644	\$430,894,195
Alameda	\$9,584,689	\$3,484,414	\$6,100,275	\$7,790,397	\$231,808	\$610,601	\$1,016,241	\$17,830,202	\$3,492,159	\$14,338,043
Alpine	\$6,205	\$0	\$6,205	\$0	\$0	\$3,606	\$0	\$816	\$167	\$650
Amador	\$177,525	\$52,235	\$125,290	\$24,269	\$0	\$44,031	\$32,727	\$254,326	\$69,048	\$185,279
Butte	\$2,683,464	\$370,890	\$2,312,574	\$304,784	\$65,793	\$512,889	\$332,921	\$2,444,729	\$447,425	\$1,997,303
Calaveras	\$252,726	\$60,284	\$192,442	\$21,461	\$0	\$46,559	\$27,040	\$257,325	\$45,459	\$211,866
Colusa	\$104,578	\$17,036	\$87,542	\$177,284	\$0	\$31,554	\$47,713	\$540,939	\$99,806	\$441,133
Contra Costa	\$4,732,485	\$910,531	\$3,821,954	\$4,262,688	\$60,140	\$443,441	\$753,093	\$13,089,013	\$2,931,293	\$10,157,719
Del Norte	\$341,918	\$48,961	\$292,957	\$158,112	\$185	\$43,087	\$33,471	\$212,997	\$23,816	\$189,180
El Dorado	\$1,032,805	\$284,134	\$748,672	\$354,341	\$1,357	\$100,871	\$95,501	\$1,006,577	\$127,289	\$879,288
Fresno	\$7,454,776	\$2,152,246	\$5,302,530	\$5,197,207	\$56,129	\$1,203,726	\$1,012,553	\$14,894,252	\$3,738,978	\$11,155,273
Glenn	\$322,439	\$48,544	\$273,895	\$199,300	\$110	\$79,651	\$74,106	\$801,684	\$202,118	\$599,566
Humboldt	\$1,872,789	\$251,807	\$1,620,981	\$144,439	\$0	\$294,745	\$144,763	\$1,774,348	\$376,347	\$1,398,001
Imperial	\$1,619,081	\$526,540	\$1,092,541	\$827,085	\$48,836	\$255,306	\$386,720	\$2,477,159	\$520,102	\$1,957,056
Inyo	\$276,516	\$77,891	\$198,625	\$96,956	\$0	\$36,881	\$16,944	\$278,313	\$26,189	\$252,124
Kern	\$5,272,916	\$1,433,832	\$3,839,084	\$4,950,885	\$36,896	\$851,409	\$596,967	\$8,648,655	\$2,041,919	\$6,606,736
Kings	\$1,546,808	\$300,159	\$1,246,650	\$739,080	\$0	\$217,341	\$464,153	\$2,761,697	\$849,076	\$1,912,620
Lake	\$810,555	\$108,865	\$701,690	\$200,249	\$3,541	\$91,054	\$59,794	\$982,163	\$171,603	\$810,560
Lassen	\$257,958	\$3,935	\$254,024	\$17,757	\$0	\$18,001	\$16,667	\$322,764	\$138,310	\$184,454
Los Angeles	\$84,750,894	\$19,140,304	\$65,610,590	\$253,331,657	\$2,174,018	\$15,094,695	\$12,181,732	\$136,797,503	\$22,450,159	\$114,347,344
Madera	\$1,789,783	\$166,022	\$1,623,761	\$1,839,257	\$3,163	\$654,609	\$629,137	\$2,913,790	\$1,204,746	\$1,709,043
Marin	\$414,256	(\$105,524)	\$519,780	\$1,634,123	\$19,685	\$63,604	\$303,706	\$2,260,021	\$453,167	\$1,806,854
Mariposa	\$80,403	\$4,252	\$76,150	\$1,514	\$0	\$27,159	\$16,893	\$92,139	\$17,432	\$74,707
Mendocino	\$1,505,414	\$168,469	\$1,336,945	\$453,211	\$0	\$245,630	\$184,207	\$1,851,055	\$212,458	\$1,638,597
Merced	\$2,278,353	\$489,754	\$1,788,599	\$1,973,919	\$313	\$915,639	\$612,822	\$4,251,602	\$602,777	\$3,648,826
Modoc	\$225,896	\$100,409	\$125,487	\$14,346	\$0	\$9,499	\$14,294	\$75,903	\$16,471	\$59,432
Mono	\$105,926	\$10,094	\$95,832	\$131,304	\$5,358	\$32,012	\$29,034	\$678,496	\$114,955	\$563,540
Monterey	\$1,459,699	\$37,860	\$1,421,839	\$7,448,462	\$6,402	\$1,141,781	\$480,545	\$9,291,967	\$714,825	\$8,577,141
Napa	\$191,252	\$3,120	\$188,132	\$15,133	\$1,437	\$37,810	\$8,662	\$1,676,746	\$31,560	\$1,645,186
Nevada	\$707,093	\$120,473	\$586,620	\$47,905	\$0	\$84,756	\$55,573	\$808,577	\$52,074	\$756,503
Orange	\$11,943,808	\$3,296,798	\$8,647,010	\$20,979,248	\$80,793	\$2,767,605	\$2,416,597	\$46,109,224	\$4,239,194	\$41,870,031

Table 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	\$1,432,232	\$351,565	\$1,080,668	\$282,727	\$7,772	\$132,963	\$184,078	\$3,004,360	\$658,863	\$2,345,497
Plumas	\$222,582	\$72,517	\$150,065	\$5,069	\$0	\$35,456	\$23,139	\$206,670	\$38,184	\$168,486
Riverside	\$12,412,750	\$3,443,616	\$8,969,134	\$9,218,012	\$4,836	\$2,468,260	\$1,988,290	\$33,442,163	\$7,148,890	\$26,293,273
Sacramento	\$8,944,601	\$3,063,359	\$5,881,243	\$4,829,954	\$634,994	\$410,623	\$497,664	\$13,308,693	\$2,219,579	\$11,089,113
San Benito	\$459,890	\$146,939	\$312,950	\$489,705	\$0	\$55,371	\$72,998	\$1,004,950	\$150,977	\$853,972
San Bernardino	\$13,524,500	\$3,382,875	\$10,141,625	\$12,655,890	\$28,800	\$3,198,385	\$1,703,733	\$31,953,007	\$6,061,179	\$25,891,827
San Diego	\$19,572,835	\$4,866,170	\$14,706,665	\$10,900,953	\$238,506	\$2,906,403	\$3,039,673	\$40,462,116	\$7,336,276	\$33,125,840
San Francisco	\$4,656,313	\$1,993,446	\$2,662,868	\$5,475,315	\$245,280	\$1,041,408	\$1,154,184	\$11,759,369	\$1,861,407	\$9,897,963
San Joaquin	\$4,047,592	\$625,984	\$3,421,609	\$3,901,217	\$20,108	\$581,063	\$369,210	\$7,001,452	\$1,155,851	\$5,845,601
San Luis Obispo	\$1,594,656	\$287,193	\$1,307,463	\$567,545	\$2,080	\$212,728	\$240,658	\$3,068,132	\$796,510	\$2,271,621
San Mateo	\$1,848,837	\$343,776	\$1,505,062	\$6,914,903	\$7,068	\$237,337	\$458,416	\$9,415,159	\$353,826	\$9,061,333
Santa Barbara	\$705,118	\$79,780	\$625,338	\$3,387,220	\$0	\$126,187	\$187,572	\$7,025,147	\$127,019	\$6,898,128
Santa Clara	\$8,580,861	\$2,719,619	\$5,861,243	\$15,627,965	\$396,685	\$1,112,084	\$2,253,174	\$22,571,472	\$3,829,643	\$18,741,828
Santa Cruz	\$1,435,711	\$136,192	\$1,299,519	\$1,775,379	\$0	\$96,738	\$138,215	\$6,813,726	\$685,264	\$6,128,463
Shasta	\$2,728,987	\$440,749	\$2,288,237	\$136,724	\$16,898	\$565,505	\$217,259	\$2,620,279	\$497,189	\$2,123,090
Sierra	\$15,485	\$3,572	\$11,913	\$0	\$0	\$7,576	\$1,025	\$50,873	\$3,313	\$47,560
Siskiyou	\$394,200	\$129,874	\$264,326	\$78,199	\$0	\$76,549	\$57,873	\$389,725	\$68,282	\$321,443
Solano	\$322,088	\$19,395	\$302,692	\$516,299	\$105	\$96,771	\$69,673	\$3,283,753	\$16,572	\$3,267,181
Sonoma	\$4,704,560	\$1,485,705	\$3,218,856	\$2,822,473	\$4,335	\$489,026	\$956,082	\$9,176,019	\$1,420,868	\$7,755,151
Stanislaus	\$3,548,256	\$762,019	\$2,786,236	\$3,447,190	\$69,908	\$649,975	\$775,964	\$7,581,413	\$1,265,324	\$6,316,089
Sutter	\$4,431,038	\$72,431	\$4,358,607	\$459,958	\$9,024	\$221,410	\$244,692	\$2,161,718	\$486,893	\$1,674,826
Tehama	\$806,932	\$112,346	\$694,586	\$240,160	\$0	\$161,500	\$98,936	\$728,934	\$140,494	\$588,440
Trinity	\$83,495	\$19,948	\$63,547	\$0	\$0	\$18,371	\$25,060	\$131,734	\$14,281	\$117,453
Tulare	\$6,692,246	\$2,396,268	\$4,295,978	\$4,373,930	\$65,928	\$840,585	\$783,180	\$9,410,458	\$2,326,522	\$7,083,936
Tuolumne	\$682,175	\$44,154	\$638,021	\$40,730	\$0	\$162,893	\$133,028	\$716,254	\$187,464	\$528,790
Ventura	\$4,395,293	\$715,588	\$3,679,705	\$4,009,109	\$20,127	\$696,159	\$992,459	\$12,273,378	\$2,386,482	\$9,886,896
Yolo	\$337,955	\$8,231	\$329,723	\$9,541	\$79,147	\$42,091	\$28,480	\$1,460,962	\$24,548	\$1,436,414
Yuba	\$1,132,348	\$254,172	\$878,175	\$235,909	\$5,116	\$160,915	\$98,649	\$1,369,944	\$210,020	\$1,159,925
Not Reported	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

TABLE 20
MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP	NOT REPORTED
STATEWIDE	\$8,289,132	\$431,214	\$10,719,357	\$130,668,970	\$698,541	\$40,776,370	\$50,435,645	\$82,293,575
Alameda	\$3,234	\$35,465	\$41,491	\$3,528,339	\$105,821	\$1,602,977	\$1,638,261	\$0
Alpine	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amador	\$1,170	\$0	\$178	\$9,950	\$0	\$27,292	\$59,048	\$0
Butte	\$623	\$0	\$4,656	\$158,530	\$2,294	\$399,309	\$178,232	\$0
Calaveras	\$377	\$0	\$2,229	\$28	\$0	\$14,847	\$80,208	\$0
Colusa	\$432	\$0	\$83,704	\$15,327	\$0	\$31,233	\$21,364	\$0
Contra Costa	\$74,615	\$20,783	\$10,669	\$1,216,228	\$0	\$642,940	\$732,344	\$0
Del Norte	\$1,392	\$0	\$1,527	\$0	\$0	\$11,171	\$53,357	\$0
El Dorado	\$5,627	\$0	\$1,146	\$30,360	\$10,762	\$136,005	\$32,416	\$0
Fresno	\$34,250	\$0	\$3,804	\$4,504,807	\$17,925	\$1,409,939	\$1,306,434	\$0
Glenn	\$706	\$0	\$426	\$33,398	\$0	\$25,724	\$88,581	\$0
Humboldt	\$16,237	\$5,092	\$1,754	\$354,321	\$2,084	\$212,140	\$400,902	\$0
Imperial	\$11	\$8,326	\$4,474	\$577,143	\$1,312	\$201,687	\$298,099	\$0
Inyo	\$91	\$0	\$1,901	\$822	\$0	\$13,563	\$7,728	\$0
Kern	\$35,815	\$10,285	\$14,478	\$1,517,523	\$2,645	\$1,141,848	\$1,087,929	\$0
Kings	\$28,871	\$0	\$126	\$508,231	\$0	\$273,633	\$298,199	\$0
Lake	\$3,020	\$0	\$1,829	\$6,568	\$0	\$127,652	\$104,816	\$0
Lassen	\$1,383	\$0	\$912	\$26,763	\$0	\$24,547	\$40,184	\$0
Los Angeles	\$7,534,117	\$2,853	\$521,274	\$62,025,240	\$34,193	\$10,039,144	\$22,629,294	\$0
Madera	\$10,528	\$3,106	\$4,155	\$492,033	\$0	\$146,817	\$168,707	\$0
Marin	\$19,950	\$14,319	\$103	\$356,447	\$0	\$70,828	\$148,832	\$0
Mariposa	\$0	\$0	\$0	\$868	\$0	\$6,391	\$3,222	\$0
Mendocino	\$13,544	\$0	\$2,737	\$99,517	\$1,307	\$366,159	\$96,851	\$0
Merced	\$25,499	\$0	\$5,166	\$225,243	\$4,797	\$352,363	\$337,605	\$0
Modoc	\$0	\$0	\$418	\$7,966	\$0	\$590	\$25,974	\$0
Mono	\$5,173	\$0	\$0	\$44,113	\$0	\$0	\$17,339	\$0
Monterey	\$25,330	\$2,941	\$148,554	\$1,467,636	\$2,932	\$1,623,391	\$9,728	\$0
Napa	\$3,086	\$66	\$45,196	\$273,392	\$31	\$203,432	\$0	\$0
Nevada	\$2,534	\$0	\$2,916	\$13,071	\$359	\$64,707	\$48,648	\$0
Orange	\$15,901	\$0	\$8,075,735	\$12,469,750	\$3,340	\$3,413,271	\$104,941	\$0

TABLE 20
MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BREAST AND CERVICAL CANCER TREATMENT PROGRAM	NOT REPORTED
Placer	\$1,702	\$0	\$742	\$64,554	\$0	\$162,097	\$351,805	\$0
Plumas	\$277	\$0	\$0	\$18,207	\$0	\$3,977	\$67,181	\$0
Riverside	\$46,790	\$65,654	\$478,911	\$7,680,088	\$0	\$1,678,917	\$3,067,080	\$0
Sacramento	\$543	\$12,142	\$7,280	\$921,703	\$1,450	\$748,878	\$743,622	\$0
San Benito	\$1,392	\$0	\$2,049	\$306,414	\$45	\$160,668	\$34,583	\$0
San Bernardino	\$21,233	\$182,154	\$24,527	\$8,451,011	\$947	\$2,952,079	\$2,802,422	\$0
San Diego	\$81,666	\$14,149	\$19,865	\$8,153,597	\$3,991	\$2,078,632	\$5,138,983	\$0
San Francisco	\$12,096	\$0	\$9,142	\$1,822,538	\$131,550	\$852,433	\$1,304,518	\$0
San Joaquin	\$12,199	\$504	\$5,526	\$1,390,002	\$13,327	\$708,088	\$810,985	\$0
San Luis Obispo	\$13,140	\$9	\$6,030	\$255,178	\$768	\$269,843	\$189,351	\$0
San Mateo	\$3,992	\$32,009	\$644,567	\$1,592,587	\$34,319	\$961,795	\$209,389	\$0
Santa Barbara	\$29,871	\$953	\$135,328	\$541,332	\$0	\$493,847	\$41,509	\$0
Santa Clara	\$7,740	\$295	\$50,854	\$3,461,116	\$235,281	\$1,183,485	\$1,229,389	\$0
Santa Cruz	\$34,172	\$347	\$58,187	\$620,229	\$5,840	\$931,256	\$6,124	\$0
Shasta	\$7,881	\$0	\$1,307	\$108,020	\$10,282	\$220,889	\$200,757	\$0
Sierra	(\$22)	\$0	\$0	\$2,166	\$0	\$16,216	\$0	\$0
Siskiyou	\$568	\$0	\$6,428	\$18,363	\$0	\$42,869	\$110,606	\$0
Solano	\$3,040	\$52	\$177,686	\$725,947	\$8,534	\$473,185	\$63,713	\$0
Sonoma	\$20,198	\$5,156	\$1,755	\$1,114,040	\$215	\$532,863	\$504,166	\$0
Stanislaus	\$1,169	\$89	\$3,822	\$153,056	\$3,796	\$773,765	\$342,622	\$0
Sutter	\$7,461	\$0	\$5,151	\$57,258	\$0	\$142,092	\$108,781	\$0
Tehama	\$1,441	\$0	\$3,584	\$95,119	\$26,663	\$127,909	\$52,814	\$0
Trinity	\$336	\$0	\$0	\$4,841	\$0	\$22,558	\$131,008	\$0
Tulare	\$81,138	\$14,093	\$3,081	\$1,889,504	\$5,244	\$1,255,949	\$1,162,287	\$0
Tuolumne	\$310	\$0	\$1,534	\$19,286	\$0	\$49,206	\$80,635	\$0
Ventura	\$21,825	\$340	\$4,837	\$1,030,670	\$21,444	\$1,185,333	\$1,596,485	\$0
Yolo	\$6	\$34	\$82,819	\$174,849	\$5,047	\$91,347	\$4,383	\$0
Yuba	\$13,451	\$0	\$2,786	\$33,679	\$0	\$72,593	\$61,200	\$0
Not Reported	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,293,575

Note: FFS = Fee-For-Service.

Payments are rounded independently and may not add to totals. Figures in parentheses () indicate negative numbers.

This table reflects only FFS provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 21

MEDI-CAL PROGRAM
 AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
 CALENDAR YEAR 2003
 (FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG-TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	2,156,878	576,726	1,104,137	322,032	38,512	7,606	41,664	42,061	220,749	3,282	72,611
Alameda	71,702	16,603	39,607	10,466	1,306	340	2,810	1,340	6,514	2	3,395
Alpine	102	29	16	7	2	0	0	3	20	0	1
Amador	1,871	518	1,220	103	53	1	4	36	401	0	97
Butte	26,826	5,962	17,956	1,697	796	1	11	532	7,291	3	754
Calaveras	3,083	828	2,000	245	91	3	32	51	549	0	104
Colusa	2,276	584	1,371	111	36	0	1	46	510	1	52
Contra Costa	34,750	6,193	17,335	4,554	450	257	100	554	2,837	1	1,792
Del Norte	4,280	675	2,847	99	145	0	1	74	924	1	55
El Dorado	7,282	2,525	4,533	782	197	1	5	156	1,715	0	274
Fresno	82,311	19,311	36,178	13,701	1,121	6	38	1,502	10,507	4	2,387
Glenn	3,352	721	2,082	127	108	0	1	70	620	0	67
Humboldt	14,994	3,847	9,481	723	412	2	12	277	2,955	0	262
Imperial	25,375	9,381	15,297	1,939	794	1	12	541	3,922	0	274
Inyo	1,522	336	895	46	34	1	5	29	315	0	74
Kern	56,738	11,950	25,838	9,795	884	400	3,010	760	3,656	1	1,627
Kings	15,991	3,675	9,243	1,121	496	1	10	293	2,316	1	299
Lake	9,151	2,423	5,987	293	289	2	11	182	2,218	0	190
Lassen	2,852	423	1,780	120	131	0	2	53	540	0	87
Los Angeles	745,634	215,416	373,778	120,730	11,297	3,157	5,709	15,243	59,294	697	26,623
Madera	17,794	6,233	11,026	1,845	254	1	10	332	2,657	1	335
Marin	7,762	2,041	4,714	709	83	1	17	164	1,227	0	453
Mariposa	1,369	289	857	97	27	1	14	21	242	0	43
Mendocino	11,810	2,275	6,553	363	236	1	11	239	2,658	1	247
Merced	33,299	11,378	19,740	3,162	694	6	38	569	4,066	2	555
Modoc	1,248	174	742	56	64	0	1	18	270	1	57
Mono	499	85	201	6	11	0	1	12	99	0	3
Monterey	16,338	2,005	2,642	3,243	6	225	1,090	148	736	2	5
Napa	1,881	416	619	473	7	0	1	47	140	2	54
Nevada	4,596	1,704	2,943	324	100	0	3	101	1,000	0	273
Orange	73,321	19,635	18,503	20,922	183	8	29	2,015	6,114	755	369

TABLE 21 (Continued)

MEDI-CAL PROGRAM
 AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
 CALENDAR YEAR 2003
 (FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG-TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	10,731	3,854	7,032	1,124	279	1	7	190	1,490	1	676
Plumas	1,688	268	1,116	20	90	0	1	35	412	0	100
Riverside	84,412	27,502	45,524	14,357	1,765	415	2,871	2,014	8,185	15	3,109
Sacramento	66,926	21,469	41,227	4,560	1,486	11	77	1,366	7,598	5	2,494
San Benito	3,502	1,123	1,984	271	71	4	43	76	730	0	75
San Bernardino	113,611	37,513	59,897	20,546	2,671	549	4,594	2,514	11,984	8	3,763
San Diego	134,301	38,320	72,928	19,380	2,304	8	42	3,102	14,190	3	5,386
San Francisco	59,528	11,514	38,036	6,711	1,332	421	3,183	643	7,429	4	2,505
San Joaquin	41,796	10,716	22,490	6,279	800	340	2,209	592	4,178	1	1,862
San Luis Obispo	14,738	4,414	9,171	1,074	464	28	938	224	2,275	1	600
San Mateo	10,633	1,269	919	2,567	6	21	173	261	791	2	1,346
Santa Barbara	9,602	1,081	899	2,993	20	1	7	237	323	1	22
Santa Clara	70,677	12,679	37,478	11,342	1,293	735	4,815	785	4,045	409	3,191
Santa Cruz	6,910	905	1,720	1,597	13	2	33	168	643	0	12
Shasta	21,900	5,755	14,776	1,709	671	2	19	408	3,350	0	699
Sierra	264	43	162	6	8	0	1	6	38	0	27
Siskiyou	5,663	1,298	3,618	452	184	0	5	100	1,302	2	119
Solano	6,351	552	1,026	2,484	4	1	7	86	556	4	3
Sonoma	23,487	6,074	13,531	1,821	458	3	18	481	4,801	823	1,016
Stanislaus	44,620	12,898	25,822	5,642	1,163	7	71	855	4,241	0	1,255
Sutter	9,573	2,548	5,914	945	227	0	3	200	1,432	3	230
Tehama	7,905	2,126	5,221	600	235	0	5	141	1,525	0	171
Trinity	1,464	437	995	117	39	7	258	20	105	0	32
Tulare	51,012	7,368	17,813	5,490	712	7	40	868	3,866	498	1,245
Tuolumne	4,567	1,143	2,964	284	130	23	590	47	1,016	3	191
Ventura	49,053	12,675	28,495	4,711	1,471	352	8,624	609	5,973	5	1,406
Yolo	4,339	287	939	1,604	31	1	2	45	230	4	20
Yuba	9,951	2,325	6,071	820	263	1	5	195	1,505	1	142
Not Reported	7,668	936	389	4,666	15	251	41	387	223	17	108

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

This table reflects only FFS provider payments; therefore, data are limited for counties with Medi-Cal Managed Care populations.

Note: FFS = Fee-For-Service

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 22

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG-TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	\$15,793,903,499	\$1,035,452,452	\$4,352,835,735	\$721,237,555	\$29,804,565	\$610,904,748	\$71,076,115	\$2,670,321,377	\$367,971,146	\$545,950,571	\$3,171,966,184
Alameda	\$596,387,945	\$28,032,582	\$158,084,166	\$21,032,181	\$1,027,589	\$28,256,260	\$6,338,412	\$103,055,031	\$10,113,566	\$257,279	\$163,244,425
Alpine	\$626,804	\$44,248	\$58,696	\$7,968	\$1,698	\$0	\$253	\$174,445	\$43,739	\$0	\$33,915
Amador	\$13,803,722	\$766,885	\$3,847,355	\$254,081	\$33,553	\$18,749	\$8,906	\$2,354,053	\$681,856	\$0	\$4,102,075
Butte	\$188,582,526	\$8,350,252	\$65,515,525	\$3,603,462	\$570,855	\$333,087	\$14,417	\$41,714,938	\$10,780,822	\$517,031	\$29,803,589
Calaveras	\$18,732,496	\$1,188,795	\$6,521,436	\$549,802	\$63,268	\$144,844	\$45,504	\$2,941,618	\$814,460	\$0	\$3,572,811
Colusa	\$12,269,320	\$912,725	\$3,613,552	\$243,113	\$25,092	\$66,952	\$2,228	\$2,969,932	\$588,072	\$82,723	\$1,924,948
Contra Costa	\$300,390,475	\$11,524,116	\$63,149,796	\$9,632,381	\$322,109	\$13,906,849	\$191,984	\$49,682,863	\$4,459,647	\$250,847	\$78,101,523
Del Norte	\$26,059,148	\$867,656	\$10,436,188	\$283,735	\$105,148	\$12,466	\$2,009	\$5,179,979	\$1,749,853	\$139,288	\$2,093,501
El Dorado	\$47,932,215	\$3,473,158	\$14,191,838	\$1,806,602	\$151,155	\$99,652	\$9,023	\$10,068,961	\$2,242,462	\$0	\$11,756,182
Fresno	\$479,108,234	\$32,609,872	\$127,633,085	\$30,558,863	\$814,203	\$397,078	\$60,447	\$101,185,427	\$16,843,307	\$833,166	\$103,154,439
Glenn	\$21,641,784	\$1,153,715	\$7,095,205	\$288,262	\$81,149	\$143,280	\$1,407	\$5,035,428	\$910,460	\$0	\$2,646,967
Humboldt	\$100,349,865	\$6,228,767	\$36,529,198	\$1,182,202	\$308,221	\$69,309	\$32,603	\$21,318,780	\$4,424,829	\$0	\$11,821,477
Imperial	\$137,468,828	\$13,867,675	\$49,236,865	\$4,897,947	\$588,491	\$91,306	\$13,386	\$31,659,363	\$6,106,209	\$0	\$11,679,644
Inyo	\$11,560,216	\$430,837	\$3,096,172	\$100,787	\$22,844	\$197,346	\$6,833	\$2,256,215	\$431,651	\$0	\$3,047,983
Kern	\$347,568,341	\$21,407,275	\$101,010,010	\$21,097,298	\$641,754	\$27,570,221	\$4,719,264	\$46,539,679	\$5,519,472	\$32,480	\$73,326,723
Kings	\$95,259,433	\$5,708,710	\$24,124,616	\$2,624,177	\$407,414	\$51,456	\$20,176	\$19,575,542	\$3,119,396	\$186,937	\$11,884,885
Lake	\$70,976,166	\$3,576,071	\$21,199,592	\$676,918	\$214,466	\$176,724	\$20,378	\$19,546,336	\$3,139,153	\$0	\$7,083,125
Lassen	\$18,140,400	\$578,956	\$5,632,884	\$253,607	\$96,341	\$6,685	\$2,561	\$3,768,197	\$978,092	\$93,926	\$3,639,403
Los Angeles	\$5,649,561,294	\$407,018,680	\$1,625,718,309	\$286,310,318	\$8,782,549	\$283,682,243	\$8,944,954	\$895,342,532	\$108,180,665	\$114,335,649	\$1,088,717,486
Madera	\$94,357,592	\$8,789,851	\$27,332,126	\$3,764,188	\$175,911	\$68,099	\$16,453	\$22,495,525	\$3,888,406	\$149,087	\$13,966,606
Marin	\$67,922,667	\$3,105,394	\$22,981,151	\$1,114,943	\$61,858	\$108,273	\$27,586	\$10,829,561	\$1,963,324	\$69,342	\$19,748,497
Mariposa	\$9,019,226	\$468,378	\$2,796,737	\$239,641	\$19,219	\$51,085	\$23,463	\$958,202	\$374,860	\$0	\$2,492,657
Mendocino	\$80,397,721	\$4,018,362	\$21,619,034	\$600,645	\$176,635	\$59,751	\$17,079	\$20,975,982	\$3,953,563	\$156,551	\$9,263,389
Merced	\$160,588,570	\$14,813,317	\$49,232,757	\$7,121,554	\$558,805	\$431,751	\$73,328	\$33,831,264	\$5,485,233	\$327,853	\$21,317,836
Modoc	\$9,524,777	\$277,871	\$2,234,477	\$135,269	\$39,565	\$0	\$223	\$1,028,880	\$373,815	\$119,433	\$3,730,233
Mono	\$3,801,707	\$139,016	\$534,710	\$14,034	\$7,972	\$112,292	\$1,404	\$1,291,347	\$164,200	\$0	\$114,240
Monterey	\$67,561,895	\$5,295,203	\$9,696,202	\$6,805,178	\$5,142	\$9,495,770	\$1,503,345	\$15,117,927	\$1,229,194	\$272,538	\$234,499
Napa	\$11,266,729	\$832,124	\$2,466,777	\$756,954	\$5,408	\$23,755	\$2,657	\$2,817,594	\$144,489	\$353,987	\$2,778,903
Nevada	\$36,090,343	\$2,084,776	\$12,394,976	\$658,259	\$77,117	\$48,672	\$4,743	\$5,394,970	\$1,475,945	\$0	\$10,739,759
Orange	\$451,004,151	\$48,805,976	\$62,941,823	\$46,987,465	\$153,287	\$575,264	\$41,440	\$106,192,044	\$9,542,940	\$109,214,700	\$12,344,072

TABLE 22 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2003
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG-TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	\$82,630,756	\$5,372,897	\$25,034,318	\$2,324,876	\$209,836	\$213,990	\$12,668	\$12,682,101	\$2,175,002	\$181,690	\$25,883,732
Plumas	\$16,048,988	\$437,268	\$4,085,903	\$54,128	\$78,194	\$2,200	\$851	\$2,594,920	\$653,585	\$0	\$5,614,142
Riverside	\$641,133,919	\$54,152,417	\$178,597,853	\$33,060,721	\$1,400,147	\$27,634,726	\$4,196,693	\$114,795,655	\$14,508,846	\$5,616,183	\$135,684,367
Sacramento	\$486,100,395	\$36,650,405	\$161,138,449	\$10,177,899	\$1,260,809	\$784,703	\$126,111	\$102,055,623	\$12,533,706	\$883,698	\$103,240,612
San Benito	\$21,746,459	\$1,524,445	\$4,905,821	\$592,746	\$57,942	\$283,797	\$59,107	\$4,629,535	\$805,561	\$15,662	\$5,764,834
San Bernardino	\$844,864,101	\$69,706,021	\$220,314,005	\$47,110,428	\$2,097,585	\$47,991,351	\$6,499,232	\$166,144,343	\$20,086,209	\$1,722,166	\$174,626,311
San Diego	\$1,066,061,212	\$72,232,977	\$343,058,013	\$43,155,109	\$1,854,697	\$676,144	\$50,264	\$190,189,493	\$29,078,189	\$383,545	\$240,708,213
San Francisco	\$553,033,979	\$17,246,136	\$174,471,565	\$13,312,543	\$1,109,328	\$33,413,594	\$5,114,539	\$45,334,048	\$12,286,288	\$636,422	\$165,072,147
San Joaquin	\$287,311,338	\$17,622,814	\$80,536,950	\$13,224,433	\$600,046	\$22,390,294	\$3,739,612	\$36,775,178	\$5,486,219	\$142,582	\$77,878,239
San Luis Obispo	\$93,452,500	\$6,388,888	\$34,034,282	\$1,935,163	\$327,258	\$1,043,993	\$1,016,040	\$11,138,912	\$2,799,121	\$186,414	\$23,768,354
San Mateo	\$118,980,220	\$3,660,687	\$1,214,773	\$4,842,346	\$3,991	\$2,088,934	\$286,424	\$14,870,674	\$1,188,558	\$330,699	\$69,085,213
Santa Barbara	\$40,703,075	\$3,095,761	\$1,458,766	\$5,658,795	\$13,211	\$25,895	\$7,794	\$12,811,378	\$352,373	\$55,939	\$1,152,647
Santa Clara	\$636,600,722	\$18,103,928	\$135,410,889	\$24,222,750	\$1,024,146	\$59,215,968	\$11,223,086	\$48,456,478	\$7,801,168	\$89,283,133	\$151,474,659
Santa Cruz	\$43,890,827	\$2,878,543	\$8,899,307	\$3,212,247	\$9,629	\$122,426	\$45,608	\$16,095,397	\$897,859	\$49,931	\$507,201
Shasta	\$159,901,812	\$9,600,532	\$55,714,772	\$3,947,576	\$519,853	\$344,643	\$35,678	\$31,439,179	\$5,823,837	(\$204)	\$28,916,759
Sierra	\$2,696,396	\$64,533	\$516,873	\$12,863	\$7,100	\$0	\$316	\$227,133	\$57,980	\$0	\$1,424,581
Siskiyou	\$34,237,149	\$1,809,493	\$11,537,116	\$836,312	\$134,450	\$9,005	\$5,122	\$5,826,633	\$2,125,566	\$338,654	\$5,962,467
Solano	\$21,844,550	\$1,090,229	\$4,697,148	\$4,774,425	\$3,202	\$36,255	\$17,413	\$5,925,897	\$1,023,315	\$686,960	\$131,487
Sonoma	\$305,430,009	\$9,347,478	\$46,525,549	\$3,357,278	\$346,575	\$219,317	\$33,016	\$40,394,494	\$6,393,748	\$131,340,358	\$45,682,262
Stanislaus	\$262,401,374	\$20,190,164	\$85,070,003	\$12,858,467	\$833,090	\$705,907	\$104,775	\$54,412,327	\$6,564,135	\$11,540	\$51,038,651
Sutter	\$65,804,885	\$3,627,003	\$27,394,684	\$1,925,789	\$152,985	\$75,323	\$10,174	\$13,859,480	\$2,358,320	\$630,779	\$8,423,452
Tehama	\$48,152,216	\$3,136,421	\$18,455,682	\$1,206,272	\$183,400	\$1,593	\$7,814	\$9,567,480	\$2,306,166	\$0	\$5,953,636
Trinity	\$10,834,090	\$661,270	\$3,766,544	\$222,987	\$31,588	\$529,432	\$353,118	\$1,875,894	\$231,938	\$35,536	\$1,954,561
Tulare	\$352,783,598	\$13,069,482	\$63,910,215	\$12,778,581	\$503,094	\$779,547	\$87,125	\$63,911,275	\$6,712,143	\$81,198,417	\$54,191,970
Tuolumne	\$33,038,456	\$1,539,291	\$9,731,720	\$597,686	\$89,553	\$997,730	\$720,447	\$2,684,504	\$1,348,790	\$694,137	\$9,576,015
Ventura	\$281,210,116	\$18,980,371	\$84,583,244	\$10,345,304	\$1,188,456	\$19,364,474	\$15,054,158	\$27,290,712	\$8,267,501	\$1,007,925	\$59,166,111
Yolo	\$13,906,969	\$449,608	\$3,693,702	\$3,375,553	\$21,252	\$77,000	\$3,004	\$2,026,308	\$457,006	\$594,087	\$465,863
Yuba	\$58,855,224	\$3,467,566	\$21,043,811	\$1,726,832	\$192,825	\$26,309	\$8,793	\$14,860,307	\$2,629,750	\$188,666	\$5,691,149
Not Reported	\$82,293,575	\$2,974,585	\$2,108,521	\$6,785,610	\$11,503	\$25,650,976	\$110,669	\$32,143,400	\$1,294,591	\$2,342,838	\$4,560,755

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

Note: FFS = Fee-For-Service

Payments are rounded independently and may not add to totals.

This table reflects only FFS provider payments; therefore, data are limited for counties with Medi-Cal Managed Care populations

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 23A
MEDI-CAL PROGRAM
NUMBER OF INPATIENT HOSPITALS, LONG TERM CARE FACILITIES, AND
PHYSICIANS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2003

COUNTY OF PROVIDER	ACUTE INPATIENT HOSPITALS	LONG TERM CARE FACILITIES	PHYSICIANS AND PHYSICIAN GROUPS BY SPECIALTY						
			GENERAL/FAMILY PRACTICE		INTERNAL MEDICINE		OB-GYN	PEDIATRIC	ALL OTHER
			TOTAL						
STATEWIDE	853	2,314	21,103	1,716	3,073	1,557	1,213	13,544	
Alameda	15	112	791	44	145	52	67	483	
Alpine	0	0	3	3	0	0	0	0	
Amador	1	2	33	8	5	3	1	16	
Butte	4	26	210	21	26	17	15	131	
Calaveras	1	2	25	10	3	1	0	11	
Colusa	1	1	6	1	1	0	0	4	
Contra Costa	7	51	349	20	52	24	21	232	
Del Norte	1	1	28	7	3	5	1	12	
El Dorado	2	4	86	20	6	7	1	52	
Fresno	12	88	439	46	80	42	35	236	
Glenn	1	2	4	1	1	0	0	2	
Humboldt	4	9	109	17	12	7	6	67	
Imperial	2	6	77	5	8	9	9	46	
Inyo	2	2	20	2	5	1	1	11	
Kern	12	55	385	30	52	35	24	244	
Kings	3	9	56	8	6	2	2	38	
Lake	2	5	40	11	6	1	0	22	
Lassen	1	2	13	4	0	1	1	7	
Los Angeles	116	696	6,654	451	1,075	509	392	4,227	
Madera	2	15	53	7	9	5	3	29	
Marin	4	20	203	19	25	13	10	136	
Mariposa	1	2	5	3	1	0	0	1	
Mendocino	3	11	83	7	10	8	1	57	
Merced	5	20	123	13	18	9	7	76	
Modoc	2	2	6	3	0	1	0	2	
Mono	1	0	9	0	0	0	0	9	
Monterey	4	13	156	22	14	18	11	91	
Napa	3	8	121	11	21	4	4	81	
Nevada	2	6	75	12	14	7	1	41	
Orange	35	93	1,881	127	247	179	96	1,232	
Placer	2	15	110	9	12	7	6	76	
Plumas	4	4	20	11	2	0	0	7	
Riverside	17	131	779	78	128	61	54	458	
Sacramento	12	58	483	49	59	45	35	295	
San Benito	1	2	28	6	5	3	4	10	
San Bernardino	22	168	683	88	104	53	60	378	
San Diego	25	168	1,490	112	203	111	51	1,013	
San Francisco	11	21	684	22	157	38	44	423	
San Joaquin	8	57	336	34	42	17	18	225	
San Luis Obispo	5	21	154	19	24	8	13	90	
San Mateo	8	47	239	6	45	21	8	159	
Santa Barbara	8	16	209	12	22	21	23	131	
Santa Clara	12	81	751	44	135	54	58	460	
Santa Cruz	3	11	135	14	13	10	14	84	
Shasta	5	34	182	32	20	9	7	114	
Sierra	1	1	0	0	0	0	0	0	
Siskiyou	2	4	48	6	7	1	2	32	
Solano	6	17	82	9	13	4	3	53	
Sonoma	8	45	361	64	35	13	12	237	
Stanislaus	5	23	307	33	37	28	21	188	
Sutter	1	8	63	7	8	8	8	32	
Tehama	1	3	41	6	5	4	0	26	
Trinity	1	2	5	2	0	0	0	3	
Tulare	4	48	230	33	39	19	15	124	
Tuolumne	2	3	37	4	3	3	0	27	
Ventura	9	50	490	67	70	41	29	283	
Yolo	2	8	22	1	2	0	1	18	
Yuba	1	3	20	2	5	0	0	13	
Out of State/ Not Reported	418	2	1,071	13	33	18	18	989	

Note: This table reflects only fee-for-service payments, therefore, data are limited for counties with Medi-Cal Managed Care populations
Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service Paid Claims
State of California, Department of Health Services, Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES, D011604)

TABLE 23B

MEDI-CAL PROVIDERS PER 1,000 FFS ELIGIBLES
CALENDAR YEARS 2001, 2002 AND 2003

PROVIDERS	CALENDAR YEAR		
	2001	2002	2003
TOTAL PHYSICIANS	8.1	7.5	6.7
General Practice	1.5	0.6	0.5
OB-GYN	0.6	0.6	0.5
Internal Medicine	1.1	1.1	0.9
Pediatric	0.5	0.4	0.4
All Other	4.4	4.8	4.3
HOSPITALS	0.3	0.3	0.3
ACUPUNCTURISTS	0.3	0.3	0.2
CHIROPRACTORS	0.2	0.2	0.2
DENTISTS	3.1	2.7	2.4
OPTOMETRISTS	0.7	0.6	0.5
ORGANIZED OUTPATIENT CLINICS	0.1	0.1	0.1
PHARMACIES	1.9	1.8	1.7
PODIATRISTS	0.4	0.3	0.3
PSYCHOLOGISTS	N/A	N/A	N/A

NA = Not Applicable - (Psychologist services are carved out).

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Years 2001-2003, Medi-Cal Provider Month of Service Files, April-June 2000-2002, Medi-Cal Program Hospital Expenditures, April-June 2001-2003, Report on Provider Participation in the Medicaid Program, Calendar Years 2001-2003.

State of California, Department of Health Services, MCSS File HCP0312_Benes _by_Managed_Care_Plan_2003_12, created from the December 2003 Month of Eligibility File using a six-month lag, Medi-Cal Fee-For-Service and Delta Dental paid claims (Calendar Year 2003), and the Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES, D011003).

TABLE 24
MEDI-CAL PROGRAM
NUMBER OF SELECTED PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2003

COUNTY OF PROVIDER	ACUPUNCTURISTS	CHIROPRACTORS	DENTISTS	OPTOMETRISTS	ORGANIZED OUTPATIENT CLINICS	PHARMACIES/PHARMACISTS	PODIATRISTS
STATEWIDE	743	475	7,572	1,709	368	5,488	909
Alameda	56	5	285	70	12	206	45
Alpine	0	0	0	0	0	0	0
Amador	0	2	4	7	0	8	1
Butte	2	7	52	21	4	39	8
Calaveras	0	1	3	3	0	6	1
Colusa	0	0	2	1	1	3	0
Contra Costa	5	8	109	38	13	143	20
Del Norte	0	6	5	3	0	5	1
El Dorado	0	3	20	13	1	21	4
Fresno	3	32	187	47	6	153	21
Glenn	0	2	1	2	0	4	0
Humboldt	3	12	35	17	3	29	8
Imperial	0	1	18	10	4	20	3
Inyo	0	1	1	3	1	4	1
Kern	0	13	79	32	6	108	4
Kings	0	2	11	9	2	16	2
Lake	1	3	5	5	0	15	0
Lassen	0	1	6	3	0	5	2
Los Angeles	398	84	2,786	441	106	1,589	328
Madera	0	5	22	5	2	20	2
Marin	2	1	35	5	7	34	8
Mariposa	0	0	1	0	0	2	0
Mendocino	2	3	17	10	1	20	3
Merced	1	10	27	12	2	28	2
Modoc	0	0	2	1	0	1	0
Mono	0	0	5	1	0	2	0
Monterey	0	1	72	11	5	45	9
Napa	1	0	14	7	3	19	3
Nevada	1	5	21	7	1	17	3
Orange	26	10	769	99	25	510	72
Placer	0	5	52	29	2	64	5
Plumas	1	1	2	4	1	5	0
Riverside	3	21	273	75	7	244	18
Sacramento	22	25	159	76	14	186	28
San Benito	0	0	10	2	1	5	0
San Bernardino	13	29	370	90	9	250	29
San Diego	20	30	509	121	22	415	64
San Francisco	88	9	222	41	13	145	41
San Joaquin	9	17	126	41	5	101	25
San Luis Obispo	1	7	47	30	3	54	10
San Mateo	5	3	124	9	4	87	13
Santa Barbara	1	1	59	15	8	66	8
Santa Clara	64	16	408	73	25	242	34
Santa Cruz	1	0	53	4	4	38	6
Shasta	3	18	38	25	3	42	5
Sierra	0	0	0	0	0	2	0
Siskiyou	0	2	11	4	1	12	1
Solano	0	1	51	17	6	43	8
Sonoma	6	12	64	30	7	70	14
Stanislaus	1	21	95	31	14	81	9
Sutter	0	7	27	6	3	12	0
Tehama	0	2	11	3	0	10	1
Trinity	0	0	4	0	0	5	0
Tulare	0	10	74	29	0	52	8
Tuolumne	0	2	11	5	1	12	2
Ventura	4	15	146	48	4	134	23
Yolo	0	2	28	13	5	20	2
Yuba	0	1	2	2	1	7	3
Out of State/ Not Reported	0	0	2	3	0	12	1

Note: This table reflects only fee-for-service payments, therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental Paid Claims
State of California, Department of Health Services, Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES, D011604)

TABLE 25 (CORRECTED VERSION)

MEDI-CAL PROGRAM
 COUNTY POPULATION, MEDI-CAL ELIGIBLES, AND
 MEDI-CAL ELIGIBLES AS A PERCENT OF POPULATION
 CALENDAR YEAR 2003
 (COHS, HCPs, AND FFS)

COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION	COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION
STATEWIDE	35,934,000	6,438,701	17.9				
Alameda	1,495,400	200,681	13.4	Placer	285,400	19,625	6.9
Alpine	1,210	238	19.7	Plumas	21,150	2,638	12.5
Amador	37,050	3,122	8.4	Riverside	1,758,700	262,774	14.9
Butte	212,400	46,777	22.0	Sacramento	1,331,500	259,378	19.5
Calaveras	43,550	5,173	11.9	San Benito	56,600	6,918	12.2
Colusa	20,000	4,317	21.6	San Bernardino	1,869,300	346,140	18.5
Contra Costa	1,003,800	98,441	9.8	San Diego	2,989,300	341,159	11.4
Del Norte	28,100	7,624	27.1	San Francisco	786,900	119,214	15.1
El Dorado	168,200	13,585	8.1	San Joaquin	625,600	131,283	21.0
Fresno	855,400	251,021	29.3	San Luis Obispo	257,500	27,240	10.6
Glenn	27,600	6,234	22.6	San Mateo	712,800	59,587	8.4
Humboldt	129,400	24,844	19.2	Santa Barbara	412,100	61,332	14.9
Imperial	153,600	44,750	29.1	Santa Clara	1,723,900	201,885	11.7
Inyo	18,550	2,663	14.4	Santa Cruz	259,200	31,633	12.2
Kern	717,300	179,164	25.0	Shasta	175,500	35,020	20.0
Kings	138,700	28,665	20.7	Sierra	3,520	441	12.5
Lake	62,300	14,574	23.4	Siskiyou	45,050	9,687	21.5
Lassen	34,600	4,780	13.8	Solano	416,500	50,649	12.2
Los Angeles	10,047,300	2,487,906	24.8	Sonoma	473,300	45,505	9.6
Madera	133,900	34,503	25.8	Stanislaus	489,400	109,291	22.3
Marin	250,300	15,167	6.1	Sutter	84,900	16,858	19.9
Mariposa	17,850	2,323	13.0	Tehama	58,600	13,465	23.0
Mendocino	89,100	20,038	22.5	Trinity	13,550	2,428	17.9
Merced	230,600	68,789	29.8	Tulare	392,900	127,242	32.4
Modoc	9,500	2,146	22.6	Tuolumne	57,100	7,022	12.3
Mono	13,400	996	7.4	Ventura	799,200	96,542	12.1
Monterey	418,800	72,440	17.3	Yolo	183,500	26,493	14.4
Napa	130,900	11,810	9.0	Yuba	63,900	17,321	27.1
Nevada	96,900	7,856	8.1				
Orange	3,001,300	349,305	11.6				

/1/ State of California, Department of Finance, Population Estimate as of July 1, 2003.

/2/ Average Monthly Eligibles.

COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Note: Fee-For-Service Managed Care eligibles are included in the FFS counts on this table.

Figures are rounded independently and may not add to totals.

Source: State of California, Department of Finance, County Population Estimates. State of California, Department of Health Services, MCSS File HCP0312_

Benes_by_Managed_Care_Plan_2003-12.xls, created from the December 2003 Month of Eligibility File using a six-month lag.

State of California, Department of Health Services, MCSS File HCP0301_Benes_by_Managed_Care_Plan_2003_01.xls, created from the January 2003

Month of Eligibility File using a six-month lag. (Tables 14, 15, and 18 of this report).

TABLE 26
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY AND RACE/ETHNICITY
JULY 2003
(COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY					
		AMERICAN INDIAN/ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	BLACK	HISPANIC	WHITE	NOT REPORTED
STATEWIDE	6,459,012	28,410	650,371	708,533	3,293,944	1,481,041	296,713
Alameda	201,391	568	44,323	62,524	48,819	33,240	11,917
Alpine	227	148	1	4	7	60	7
Amador	3,095	81	30	9	264	2,608	103
Butte	46,382	965	4,249	1,455	6,898	30,842	1,973
Calaveras	5,142	80	50	67	413	4,324	208
Colusa	4,363	55	73	31	2,895	1,183	126
Contra Costa	98,712	272	10,966	23,904	31,037	27,376	5,157
Del Norte	7,524	698	473	60	812	5,166	315
El Dorado	13,602	156	234	103	2,792	9,718	599
Fresno	250,966	847	31,263	20,441	147,552	41,566	9,297
Glenn	6,293	181	430	81	2,594	2,747	260
Humboldt	24,865	2,271	815	450	1,727	18,337	1,265
Imperial	44,435	400	248	814	35,191	5,531	2,251
Inyo	2,684	495	33	13	612	1,427	104
Kern	177,987	757	4,844	16,708	98,949	51,002	5,727
Kings	28,819	102	667	2,104	18,386	6,549	1,011
Lake	14,419	553	147	647	1,831	10,615	626
Lassen	4,676	299	59	82	514	3,515	207
Los Angeles	2,502,395	3,794	199,382	315,508	1,527,362	349,566	106,783
Madera	34,556	241	344	1,165	23,462	8,234	1,110
Marin	15,266	42	1,076	1,375	5,853	6,182	738
Mariposa	2,385	89	16	9	136	2,062	73
Mendocino	19,984	1,504	261	215	5,247	11,883	874
Merced	70,960	260	5,955	4,137	40,698	16,017	3,893
Modoc	2,092	155	12	7	364	1,476	78
Mono	989	85	7	9	386	471	31
Monterey	70,825	99	2,771	2,095	53,346	9,848	2,666
Napa	12,008	45	347	224	5,927	4,941	524
Nevada	7,790	71	74	32	651	6,607	355
Orange	350,949	355	66,302	7,107	190,307	70,507	16,371
Placer	19,747	227	644	373	3,603	13,835	1,065
Plumas	2,517	103	11	57	177	2,042	127
Riverside	264,171	1,252	8,766	25,127	139,138	77,687	12,201
Sacramento	259,540	1,409	46,904	49,907	49,547	99,484	12,289
San Benito	6,880	22	94	62	5,176	1,296	230
San Bernardino	347,016	1,750	14,414	51,997	163,907	99,802	15,146
San Diego	341,865	1,240	35,320	37,917	152,534	95,177	19,677
San Francisco	119,364	305	40,513	22,476	22,393	22,454	11,223
San Joaquin	130,974	631	23,480	16,052	51,585	33,017	6,209
San Luis Obispo	27,241	139	611	580	9,822	14,992	1,097
San Mateo	59,583	86	10,586	4,809	28,620	11,862	3,620
Santa Barbara	61,459	218	1,559	1,825	41,014	14,442	2,401
Santa Clara	203,344	554	58,287	8,236	93,602	31,946	10,719
Santa Cruz	31,576	80	614	441	18,604	10,004	1,833
Shasta	34,730	1,146	1,632	627	1,896	27,761	1,668
Sierra	449	6	7	7	31	376	22
Siskiyou	9,562	486	297	217	924	7,034	604
Solano	50,958	191	6,593	14,006	13,808	13,887	2,473
Sonoma	45,959	748	2,021	1,398	17,586	21,997	2,209
Stanislaus	109,803	330	6,881	3,931	51,546	42,275	4,840
Sutter	16,944	181	2,387	430	6,262	6,983	701
Tehama	13,350	247	113	113	3,366	9,007	504
Trinity	2,429	74	16	9	48	2,183	99
Tulare	126,211	465	4,793	2,772	85,390	28,332	4,459
Tuolumne	7,009	147	63	53	416	6,025	305
Ventura	97,007	277	3,621	1,988	63,285	23,433	4,403
Yolo	26,428	180	2,189	1,136	11,317	10,349	1,257
Yuba	17,115	248	2,503	607	3,315	9,759	683

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service
Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), created from the December 2003 MEF using a six-month lag.

TABLE 27
MEDI-CAL PROGRAM
NUMBER OF PROVIDERS BY PROVIDER TYPE AND STATUS
CALIFORNIA, AS OF DECEMBER 31, 2003

PROVIDER TYPE	TOTAL	ACTIVE STATUS	INACTIVE STATUS	PENDING STATUS	DECEASED STATUS	SUSPENDED STATUS	INDIRECT STATUS	CONTRACT STATUS
TOTAL/1/	428,787	75,357	276,363	472	3,879	4,021	68,407	288
Adult Day Care Centers	416	344	67	0	0	5	0	0
Assistive Device and Sick Room Supplier	5,628	854	4,566	5	5	196	2	0
Audiologists	1,486	350	828	3	1	12	292	0
Blood Banks	20	7	13	0	0	0	0	0
Certified Nurse Midwife	440	122	185	0	0	6	127	0
Chiropractors	9,788	916	8,244	0	289	183	156	0
Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner	363	68	178	2	0	2	113	0
Christian Science Practitioners	2	2	0	0	0	0	0	0
Clinical Laboratories	4,160	495	3,604	5	4	50	2	0
Grp Certfd/Fam Nurse Practitioner	11	8	1	0	0	0	2	0
Fabricating Optical Laboratory	15	5	3	0	0	7	0	0
Dispensing Opticians	2,284	349	1,920	0	5	6	4	0
Hearing Aid Dispensers	1,751	292	1,296	1	4	37	121	0
Home Health Agencies	2,517	573	1,939	1	0	4	0	0
Community Hospital Outpatient	10,341	1,476	8,827	22	0	16	0	0
Community Hospital Inpatient	12,304	1,951	10,062	7	0	15	0	269
Long Term Care	12,476	2,670	9,728	1	0	77	0	0
Nurse Anesthetists	989	126	522	3	2	5	331	0
Occupational Therapists	1,451	98	1,005	1	2	0	345	0
Optometrists	8,122	2,148	4,867	4	133	24	946	0
Orthotists	256	31	100	0	1	2	122	0
Physicians Group	25,070	7,487	17,372	6	16	189	0	0
Optometric Group	371	229	138	0	0	0	4	0
Pharmacies/Pharmacist	25,982	5,773	20,077	4	3	124	1	0
Physical Therapists	7,336	265	6,312	2	109	12	636	0
Physicians	201,295	24,401	107,978	181	3,166	2,519	63,050	0
Podiatrists	5,059	1,285	3,294	1	71	160	248	0
Portable X-Ray Laboratory	237	30	197	0	2	8	0	0
Prosthetists	634	214	211	2	0	3	204	0
Ground Medical Transportation	3,763	627	3,098	7	2	29	0	0
Psychologists	14,355	1,939	11,257	6	46	155	952	0
Certified Acupuncturist	3,095	1,069	1,907	7	7	35	70	0
Genetic Disease Testing	727	373	330	1	0	0	23	0
P.L. 95-210 Rural Health Clinics and Federally Qualified Health Centers (FQHCs)	1,058	720	334	2	0	2	0	0
HCBS-Certified HHA	1	1	0	0	0	0	0	0
Speech Therapists	2,686	209	1,830	4	5	3	635	0
Air Ambulance Transportation Services	157	73	83	1	0	0	0	0
Certified Hospice Service Per AB 4249	368	182	186	0	0	0	0	0
Free Clinics	32	9	23	0	0	0	0	0
Community Clinics	1,642	379	1,258	1	0	4	0	0
Chronic Dialysis Clinics	864	379	484	1	0	0	0	0
Multispecialty Clinics	3	1	2	0	0	0	0	0
Surgical Clinics	494	249	245	0	0	0	0	0
Exempt from Licensure Clinics	130	56	73	1	0	0	0	0
Rehabilitation Clinics	183	120	63	0	0	0	0	0
Employer/Employee Clinic	2	2	0	0	0	0	0	0
County Clinics Not Associated with Hospital	145	49	96	0	0	0	0	0
Birthing Centers - Primary Care Clinics	1	0	1	0	0	0	0	0
Clinic - Otherwise Undesignated	389	0	389	0	0	0	0	0
Outpatient Heroin Detoxification Center	111	56	51	0	0	4	0	0
Alternative Birth Centers - Specialty Clinics	16	6	10	0	0	0	0	0
Breast Cancer Early Detection Program	575	408	165	1	0	1	0	0
Expanded Access to Primary Care Clinics	388	210	178	0	0	0	0	0
Local Education Agency	547	521	24	2	0	0	0	0
Respiratory Care Practitioner	49	17	27	0	0	0	5	0
EPSDT Supplemental Svcs Prov	791	286	389	97	0	3	16	0
Health Access Program	501	429	72	0	0	0	0	0
County Hospital Inpatient	673	58	596	0	0	0	0	19
County Hospital Outpatient	207	68	138	1	0	0	0	0
County Hospital Rehab	6	2	4	0	0	0	0	0
Community District Part Snif (LTC)	4	0	4	0	0	0	0	0
Pediatric Subacute Care-LTC	90	67	7	16	0	0	0	0
Mental Health Inpatient	338	179	159	0	0	0	0	0
AIDS Waiver Services	64	37	27	0	0	0	0	0
Multipurpose Senior Services Program	93	90	3	0	0	0	0	0
California Children's Service/Genetically Handicapped Person Program - Non-Institutional	45,981	13,510	32,270	72	6	123	0	0
California Children's Service/Genetically Handicapped Person Program - Institutional	807	407	399	1	0	0	0	0
Out of State	6,647	0	6,647	0	0	0	0	0

1/1/ Includes California, Out of State, and Out of Country.

Source: State of California, Department of Health Services, Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES, D073103)

SECTION 8
HISTORICAL MEDI-CAL PROGRAM TRENDS

(CORRECTED VERSION)
MEDI-CAL ELIGIBLES - TABLE 28

Data included in this table are Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

The Medi-Cal eligible population averaged 6.47 million persons per month in 2003. This reflects an increase of 332,092 or 5.4 percent from 2002 and an increase of 1,047,984 million or 19.4 percent from 1994.

Public Assistance (FFS) eligibles averaged 1.4 million persons per month in 2003, an increase of 1.8 percent from 2002.

Medically Needy (FFS) eligibles averaged 1.2 million persons per month in 2003, an increase of 9.2 percent from 2002.

Medically Indigent (MI) (FFS) eligibles averaged 128,248 persons per month in 2003, a 59.5 percent increase from 2002.

The MN/MI Alien Without SIS and Refugee/Entrant (FFS) programs averaged 243,007 persons per month in 2003, an increase of 5.2 percent from 2002.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs averaged 175,735 persons per month in 2003, compared to 177,334 in 2002.

The 60-Day Postpartum (FFS) program averaged 1,840 persons per month in 2003, a decrease of 173 eligibles from the previous year.

The Special Treatment (FFS) programs are small, with an average of 52 eligibles per month in 2003, compared to 60 eligibles per month in 2002.

The Qualified Medicare Beneficiary only (FFS) program averaged 4,944 eligibles per month in 2003, a decrease of 4.7 percent from 2002.

Data for the Presumptive Eligibility for Pregnant Women (FFS) program are not available.

The Medi-Cal Tuberculosis (FFS) program averaged 1,082 eligibles per month in 2003, an increase of 12.9 percent from 2002.

The Minor Consent (FFS) program averaged 10,200 eligibles in 2003, an increase of 5.1 percent from 2002.

The BCCTP (FFS) program averaged 4,351 eligibles per month in 2003, an increase of 2,382 eligibles from 2002.

TABLE 28 (CORRECTED VERSION)
MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEARS 1994-2003
(COHS, HCPs, AND FFS)

PROGRAM	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
TOTAL	5,390,717	5,421,262	5,378,290	5,146,477	4,957,401	5,019,691	5,076,118	5,493,223	6,106,609	6,438,701
County Organized Health Systems (COHS)	118,078	183,884	398,493	378,236	358,831	376,429	404,146	460,754	512,261	546,011
Health Care Plans (HCPs)	507,957	604,213	764,278	1,347,988	1,767,631	2,109,339	2,124,703	2,334,133	2,638,398	2,744,503
Fee-For-Service (FFS)	5,390,717 /a/	4,633,165	4,215,519 /b/	3,420,253 /b/	2,830,939 /b/	2,533,923/b/	2,547,269/b/	2,698,336/b/	2,955,950/b/	3,148,187/b/
Public Assistance	4,079,538	3,374,020	3,003,037	2,334,308	1,819,782	1,498,638	1,400,077	1,344,670	1,337,527	1,361,717
Medically Needy	576,531	543,081	499,471	442,442	400,977	436,328	661,256	920,702	1,114,512	1,217,012
Medically Indigent	253,875	249,073	228,084	181,671	131,686	104,918	77,325	63,089	76,360	128,248
IRCA Aliens	13,459	181	60	7	2	0	0	0	0	0
MI/MN Alien Without SIS	300,469	282,743	279,284	238,591	215,853	201,020	154,228	189,181	229,821	242,072
Refugee/Entrant	7,311	5,647	2,913	1,810	1,459	1,190	1,261	1,559	1,101	935
100 Percent Poverty	9,085	15,610	24,033	31,705	52,082	75,620	64,704	41,206	43,518	41,352
133 Percent Poverty	64,137	75,087	84,560	88,070	94,681	95,907	70,662	33,905	33,245	34,199
Income Disregard	76,051	83,318	88,802	90,706	95,025	103,471	100,925	87,823	100,571	100,184
60-Day Postpartum	1,790	1,760	1,870	1,730	1,572	1,315	1,154	1,587	2,013	1,840
Special Treatment	INA	INA	INA	INA	INA	INA	INA	44	60	52
Qualified Medicare Beneficiary	1,587	2,233	2,769	3,838	4,737	5,502	5,983	5,049	5,177	4,944
Presumptive Eligibility for Pregnant Women	6,842	INA	INA	INA	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	5	377	602	550	564	536	505	682	958	1,082
Minor Consent	NA	NA	0	4,752	12,421	9,385	9,112	8,837	9,706	10,200
Breast and Cervical Cancer Treatment Program	NA	NA	NA	NA	NA	NA	NA	NA	1,969	4,351

INA Information Not Available.

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Fee-For-Service Managed Care eligibles are included in the FFS counts on this table.

Note: IRCA = Immigration Reform and Control Act.

These figures may disagree with previous published figures

Averages are rounded independently and may not add to totals.

Other includes Special Treatment. Please note Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0312_Benes_by_Managed_Care_Plan_2003_12, created from the December 2003 Month of Eligibility File using a six-month lag. (Tables 14, 15, and 18 of this report and the Estimated Average Monthly Eligibles by Program from the Medical Assistance Program Annual Statistical Reports for 1994-2003).

MEDI-CAL PAYMENTS - TABLE 29

Data included in this table are Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

During 2003, Medi-Cal program payments were \$20.5 billion. This reflects an increase of \$1.2 billion or 6.0 percent from 2002 and an increase of \$9.6 billion or 89.0 percent from 1994.

Public Assistance, the largest group in terms of total FFS expenditures, received \$8.3 billion in services during 2003, an 8.4 percent increase from 2002.

The Medically Needy (FFS) group received \$5.9 billion in services during 2003, an increase of 6.0 percent from 2002.

Medically Indigents (FFS) received a total of \$253.5 million in services during 2003, compared to \$202.5 million in 2002, a 25.2 percent increase.

The MI/MN Alien Without SIS and Refugee/Entrants (FFS) received a total of \$410.4 million in services during 2003, a decrease of 6.3 percent from 2002.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs ran \$599,379 million during 2003, a 13.0 percent increase from the previous year.

The 60-Day Postpartum (FFS) program ran \$8.3 million during 2003, a 0.3 percent decrease from 2002.

The Special Treatment (FFS) programs ran \$431 thousand during 2003, a 5.6 percent decrease from 2002.

The Qualified Medicare Beneficiary (FFS) program ran \$10.7 million in 2003, compared to \$9.4 million in 2002, for a 13.7 percent increase.

The Presumptive Eligibility for Pregnant Women (FFS) program ran \$130.7 million during 2003 and \$129.5 million in 2002, or a 0.9 percent increase.

The Medi-Cal Tuberculosis (FFS) program ran \$699 thousand during 2003, compared to \$586 thousand in 2002, or a 19.3 percent increase.

The Minor Consent (FFS) program ran \$40.8 million in 2003, compared to \$44.1 million in prior year, or a 8.1 percent increase.

The BCCTP (FFS) program ran \$50.4 million in 2003.

A significant portion of the increase in expenditures in 2003 from previous years is attributable to increased eligibles due to program expansion.

TABLE 29
MEDI-CAL PROGRAM
ESTIMATED TOTAL ANNUAL PAYMENTS BY PROGRAM
CALENDAR YEARS 1994-2003
(In thousands)
(COHS, HCPs, AND FFS)

PROGRAM	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
TOTAL	\$10,825,560	\$11,133,016	\$11,897,872	\$12,043,071	\$12,494,530	\$13,481,729	\$14,609,804	\$16,921,923	\$19,298,072	\$20,456,434
County Organized Health Systems (COHS)	\$218,148	\$303,616	\$667,482	\$672,072	\$775,616	\$899,162	\$1,020,869	\$1,249,259	\$1,323,874	\$1,366,420
Health Care Plans (HCPs)	\$599,794	\$705,719	\$865,952	\$1,371,379	\$1,689,188	\$2,200,332	\$2,385,895	\$2,871,909	\$3,282,699	\$3,296,111
Fee-For-Service (FFS)	\$10,825,560/a/	\$10,123,681/b/	\$10,364,438/b/	\$9,999,620/b/	\$10,029,725 /b/	\$10,382,235/b/	\$11,203,041/b/	\$12,800,755/b/	\$14,691,499/b/	\$15,793,903/b/
Public Assistance	6,327,335	5,626,657	5,836,519	5,606,520	5,560,078	5,700,102	6,075,117	6,798,089	7,657,169	8,301,179
Medically Needy	3,144,336	3,075,507	3,113,555	3,079,234	3,105,472	3,283,563	3,833,026	4,747,184	5,570,344	5,905,013
Medically Indigent	364,537	371,857	362,780	324,040	293,894	278,206	221,587	185,170	202,472	253,517
IRCA Aliens	30,138	6,130	816	294	147	124	0	0	0	0
MI/MN Alien Without SIS	647,513	629,846	629,894	548,281	495,788	482,900	385,300	381,365	430,583	405,738
Refugee/Entrant	24,654	23,214	12,302	9,002	6,511	5,331	4,615	7,007	5,606	4,653
100 Percent Poverty	3,352	5,499	8,960	12,904	24,317	42,790	41,504	33,949	43,927	42,764
133 Percent Poverty	33,229	39,105	45,586	47,245	51,817	56,833	48,651	32,367	35,940	38,838
Income Disregard	215,036	235,690	270,511	258,912	282,818	337,165	673,434	376,412	450,457	517,777
60-Day Postpartum	1,704	1,900	1,585	1,836	2,773	2,665	3,214	4,939	8,316	8,289
Special Treatment	545	1,348	317	424	192	228	251	324	455	431
Qualified Medicare Beneficiary	1,407	1,398	1,630	3,056	41,944	16,823	7,898	7,926	9,426	10,719
Presumptive Eligibility for Pregnant Women	10,985	25,782	45,797	59,186	73,344	87,157	101,676	117,460	129,527	130,669
Medi-Cal Tuberculosis Program	/c/	74	179	243	387	351	426	465	586	699
Minor Consent	NA	NA	NA	7,139	42,232	47,753	49,367	45,050	44,078	40,776
Breast and Cervical Cancer Treatment Program	NA	NA	NA	NA	NA	NA	NA	NA	20,918	50,436
Not Reported	20,788	79,673	34,008	41,302	48,003	40,234	51,466	62,750	81,595	82,294

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

/c/ Less than 0.500.

Note: IRCA = Immigration Reform and Control Act.

Payments are rounded independently and may not add to totals.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, Medi-Cal Managed Care Division, Monthly Contract Expenditure and Encumbrance Status Report, CY 2003.

State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report. (Tables 13, 15 and 20 of this Report)

APPENDICES

Appendix A Definitions of Terms

Appendix B Medi-Cal Aid Codes by Program

Appendix C Aid Codes Master Chart

Appendix D Statistical Publications

Appendix E Medical Care Statistics Section's Recommended Links

APPENDIX A

Definitions of Terms

DEFINITIONS OF TERMS

The following defines commonly used terms used in discussions of Medi-Cal. The definitions are essentially correct, but some are much more complex than indicated below.

BCCTP:	Breast and Cervical Cancer Treatment Program (BCCTP).
Beneficiary:	Used to indicate a person who receives service (user or recipient) or a person eligible for service.
Capitate/ Capitation:	Refers to the payment of a set amount of money per month per person to an agency. The agency then provides medical care for all persons paid for. Essentially an insurance premium arrangement.
CID:	The Centralized Identification system was a computer system which mailed out Medi-Cal ID cards each month to eligibles. Some reports on eligibility still use this term.
COHS:	County Organized Health Systems. Under this approach, the county acts as the primary contractor serving most Medi-Cal beneficiaries in the county. The COHS receive a capitated rate for each beneficiary in the county, and assume full financial risk. The eight COHS counties are Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Solano, and Yolo.
Costs:	Medi-Cal Program payments or expenditures, usually to providers for services rendered. But may include all program expenditures.
Crossover: (X-over)	Refers to a claim that has been processed and paid in part by Medicare and then processed by Medi-Cal for those with dual eligibility. Also referred to as Medi-Medi Claim.
Encounter:	Service/Supply rendered to a Medi-Cal beneficiary. Also referred to as a Shadow Claim if the Service/Supply is rendered under Managed Care.
Eligibles:	Persons who have been processed through the system and determined to meet the criteria for receiving medical assistance under the Medi-Cal Program.
Enrollees:	Eligibles who have joined Managed Care Plans.
Expenditures:	See Costs.
Family P.A.C.T.	Family P.A.C.T. (Planning, Access, Care and Treatment) (formerly known as SOFP - State Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage. Funded with Federal Financial Participation (FFP) through a Title XIX waiver.

DEFINITIONS OF TERMS, Continued

Federal Financial Participation: (FFP)	The amount of money the Federal Government pays in the operation of the Medicaid Program. FFP varies from 50 percent to 90 percent depending on type of service and meeting of stipulated criteria.
Fee-For-Service: (FFS)	Used to distinguish regular Medi-Cal Program from the Managed Care Program: "Fee-For-Service eligibles" are persons not enrolled in Managed Care Plans.
GMC:	Geographic Managed Care. Under this approach, the Medi-Cal Program negotiates contracts directly with providers to accept beneficiaries within a specified area, again paying a monthly rate based on the estimated cost of providing services to similar beneficiaries under the fee-for-service system. The Department implemented this approach in Sacramento County in April 1994, and in San Diego in July 1998.
HCPs:	Health Care Plans. Medi-Cal contracts with private entities to provide care to specific beneficiary categories that include the managed care models COHS, GMC, PHP, PCCM, and Two-Plan Model.
HMO:	Health Maintenance Organization. (See HCPs.)
Linked:	Individuals who meet the federal definition of aged (65 years of age or older), blind, or disabled, or families with children where the children are deprived of parental support or care due to the absence, death, incapacity, or unemployment of a parent.
Medi-Cal:	California's name for Medicaid, includes the federal and state program of medical assistance for needy and low-income persons. (Federal designation of the Medical Assistance Program authorized under Title XIX of the Social Security Act.)
Medi-Cal Card:	An identification card given to Medi-Cal eligibles.
Medically Indigent:	Individuals who are eligible for Medi-Cal but are not in any other category, such as not in the Public Assistance or Medically Needy category, because they are not linked. For example, a child who lives in a two parent family with moderate income, but limited property who is not deprived is Medically Indigent.
Medically Needy:	Individuals and families eligible for Medi-Cal because they are linked, but who are not in the Public Assistance category. This category also includes linked individuals in specialized programs such as those who are in long term care, Section 1931(b), but who are not receiving CalWORKs concurrently, or who are receiving Transitional Medi-Cal. For example, a person who is over age 65 but has too much income to qualify for SSI/SSP is Medically Needy.

DEFINITIONS OF TERMS, Continued

- Medicare:** The Federal Social Security Program (Title XVIII of the Social Security Act) provides medical care to aged and certain disabled persons.
- This is essentially a medical insurance program, as opposed to Medicaid which is a public assistance program for the needy.
- MEDS:** Medi-Cal Eligibility Data System. A major Electronic Data Processing (EDP) system providing online access to over 17 million records of current or former Welfare, Medi-Cal, or County Medical Services Program (CMSP) clients to support administration of those programs and delivery of benefits.
- MEDSSUM File:** An eligibility summary file that summarizes the number of eligibles by aid code and county on a monthly basis for each month of eligibility.
- Minor Consent:** Covers minors under 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, pregnancy, family planning and outpatient mental health treatment.
- Paid Claims:** A claim for medical services paid in behalf of a Medi-Cal eligible. Claims data are captured on computer tape and comprise the major data base of the Program. Usually "paid claims" refers to this data base rather than the actual document.
- PCCM:** Primary Care Case Management. PCCM plans are paid a monthly capitation rate to manage selected outpatient services to Medi-Cal beneficiaries enrolled in the plan.
- Percent Programs:
Pregnant Women
Infants and
Children** These programs provide zero share of cost Medi-Cal to (1) pregnant women and infants up to age 1 with family income at or under 200 percent of the federal poverty level (FPL) generally referred to as the Income Disregard program; (2) children ages 1 up to age six with family income at or under 133 percent of the FPL (the 133 Percent program); and (3) children ages 6 up to nineteen with family income at or under 100 percent of the FPL (the 100 Percent program).
- PHPs:** Prepaid Health Plans. Now referred to as (HCPs) Health Care Plans.
- Provider:** Any individual, group, business, or facility authorized to bill the Medi-Cal Program for services rendered to Medi-Cal eligibles. Includes the full scope of practitioners and facilities, such as physicians, hospitals, chiropractors, pharmacies, nursing facilities, intermediate care facilities, home health agencies, etc.

DEFINITIONS OF TERMS, Continued

- Public Assistance:** Refers to those individuals eligible for cash assistance under various programs such as the Supplemental Security Income/State Supplementary Program (SSI/SSP), the California Work Opportunities and Responsibility to Kids program (CalWORKs), the In-Home Supportive Services program or the Aid to Families with Dependent Children Foster Care program. This category also includes some individuals whose Medi-Cal eligibility is derived from these programs such as former SSI/SSP recipients who for varying reasons continue to be eligible for Medi-Cal with no share of cost, such as those who are eligible under the Pickle program.
- Recipient:** A user of a specified type of service.
- SDX:** State Data eXchange: The computer tapes received from Social Security Administration which contain names and addresses of persons eligible for Medicare and Medi-Cal concurrently.
- Services:** What providers provide Medi-Cal patients and are paid for by the Medi-Cal Program. Services have to be defined within the context in which they're reported. For example, the units of service for inpatient hospital services are patient days, the unit in prescription drugs is prescriptions, the unit in outpatient visits is visits, etc.
- SSI/SSP:** Supplemental Security Income/State Supplementary Payment. If you get a SSI/SSP grant, Medi-Cal eligibility is automatically set up by your Social Security district office.
- Two-Plan Model:** Two-Plan Contractors now provide or are preparing to provide medical services to nearly all Medi-Cal recipients in 12 counties (Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus and Tulare).
- The Department will contract with only two managed care plans. One plan will be a locally developed, comprehensive managed care system referred to as the Local Initiative. The other plan will be a non-governmentally operated Health Management Organization referred to as the Commercial Plan.
- Vendor:** See Provider.

APPENDIX B

Medi-Cal Aid Codes by Program

Appendix B

MEDI-CAL AID CODES BY PROGRAM

(Discontinued aid codes are included):

<u>Aid Code Program</u>	<u>Aid Codes</u>
Public Assistance	
Aged	10, 16, 18, 1E
Blind	20, 26, 28, 2E, 6A
Disabled	36, 60, 66, 68, 6C, 6E, 6N, 6P
Families	06, 30, 32, 33, 35, 38, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W, 40, 42, 43, 46, 4C, 4F, 4G, 4P, 4R, 77, 78
SSI Appeal/NLDC	6N, 6P (combine with Disabled for statistical reporting)
Medically Needy	
Aged	13, 14, 17, 1H, 1U
Blind	23, 24, 27
Disabled	63, 64, 65, 67, 6G, 6H, 6U, 6V, 6W, 6X, 6Y, 8G
Families	34, 37, 39, 3N, 3T, 3V, 54, 59, 5J, 5R, 5T, 5W, 5X, 5Y, 6J, 6R, 7J, 7K
Medically Indigent	
Child	03, 04, 2A, 45, 4A, 4K, 4M, 5K, 7T, 82, 83, 8E
Adult	53, 81, 86, 87
Refugees	01, 02, 08, 0A
Special Treatment	
Dialysis	71
Total Parenteral Nutrition	73
60-Day Postpartum	76
Presumptive Eligibility- Pregnant Women	7F, 7G
QMB	80
IRCA (expired 12/31/1994)	51, 52, 56, 57
MI/MN Alien Without SIS	55, 58, 5F
100% Program	7A, 7C, 8R, 8T
133% Program	72, 74, 8N, 8P

Appendix B (Continued)

Aid Code Program

Aid Codes

Income Disregard Program and
Asset Waiver Provision
(formerly 185% Program)

Infants

Pregnant Women

07, 47, 69, 79 (see note below for 200% Program)

44, 48, 49, 70, 75 (see note below for 200% Program)

200% Program and Asset
Waiver Provision

*(deactivated 5/2000;
combine with Inc Disregard
for statistical reporting)*

(07, 70, 75, 79)

Tuberculosis Program

Minor Consent Services

FPACT Waiver

7H

7M, 7N, 7P, 7R

8H (FFP effective beginning with
12/1/1999 service dates)

BCCTP

0M, 0N, 0P, 0R, 0T, 0U

APPENDIX C

Aid Codes Master Chart

Aid Codes Master Chart

The following aid codes identify the types of services for which different Medi-Cal, CMSP, CCS/GHPP and CHDP recipients are eligible.

Code	Benefits	SOC	Program/Description
0A	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
0C	HF services only (no Medi-Cal)	No	<u>Infant enrolled in the Healthy Families program (HF) from a family with an income of 200 to 300 percent of the federal poverty level, born to a mother enrolled in the Access for Infants and Mothers (AIM) program. The infant's enrollment in the HF program is based on their mother's participation in AIM.</u>
0M	Full	No	Breast and Cervical Cancer Treatment Program (BCCTP) – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost (SOC) Medi-Cal for females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months.
0N	Full	No	BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal for females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. No time limit.
0P	Full	No	BCCTP – Federal. Provides full-scope, no SOC Medi-Cal for females younger than 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage.
0R	Restricted Services	No	BCCTP – High Cost Other Health Coverage (OHC). Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer. Breast-cancer-related services covered for 18 months. Cervical-cancer-related services covered for 24 months.
0T	Restricted Services	No	BCCTP – State. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance.
0U	Restricted Services	No	BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-only cancer treatment services are 18-months (breast) and 24-months (cervical).
0V	Restricted Services	No	Post-BCCTP – Provides limited-scope no SOC Medi-Cal emergency, pregnancy-related and LTC services for females younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18-months (breast) or 24-months (cervical) period of cancer treatment coverage under aid code 0U.
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.

aid codes

2

Code	Benefits	SOC	Program/Description
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
07	Restricted to emergency services	No	Asset Waiver Program. Infant – Undocumented/Non-immigrant Alien (but otherwise eligible). Provides emergency services only for infants up to age 1 year and continues beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the Federal poverty level (State-only program).
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.
1D	Full	No	Aged – In-Home Supportive Services (IHSS). Covers aged individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.
1E	Full	No	<u>Craig v. Bonta</u> – Continued Eligibility for the Aged. Covers former Supplemental Security Income/State Supplemental Payment (SSI/SSP) recipients, who are aged, until the county determines their Medi-Cal eligibility.
1H	Full	No	Federal Poverty Level – Aged (FPL-Aged). Provides full-scope (no SOC) Medi-Cal to qualified aged individuals/couples.
1U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Aged (Restricted FPL-Aged). Provides emergency and pregnancy-related benefits (no SOC) to qualified aged individuals/couples who do not have satisfactory immigration status.
1X	Full	No	Aid to the Aged – Multipurpose Senior Services Program (MSSP) (FFP). Covers persons 65 years of age or older who are certifiable for placement in a nursing facility, but choose to live at home.
1Y	Full	Yes	Aid to the Aged – MSSP (FFP). Covers persons 65 years of age or older who are certifiable for placement in a nursing facility, but choose to live at home. The SOC must be met at the beginning of the month through the Personal Care Services Program, with a companion aid code of 1F.
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA, which pays a cash grant to needy persons 65 years of age or older.
13	Full	Y/N	Aid to the Aged – LTC (FFP). Covers persons 65 years of age or older who are medically needy and in LTC status.
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.

Code	Benefits	SOC	Program/Description
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.
2A	Full	No	Abandoned Baby Program. Provides full-scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.
2D	Full	No	Blind – In-Home Supportive Services (IHSS). Covers blind individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.
2E	Full	No	<u>Craig v. Bonta</u> – Continued Eligibility for the Blind. Covers former SSI/SSP recipients, who are blind, until the county determines their Medi-Cal eligibility.
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. (See aid code 16 for definition of Pickle eligibles.)
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)
3A	Full	No	Safety Net – All Other Families, California Work Opportunity and Responsibility to Kids (CalWORKs), Timed-Out, Child-Only Case. Provides for continued cash assistance and Medi-Cal coverage for children whose parents were discontinued from cash assistance and removed from the Assistance Unit (AU) due to reaching the CalWORKs 60-month time limit.
3C	Full	No	Safety Net – Two-Parent Families, CalWORKs, Timed-Out, Child-Only Case. Provides continued cash assistance and Medi-Cal coverage for children whose parents were discontinued from cash assistance and removed from the AU due to reaching the CalWORKs 60-month time limit.
3D	Full	No	CalWORKs Pending, Medi-Cal Eligible. Provides Medi-Cal coverage for a maximum period of four months to new CalWORKs recipients.

aid codes

4

Code	Benefits	SOC	Program/Description
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKs Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	AFDC – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3U	Full	No	CalWORKs Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.

Code	Benefits	SOC	Program/Description
3V	Restricted to pregnancy and emergency services	No	Section 1931(b). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. <u>(FFP for emergency services including labor and delivery. State-only for pregnancy-related services.)</u>
3W	Full	No	TANF–Timed out, mixed case (State-only program). Recipients who have reached their TANF 60-month time limit, remain eligible for CalWORKs and the family includes at least one non-federally eligible recipient.
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	TANF–Timed out. Recipients who have reached their TANF 60-month time limit and remain eligible for CalWORKs.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from CalWORKs until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate Notice of Action sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to CalWORKs cash grant or Section 1931(b) program discontinuance due to increased earnings or increased hours of employment.
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).

aid codes

6

Code	Benefits	SOC	Program/Description
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4M	Full	No	Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) – Covers United States Citizen/ U.S. National and aliens with satisfactory immigration status including lawful Permanent Resident Aliens/ Amnesty Aliens and PRUCOL Aliens . Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1-year-old and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is at or below 200 percent of the federal poverty level.
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens) , but who are otherwise eligible for Medi-Cal . Provides family planning, pregnancy-related and postpartum services for any age female, if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.

Code	Benefits	SOC	Program/Description
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers pregnant alien women who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens), but who are otherwise eligible for Medi-Cal.
5J	Restricted to pregnancy-related and emergency services	No	Pending Disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB 87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
5R	Restricted to pregnancy-related and emergency services	Yes	Pending Disability Program. Covers recipients whose linkage has to be re-determined under SB 87 requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with an SOC.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5W	Restricted to pregnancy and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.

aid codes

8

Code	Benefits	SOC	Program/Description
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC (State-only program).
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (State-only program). Provides a second year of continuing emergency and pregnancy-related TMC benefits (no SOC) to aliens without satisfactory immigration status who have received benefits under aid code 5T and are 19 years of age or older.
50	Restricted to CMSP emergency services only	Y/N	CMSP. MI – Restricted. Covers persons who have undetermined immigration status.
53	Restricted to LTC and related services	Y/N	Medically Indigent – LTC. Covers persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC.
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from CalWORKs or Section 1931(b) due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not PRUCOL. LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens), but who are otherwise eligible for Medi-Cal.

Code	Benefits	SOC	Program/Description
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
6D	Full	No	<u>Disabled – In-Home Supportive Services (IHSS). Covers disabled individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.</u>
6E	Full	No	<u>Craig v. Bonta</u> - Continued Eligibility for the Disabled. Covers former SSI/SSP recipients, who are disabled, until the county determines their Medi-Cal eligibility.
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no SOC) Medi-Cal to qualified disabled individuals/couples.
6J	Full	No	SB 87 Pending Disability Program. Provides full-scope (no SOC) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6R) who are appealing their cessation of SSI disability.
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.
6R	Full	Yes	SB 87 Pending Disability Program. Provides full-scope SOC benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.
6U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no SOC) to qualified disabled individuals/couples who do not have satisfactory immigration status.
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.

aid codes

10

Code	Benefits	SOC	Program/Description
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the DDS Regional Waiver.
6X	Full	No	Medi-Cal In-Home Operations (IHO) Waiver with no SOC. Covers persons who qualify for the IHO waivers.
6Y	Full	Yes	Medi-Cal In-Home Operations (IHO) Waiver with a SOC. Covers persons who qualify for the IHO waivers.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.
65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the recipients.
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)

Code	Benefits	SOC	Program/Description
69	Restricted to emergency services	No	Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/[IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7F	Valid for pregnancy verification office visit	No	Presumptive Eligibility (PE) – Pregnancy Verification (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.
7G	Valid only for ambulatory prenatal care services	No	Presumptive Eligibility (PE) – Ambulatory Prenatal Care Services (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive.
7H	Valid only for TB-related outpatient services	No	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only.

aid codes

12

Code	Benefits	SOC	Program/Description
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7K	Restricted to pregnancy and emergency services	No	Continuous Eligibility for Children (CEC) program. Provides emergency and pregnancy-related benefits (no Share of Cost) to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment.
7R	Valid for Minor Consent services	Y/N	Minor Consent Program (FFP). Covers minors under age 12. Limited to services related to family planning and sexual assault.
<u>7T</u>	<u>Full</u>	<u>No</u>	<u>National School Lunch Program (NSLP) Express Enrollment. Children determined by their school to be eligible for express Medi-Cal enrollment after an evaluation of the NSLP application. Assembly Bill 59 (AB 59) Chapter 894 (Statutes of 2001) allows designated schools to share information from the NSLP with local Medi-Cal offices for the purpose of enrolling a child in Medi-Cal with no Share of Cost.</u>
7X	Full	No	Two-Month Medi-Cal to Healthy Families (MC-HF) Bridge (FFP). Provides two additional calendar months of health care benefits with no SOC, to Medi-Cal parents, caretaker relatives, legal guardians and children who appear to qualify for HF.

Code	Benefits	SOC	Program/Description
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) (Non-FFP). Covers persons of any age who are eligible only for dialysis and related services.
72	Full	No	133 Percent Program. Child – United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.
73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.

aid codes

14

Code	Benefits	SOC	Program/Description
75	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). Provides family planning, pregnancy-related, and postpartum services for amnesty aliens under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.
79	Full	No	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-Only Program).
8E	Full	No	Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to children under the age of 19.
8F	CMSP acute inpatient services only (companion aid code to aid code 53)	Y/N	State-Run CMSP Companion Aid Code. Used in conjunction with Medi-Cal aid code 53. Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B.
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.
8H	Family PACT (SOFP services only) No Medi-Cal	N/A	Family PACT (also known as SOFP – State-Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage.
8N	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.

Code	Benefits	SOC	Program/Description
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the Federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
8U	Full	No	<u>Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.</u>
8V	Full	Yes	<u>Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.</u>
8W	Full	No	CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for no Share of Cost (SOC) Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. The FFP for these benefits is available through Title XIX of the Social Security Act.
8X	Full	No	CHDP Gateway Healthy Families. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Healthy Families eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. The FFP for these benefits is available through Title XXI of the Social Security Act.
8Y	CHDP services only	No	CHDP. Provides eligibility in the CHDP program for children who are known to Medi-Cal Eligibility Data System (MEDS) as not having citizenship or satisfactory immigration status. There is no FFP for these benefits.
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind or disabled individuals.
81	Full	Y/N	MI – Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
82	Full	No	MI – Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.

aid codes

16

Code	Benefits	SOC	Program/Description
83	Full	Yes	MI – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.
84	CMSP services only (no Medi-Cal)	No	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent.
85	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years, who meet the eligibility requirements of medically indigent.
86	Full	No	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full	Yes	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.
88	CMSP services only (no Medi-Cal)	No	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
89	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
9A	Cancer Detection Programs: Every Woman Counts only	No	<p>The Cancer Detection Programs: Every Woman Counts recipient identifier. Cancer Detection Programs: Every Woman Counts offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the Federal poverty level. Cancer Detection Programs: Every Woman Counts offers reimbursement for screening, diagnostic and case management services.</p> <p>Please note: Cancer Detection Programs: Every Woman Counts and Medi-Cal are separate programs; however, Cancer Detection Programs: Every Woman Counts relies on the Medi-Cal billing process (with few exceptions).</p>
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the Federal poverty level. HF covers medical, dental and vision services to enrolled children.

Code	Benefits	SOC	Program/Description
9J	GHPP	No	GHPP-eligible. Eligible for GHPP benefits and case management.
9K	CCS	No	CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).
9M	CCS Medical Therapy Program only	No	Eligible for CCS Medical Therapy Program services only.
9N	CCS Case Management	No	Medi-Cal recipient with CCS-eligible medical condition. Eligible for CCS case management of Medi-Cal benefits.
9R	CCS	No	CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).

Special Indicators: These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

APPENDIX D

Statistical Publications Available on the Web

Report on Medi-Cal Managed Care Encounter Data for Research Purposes
January 2002

California's Medical Assistance Program – Advance Report – County Data
Calendar Years 1994 - 2001

California's Medical Assistance Program – Annual Statistical Reports
Calendar Years 1994 - 2002

Managed Care Annual Statistical Reports
Calendar Years 1998 - 2003

Medi-Cal Studies in AIDS
Calendar Years 1980 - 1994

Persons Certified Eligible for Medi-Cal
Calendar Years 2001 - 2003

Medi-Cal Funded Deliveries
Calendar Years 1994 - 2001

Medi-Cal Funded Induced Abortions
Calendar Years 1994 - 2002

Medi-Cal County Program Monthly Averages
Calendar Years 1995 - 2000

Medi-Cal Program Highlights
Calendar Years 1995 - 2003

The data presented make up only a portion of the Medi-Cal information available from the Medical Care Statistics Section.

You can find our web page at:

<http://www.dhs.ca.gov/mcss>

APPENDIX E

Medical Care Statistics Section's Recommended Links

State of California, Department of Health Services, Center for Health Statistics
<http://www.dhs.ca.gov/hisp/chs/chsindex.htm>

State of California, Department of Health Services, Medi-Cal Benefits Branch,
Medi-Cal Drug Utilization Files
<http://www.dhs.ca.gov/mcs/mcpd/MBB/contracting/files/index.htm>

Office of Statewide Health Planning and Development – Hospital Discharge Data
<http://www.oshpd.ca.gov/>

Managed Risk Medical Insurance Board (MRMIB) – Access for Infants and Mothers (AIM), Healthy Families Program (HFP – California version of the federal Children's Health Insurance Plan of California (HIPC), and the Major Risk Medical Insurance Program (MRMIP)
<http://www.mrmib.ca.gov/>

California Department of Finance – California Demographic Information
<http://www.dof.ca.gov/>

Centers for Medicare & Medicaid Services (formerly the Health Care Financing Administration) – Medicare, Medicaid and Child Health Insurance Statistics and Data
<http://cms.hhs.gov/default.asp>

The U.S. Census Bureau – Social, Economic, and Demographic Information
<http://www.census.gov/>

UCLA Center for Health Policy
Research – Information on California's Medically Uninsured Population
<http://www.healthpolicy.ucla.edu/>

Medi-Cal Policy Institute – Independent Medi-Cal News and Analysis
<http://www.medi-cal.ca.gov/>

The Medi-Cal Website – Information for Medi-Cal Providers
<http://www.medi-cal.ca.gov/>

University of Michigan's Library Documents Center – The Center is a central reference and referral point for government information, whether local, state,

federal, foreign or international. Its web pages are a reference and instructional tool for government, political science, statistical data, and news.

<http://henry.ugl.lib.umich.edu/libhome/Documents.center/>